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<b>Audit Report</b> : Performance Audit Report on Delivery of OPD Services at JDWNRH (AIN: 14724) <b>Schedule of Audit</b> : 1 <sup>st</sup> March to 4 <sup>th</sup> April 2017 <b>Date of Issue</b> : 22 <sup>nd</sup> August 2017 <b>Period covered by Audit</b> : 2014 to 2016 <b>Name of Agency (s)</b> : Jigme Dorji Wangchuck National Referral Hospital				
Recommendations		Action taken (as per the detailed action plan/report submitted by JDWNRH)	Status/progress of corrective actions taken by the audited agency (RAA's Further Comments)	Reasons for non-completion of action (RAA's Further Comments)
4.1	<b>JDWNRH should formulate strategic plan</b>  The healthcare system in the country prior to granting autonomy to the JDWNRH was found inept owing to unclear responsibilities and accountabilities within the Departments/ Divisions/ Units under the MoH. The RAA observed that the JDWNRH does not have a strategic focus and direction. It has not formulated its strategic and operational plans. The Hospital does not have a mechanism instituted to implement its 11 <sup>th</sup> FYP activities. Therefore, JDWNRH should formulate strategic and operational plans to enhance efficient delivery of healthcare	<b>Action taken by the JDWNRH</b>  Planning Division under the JDWNRH was directed to draft the strategic plan and prepare ToR for Strategic plan document. (Refer: letter No. JDWNRH/Director-4/2017-2018/5473 dated 30th November 2017).  Planning Division has completed the drafting of Strategic plan. However, the hospital is yet to finalize the plan. UN Office has committed to fund the publication of the strategic plan. (Refer letter No. JDWNRH/HRD/2017-	<u><b>Partially Implemented</b></u>  The Draft Strategic Plan has been prepared.  However, operational plan of JDWNRH is not yet formulated. Therefore, JDWNRH is requested to share a copy of Strategic Plan and the operational plan with RAA once finalized and published.	Since, initiatives and arrangements are already in place to formulate Strategic Plan, the recommendation is treated as partially Implemented. The recommendations shall be reviewed upon submission of the final Strategic Plans and

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	services.	<b>2018/misc/19/10835 dated 12/3/2018).</b>		Operational Plan.
4.2	<p><b>JDWNRH should Institute proper internal control Mechanism</b></p> <p>The RAA observed weak controls in the token and appointment system. There were cases in the General and Medical OPD that patients were provided consultation Services without availing the token. The cases were also observed where diagnosis test were performed for some patients without seeking prior appointment. Moreover, there is no special arrangements for patients referred from far flung places for health services particularly those involving very long waiting time which range from 3 days to as long as 46 days. The patients were found visiting the doctors for consultation at the in-patient ward, diagnosis services centers and other medical facilities. Despite instituting the token and appointment system, proper and systematic procedures were not followed and proper controls not instituted resulting in unsystematic practices in the patient consultation process. Therefore, the JDWNRH should institute proper control</p>	<p><b>Action taken by the JDWNRH</b></p> <p>The existing token system has been strengthened and ensured that tokens are entertained in sequence. Further the management has written to the hospital staff not to go to doctor’s chamber, wards and other places to avail services without tokens as it delays the arrival time of doctors in the chambers. (Refer: letter No. JDWNRH/Director-4/2017-2018/5473 dated 30th November 2017).</p> <p>Further, the JDWNRH responded that special arrangement for the patients coming from the Dzongkhags and other far flung areas are in place. A separate token counter has been created in the main reception counter for the patients coming from the Dzongkhags and other far flung areas. It is clubbed with the priority counter. Further such patients needing specialist consultation are provided necessary support like escorting them till the concern chambers</p>	<p><b><u>Implemented</u></b></p> <p>The JDWNRH has decided to issue office order to strengthening the existing token system and to ensure that tokens are entertained in a sequence vide letter No. JDWNRH/HRD/2017-2018/misc/19/10835 dated 12/3/2018. The management has also circulated an office order to curtail bypass in waiting and token system.</p> <p>Further, the Management has created a separate counter in the main reception area as a priority counter to improve the services for the senior citizens, differently abled, diabetic and patients referred from the dzongkhag hospitals.</p> <p>Therefore, the</p>	<p>N/A</p>

