

# PERFORMANCE AGREEMENT

## BETWEEN

Secretary and Chiefs/Heads (PPD, AFD, HRD, Internal Audit, QASD, ICT unit)

# SECRETARIAT MINISTRY OF HEALTH

(July 1, 2016 – June 30, 2017)

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#### **Preamble**

The Performance Agreement is entered into between the Secretary and Chiefs/Heads of PPD, AFD, HRD, Internal Audit, QASD, ICT unit.

The objectives of this Performance Agreement are:

- a) To establish clarity and consensus about annual priorities for the Secretariat divisions consistent with the o11th 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 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

A nation with the best Health

#### Mission

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

#### **Objectives**

- 1) To promote good governance and financially sustainable healthcare
- 2) To promote health research and disseminate health information
- 3) To strengthen result based health planning and monitoring
- 4) To deliver health care services expanded through ICT and ICT enabled services
- 5) To institutionalize Quality Assurance and standards
- 6) To improve HR administration and Management
- 7) To formulate and implement Annual Internal Audit Plan
- 8) To provide effective and efficient direction and operational services
- 9) To ensure implementation of planned activities
- 10) To create conducive environment for gender equality and child protection
- 11) To enhance efficiency and effectiveness of G2C services
- 12) To improve Ease of Doing Business Ranking
- 13) To prevent corruption

Section 2: Objectives, Success Indicators & Target

| Objective                                  | Weight | Action   | Success Indicator  | Unit    | Weight | Excellent [100%] | Very Good<br>[90%] | Good<br>[80%] | Fair [70%] | Poor<br>[60%]     |
|--|--------|--|--|---------|--------|------------------|--------------------|---------------|------------|-------------------|
| To promote good governance                 | 10     | Develop National<br>Health Act   | Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders        | Date    | 5      | 01/31/2017       | 02/28/2017         | 03/31/2017    | 04/30/2017 | 05/31/2017        |
| and financially sustainable healthcare     |        | Conduct National<br>Health Accounts  | Timeline by which the first draft of National Health Accounts is available                               | Days    | 5      | May 2017         | June 2017          | -             | -          | -                 |
| To promote health                          | 10     | Publication of Annual<br>Health Bulletin 2017  | Timeline by which Annual Health Bulletin 2017 is published   | Date    | 2      | 04/30/2017       | 05/31/2017         | 06/30/2017    | 07/31/2017 | 08/31/2016        |
| research and disseminate health            |        |  | Percentage of BHMIS report submitted on time   | Percent | 2      | 80               | 75                 | 70            | 65         | 60                |
| information                                |        |  | Percentage of BHMIS report with completeness   | Percent | 2      | 95               | 90                 | 85            | 80         | 75                |
|  |        | Roll out of DHIS 2 to<br>BHU II  | Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)                                  | Date    | 2      | 11/30/2016       | 12/31/2016         | 01/31/2017    | 02/28/2017 | 03/31/2017        |
|  |        | Promote national health research   | Number of REBH approved research protocols/proposal published in national and international journals     | Number  | 2      | 6                | 5                  | 4             | 3          | 2                 |
| To strengthen result based health planning | 10     | Strengthen result based planning and monitoring                                      | Timeline by which<br>Ministry/Departments APA 2016-17<br>is finalized and signed                         | Date    | 4      | 08/20/2016       | 08/27/2016         | 09/10/2016    | 09/18/2016 | 09/24/2016        |
| and monitoring                             |        |  | Timeline by Health Sector Mid-Year Review conducted  | Date    | 3      | Jan 2017         | Feb 2017           | -             | -          | Mar 2017          |
|  |        |  | Timeline by which Health Sector<br>Annual Review conducted   | Days    | 3      | July 2017        | August<br>2017     | -             | -          | September<br>2017 |
| To deliver health care services expanded   | 15     | Provide support in<br>deploying and user<br>training of ePIS and<br>web based Bhutan | Number of Health Facilities setup with proper infrastructure at identified ePIS pilot sites by June 2017 | Number  | 2.5    | 6                | 5                  | 4             | 3          | 2                 |
| through ICT and ICT                        |        | Medical Supplies<br>Inventory System   | Turn Around Time by which technical testing and verification is  | Days    | 1.5    | 7 days           | 10 days            | 15 days       | 20 days    | > 20 days         |

