

MINISTRY OF HEALTH,
WOMEN & SOCIAL WELFARE
CORPORATE PLAN
2008



For the Financial Year Ending
31 December 2008

ANNUAL CORPORATE PLAN 2008



Some Senior Staff of the Ministry of Health, Women & Social Welfare Jan - 2008

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1. Statement by the Interim Minister for Health, Women and Social Welfare

FOREWORD



I am pleased to present the Ministry's Corporate Plan for 2008.

This Annual Plan has been formulated to reflect the Vision and Goals of the Government that are highlighted in the Sustainable Economic and Empowerment Development Strategies [SEEDS] 2008 – 2010 and the previous National Strategic Plans, including the enforcement of relevant and mandatory legislations and policies of the Ministry of Health, Women and Social Welfare.

The policy objectives and strategies reflected in the Corporate Plan 2008 denote the priority areas that the Ministry will continue to implement in 2008 in order to deliver an efficient service that is responsive to the needs of the people.

The implementation of these annual strategies is envisaged to lead to the achievement of the outcomes, as reflected in the developed Strategic Plans developed by the two amalgamated Ministries prior to the merging. The Ministry of Health Strategic Plan 2007-2011, which are:

- Reduced burden of Non-Communicable Diseases;
- Begun to reverse the spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases;
- Improved family health and reduced maternal morbidity and mortality;
- Improved child health and reduced child morbidity and mortality;
- Improved adolescent health and reduced adolescent morbidity and mortality;
- Improved mental health and
- Improved environmental health through safe water and sanitation.

The Ministry for Women and Social Welfare [which includes Women, Social Welfare and the Poverty Monitoring Unit] identified the following strategies under its 2006 – 2008 Strategic Plan:

- Protect families, especially women, children and youth at risk.
- Promote gender equality.
- Strengthen communities to improve quality of life.
- Improved programmes that target the eradication of poverty.
- Improve the monitoring, evaluation and procedures that target poverty alleviation programmes.

I encourage all citizens of our beloved Fiji to join hands in assisting the Ministry in building a healthier nation in order to nurture a healthy and productive population, by engaging in regular physical activities, developing healthy eating habits and to sum it all, living a healthy life style. A healthy and productive population is an engine to foster economic growth to raise overall standards of living for all.

I look forward to support from all citizens for the implementation of this Corporate Plan to achieve the desired results.

A handwritten signature in black ink, appearing to read 'Jiko Luveni', written over a dotted line.

Dr. Jiko Luveni

Interim Minister for Health, Women and Social Welfare

2. Statement by the Permanent Secretary for Health, Women and Social Welfare

The 2008 Corporate Plan is developed with the view of guiding the Ministry to implement planned strategies and policies to achieve the overall goal: the provision of an affordable, equitable and responsive service to all.

This Annual Plan took into account the objectives of the Ministry of Health Strategic Plan 2007-2011 that was developed in tandem with the National Strategic Development Plan 2007-2011, the Public Service Act 1999 and the Financial Management Act 2004 and the Ministry of Women, Social Welfare & Poverty Alleviation Strategic Plan 2006-2008.



The 2008 Corporate Plan forms the basis for the formulation of Business Plans of the 10 divisions within the Ministry namely: Public Health, Corporate Services, Nursing & Health System Standards, Curative & Health Services Development, Northern Health Services, Western Health Services and Central Eastern Health Services Divisions, Department of Women, Department of Social Welfare and the Poverty Monitoring Unit. The Director of each division will be responsible for implementing strategies highlighted in this document.

I wish to emphasise the need to remain focussed on the major diseases causing ill health and premature deaths in Fiji. These diseases include both Non Communicable Diseases and Communicable diseases and the need to continuously implement planned strategies to contain them.

Basic health service provision should be strengthened through further development and implementation of the Clinical Services Plan, Protection of health requires review of some and development of new health legislations, promotion of health needs more emphasis so that more and more people remain healthy and use health facilities as 'wellness centres' and not only clinics for treatment.

Alleviation of poverty within families is a major output which will be strengthened through programmes that target the strengthening of women through the implementation of the Women's Plan of Action, protecting children to ensure full development of their potentials and the development of youths through diversionary programmes for youths at risk.

The ongoing training of professionals together with capacity building of all cadres of workers in the Ministry needs to continue. This is to ensure that all vacant positions in rural facilities are filled, as well as to support the efficient delivery of services to the community.

At this juncture, I wish to take this opportunity to thank all our valued partners: to name a few, for their continued assistance in terms of technical assistance or funding to complement the annual budget that enabled the Ministry to achieve its goals. I will always look forward to your continued support.

I now wish everyone good health, happy and prosperous 2008 and I look forward to your continued support, dedication, commitment and perseverance to continuously provide an efficient and responsive service to all.

A handwritten signature in black ink that reads "Lepani Waqatakirewa".

Dr. Lepani Waqatakirewa

Permanent Secretary for Health, Women and Social Welfare

Table 1: List of Acronyms

Acronym	Description
ACP	Annual Corporate Plan
CSP	Clinical Service Plan
CD	Communicable Diseases
CEDAW	Convention for the Elimination of All Forms of Discrimination Against Women
CPR	Contraceptive Prevalence Rate
CRC	Convention of the Rights of the Child
DCHS	Director Curative Health Services
DCS	Director Corporate Services
DOTS	Directly Observed Treatment Short-course
DPH	Director Public Health
DNHSS	Director Nursing & Health System Standards
FNCDP	Fiji National Council for Disabled Persons
GM	General Manager
GoF	Government of Fiji
HR	Human Resource
HIM	Health Information Management
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
MDGs	Millennium Development Goals
MoH	Ministry of Health
NCD	Non – Communicable Diseases
PPS	Portfolio Performance Statement
SDP	Strategic Development Plan
SEEDS	Sustainable Economic Empowerment Development Strategies
STIs	Sexual Transmitted Infections
WPA	Women's Plan of Action

3. Overview

Providing accessible, affordable, efficient and high quality health care services for the people of Fiji is the main goal of the Ministry of Health. With the emergence of new and chronic diseases together with an increasing demand for free health services, the use of new technologies, modern & expensive drugs to support the delivery of the services in the face of limited resources, will continue to be a challenge in the years to come.

The increase in resignations, migration and retirement of health professionals has left a vacuum, which will take time to fill. This area of concern continues to have an impact on the efficient delivery of the health care services to the people of Fiji.

With the implementation of the Clinical Services Plan; improved planning and ongoing delivery of effective public health & promotion activities; performance budgeting; identification of appropriate financing/ resource options to complement the health budget and implementation of appropriate prevention strategies; the Ministry will rise to new horizons/ occasion and continue to provide quality health care to improve health status for all.

Service delivery for disadvantaged members of our society is also a key responsibility of the Ministry. The review of major programmes and development of new strategies to address service delivery will ensure that designed processes enhance the achievement of performance outputs that target specific groups of society. Emerging issues are a constant challenge for social development and there is a continuing obligation to ensure strategies are in place to begin to address these issues.

The more efficient and quality delivery of programmes for women and gender development is important for the improved planning and continuous advocacy of women issues such as leadership and decision making. Alongside this, gender equality is a necessity to allow the nation to build on its strengths for equitable development.

4. Guiding Principles

Vision

A Peaceful and Prosperous Fiji that values human dignity through a well financed health care delivery system that fosters good health and well-being, social security and human development for all citizens.

Mission

To provide quality services through strengthened divisional structures and to reduce poverty by empowering families especially children and women at risk, advancing gender equality and strengthening communities in Fiji.

Values

Customer Focus

Being genuinely concerned that our customers receive quality health care, well-being, social security and human development for all citizens.

Equity

Striving for an equitable health system, social security and human development and being fair in all our dealings irrespective of ethnicity, religion, political affiliation, disability, gender and age.

Quality

Pursuing high quality outcomes in all facets of our activities, guides, mentors and develops people.