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	<p>system to provide transparent, effective and faster delivery of health services. For patients referred from other Dzongkhags and far flung places, the possibility of making special arrangements may be considered.</p>	<p>and diagnostic services. Registrations for such patients are also done in a separate register for the record so that we can further improve our services if required. (Refer letter No. JDWNRH/HRD/2017-2018/misc/19/10835 dated 12/3/2018).</p>	<p>recommendation is treated as implemented. However, JDWNRH should monitor and further strengthen the token system as a continuous process.</p>	
4.3	<p><b>JDWNRH should develop strategies to reduce waiting time in the OPD and Diagnosis services</b></p> <p>Despite having clear targets to reduce waiting time to 30 minutes for the patients availing OPD and 2 weeks in diagnosis services in the 11th FYP, the targets were either not achieved or not evaluated properly. There were no clear strategies developed against each target. Moreover, during the survey carried out by the RAA, majority of the respondents were in favor of having appointment system through Mobile Apps, display of information on doctors availability though TV monitors placed in the OPD Chambers and awareness on the OPD timing, customer care and many more. Thus, the strategies to reduce waiting time</p>	<p><b>Action taken by the JDWNRH</b></p> <p><i>Strengthen the existing token and control system. (Refer Letter No. JDWNRH/HRD/2017-2018/misc/19/ 10835 dated 12/3/2018.</i></p> <p>The QASD proposed to reduce OPD waiting time by using 8 steps Continuous quality improvement approaches.  <i>Step 1. Problem Identification and Prioritization</i>  <i>Step 2. Understanding the present system</i>  <i>Step 3. Analysis of the Root causes Completed</i>  <i>Step 4. Selection of best alternative solution</i>  <i>Step 5. Solution Implementation</i>  <i>Step 6. Evaluation of Results</i>  <i>Step 7. Standardization</i></p>	<p><b><u>Partially Implemented</u></b></p> <p>The JDWNRH has started appointment system on a pilot basis. The ENT department has started with appointment system since 1<sup>st</sup> March 2018 from 9.30 am and 3 pm Monday to Friday and till 1pm on Saturday. Further, two department namely: Medical Department and Gynecology / Obstetric Department will begin appointment system from 19<sup>th</sup> March 2018.</p> <p>Following the roll out and depending on the outcomes of</p>	<p>The recommendation has been treated as partially implemented since JDWNRH has started to pilot appointment system and has plans to replicate the same in other Departments if found feasible. The final implementation status should be intimated to RAA.</p>

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	<p>for each OPD service should be set clearly and the performance monitored timely. The turnaround time for each service should be evaluated and causes identified for those services performing poorly. On the basis of service evaluation, the new strategies should be proposed to enhance efficient delivery of OPD services.</p>	<p><i>Step 8. Self- Evaluation and Future Planning.</i></p> <p><b>Current Status:</b></p> <ol style="list-style-type: none"> <li>1. Step 1 to 5 implemented so far.</li> <li>2. The QASD and ICT presented proposal to introduce appointment system and to pilot with few departments namely; Department of ENT, Gynae/Obs &amp; Medical)</li> <li>3. The department of ENT has begun Google sheet based appointment system on 1st March 2018.</li> <li>4. Gynae/Obs and Medical department. Gynae/Obs will be beginning the appointment system on 12 March 2018 and Medical department will begin on 19 March 2018.</li> <li>5. The “Google Sheet” is used for appointment purpose in the initial stage of the implementation phase, which is expected to be replaced by Electronic Patient Information System (EPIS).</li> <li>6. The MRI unit under Department of Radiology and Imaging is already practicing appointment system. The</li> </ol>	<p>the pilot project, the JDWNRH has plans to standardize the appointment system in rest of Departments to enhance efficient delivery of services.</p>	
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		Endoscopy unit under Medical department is partially practicing appointment system: patients are given date of endoscopy and not time. (Refer letter no. JDWNRH/HRD/2017-2018/misc/19/10835 dated 12/3/2018).		