| enabled                                   |    | (BMSIS)   | done for ePIS   |         |     |                  |                  |                  |                  |               |
|---|----|---|---|---------|-----|------------------|------------------|------------------|------------------|---------------|
| services                                  |    |   | Percentage of user training supported on ePIS and Basic ICT Skills  | Percent | 1.5 | 100              | 95               | 90               | 85               | 80            |
|   |    |   | Timeline by which web based BMSIS proper Infrastructure is setup with secure data management plan at the central server | Date    | 2.5 | November<br>2016 | December<br>2016 | January<br>2017  | February<br>2017 | March<br>2017 |
|   |    |   | Turn Around Time by which technical testing and verification is done for web based BMSIS                                | Days    | 1.5 | 7 days           | 10 days          | 15 days          | 20 days          | > 20 days     |
|   |    |   | Percentage of user training supported on web based BMSIS  | Percent | 1.5 | 100              | 95               | 90               | 85               | 80            |
|   |    | Facilitate ICT services   | Timeline by which UTM/Antivirus is implemented at MoH   | Date    | 2   | November 2016    | December<br>2016 | January<br>2017  | February<br>2017 | March<br>2017 |
|   |    |   | Timeline by which LAN is established at two identified district hospitals   | Days    | 2   | December<br>2016 | January<br>2017  | February<br>2017 | March<br>2017    | April 2017    |
| To institutionalize Quality Assurance and | 10 | Implement HAMT initiative and CQI   | Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) imitative                     | Number  | 3   | 12               | 11               | 10               | 9                | 8             |
| standards                                 |    |   | Percentage of health facilities (all hospitals & BHUs') with functional Continuous Quality Improvement (CQI) in place   | Percent | 5   | 100              | 95               | 90               | 85               | 80            |
|   |    | Implement<br>National Quality<br>Improvement activities<br>and Safety Healthcare<br>Standards | Number of hospitals implementing<br>the pilot project on National Quality<br>and Safety Healthcare Standards<br>(NQSHS) | Number  | 2   | 4                | 3                | 2                | -                | 1             |
| To improve HR administration              | 15 | Improve pool and deployment of doctors  | Number of Dzongkhags with at least three doctors  | Number  | 5   | 18               | 17               | -                | -                | 16            |
| and                                       |    | Increase nursing staff  | Nurse to bed ratio  | Percent | 5   | 1:6.5            | 1:7              | 1:7.5            | 1:8              | 1:8.5         |