Commitment

Committing ourselves to the highest ethical standards in all that we do ensuring excellence in management.

Responsiveness

Responsive to the health needs, social security and human development of the population noting the need for speedy delivery of urgent services.

Integrity

Takes responsibility in being accountable and transparent with optimum use of resources.

Collaboration

Facilitates cooperation and partnerships, nurturing internal and external relationships.

In addition, we will subscribe as all other Public Servants, to the PUBLIC SERVICE VALUES prescribed in ***Part 2, Section 4(1)-(14) of the Public Service Act 1999***

1. The Public Service respects the values, policies, rights and freedoms set out in the Constitution.
2. Employment decisions in the Public Service are made without patronage, favoritism or political influence, and appointments and promotions are made on the basis of merit after an open, competitive selection process.
3. Men and Women equally, and the members of all ethnic groups, have adequate and equal opportunities for training and advancement in the Public Service.
4. The Public Service carries out the Government's policies and programmes effectively and efficiently and with due economy.
5. The composition of the Public Service reflects as closely as possible the ethnic composition of the population taking account, when appropriate, of occupational preferences.
6. The Public Service provides a working environment that is free from discrimination.
7. The Public Service is apolitical, performing its functions in a neutral, impartial and professional way.
8. The Public Service is fully accountable within the framework of the Constitution and the Public Finance Management Act 1999, to the Government, the Parliament and the people of the Fiji Islands.
9. The Public Service is responsible to the Government in providing frank, honest, comprehensive, accurate and timely advice and implementing the Government's policies and programs.
10. The Public Service has the highest ethical standards, integrity and honesty.
11. The Public Service delivers services fairly, effectively and courteously.
12. The Public Service develops and maintains leadership of the highest quality, particularly through the Senior Executive Service.
13. The Public Service provides a fair, flexible and rewarding workplace.
14. The Public Service focuses on achieving results and managing performance.

5. Roles and Responsibilities of the Ministry

The role of the Ministry is to ensure that the people of Fiji have a health care system, social security and human development that is accessible, affordable, responsive, equitable and of a high quality. In doing so, the Ministry will address its strategic objectives of maintaining an adequate primary and preventive health care services; promotion of health; maintaining an effective, efficient and quality clinical health care & rehabilitation services; maintaining an adequate, qualified and dedicated workforce; construction of new and continuous maintenance of all health infrastructure & facilities; maintaining a management culture that promotes and supports continuous quality improvement and identifying appropriate complementary funding and resource allocation schemes to achieve major health outcomes identified.

In addition, the other core functions are; providing quality social policy advice to Government, facilitate the care and protection of children at risk and juveniles, including child and family counselling, facilitate the provision of Supplementary Income to the poorest in society, facilitate the empowerment and advancement of women and gender mainstreaming in society, administer and monitor poverty alleviation projects in partnership with NGO and Civil Society partners, improve services to people with disabilities, rehabilitation of offenders through probation and community work orders and promote the principles of inclusiveness at all levels of society.

To achieve this goal, the Ministry is responsible for developing from available resources a comprehensive health care delivery system dedicated to primary health care, health promotion and disease prevention as well as social security, human development and gender equality.

Improvements to the delivery of services will continue to be pursued by the Ministry and in partnership with key stakeholders including the private sector and the development partners. The Ministry will continue with the training of personnel to address critical staff shortages in health and other institutions, together with the upgrading of health and other facilities especially in the rural areas.

Table 2 : Legislation for which this portfolio is responsible

	Description
1	Animals (Control of Experiments) Act (Cap.161)
2	Burial and Cremation Act (Cap.117)
3	Dangerous Drugs Act (Cap. 114)
4	Fiji School of Medicine Act 1997
5	Food Safety Act 2004 (Not in force)
6	Ionising Radiation Act (Cap. 102)
7	Medical and Dental Practitioner Act (Cap. 225)
8	Medical Assistants Act (Cap.113)
9	Methylated Spirit Act (Cap. 225A)
10	Mental Treatment Act (Cap. 113)
11	Methylated Spirit Act (Cap. 113)
12	Nurses, Midwives and Nurse Practitioner Act (Cap. 256)
13	Private Hospitals Act (Cap. 115)
14	Public Health Act (Cap. 111)
15	Pure Food Act (Cap. 116)
16	Quarantine Act (Cap. 112)
17	Tobacco Control Act 1998

Table 3 shows the main boards and committees that work in close partnership with the Ministry.

Table 3 : Associated Boards and Committees

Number	Description
1	Central Board of Health
2	Rural Local Authorities
3	Board of Visitors
4	Nurses, Midwives & Nurse Practitioners Board
5	Fiji Dental Council
6	Fiji Medical Council
7	Fiji Pharmacy and Poisons Board
8	Fiji School of Medicine Council
9	Private Hospitals Board
10	Fiji Optometrists Council
11	Fiji National Council for Disabled Persons

Table 4 : Ministry's Approved Output

Number	Description
1	Portfolio Leadership Policy Advice and Secretariat Support.
2	Public Awareness Promotions – Public Health
3	Emergency Response Services-Medical Evacuations
4	Communicable Disease Prevention
5	Provision of Clinical Services
6	Provision of Primary Health Care
7	Education and Training-Disease Control and Health Promotion
8	Education and training-Nurses
9	Hospice Services & Accommodation and Assistance for the Elderly.
10	Supply of Goods – Medical Drugs and Consumables
11	Poverty Alleviation- Income Support to Disadvantaged Persons.
12	Provision of Poverty Alleviation Project Assistance- Disadvantaged Persons.
13	Empowerment of Women
14	Child Welfare Services
15	Licensing, Compliance and Monitoring – Residential / Correctional Centre for Children
16	Child Care Counselling
17	Probation and Community work
18	Provision of Marriage Counselling Services
19	Supervision of Non-Custodial Sentences.
20	Development and Empowerment of Women.
21	Services to People with Disability.