4.4	<p><b>Doctors on-duty for OPD services should not be assigned for multiple assignments</b></p> <p>The RAA learnt that the specialized doctors in the Medical OPD also had to attend to emergencies and academic purpose in the midst of the consultation services. Thus, irregular timing followed by the doctors on-duty and frequent disruption of schedules had led to increase in waiting time and hampered smooth delivery of their services. Therefore, the JDWNRH needs to have uniformity in scheduling of the doctors' arrival and departure time rosters. The doctors scheduled for OPD services should not be engaged in multiple activities. All the academic activities should be done before 9:00 am or after 3:00 pm to enhance uninterrupted and effective consultation and diagnosis services.</p>	<p><b>Action taken by the JDWNRH</b></p> <p>No response has been intimated to RAA on this recommendation.</p>	<b><u>Not Implemented</u></b>	<p>The RAA has not received any responses from the JDWNRH with regard to this recommendation.</p> <p>Therefore, the recommendation remains not implemented.</p>

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<p>4.5</p>	<p><b>JDWNRH should conduct Monitoring and Evaluation on a regular basis</b></p> <p>As majority of the patients are crowded outside filter and medical chambers, the hospital management should ensure that the OPD chambers are open throughout weekdays to enhance a smooth delivery of healthcare services. The OPD chambers should not limit the number of tokens and the doctors should be present in the chambers from 9:00 am to 3:00 pm to provide quality time to the patients. This would help in avoiding unnecessary crowding outside the chamber and subsequently reduce the patient waiting time. There were cases of some doctors coming late in their chambers and leaving early which resulted in longer waiting time for patients. There was lack of monitoring over effective working hours of doctors in the hospital. Therefore, the JDWNRH should conduct proper monitoring and evaluation of effective working hours of doctors and number of consultations provided by them.</p>	<p><b>Action taken by the JDWNRH</b></p> <p>The Management to carry out monitoring and support as per recommendation of systematic cascading for accountability. There will be scheduled and planned monitoring. Report will be submitted to the hospital Coordination meeting/ HR committee meeting for further necessary action. A format has also been developed for maintaining record during the monitoring. (Refer letter No. JDWNRH/HRD/2017-2018/misc/ 19/10835 dated 12/3/2018).</p> <p>Management has started carrying out monitoring and support as per recommendation for systematic cascading for accountability. Do the planned monitoring and asked to develop format to maintain the record of monitoring which shall be further submitted to Hospital Coordination/HR Meeting. (Refer letter No. JDWNRH/HRD/2017-2018/misc/ 19/10835 dated 12/3/2018)</p>	<p><b>Not Implemented</b></p> <p>The recommendation basically requires the monitoring and evaluation of doctors and the OPD services provided to the patients. While noting the action taken to monitor on other administrative aspects, the response doesn't convey any concrete actions taken by JDWNRH regarding monitoring over effective working hours of doctors in the hospital and number of consultations provided by them as required by the recommendations.</p>	<p>While RAA is appreciative of the various actions initiated monitoring and evaluation conducted, the recommendation has been categorized as not implemented since the actions taken does not address the requirement as per the recommendation.</p>
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<p>4.6</p>	<p><b>JDWNRH should institute Clinical Audit</b></p> <p>While there are no standard time requirements for the patient consultation, it was observed that longer queue of patients availing the specialist services had resulted in devoting lesser consultation time and not properly profiling and recording the history of patients. There were instances noted in the endoscopy unit, where patients had to wait for 3 to 46 days to avail the services.</p> <p>In this regard, the hospital management should institute clinical audits to enhance measurement of clinical activities and outcomes. It would provide opportunities to confirm established processes resulting on expected outcome, but more importantly, it would highlight potential problem areas within the hospital. Therefore, the Quality Assurance Unit should also include clinical audits in order to capture information about day to day work of clinical practice, identify problems, consider and make changes and monitor progress towards improved patient outcome.