| Management                                |   | strengthen   |  |                   |     |   |   |  |  |  |
|---|---|--|--|-------------------|-----|---|---|--|--|--|
|   |   | Implement performance management system                      | Timeline by which Individual Work Plan (IWP) collected and submitted                 | Date              | 2.5 | 08/31/2016  | 09/30/2016                                    | 10/31/2016                                       | 11/30/2016   | 12/31/2016   |
|   |   | Administer Continuing<br>Medical Education<br>(CME) credit   | Percentage of health professionals completed CME (6) credit.                         | Percent           | 2.5 | 75  | 70  | 65   | 60   | 55   |
| To formulate and implement                | 5                                       | Formulate and implement Internal                             | Timeline by which Annual Internal Audit Plan formulated                              | Date              | 2.5 | 09/30/2016  | 10/31/2016                                    | 11/30/2016                                       | 12/31/2016   | 01/31/2017   |
| Annual Internal<br>Audit Plan             |   | Audit Plan   | Number of Audit reports produced   | Number            | 2.5 | 4   | 3   | 2  | 1  | -  |
| To provide effective and                  | 15                                      | Ensure functionality of pool vehicles                        | Percentage of pool vehicles functional   | Percent           | 1.5 | 100   | 95  | 90   | 85   | 80   |
| efficient<br>direction and<br>operational | Provide administrative support services | Percentage of logistics arranged and coordinated             | Percent  | 1.5               | 100 | 95  | 90  | 85   | 80   |  |
| services                                  |   | Monitor and report annual budget implementation              | Number of Quarterly Budget vs expenditure status report produced                     | Number            | 1.5 | 4   | 3   | 2  | -  | 1  |
|   |   |  | Timeline by which Mid-year budget review done  | Status<br>of Work | 1.5 | 5 days<br>before the<br>specified<br>dateline by<br>MoF | Within date line                              | On<br>dateline                                   | 5 days<br>after<br>dateline                          | 10 days<br>after<br>dateline                         |
|   |   | Prepare and submit<br>Annual Budget as per<br>Agency AWP/APA | Timeline by which annual budget proposal is submitted to Ministry of Finance         | Status<br>of Work | 1.5 | 5 days<br>before the<br>specified<br>dateline by<br>MoF | Within date line                              | On<br>dateline                                   | 5 days<br>after<br>dateline                          | 10 days<br>after<br>dateline                         |
|   | Ensure accounting reporting             | Ensure accounting & reporting                                | Timeline by which the quarterly review and update of Budget Utilization Plan is done | Status<br>of Work | 1.5 | Within 1st<br>week of<br>the<br>following<br>Qtr        | Within 2nd<br>week of the<br>following<br>Qtr | Within 3rd<br>week of<br>the<br>following<br>Qtr | Later than<br>3rd week<br>of the<br>following<br>Qtr | Later than<br>4th week<br>of the<br>following<br>Qtr |
|   |   |  | Number of expenditure report produced  | Number            | 1.5 | 4   | 3   | 2  | -  | 1  |
|   |   | Administered   | Timeline by which Ministry's   | Status            | 1.5 | Within 10   | Within 15                                     | Within 20  | Later than   | Later than   |

|  |   | procurement plan and update Inventory management System  | procurement plan enforced and administered  | of Work           |     | days of the following Qtr                 | days of the<br>following<br>Qtr            | days of the following Qtr                  | 25 days of<br>the<br>following<br>Qtr      | 30 days of<br>the<br>following<br>Qtr |
|--|---|--|---|-------------------|-----|---|--|--|--|---------------------------------------|
|  |   |  | Timeline by which inventory is recorded and updated   | Status<br>of Work | 1.5 | Within 1<br>day of<br>receipt of<br>goods | Within 2<br>days of<br>receipt of<br>goods | Within 3<br>days of<br>receipt of<br>goods | Within 4<br>days of<br>receipt of<br>goods | Within days of receipt of goods       |
|  |   | Ensure efficiency, transparency and accountability   | TAT for payment   | Status<br>of Work | 1.5 | Within 4<br>working<br>days               | Within 7<br>working<br>days                | Within 10<br>working<br>days               | Beyond 10<br>working<br>days               | Beyond 15<br>working<br>days          |
| To ensure implementation   | 5 | Implement planned activities   | Percentage of planned activities implemented (Activity completion)  | Percent           | 2.5 | 95  | 90   | 85   | 80   | 75                                    |
| of planned activities  |   |  | Percentage of Planned activities implemented (revised) budget utilization   | Percent           | 2.5 | 90  | 85   | 80   | 75   | 70                                    |
| To create conducive environment for gender equality and child protection | 1 | Institutionalize integration of gender equality and child protection concerns                        | Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed      | Date              | 1   | 05/31/2017                                | -  | -  | -  | 06/30/2017                            |
| To enhance efficiency and effectiveness of G2C services                  | 1 | Resolve citizens grievances  | Percentage of grievances redressed  | Percent           | 1   | 100                                       | 97   | 95   | 93   | 90                                    |
| To improve<br>Ease of Doing<br>Business<br>Ranking                       | 1 | Implement action plan<br>to improve the Ease of<br>Doing Business<br>ranking as developed<br>by MoEA | Timeline by which improved Electronic Property and Land Registration system with electronic input and search capabilities operationalized | Date              | 1   | September 2016                            | November<br>2016                           | January<br>2017                            | March<br>2017                              | May 2017                              |
| To prevent corruption  | 2 | Implement action plan<br>adopted after the<br>conduct of Integrity<br>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<br>Values [FY<br>2013-14] | Actual<br>Values [FY<br>2014-15] | Target<br>Values [FY<br>2015-16] | Projected<br>Values [FY<br>2016-17] | Projected<br>Values [FY<br>2017-18] |
|--|---|--|---------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| To create conducive environment for gender equality and child protection | Institutionalize<br>integration of<br>gender equality<br>and child<br>protection<br>concerns    | Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed | Date    | -                                | -                                | _                                | 05/31/2017                          | -                                   |
| To deliver health care services expanded through ICT and ICT             | Facilitate ICT services   | Timeline by which<br>LAN is established at<br>two identified district<br>hospitals   | Days    | _                                | -                                | -                                | December<br>2016                    | -                                   |
| enabled services   |   | Timeline by which UTM/Antivirus is implemented at MoH  | Date    | -                                | -                                | -                                | Novermber<br>2016                   | -                                   |
|  | Provide support in<br>deploying and user<br>training of ePIS<br>and web based<br>Bhutan Medical | Number of Health<br>Facilities setup with<br>proper infrastructure<br>at identified ePIS pilot<br>sites by June 2017                 | Number  | NA                               | NA                               | NA                               | 6                                   | Roll out                            |
|  | Supplies Inventory<br>System (BMSIS)  | Percentage of user<br>training supported on<br>ePIS and Basic ICT<br>Skills  | Percent | NA                               | NA                               | NA                               | 100                                 | NA                                  |
|  |   | Percentage of user training supported on web based BMSIS   | Percent | -                                | -                                | -                                | 100                                 | -                                   |
|  |   | Timeline by which web based BMSIS  | Date    | -                                | -                                | -                                | Novermber<br>2016                   | -                                   |