Figure 1: Ministry's Reporting Structure - Flow Chart



Figure 2: Ministry of Health, Divisional Structure

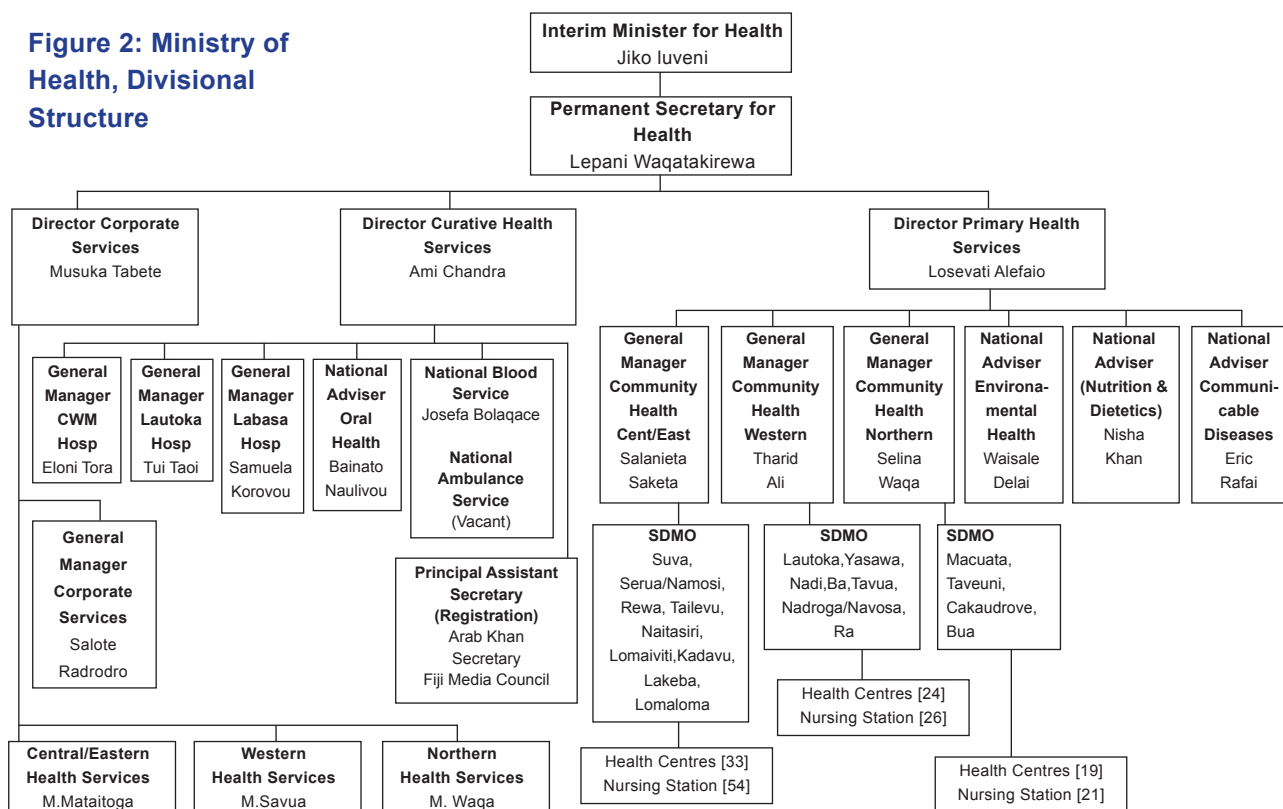
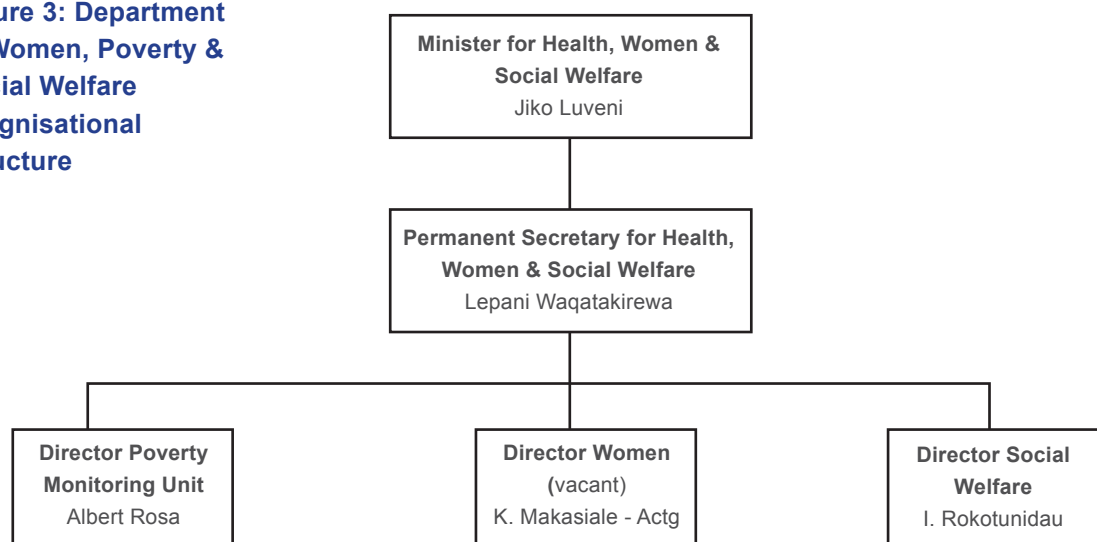


Figure 3: Department of Women, Poverty & Social Welfare Organisational Structure

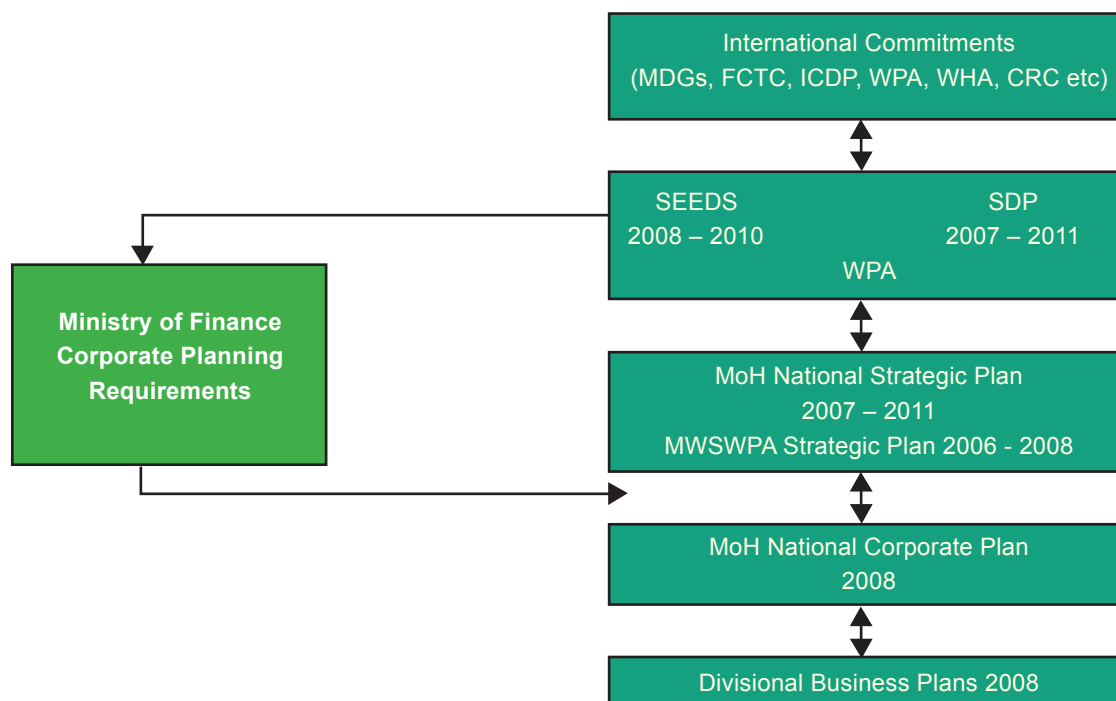


7. Ministry's Plans and Planning Process

The Ministry has three types of plans: a five-year strategic plan, an annual corporate plan and annual divisional business plans.

The planning process and plans have taken into account the needs of the people of Fiji, Government of Fiji's Strategic Development Plan 2007-2011, Fiji's international commitments and Ministry of Finance's Corporate Planning Requirements as suggested in Figure 5 below.

Figure 4: Relationship between Ministry's plans and related GoF plans, commitments and requirements



Millennium Development Goals, Framework Convention on Tobacco Control, International Convention on Population Development, Women Plan of Action, World Health Assembly and Convention on Rights of the Child.

Figure 5: Linkages between National Policy Objectives and MoHWSW Strategic Plan's Policy Objectives