</p>	<p><b>Action taken by the JDWNRH</b></p> <p>QMS will develop the strategy. <i>(Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30<sup>th</sup> November 2017).</i></p> <p>Quality Division was asked to develop strategy to conduct clinical auditing. Although QASD proposed strategies below to start clinical audit, it could not be followed due to lack of standards in place or in record. Tentative plan for clinical audits between January 2018 and March 2018 has come up.</p> <p>Therefore, instead, the office of QASD started collecting all the SOPs from the department and those who did not have SOPs were asked to prepare SOPs by end of March 2018. At the moment, six departments have SOPs. <i>(Refer letter No. JDWNRH/HRD/2017-2018/misc/19/10835 dated 12/3/2018).</i></p>	<p><b><u>Partially Implemented</u></b></p> <p>The RAA has noted that six departments of JDWNRH currently have SOPs.</p> <p>It is also noted that QASD in consultations with departments are in process of developing SOPs which will serve as a benchmark for Clinical Audits and gradually start clinical auditing.</p>	<p>Hence, the recommendation has been treated as partially implemented since QASD is in process of developing SOPs to institute Clinical Audit. The detailed SOPs for all the Department should be formulated and implementation ensured.</p>
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<p>4.7</p>	<p><b>Strengthen the Hospital Information and Service Desk</b></p> <p>In absence of ToR, the Information &amp; Service Desk only assisted in addressing enquiries related to the location of the Chamber and health care facility. The RAA observed that Information Desk were ineffective as the desk is not equipped with basic facilities required in the information and service desk such as; computers, internet connections, information on the availability of the doctors and officials on duty. It was also observed that staff on duty were most of time idle or doing some personal work without any additional responsibility assigned to them. Therefore, Information &amp; Service Desk should also maintain information of doctor’s availability, route map of the hospital and aid the general public in providing basic information about the hospital facilities. Further, the JDWNRH should formulate ToR for Information &amp; Service Desk for its effective functioning.</p>	<p><b>Action taken by the JDWNRH</b></p> <p>The ToR for the floor Managers had been developed. The Receptionists and the floor managers have also been given orientation after recruitment and trained in September-October 2017 as per their job responsibility for effective functioning. Provided two number of computers to the information with internet connectivity. Provided the information desk with information on the facilities available in the hospital, information on the availability of doctors and officials on duty. (<i>Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30th November 2017</i>).</p> <p>HR Division shared information of doctor on leave and training with information desk. ICT office has arranged for laptops which were issued to Service desk staff on 1st March 2018 to disseminate correct information on where about of doctors. General Section has also been reminded to share information with information desk while doctors are on tour like medical</p>	<p><b><u>Implemented</u></b></p> <p>The RAA noted that doctor’s availability information is shared by the HR Division to the information Desk, which is ultimately communicated to the patients. Additionally there is ToR for information desk managers. This was verified during the visit of JDWNRH by the follow up audit team on 28<sup>th</sup> March 2018. The Information Desk is equipped with laptops and internet connectivity to disseminate fast and correct information. At the same time, the follow up team came across “floor managers” who were deployed mainly to assist the patients while in the hospital. They also had other responsibility such as monitoring, repairs &amp; maintenance. Therefore, the</p>	<p>N/A</p>
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		camp. (Refer letter No. JDWNRH/HRD/2017-2018/misc/ 19/10835 dated 12/3/2018).	recommendation remains as implemented.