|   |  | proper Infrastructure<br>is setup with secure<br>data management<br>plan at the central<br>server    |         |   |   |    |            |     |
|---|--|--|---------|---|---|----|------------|-----|
|   |  | Turn Around Time by<br>which technical<br>testing and<br>verification is done<br>for ePIS            | Days    | - | - | -  | 7 days     | -   |
|   |  | Turn Around Time by<br>which technical<br>testing and<br>verification is done<br>for web based BMSIS | Days    | - | - | -  | 7 days     | -   |
| To enhance efficiency and effectiveness of G2C services | Resolve citizens grievances                        | Percentage of grievances redressed   | Percent | - | - | -  | 100        | 100 |
| To ensure implementation of planned activities          | Implement planned activities                       | Percentage of planned activities implemented (Activity completion)                                   | Percent | - | - | 95 | 95         | 100 |
|   |  | Percentage of Planned activities implemented (revised) budget utilization                            | Percent | - | - | 90 | 90         | 95  |
| To formulate and implement Annual                       | Formulate and implement Internal                   | Number of Audit reports produced   | Number  | 4 | 3 | 3  | 4          | 5   |
| Internal Audit Plan                                     | Audit Plan   | Timeline by which<br>Annual Internal Audit<br>Plan formulated  | Date    |   |   |    | 09/30/2016 |     |
| To improve Ease of Doing Business Ranking               | Implement action plan to improve the Ease of Doing | Timeline by which improved Electronic Property and Land  | Date    | - | - |    | -          | -   |

|   | Business ranking<br>as developed by<br>MoEA                                       | Registration system with electronic input and search capabilities operationalized  |         |       |     |       |            |     |
|---|---|--|---------|-------|-----|-------|------------|-----|
| To improve HR administration and Management               | Administer Continuing Medical Education (CME) credit                              | Percentage of health professionals completed CME (6) credit.   | Percent |       | NA  | 55    | 75         | 100 |
|   | Implement performance management system   | Timeline by which Individual Work Plan (IWP) collected and submitted   | Date    |       |     |       | 08/31/2016 |     |
|   | Improve pool and deployment of doctors  | Number of<br>Dzongkhags with at<br>least three doctors   | Number  | 11    | 14  | 16    | 18         | 19  |
|   | Increase nursing staff strengthen   | Nurse to bed ratio   | Percent | 1:7.5 | 1:7 | 1:6.5 | 1:6.5      | 1:6 |
| To institutionalize<br>Quality Assurance<br>and standards | Implement HAMT initiative and CQI   | Number of health<br>facilities<br>implementing<br>Hospital Adm. &<br>Management<br>Transformation<br>(HAMT) imitative                | Number  | NA    | 35  | 47    | 59         | 71  |
|   |   | Percentage of health<br>facilities (all hospitals<br>& BHUs') with<br>functional Continuous<br>Quality Improvement<br>(CQI) in place | Percent |       | NA  | 70    | 100        | 100 |
|   | Implement National Quality Improvement activities and Safety Healthcare Standards | Number of hospitals<br>implementing the<br>pilot project on<br>National Quality and<br>Safety Healthcare<br>Standards (NQSHS)        | Number  |       |     | 0     | 4          | 12  |