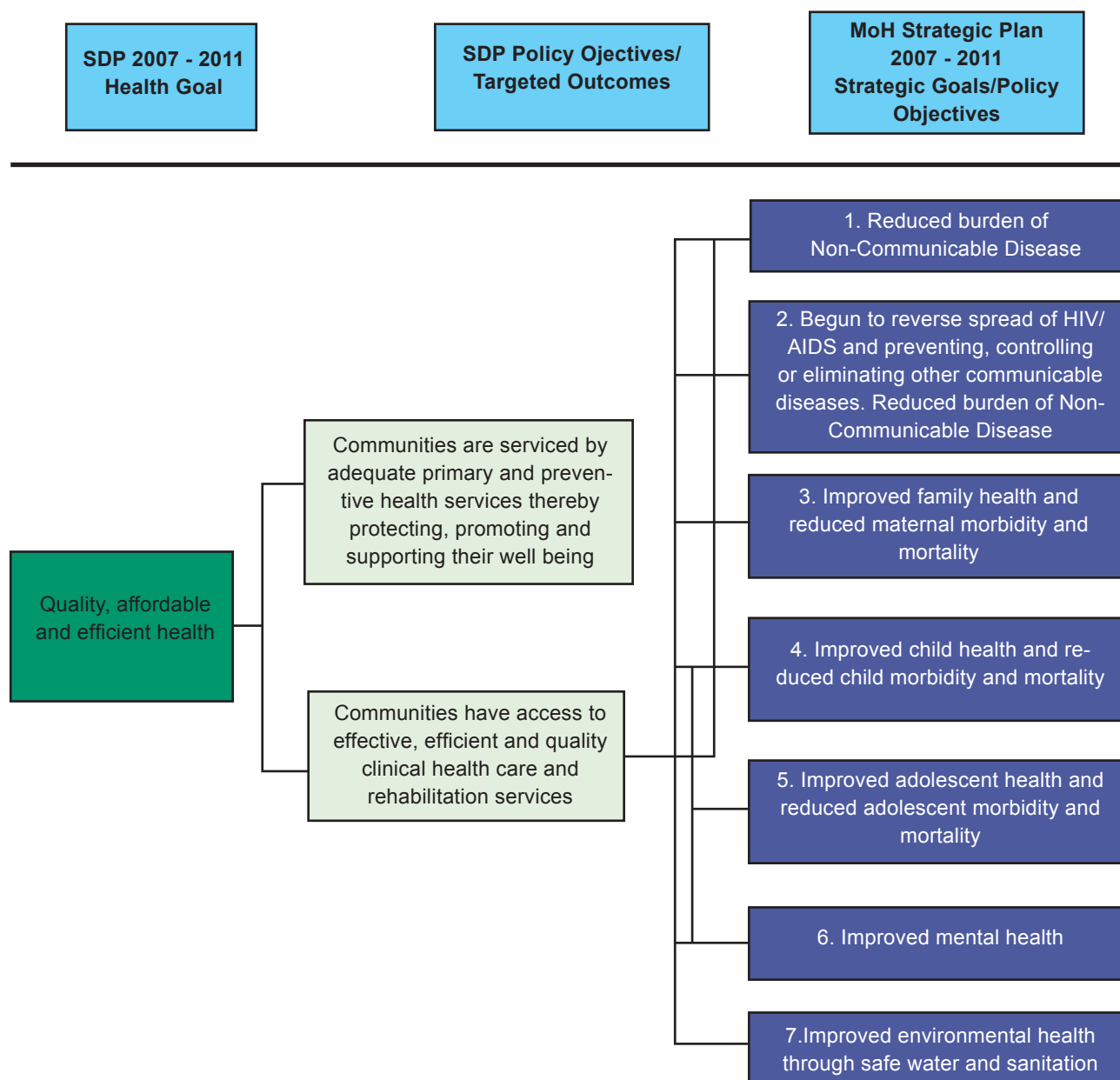


Table 5 lists the outputs the MoHWSW has to achieve to contribute to the achievement of the national outcomes.

Table 5: List of MoHWSW Outputs and Associated Health Outcomes

No.	MoHWSW Outputs (PPS)	Outcomes
1	Portfolio Leadership Policy Advice and Secretariat Support	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
2	Public Awareness Promotion – Public Health	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
3	Emergency Response Services - Medical Evacuations and Blood Supply	3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
4	Communicable Disease Prevention	1. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		2. Improved family health and reduced maternal morbidity and mortality
		3. Improved child health and reduced child morbidity and mortality
		4. Improved adolescent health and reduced adolescent morbidity and mortality
		5. Improved environmental health through safe water and sanitation

5	Provision of Clinical Services	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
6	Provision of Primary Health Care	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
7	Education and Training - Disease Control and Health Promotion	1. Reduced burden of Non-Communicable Disease
		2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
		7. Improved environmental health through safe water and sanitation
8	Education and Training – Nurses	2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health

9	Hospice Services - Accommodation and Assistance for the Elderly	1. Reduced burden of Non-Communicable Disease
		6. Improved mental health
10	Supply of Goods - Medical Supplies and Consumables	2. Begun to reverse spread of HIV/AIDS and preventing, controlling or eliminating other communicable diseases
		3. Improved family health and reduced maternal morbidity and mortality
		4. Improved child health and reduced child morbidity and mortality
		5. Improved adolescent health and reduced adolescent morbidity and mortality
		6. Improved mental health
11	Poverty Reduced Annually	1. Portfolio Leadership Policy Advices and Secretariat Support.
		2. Poverty Alleviation- Income Support to Disadvantage Persons.
		3. Provision of Poverty Alleviation Project Assistance- Disadvantaged Persons.
12.	Gender Equity and Equality	1. Portfolio Leadership Policy Advice and Empowerment of Women.
13.	Protection and Development of Children and Youth at Risk	1. Portfolio Leadership Policy Advices and Secretariat Support.
		2. Child Welfare Services
		3. Licensing, Compliance and Monitoring – Residential/Correctional Centre for Children
		4. Child Care Counselling
		5. Probation and Community work
		6. Provision of Marriage Counselling Services
14.	Equitable Participation for All in Socio Economic Development	1. Supervision of Non-Custodial Sentences.
		2. Development and Empowerment of Women
		3. Services to People with Disability.

8. Agency Output Contribution to Government Outcomes

Table 6: Linkage between National Policy Objectives, Health-related and Social Development Indicators with PPS Outputs

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
Communities are serviced by adequate primary and preventive health services	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG).	Reduce by 2/1000 Live Births	From 26 to 20 Per 1000 live Births	2. Public Awareness Promotions –Public Health 4. Communicable Disease Prevention 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Percentage of one year olds Immunised against measles Increased from 68% to 95% (MDG).	Increase by 5%	From 68% to 95%	4. Communicable Disease Prevention
	Prevalence rate of lymphatic filariasis (Pac ELF/WHO) Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22 ²).	Reduce by 10% Reduce by 1%	Eliminate by 2010 - rate to be 1% From 10% to 5%	4. Communicable Disease Prevention 4. Communicable Disease Prevention
	Prevalence of anaemia in pregnancy at booking	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 6. Provision of Primary Health Care
	Maternal mortality ratio Reduced from 50 to 20 per 100,000 live births (MDG).	Reduce by 6%	50 to 20 per 100,000 live births	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).	Maintain below 0.1%	Maintain below 0.1%	2. Public Awareness Promotions – Public Health
	Prevalence rate of STIs among men and women aged 15 to 25.	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 6. Provision of Primary Health Care

²There are two TB-related MDGs. MDG 23 is 'Prevalence and death rates associated with tuberculosis' and MDG 24 is Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)'.

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% <i>(note: baseline and target may need revision).</i>	Reduce by 0.5%	Reduce by 2%	2. Public Awareness Promotions – Public Health
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	Reduce by 2%	Reduce by 10%	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services
	Amputation rate for diabetic sepsis	Reduce by 1%	Reduce by 5%	2. Public Awareness Promotions –Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% ⁽³⁾ .	Increase by 2%	From 46% to 56%	2. Public Awareness Promotions –Public Health 6. Provision of Primary Health Care
	Proportion of the population aged over 35 years engaged in sufficient leisure time activity.	Increase by 0.5%	Increase by 2%	2. Public Awareness Promotions –Public Health
	Prevalence of under 5 malnutrition	Reduce by 1%	Reduce by 5%	2. Public Awareness Promotions – Public Health
	Rate of teenage pregnancy	Reduce by 0.5%	Reduce by 2%	2. Public Awareness Promotions – Public Health
Communities have access to effective, efficient and quality clinical health care and rehabilitation services	'Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)'. 	Increase by 2%	Increase by 10%	2. Public Awareness Promotions – Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Average LOS in psychiatry beds	2%	Reduce by 10%	5.Provision of Clinical Services
	Bed Occupancy Rate of Psychiatric beds	1%	Reduce by 5%	5.Provision of Clinical Services

³MDG indicator 19 is actually 'Condom use rate of the contraceptive prevalence rate'. The CPR is the denominator of MDG indicator 19; condom use rate is the numerator of the MDG indicator.