4.8	<p><b>JDWNRH should provide public education on the prevention and first-aid care and awareness on the timing and healthcare services</b></p> <p>With advancement of the communication technology, the Hospital should take advantage of the platforms to provide public education on incidences of diseases, prevention and first-aid medication through documentary or other means of communications. The adequate awareness should also be provided on the timing and clear directions on various healthcare services provided to enhance crowd management.</p>	<p><b>Action taken by the JDWNRH</b></p> <p>Public Relation officer with support from the ICT division to do the following:</p> <ul style="list-style-type: none"> <li>● Enhance public awareness through some media programme on BBS on the timing and health care services available in JDWNRH.</li> <li>● Flash it on the television screens in JDWNRH.</li> <li>● Put it up on all notice boards and prominent places. (Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30<sup>th</sup> November 2017).</li> </ul> <p>The Expression of Interest (EoI) was called from the media firms through Kuensel and website to make video clips on the mentioned topics. The evaluation was carried out and the work of producing short videos has been awarded to the lowest evaluated firm (Etho Meto Pictures). The</p>	<p><b><u>Implemented</u></b></p> <p>The RAA follow up audit team from FUCD &amp; PSAD on 28<sup>th</sup> March 2018 noted that, works on the video clips relating to public education and awareness on timing and health care services are awarded and are being screened in the television. It has also been found that posters were put up on notice boards and at prominent places. Therefore, the recommendation remains implemented. However, the management should ensure the continuance of this initiatives.</p>

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		<p>work had been awarded and as per the terms of reference one month time has been given to complete the work. Soon the video clips will be ready for review and screening in relevant media platforms i.e JDWNRH television screens, Bhutan broadcasting Service and JDWNRH Facebook page. Important information and messages for the patients had also been put on JDWNRH Facebook page, notice boards and walls in prominent places.</p> <p><i>(Refer letter No. JDWNRH/HRD /2017-2018/misc/ 19/10835 dated 12/3/2018.</i></p>		
4.9	<p><b>JDWNRH should develop robust patient information system to enhance informed decision making</b></p> <p>In absence of Hospital Information System, the details of services provided and details of patients were not recorded. Records related to appointment and token were maintained manually without much ease of tracking and monitoring. A systematic patient information system would benefit doctors to efficiently examine follow-up patients. The system would provide all the</p>	<p><b>Action taken by the JDWNRH</b></p> <p>ICT will develop the action plan and the write up and share a copy with the Management by 27 October, 2017. <i>(Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30th November 2017).</i></p> <p>ToR for procurement, installation and implementation of electronic Patient Information System (ePIS) has been developed by MoH, DITT and JDWNRH. MoH is in the process of floating</p>	<p><b><u>Partially Implemented</u></b></p> <p>The current status of the recommendation is partially implemented since JDWNRH is in the process of coming up with ePIS which will help to provide evidence-based information for medical intervention, research and better decision making by improving access to quality data.</p>	<p>The RAA noted that, the TOR for procurement, installation and implementation of electronic patient information system (ePIS) has been developed by MOH, DITT and JDWNRH.</p> <p>Further, MoH is in</p>

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	<p>details of the patient instantly to the doctors, provide quality time and avoid extensive paper works. Therefore, as an apex healthcare institution in the country, the need to develop robust patient information system was found necessary for ensuring quality care services to the patients.</p>	<p>Expression of Interest (EoI) for the procurement, installation and implementation of ePIS for the entire county. The ePIS system will be implemented first in JDWNRH. Once the system has been implemented it will help to provide evidence-based information for medical interventions, research and better decision-making by improving access to quality data.</p> <p>In addition to overall plans and strategies from MoH via electronic patient information system project (ePIS), Medical Record at JDWNRH with support from Bhutan Health Management and Information System (BHMIS unit under PPD, MoH), have implemented with main intention to aid JDWNRH to achieve a robust patient information system. (Refer letter No.JDWNRH/HRD/2017-2018/misc/19/ 10835 dated 12/3/2018.</p>		<p>the process of floating EOI for procurement, installation and implementation of ePIS for the entire Country hospital with JDWNRH to implement the first.</p>