| To prevent  | Implement action   | Parcentage of IDT   | Percent        |    |    |    | 100                   | 100 |
|---|--|---|----------------|----|----|----|-----------------------|-----|
| corruption  | plan adopted after<br>the conduct of<br>Integrity Diagnostic<br>Test | Percentage of IDT recommendations implemented   | reicent        | -  | -  | -  | 100                   | 100 |
| To promote good<br>governance and<br>financially<br>sustainable | Conduct National<br>Health Accounts                                  | Timeline by which the first draft of National Health Accounts is available  | Days           | NA | NA | -  | Draft report in place | -   |
| healthcare  | Develop National<br>Health Act                                       | Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders                   | Date           |    |    |    | 01/31/2017            |     |
| To promote health research and disseminate health information   | Promote national health research                                     | Number of REBH<br>approved research<br>protocols/proposal<br>published in national<br>and international<br>journals | Number         | NA | NA | 6  | 12                    | 18  |
|   | Publication of<br>Annual Health<br>Bulletin 2017                     | Percentage of BHMIS report submitted on time  | Percent        | NA | 70 | 80 | 80                    | 80  |
|   |  | Percentage of BHMIS report with completeness  | Percent        | NA | 80 | 90 | 95                    | 95  |
|   |  | Timeline by which<br>Annual Health<br>Bulletin 2017 is<br>published   | Date           |    |    |    | 04/30/2017            |     |
|   | Roll out of DHIS 2<br>to BHU II                                      | Timeline by which<br>DHIS 2 is rolled out<br>for implementation to<br>30 BHU II)                                    | Date           | NA | NA |    | 11/30/2016            |     |
| To provide effective  | Administered   | Timeline by which   | Status of Work |    |    |    | Within 1              |     |

| and efficient<br>direction and<br>operational services | •   | inventory is recorded and updated  |                |   |   | day of<br>receipt of<br>goods                           |                             |
|--|---|--|----------------|---|---|---|-----------------------------|
|  | management<br>System  | Timeline by which<br>Ministry's<br>procurement plan<br>enforced and<br>administered              | Status of Work |   |   | Within 10<br>days of the<br>following<br>Qtr            |                             |
|  | Ensure accounting & reporting                                   | Number of expenditure report produced  | Number         |   | 4 | 8   | 12                          |
|  |   | Timeline by which the<br>quarterly review and<br>update of Budget<br>Utilization Plan is<br>done | Status of Work |   |   | Within 1st<br>week of the<br>following<br>Qtr           |                             |
|  | Ensure efficiency, transparency and accountability              | TAT for payment  | Status of Work |   |   | Within 4<br>working<br>days                             | Within 4<br>working<br>days |
|  | Ensure functionality of pool vehicles                           | Percentage of pool vehicles functional   | Percent        |   |   | 100   | 100                         |
|  | Monitor and report annual budget implementation                 | Number of Quarterly<br>Budget vs<br>expenditure status<br>report produced                        | Number -       | - | 4 | 8   | 12                          |
| 5<br>E   |   | Timeline by which<br>Mid-year budget<br>review done  | Status of Work |   |   | 5 days<br>before the<br>specified<br>dateline by<br>MoF |                             |
|  | Prepare and<br>submit Annual<br>Budget as per<br>Agency AWP/APA | Timeline by which<br>annual budget<br>proposal is submitted<br>to Ministry of Finance            | Status of Work |   |   | 5 days<br>before the<br>specified<br>dateline by<br>MoF |                             |