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Number of staff trained in mental health	20%	Increase to 80%	9. Education and Training – Nurses and Doctors
	Doctors per 100,000 populations increased from 36 to 42.	1%	Increase by 5%	9. Education and Training – Nurses and Doctors
	Elimination of stock outs of drugs from present 100 items per month	50%	Zero stockout	Supply of Good – Medical Supplies and Consumables
Children and young people enjoy greater protection and development.	Cases dealt with are in line with established protocols.	50% of all cases	Increase by 20%	4. Child Welfare Services - Managing Children at Risk.
	Fully resourced Institutional Strengthening Plans addressing child protection concerns.	30%	100%	5. Licensing, Compliance & Monitoring – Residential Centres for Children
	Children's homes' formal Memorandum of Agreement ⁴ with Ministry.	100%	50% achievement of improvement plan.	5. Licensing, Compliance & Monitoring – Residential Centres for Children
	Children's homes' have been monitored and audited.	100%	80% compliance to Minimum Standards	5. Licensing, Compliance & Monitoring – Residential Centres for Children
	Children in family-based care arrangement in lieu of institutional care.	25% of children	10% increase	4. Child Welfare Services – Innovative Child Welfare Programmes
	Proportion of children who report that they discuss child protection issues at home, in schools and with their friends and know where to seek assistance.	30% increase from baseline	20% increase	6. Child Care Counselling – Community Involvement in Child Care
	Proportion of young offenders diverted who benefit from community-based programmes for their social reintegration.	50% increase from baseline.	Increase by 50%	7. Supervision of Non-Custodial Sentences

⁴MOA ensures that the children's home or institution complies fully with the Minimum Standards and are licensed and registered.

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Proportion of offenders who receive monthly counselling	60%	Increase by 20%	7. Supervision of Non-Custodial Sentences.
	Proportion of offenders participating in Socio-Economic Development	10%	Increase by 20%	3. Provision of Poverty Alleviation Project Assistance to the Disadvantaged – Innovative PA Projects.
All categories of the poor are able to meet their basic needs.	Qualifying persons for family assistance	20,000	Zero increase	2. Poverty Alleviation – Income Support to Disadvantaged Persons.
	Qualifying recipients receive at least \$2 a day	65% of beneficiaries	5% decrease	2. Poverty Alleviation – Income Support to Disadvantaged Persons.
	Proportion weaned off Family Assistance	1 Pilot Project	2% increase	3. Provision of Poverty Alleviation Project Assistance to the Disadvantaged – Innovative PA Projects.
Achievement of Gender Equality and Empowerment of Women through full participation in business and decision making process through entrepreneurial support in non formal and formal sector and decision making	CEDAW Periodic Report to the UN	Completed CEDAW report	2 Periodic Report Submitted	12. Gender Equity and Equality
	Implement WPA			
	Review WPA endorsed	Complete Revised WPA 70% of recommended changes in RWPA	1 Revised WPA	12. Gender Equity and Equality
	At least one women in each Govt board, committee tribunals, councils and commission	Ministry of women reporting annually, January	1 in each Govt Board etc	12. Gender Equity and Equality

National Policy Objectives or 'Targeted Outcome'	Indicators	Annual targets	5 Yr targets and reports	Output (PPS)
	Proportion of seats held by women in National Parliament and municipals elections to be not less than 20% [MDG]	Ministry of Women continuous database, can be checked annually, January	Annual updated Database checked, January	12 Gender Equity and Equality
	Priority issues in the WPA are discussed in consultations with women and men at all levels	80	80%	12 Gender Equity and Equality 14 Equitable participation for all in socio-economic Development
	Women and Men attend Training Workshops for socio, economic and political empowerment	64	64%	12 Equity and Equity 14 Equitable participation for all in socio-economic Development
	Women in Leadership/ Decision making empowered through Training	75% of woman in DM		12 Gender Equity etc

9. Strategic Priority Areas

Table 7: Strategic Priority Areas

STRATEGIC PRIORITY AREAS	OUTPUTS
Maintain an adequate primary and preventive health care services and promotion of Health	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice and Secretariat Support • Provision of Primary Health Services • Public Awareness and Promotions -Public Health • Education and Training-Disease Control • Communicable Disease Prevention
Maintain an effective, efficient and Quality Clinical Health Care & Rehabilitation Services	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice & Secretariat Support • Provision of Clinical Health Care • Supply of Goods-Medical Drugs and consumables • Education & Training – Disease Control • Communicable Diseases Prevention • Emergency response Services – Medical Evacuations and Blood Supply
Maintain an Adequate and qualified workforce	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice & Secretariat Support • Education and Training
Construct New and Ongoing Maintenance of all Existing Health Infrastructure	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice & Secretariat Support • Capital Assets and Investment Programme
Maintain a QI Management Culture that Promotes and Supports Continuous Quality health service delivery	<ul style="list-style-type: none"> • Provision of Quality Clinical Health Services • Provision for Quality Primary Health Care
Identify Appropriate Complementary Funding Schemes and Resource Allocation for the Health Services Poverty Reduced Annually	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice and Secretariat Services • Portfolio Leadership Policy Advice and Secretariat Support. • Poverty Alleviation- Income Support to Disadvantage Persons. • Provision of Poverty Alleviation Projects of Assistance to Disadvantaged Persons.
Gender Equity and Equality Empowerment of Women.	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice and

STRATEGIC PRIORITY AREAS	OUTPUTS
Protection and Development of Children and Youth at Risk	<ul style="list-style-type: none"> • Portfolio Leadership Policy Advice and Secretariat Support. • Child Welfare Services. • Licensing, Compliance and Monitoring – Residential / Correctional Centre for Children. • Child Care Counselling • Probation and Community Work • Provision of Marriage
Equitable Participation for All in Socio Economic Development	<ul style="list-style-type: none"> • Counselling services. • Portfolio Leadership Policy Advice and Secretariat Support. • Supervision of Non-Custodial Sentences. • Development and Empowerment of Women. • Services to People with Disability.

10. STRATEGIES TO ADDRESS PERFORMANCE TARGETS AND STRATEGIC PRIORITY AREAS

Table 8: Strategies to Meet Performance Targets

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
1. Policy Leadership Policy Advice & Secretariat Support	Maintain an adequate primary and preventive health care services & Promotion of Health	Establish an inter-ministerial committee to fast track the HIV Bill	Established by June 2008	Bill is formulated and submitted to Cabinet.	Halt the spread of HIV/AIDS
		Finalise HIV Policy	By June 2008	HIV Policy 2008	Halted the spread of HIV/AIDS
		Revise Notifiable Disease Schedule	March 2008	Revised Schedule of Notifiable Diseases	Improved communicable disease surveillance
		Formulate national IHR Plan and Policy	Nov 2008	Fiji's National IHR Plan and Policy	Effective disease surveillance and response
		Finalise the Mental Health Act	June 2008		Improvement in Mental Health Care delivery
		Review of core areas of the Public Health Act.	November 2008	Amendments to existing Act identified.	Better protection of Community Health
		Develop Men's Health Policy based DHS 2008	Nov 2008	Amendments to legislations identified.	Improved Men's Health
		Develop Food Safety Regulations	Oct 2008	National Men's Health Policy	Reduced burden of food borne illnesses
		Finalise Food & Nutrition	June 2008		Improved Nutritional status and