4.10	<p><b>JDWNRH should develop a comprehensive Standard Operating Procedures (SoP)</b></p>	<p><b>Action taken by the JDWNRH</b></p> <p>In order to ensure quality efficient service delivery, all the heads of divisions under</p>	<p><b><u>Partially Implemented</u></b></p> <p>The RAA noted that Quality Management Division has</p>	<p>The SOPs &amp; ToR may be submitted to RAA for verification</p>

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	<p>JDWNRH has separate SOPs for each department which are not comprehensive enough to carry out its mandate. The staffs lacked awareness and knowledge on the existing SOPs. Therefore, the JDWNRH should develop comprehensive SOPs and create awareness among the responsible staffs. The BES should have separate SOP with detailed TOR to carry the work as per the mandate, which will ensure quality health care and efficient service delivery.</p>	<p>AFD will develop SoPs for their division based on their mandates, job description, Annual Performance agreement and as per our 12 Five Year Plan formulated recently with effect from 3-7 October, 2017. This will be developed and implemented latest by April, 2018. Further, in order to develop SoPs by the respective divisions, QMS will facilitate a workshop on making SoPs by end of December. (Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30th November 2017).</p> <p>Quality Management Division has given half day workshop to all Head of Divisions, Departments and In-Charge. Some of them have already submitted SOPs as shown in earlier page. Further, all heads are asked to submit the first draft by end of March. (Refer letter No. JDWNRH/HRD/2017-2018/misc/19/ 10835 dated 12/3/2018).</p>	<p>initiated actions for formulation of the SOPs. Further, it is also noted that QASD of MoH in consultations with relevant departments is in the process of developing separate TOR to ensure quality healthcare and efficient service delivery.</p> <p>The recommendation has been treated as partially implemented since JDWNRH is in the process of formulation of the SOPs and detailed TOR.</p>	<p>and management must ensure implementation of the same.</p>
4.11	<p><b>JDWNRH should strengthen Biomedical Engineering Unit</b></p> <p>As mandated by the National Health Policy, the bio-medical engineering services were</p>	<p><b>Action taken by the JDWNRH</b></p> <p>The Biomedical division had been asked to draw up an action plan in order to strengthen the division.</p>	<p><b><u>Partially Implemented</u></b></p> <p>The RAA has noted that, training on basic repairs and maintenance are provided to</p>	<p>The RAA is appreciative of the action taken by JDWNRH in for</p>

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<p>created as a separate division under JDWNRH in 2014. Currently, the division has one engineer, three senior technicians and one helper. Two technicians were trained in the maintenance of basic errors in dialysis, X-rays and ventilators. No technician was found trained in maintaining highly priced equipment and the Hospital depends on external service providers to maintain this equipment. The BES personnel and end-users like echo-technicians should also be involved in the need assessment or pre inspections either during the procurement process or maintenance. Therefore, the JDWNRH should strengthen BES with clear SOP and detailed TOR of its roles and responsibilities which will ensure quality healthcare and efficient service delivery.</p>	<p>All the division heads had been asked to draw up action plan for their division relevant to the audit observations and share with the Director latest by 27 October, 2017. (Refer letter No. JDWNRH/Director-4/2017-2018/5473 dated 30<sup>th</sup> November 2017.</p> <p>Draft service standard is finalized in collaboration with BMED, DoMSHI. Medical equipment inventory database is under progress but a list of inventory is already available in excel file. Development of SOP and ToR is in process. Training on basic repair and maintenance of ventilator, anesthesia and endoscopy is already completed. Repair and maintenance training on medical equipment is already proposed and submitted to HR division including for 12th five year plan. The validation of BP instrument, SPO2 monitor and NIPB is started since March 2018 by procuring a testing tool this fiscal year. Refer letter No. JDWNRH/HRD/2017-2018/misc/19/10835 dated 12/3/2018.</p>	<p>BMED staff and staff has also started to carry out validation of BP instrument since March 2018 by procuring testing tools.</p> <p>However, SOPs are yet to be finalized. Until, the SOPs are submitted to RAA for verification, the recommendation shall remain partially implemented.</p> <p>Further, it is also noted that proposal is also included in the 12FYP for repairs and maintenance of medical equipment and capacity building of BMED.</p>	<p>finalization of the Draft Service standard and development of SOPs and TOR.</p> <p>The recommendation has been treated as partially implemented since BMED is in the process of formulation of the SOPs, detailed TOR and standards.</p>
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