|                             | Provide administrative support services         | Percentage of logistics arranged and coordinated                                    | Percent | N- | - | - | 100        | 100 |
|-----------------------------|---|---|---------|----|---|---|------------|-----|
| planning and and monitoring | Strengthen result based planning and monitoring | Timeline by Health<br>Sector Mid-Year<br>Review conducted                           | Date    |    |   |   | Jan 2017   |     |
| monitoring                  |   | Timeline by which<br>Health Sector Annual<br>Review conducted                       | Days    |    |   |   | July 2017  |     |
|                             |   | Timeline by which<br>Ministry/Departments<br>APA 2016-17 is<br>finalized and signed | Date    |    |   |   | 08/20/2016 |     |

**Section 4: Definition of Success Indicators** 

| Success Indicator   | Description  | Data Collection Methodology                  | Data<br>Collection<br>Frequency | Data Source                          |
|---|--|--|---------------------------------|--------------------------------------|
| Number of Health Facilities setup with proper infrastructure at identified ePIS pilot sites by June 2017                | Health Facilities with proper ICT/LAN infrastructure for ePIS pilot  | Physical verification                        | Biannually                      | Program<br>reports, ICT,<br>MOH      |
| Turn Around Time by which technical testing and verification is done for ePIS   | Turn Around Time by which technical testing and verification is done for ePIS  | Administrative records                       | Biannually                      | Program<br>reports, ICT,<br>MOH      |
| Timeline by which UTM/Antivirus is implemented at MoH   | Set up of UTM/ Antivirus   | Physical verification                        | Biannually                      | ICT unit, MoH                        |
| Timeline by which LAN is established at two identified district hospitals   | Two hospital LAN set up  | Physical verification                        | Biannually                      | ICT Unit, MoH                        |
| Number of Dzongkhags with at least three doctors  | Number of Dzongkhags with 3 or more doctors available. Does not include dentists.  | HR data base                                 | Biannually                      | HRD records                          |
| Nurse to bed ratio  | Ratio of total nursing staff to bed strengthen   | HRD data base                                | Biannually                      | HRD records                          |
| Percentage of health professionals completed CME (6) credit.  | Health professional accumulated<br>number of CME credits enabling for<br>re-registration with BMHC. 6 credit<br>annually- (30 credits over 5 years | Administrative records                       | Biannually                      | HRD, MOH                             |
| Percentage of user training supported on ePIS and Basic ICT Skills  | ICT support provided for the<br>number of ePIS trainings conducted<br>by the relevant Division/ program  | Administrative records                       | Biannually                      | Program<br>reports, ICT<br>unit, MoH |
| Timeline by which web based BMSIS proper Infrastructure is setup with secure data management plan at the central server | Infrastructure set up for the deployment of web based BMSIS  | Physical verification/Administrative records | Biannually                      | ICT unit, MoH                        |
| Turn Around Time by which technical testing and verification is done for web based BMSIS                                | Turn Around Time by which technical testing and verification is done for web based BMSIS   | Administrative records                       | Biannually                      | Reports, ICT unit, Moh               |