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
		Policy for Fiji Develop Code of Marketing of Breast Milk Substitute	By June 2008	Endorsed by Cabinet by Dec. 2008	dietary habits Improved Child nutritional status
	Maintain an effective, efficient and quality Health care &	Establish a Clinical Services Policy	by June 2008	Endorsed by Cabinet by Dec 2008	Improved Clinical Services surveillance
		Review of health related legislation for better provision of health services	Appropriate legislations reviewed by December 2008	Endorsed by Cabinet by Dec 2008	Developed strategies implemented
		Review workforce requirements for health professionals and support staff.	June 2008	Endorse by NEC by Dec 2008	Proposals are submitted for budgeting.
	Maintain an Adequate, Qualified and Committed Workforce	Develop Policy Framework for registration of Health Professionals	By Dec 2008		Efficient health service delivery
		Develop management capacity for managers to effectively monitor & evaluate activities, set priorities, equitably allocate resources and manage risks	Capacity Building Plan for Managers is developed by March 2008	Registration of Health Professionals Policy and Cabinet Paper	Appropriate proposals/estimates submitted to Mo.
		Review & develop HRH policies for staff retention	Appropriate policies developed by December 2008		Developed proposal submitted to MoF for funding
					Number of financing options identified & submitted to Cabinet

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
		and succession planning for all cadres of staff			
		Review the Health Reform Structure & strengthen the Management structure at National Level, Divisional Hospitals and Pharmacy	By June 2008	New Structure in place	Improved coordinations and provision of services
	Construct of New and Continuous Maintenance of all Existing Infrastructure Identify appropriate complementary funding & resource allocation schemes for the Health Services,	Develop evidence based proposals for resource allocation.	Appropriate Proposals developed & submitted to Ministry of Finance by April 2008		
		Construction of new Hospitals: new Ba Nausori hospitals, relocation of St Giles, Navua hospital, and completion of Labasa hospital, health centres & nursing stations		New facilities commenced & or completed	Improved service provision
		Develop evidence based proposals/estimates for ongoing repair & maintenance of all existing infrastructure	Proposals/estimates progressively developed from January 2008		

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
		Develop evidence based proposals for added vehicles to support an effective transport system	Proposals developed by April 2008		
	Advocate Health Care Financing & Health Insurance coverage.	Review existing fees and determine new fees and charges for identified manage risks	Review to be completed by March 2008	Health Care financing options developed & submitted to Cabinet	Number of services that require Fees review of fees
		Review existing structure to reflect statutory obligation	Review to be completed by April 2008		
		Review and update Initial CEDAW report and write periodic report	Final Draft to Cabinet by April 2008		Efficient service delivery
	Maintain an effective organisation for efficient delivery	Review and develop a Reviewed WPA for 2009-2019	By November		CEDAW Mandatory Reporting
	Adhere to International Obligations			Endorsed by PS	A clear roadmap with strategies acceptable by Government and Other Stakeholders
	Implementation of the WPA			Reviewed WPA incorporates 70% of recommended changes in the review	

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
	Outsourcing of services laundry, security and cleaning	Scooping of services	April 2008	Scooping report Submit Cabinet paper	Outsourcing of services finalised
	Ensure that operating expenditure is within the approved allocation & minimise extravagant spending, advocate for improved budget in key service sectors & review hospital fees structure	<ul style="list-style-type: none"> • minimise overspending • scoping of hospital fees 	June 2008	Submit Cabinet paper	No overspent New fees structure in place
2. Health Promotion and Provision of PHC	Maintain an adequate, primary and preventive health care services and promotion of health	Introduction WHO Safe Motherhood Hospital Initiative	Nov 2008	Piloting Safe Motherhood Hospitals in Divisions	Improved emergency obstetric care services in subdivisions
		Strengthen BFHI & Milk Supplementation Program	Nov 2008	Certification of Baby Friendly Hospitals	Reduced Child morbidity & Mortality
		Strengthen implementation of the STI/HIV/AIDS Strategic Plan 2007 - 2011	Costing of HIV/AIDS Strategic Plan by June 2008	MOA signed by implementing partners	Increased public awareness about HIV/AIDS
		Strengthen & implement integrated NCD programs	Nov 2008	Priority activities in Diabetes, Cancer and RHD implemented	Increased awareness about NCDs and risk factors
		Review National NCD Strategic Plan 2004-8	June 2008	Reviewed Completed	Increased awareness about NCDs and risk factors

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
		Develop new NCD Strategic Plan 2009-11	Nov 2008	Reviewed completed	Increase awareness about NCDs and risk factors
		Implement four(4) prioritised Oral Health activities from OH Strategic Plan	Nov 2008	New NCD Strategic Plan 2009 - 2011	Improved knowledge and oral health status of the community
		Implement priority Mental Health & Suicide Prevention Strategies from MHSP 2007 - 11	Nov 2008	Priority activities implemented	Increased awareness of mental health issues amongst the general public
		Strengthen implementation of the integrated program on communicable diseases	Nov 2008	Priority activities in suicide prevention Hospitals	Efficient disease surveillance & disease outbreak response Mortality
		Implement social mobilisation plan on a major communicable diseases	Oct 2008	Priority activities implemented for control of filariasis, dengue typhoid and leptospirosis	Reduction in disease incidence and prevalence
		Strengthen implementation of leprosy and tuberculosis control programme	Nov 2008	Social mobilisation Plan on CD implemented	Improvement in TB-contact tracing rate and treatment completion for all new TB cases

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
3. Emergency Response Services - Medical Evacuations and Blood Supply		Strengthen implementation of PH Emergencies & Disaster Management Strategic Plan 2007-11	Nov 2008	Dermatology and DOTS training for Drs and Nrs completed in the divisions	Efficient response to any health threat or emergencies.
		Strengthen implementation of HP activities in the national HP Strategic Plan	Nov 2008	Mock exercises completed for each division Priority activities in health promotion implemented	Increased awareness and adoption of healthy lifestyles
		Finalise National Blood Service Strategic Plan 2008-11	Feb 2008	National Blood Service Strategic Plan 2008-11 finalised	No stock outs of blood and blood products in all health facilities
		Strengthen implementation of Blood service Strategies		Re-organization of St Johns Amb.	Recommendations to be implemented
		Strengthen Emergency Ambulance Services			
		Review the Emergency Response & Evacuation Services	Review to be completed by June 2008	Cabinet Paper Submitted	Recommendations to be implemented Efficient response to any

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
4. Provision of Clinical Services	Maintain an effective efficient and quality clinical health care & rehabilitation services	Strengthen proposals for adequate funding to ensure appropriate bio-medical equipment are made available to support efficient delivery of health services	Proposals Submitted to Ministry of Finance by April 2008	Improved clinical health services	Adequate provision of funds are made available
		Improve special/proritised areas of clinical services as in the Provision of Kidney dialysis at CWM hospital with Kidney Foundation of Fiji, Cancer Hospice partnership with Fiji Cancer Society	Prioritised services identified January 2008	Kidney dialysis unit operational in April 08 Cancer Hospice operational in September 2008	Number and type of prioritised services identified & utilised.
	Construction of new and continuous maintenance of all health infrastructure & facilities	Develop evidence based proposals for resource allocation for construction of new hospitals & h/centres Develop evidence based proposals/estimates for maintenance of existing health infrastructure & facilities	Proposals to be submitted to MoF by April 2008 Proposals/Estimates to be submitted to MoF by January 2008	New health facilities constructed & maintained	Provision of safe and healthy working environments for all. Maintenance of healthy and safe environment for all Improve in transport and communication.

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
		Develop evidence based proposals for purchase of new vehicles & communication systems	Proposals to be submitted to MoF by January 2008	New Vehicles purchased and communication systems in place	Improve in transport and communication.
	Maintain a QI management culture that promotes and supports continuous quality health services	Review and strengthen maintenance of current ICT structure Organise and secure appropriate resources for divisional training on quality customer care. Strengthen quality improvement, patient safety and risk management system under the clinical governance framework	Review to be completed by and recommendations implemented by February 2008 All training to be completed by Nov 2008	Improved quality customer care service	Provision of ICT structure to support efficient delivery of health services Improve service delivery to the people Improve service delivery Improve service delivery
	Introduce & expand the range of Clinical Services & reclarify & upgrade designated health centres	Implement Clinical Services network	All training to be completed by Nov 2008	Reclarification of health centres formalised	Improve service delivery

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
5. Education and Training Disease Control	Maintain an adequate, qualified and committed workforce	Review and implement realistic strategies to train, deploy and retain the health workforce Implement multiskilling strategies of workforce such as Collins Report	Review to be completed by June 2008	Decreased number of resignations Increased multiskilling of staff	Improved service delivery Improved service delivery
		Review and analyse workforce requirement for health professionals & support staff and focus on staffing issues including training	Review to be completed by June 2008	Workforce review report completed Submission to cabinet Implement recommendations of review	Improved service delivery
6. Education & Training Nurses	Maintain an adequate, qualified and committed nursing workforce	Review and implement realistic strategies to train, deploy and retain nurses in undergraduate and postgraduate categories	Review and implement recommendations by June 2008	Trainings completed	Appropriate workforce is maintained
7. Hospice Services Accommodation and Assistance for the Elderly	Maintain an adequate primary and preventive health care services and promotion of Health	Develop appropriate policy and guidelines on to strengthen health care services for older persons	Policy to be prepared by March 2008	Policy in place and implemented	Appropriate policy and guidelines for the care of the elderly are developed

Outputs (PPS)	Objectives/ Strategic Priority Areas	Strategy	Implementation Date	Outputs	Expected impact
8. Supply of Goods - Medical Drugs & consumables	Maintain an effective, efficient and quality clinical health care & rehabilitation services	Strengthen the logistics network and management of drug & medical supplies through evidenced based estimates	Evidence based estimates/proposal prepared by April 2008	Zero stock outs of essential drugs	Drugs & medical consumables out of stock reduced
9. Gender Equality Empowerment	Maintain an effective and improved service delivery for programmes for the empowerment of women	Strengthen implementation WPA	By November	<ul style="list-style-type: none"> • 80 Consultations on Women's issues • 64 Workshops on Socio/Economic and political empowerment 	Improve lives for women and her family change in the status of women
		Improve structure and processes for Community Programmes	By March	<ul style="list-style-type: none"> • 75% women in DM trained Established structure and processes for Community Work 	Quality service delivery
		Develop and strengthen partnership with NGO's Training/Academic Institutions and Govt Sectors for women and gender empowerment	By March	MOU with 3 Training Institutions for Women's programmes	Improved quality of service delivery
	Maintain and improve public awareness	Develop and conduct a media campaign to raise public awareness and remove stereotyping of woman	Jan to Nov	2 Media advertisement per month	Better understanding of women's concerns

11. CAPITAL ASSETS AND INVESTMENT PROGRAM

Table 9: Proposed Investment Program for 2008

Asset Type	Qty to be purchased	Expected Ownership	Estimated Cost	Estimated Useful life
Nadarivatu Staff Quarters	1	Government	\$120,000	50 years
Building - Construction of the new Ba Hospital.	Preparatory Phase	Government	\$0.1million	The project will be completed at the end of 2010.
2nd phase of Savusavu Hospital Redevelopment	Hosp extension	Government	\$450,000	50 years
Upgrading of Ba Mission Hosp, Nailaga & Ba H/Centres	Renovations	Ba Mission Hosp. Private Ba & Nailaga H/Centres- Govt.	\$100,000	60 years
Upgrading of Health Facilities in the Urban Centres	Refer 2008 Priority List	Government	\$2million	50 years
Upgrading of Health Facilities in the Sub-Divisional Medical Areas	Refer 2008 Priority List	Government	\$1million	50 years
Extension of CWMH Mortuary	Scooping	Government	\$200,000	50 years
Biomedical Equipment for Urban Hospitals	Refer 2008 Priority List	Ministry of Health	\$700,000.00	10 years
Biomedical Equipment for Sub-Divisional Medical Areas	Refer 2008 Priority List	Ministry of Health	\$700,000.00	10 years
Dental Equipment for urban Dental Clinic	Refer 2008 Priority List	Ministry of Health	\$400,00.00	10 years
Dental Equipment for sub divisional Dental Clinic	Refer 2008 Priority List	Ministry of Health	\$300,00.00	10 years
New Generator for Lautoka	1	Ministry of Health	\$200,000	10 years
New Generator for Labasa Hospital	1	Ministry of Health	\$180,000	10 years
New Boiler for CWMH	1	Ministry of Health	\$200,000	10 years
New Incinerator for CWM Hospital	1	Ministry of Health	\$316,125	10 years
Equipment for Health Centres & Nursing Stations		Ministry of Health	\$500,000	5 years
Equipment for Health		Ministry of Health	\$500,000	5 years

Appendix 1: Output Performance Targets : Health

Table 10: Output Performance Targets

Performance Indicators	2006 Actual	2007 targets
Output 1: Portfolio Leadership Policy Advice & Secretarial Support Financial Budget : \$2,407,687 Full-Time Equivalent Staffing Resources: 24		
Quantity Number of Policy Papers submitted to the Minister Number of Briefing Papers And tasks performed on behalf of the Minister.	N/A N/A	> 12 > 700
Quality Client rates and consistency of policy papers as satisfactory or better. Percentage of administrative tasks where performance rated by client as satisfactory or better. Briefings provided to the Minister that are N/A rated satisfactory or better.	N/A N/A N/A	> 95% > 75% > 85%
Timelines Policy advice prepared within five business days of a request from the Minister. Cabinet papers prepared within ten business days of a request from the Minister.	N/A N/A	> 95% > 75%
Cost Completion of work program within the Budget allocation	N/A	100%

2. Public Awareness Promotions – Public Health

Financial Budget: \$1,215,756

Full-Time Equivalent Staffing Resources: 7

Performance Indicators	2006 Actual	2007 targets
Quantity Number of promotion campaigns undertaken. Number of health conditions targeted. Estimated average target population reach of each campaign (,000).	N/A N.A N/A	> 12 > 6 > 250
Quality Three year average percentage improvements in respect of each health condition. Average percentage of target population intending to act in accordance with the campaign message.	N/A N/A	> 5% > 75%
Timelines Promotional campaign implemented according to approved schedule	N/A	> 85%
Cost Completion of work program within the Budget allocation	N/A	100%

Output 3: Emergency Response Services – Medical Evacuations and Blood Supply.

Financial Budget: \$1,309,356

Full – Time Equivalent Staffing Resources: 7

Performance Indicators	2006 Actual	2007 targets
Quantity Number of medical evacuations. Units of blood consumed	N/A	> 100
Quality Percentage of medical evacuations with a successful outcome. Percentage of blood lost due to inappropriate or failed storage.	N/A N/A	> 10,000 0.4%
Timeliness Evacuations effected within 24 hours of requirement.	N/A	> 98%

Blood supplies delivered between 2 and 5 minutes before intended use.	N/A	> 99%
Cost Completion of work program within the Budget allocation	N/A	100%
Output 4: Communicable Disease Prevention. Financial Budget: \$ 1,565, 307 Full – Time Equivalent Staffing Resources: 49		
Quantity Number of blood tests conducted. Average population coverage of EPI. Average population coverage of tetanus	N/A N/A	> 5,001 > 80%
Quality Three-year average annual decrease in incidence of disease.	N/A	> 80%
Timeliness Implementation of disease outbreak control programme within 24 hours of public health warning	N/A	> 80%
Cost Completion of work program within the Budget allocation	N/A	\$1,565,307
Output 5: Provision of Clinical Services. Financial Budget: \$73,550,209 Full – Time Equivalent Staffing Resources: 3,398		
Performance Indicators	2006 Actual	2007 targets
Quantity Average number of outpatient consultations per day per doctor. Average number of outpatients treated per nurse per day. Average number of prescribed items dispensed per day Number of specialist consultations per day per doctor Number of hospital beds. Average length of stay (days). Number of hospital patients per nursing staff.	N/A N/A N/A N/A N/A N/A	> 32 > 50 > 1,000 > 16 > 900 > 40 > 5