| Percentage of user training supported on web based BMSIS  | Provide support to user training on web based BMSIS   | Administrative records | Biannually | Reports, ICT<br>Unit, MoH        |
|---|---|------------------------|------------|----------------------------------|
| Number of health facilities implementing Hospital Adm. & Management Transformation (HAMT) imitative                   | Health facilities with active HAMT and periodic HAMT reporting  | HAMT reports           | Monthly    | Program<br>reports, QASD,<br>MoH |
| Percentage of health facilities (all hospitals & BHUs') with functional Continuous Quality Improvement (CQI) in place | Health facilities (all hospitals and BHU I) with functional Continuous Quality Improvement (CQI) in place | Administrative records | Biannually | Program<br>reports, QASD,<br>MoH |
| Number of hospitals implementing the pilot project on National Quality and Safety Healthcare Standards (NQSHS)        | Hospitals implementing the pilot project on National Quality and Safety Healthcare Standards (NQSHS)      | Administrative records | Biannually | Program<br>reports, QASD,<br>MoH |
| Timeline by which the draft National Health Bill is consulted and discussed with the stakeholders                     | The finalized draft from MoH consulted and discussed with the stakeholders prior submission to parliament | Administrative records | Biannually | Program<br>reports, PPD,<br>MOH  |
| Timeline by which the first draft of National Health Accounts is available  | Conduct on NHA for FY 2015-16   | Administrative records | Quarterly  | PPD,MoH                          |
| Timeline by which Annual Health<br>Bulletin 2017 is published   | Month by which Annual Health Bulletin 2017 is published   | AHB 2017               | Annually   | HMIS, PPD,<br>MoH                |
| Percentage of BHMIS report submitted on time  | BHMIS report submitted on or before 21st of the following month   | DHIS 2                 | Biannually | HMIS, PPD,<br>MoH                |
| Percentage of BHMIS report with completeness  | BHMIS report with completeness  | DHIS 2                 | Quarterly  | HMIS, PPD,<br>MoH                |
| Timeline by which DHIS 2 is rolled out for implementation to 30 BHU II)   | Roll out DHIS 2 to BHU II   | DHIS 2                 | Biannually | HMIS, PPD,<br>MoH                |
| Number of REBH approved research protocols/proposal published in national and international journals                  | REBH approved research protocols/proposal published in national and international journals                | Administrative records | Biannually | Research Unit,<br>PPD,MoH        |
| Timeline by which<br>Ministry/Departments APA 2016-17 is<br>finalized and signed                                      | Ministry/Departments APA 2016-17 finalized and signed   | Administrative records | Biannually | PPD, MoH                         |
| Timeline by Health Sector Mid-Year  | Conduct Health Sector Mid-Year  | Administrative records | Biannually | PPD,MoH                          |

| Review conducted   | Review of Work Plans and APA   |  |            |                                      |
|--|--|--|------------|--------------------------------------|
| Timeline by which Health Sector<br>Annual Review conducted   | Conduct Health Sector Annual<br>Review of Work Plans and APA   | Administrative records                         | Biannually | PPD,MoH                              |
| Percentage of IDT recommendations implemented  | To track implementation of IDT recommendations   | Regular reporting by ACC focal in the Ministry | Annually   | Administrative records               |
| Timeline by which internal framework to address gender related issues faced by the employee within the sector concerned is developed | The indicator refers to development of an internal framework within each sector to address gender issues faced by the employees within the sector and provide conducive working environment for the female employees. The framework should include the following areas:  - Mechanisms/procedures to report on harassment at work place including sexual harassment (should designate a focal person who will facilitate reporting of such issues to higher authorities) within the sector.  - Provision of facilities like breastfeeding room for nursing mothers and customers (for office providing services to the public), separate toilets for male and female employees with basic amenities like sanitary bins in the female toilets  - Inclusion of female representative in the important committees of the sector  - Implementation of flexi timing to working mothers  - Awareness for all the employees on gender and child protection issues including sexual harassment and introducing a system where all new recruits/employees of the | Consultations, Bilateral Meetings              | Annually   | Agency report/record and GFP reports |

|                                    | sector to be sensitized on basic concepts and issues related to gender and child protection.  This indicator will be applicable to all Ministries and Autonomous Agencies of the government. The Ministry of Labour and Human Resources will be required to include provisions on establishment of reporting mechanism on sexual harassment at workplace in place in addition to the above areas while developing the internal framework. NCWC as the lead coordinating agency of the government on women and children will provide | The percentage will be derived | Appually | oKoo Sol |
|------------------------------------|---|--------------------------------|----------|----------|
| Percentage of grievances redressed | The percentage will be derived from the e-KaaSel  | from the e-KaaSel              | Annually | eKaaSel  |

Section 5: Requirements from other Departments & Secretariat Divisions

| Organisation Name  | Relevant Success<br>Indicator  | Requirement from the Organisation  | Justification for the Requirement  | Requirement detail  | Impact (If Not Met)  |
|--|--|--|--|---|--|
| DEPARTMENT OF MEDICAL SERVICES                                 | Number of Health Facilities<br>setup with proper<br>infrastructure at identified<br>ePIS pilot sites by June<br>2017 | Participation of<br>Departments/ Division<br>Heads, other relevant<br>stakeholders (WHO)<br>and program personnel                | Involvement of domain expert and financial support for proper set up   | Technical expertise<br>,financial support<br>and coordination | ePIS not<br>deployed/piloted   |
| DEPARTMENT OF MEDICAL SERVICES                                 | Turn Around Time by which technical testing and verification is done for ePIS  | Participation of<br>Departments/ Division<br>Heads, other relevant<br>stakeholders (WHO),<br>program personnel and<br>consultant | Involvement for fixing bugs and rectification of the system  | Technical expertise<br>,financial support<br>and coordination | System not<br>functional as<br>expected and<br>full of<br>bugs/errors                  |
| DEPARTMENT OF MEDICAL<br>SERVICES                              | Percentage of user training<br>supported on ePIS and<br>Basic ICT Skills   | Participation of<br>Departments/ Division<br>Heads, other relevant<br>stakeholders (WHO)<br>and program personnel                | Involvement of domain<br>expert ,ICT personnel<br>and coordination from<br>program to align users to<br>new system | Technical expertise<br>,financial support<br>and coordination | User not familiar with the system and changes not incorporated. System may not be used |
| DEPARTMENT OF MEDICAL<br>SERVICES                              | Turn Around Time by which technical testing and verification is done for web based BMSIS                             | Participation of<br>Departments/ Division<br>Heads, other relevant<br>stakeholders, program<br>personnel and<br>consultant       | Involvement of ICT personnel and local consultant for fixing errors and rectification                              | Local consultation and financial support                      | System not functional as expected and full of bugs/errors                              |
| DEPARTMENT OF MEDICAL<br>SUPPLIES AND HEALTH<br>INFRASTRUCTURE | Turn Around Time by which technical testing and verification is done for web based BMSIS                             | Participation of<br>Departments/ Division<br>Heads, other relevant<br>stakeholders, program<br>personnel and<br>consultant       | Involvement of ICT personnel and local consultant for fixing errors and rectification                              | Local consultation and financial support                      | System not functional as expected and full of bugs/errors                              |
| DEPARTMENT OF PUBLIC<br>HEALTH                                 | Turn Around Time by which technical testing and verification is done for web   | Participation of Departments/ Division Heads, other relevant   | Involvement of ICT personnel and local consultant for fixing   | Local consultation and financial support                      | System not functional as expected and  |

|  | based BMSIS   | stakeholders , program personnel and consultant | errors and rectification  |  | full of<br>bugs/errors                                    |
|--|---|---|---|--|---|
| DEPARTMENT OF<br>TRADITIONAL MEDICIENE | Turn Around Time by which<br>technical testing and<br>verification is done for web<br>based BMSIS | Departments/ Division                           | Involvement of ICT personnel and local consultant for fixing errors and rectification | Local consultation and financial support | System not functional as expected and full of bugs/errors |

#### Whereas,

We, the Chiefs/heads of PPD, AFD, Inter Audit, HRD, QASD and ICT Unit Head, 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 Chiefs/heads of PPD, AFD, Inter Audit, HRD, QASD and ICT Unit Head, to provide necessary support for the delivery of results described in this Annual Performance Agreement.

| Dr. Ugen Dophu<br>Secretary                          | SIGNED: | 27/7/2016<br>Date |
|--|---------|-------------------|
| Jayendra Sharma<br>Offtg, Chief Planning Officer     |         | 27/7/16<br>Date   |
| Tshering Dema<br>Offtg. Chief Administrative Officer |         | 27/7/1b<br>Date   |
| Sonam Tshering<br>Head, Internal Audit               |         | Date              |
| Namgay Wangchuk<br>Chief Human Resource Officer      |         | 27)2/2016<br>Date |
| Lungten Jamtsho<br>Offtg. Chief Program Officer      |         | 27/7/2016<br>Date |
| Gaki Tshering  |         | 29/7/2016<br>Date |