Quality Rate of unplanned readmission for the same condition within 28 days Percentage of clients who rate service as satisfactory or better.	N/A N/A	> 95% > 95%
Timeliness Patients examined within 25 minutes of arrival Diagnosis delivered within 15 minutes of examination.	N/A N/A	> 60% > 50%
Cost Completion of work program within the Budget allocation	N/A	100%
Output 6: Provision of Primary Health Care. Financial Budget: \$ 13, 558, 339 Full – Time Equivalent Staffing Resources: 665		
Performance Indicators	2006 Actual	2007 targets
Quantity Number of confirmed cases of measles Quality Population with access to improved sanitation	N/A N/A	<30 > 15%
Timeliness SDMT are satisfied with the timeliness frequency and quality of technical advice provided of their respective DHP officer.	N/A	> 15%
Cost Completion of work program within the Budget allocation	N/A	100%
Output 7: Education and Training – Disease Control and Health Promotion. Financial Budget: Full – \$14,302,459 Time Equivalent Staffing Resources: 445		
Performance Indicators	2006 Actual	2007 targets
Quantity Number of Clients Trained Number of course days Course days per staff	N/A N/A N/A	> 1,001 > 35 > 201
Quality Course participants rate training as satisfactory or better. Three year average decrease of incidence of diseases in villages	N/A N/A	> 85% > 5%

Timeliness Training conducted in accordance with scheduled timetable.	N/A	> 95%
Cost Completion of work program within the Budget allocation	N/A	100%
Output 8: Education and Training – Nurses Financial Budget: \$ 3,280,796 Full – Time Equivalent Staffing Resources: 106		
Performance Indicators	2006 Actual	2007 targets
Quantity Number of Students. Number of course days. Course days per staff member	N/A N/A N/A	> 450 > 100 > 100
Quality Course participants rate training as satisfactory or better Pass rate in respect of formal qualification/exam	N/A N/A	> 85% > 90%
Timeliness Classes commence within 2 minutes of scheduled timetable.	N/A	> 95%
Cost Completion of work program within the Budget allocation		
Output 9: Hospice Services – Accommodation and Assistance for the Elderly. Financial Budget: \$ 860,519 Full – Time Equivalent Staffing Resources: 67		
Performance Indicators	2006 Actual	2007 targets
Quantity Number of elderly accommodated Number of clients per nursing staff member.	N/A	> 100 > 10
Quality Clients rate the service provided as satisfactory or better Three – year average incidence of breaches of the Health Act in respect of accommodation Three year average incidence of breach of the [insert name of legislation governing the health and safety legislation regarding sale of food].	N/A N/A N/A	95% < 1 < 1

Timeliness Meals are served within 15 minutes of scheduled timetable. Patient bells are attended within 1 minute. Successful applicants accommodated within ten years.	N/A N/A N/A	> 95% > 99% > 50%
Cost Completion of work program within the Budget Allocation	N/A	100%
Output 10: Supply of Goods – Medical Drugs and Consumables. Financial Budget: \$ 18, 875, 409 Full – Time Equivalent Staffing Resources: 80		
Performance Indicators	2006 Actual	2007 targets
Quantity Number of types of goods supplied. Total quantity of items of goods supplied. Total cash value of goods supplied	N/A N/A N/A	> 2000 > 5000 > \$10 million
Quality Percentage of customers who rate service as satisfactory or better Percentage of customers who rate quality of goods supplied as satisfactory or better.	N/A N/A	> 70% > 85%
Timeliness Customers receive goods they seek on the same day. Customers receive goods they seek within 10 business days. Customers receive goods they seek later than 28 days after order	N/A N/A N/A	> 95% > 80% > 1%
Cost Completion of work program within the Budget allocation	N/A	100%

Output Performance Targets : Women, Social Welfare & Poverty Monitoring

Output 11: Portfolio Leadership Policy Advice & Secretarial Support

Financial Budget: \$942,500

Full-Time Equivalent Staffing Resources: 13.59

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quality <ul style="list-style-type: none"> • Client rates 80% content and consistency of policy papers as satisfactory or better. • 75% of administrative tasks where performance rated by client as satisfactory or better. • Briefings provided to the Minister that are rated 85% satisfactory or better. 	N/A	80%	80%
	N/A	75%	75%
	N/A	85%	85%
Timeliness <ul style="list-style-type: none"> • 95% of Policy advice prepared within five business days of a request from the Minister. • 75% of Cabinet papers prepared within ten business days of a request from the Minister 	N/A	95%	95%
	N/A	75%	75%
Cost Completion of work program within the Budget of \$542,500 allocation at 1 January.	N/A	<\$520,905	<\$542,500
Capital			<\$400,000

Output 12: Poverty Alleviation – Income Support to Disadvantaged Persons

Financial Budget : \$18,240,000

Full-Time Equivalent Staffing Resources: 28.47

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> • 20,000 qualifying persons assisted. • 3 new projects 	N/A	20,000 3	20,000 3
Quality <ul style="list-style-type: none"> • 65% of beneficiaries' receiving \$US1 a day. • 01% of people assisted no longer require assistance after 6 months. 	N/A N/A	65% 1%	65% 01%
Timeliness <ul style="list-style-type: none"> • 80% of applicants' assessment completed within ten business days of completed application being received. • 80% of qualifying beneficiary receives notice of assistance within 20 business days of application. • Applicants to receive notice of applications within 30 working days. 	N/A N/A N/A	80% 80% 80%	80% 80%
Cost Completion of work program within the Budget allocation at 1 January (\$18.2m).	<\$14.8	<\$18.2	<\$18.2

Output 13: Poverty Alleviation Project Assistance for Disadvantaged Persons

Financial Budget : \$1,400,000

Full-Time Equivalent Staffing Resources: 20.06

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> • 200 qualifying persons assisted. 	N/A	200 persons	200 qualifying persons
Quality <ul style="list-style-type: none"> • 95% of approved applicants to receive funds. • 75% of houses built within six [6] months. 	N/A N/A	95% 75%	95% 75%
Timeliness <ul style="list-style-type: none"> • 95% of New Applicants' assessment completed within fifteen business days of completed application being received. • 75% of New Qualifying beneficiary receives notice of assistance within thirty [30] business days of application. • 80% of payments are made within sixty [60] days of approval. 	N/A N/A N/A	95% 75% 80%	95% 75% 80%
Cost Completion of work program within the Budget allocation at 1 January (\$2.8m).	<\$3.7	<\$1.2	<\$1.4

Output 14: Child Welfare Services

Financial Budget: \$898,279

Full-Time Equivalent Staffing Resources: 26.07

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> • Average of 150 clients per day. • 450 meals prepared per day. • 3 types of formal education and/or training activities undertaken per day per client. • Average of 14 days a client stays in protection • Average of 2-child welfare casework per officer per day. • 1 training program per quarter. 	N/A N/A	54,750 clients 164,250 meals 840 activities 14 days 730 per officer per year 4 per year	54,750 clients 164,250 meals 840 training activities 14 days 730 per officer per year 4 per year
Quality <ul style="list-style-type: none"> • 99% of persons under protection live in risk free environment. • 75 % Clients rate accommodation as satisfactory or better. • 75% Clients rate food as satisfactory or better. • 100% Casework for all children under care. 	N/A N/A N/A N/A	99% 75% 75% 100%	99% 75% 75% 100%
Timeliness <ul style="list-style-type: none"> • 85% of Meals provided within 5 minutes of scheduled time. 	N/A	85%	85%

<ul style="list-style-type: none"> 80% of Children placed under protection within one [1] day of a legally valid instrument being issued. 100% of Court Reports submitted and care order obtained within 14 days of placing a child under the care of the Director. 100% review of all children under adoption within 3 months of placement. 	N/A	80%	80%
	N/A	100%	100%
	N/A	100%	100%
Cost <ul style="list-style-type: none"> Completion of work program within the Budget allocation at 1 January (\$898,279) Revenue/Cost. 	N/A	<\$898,279	<\$898,279 1<

Output 15: Licensing, Compliance & Monitoring – Residential Centres for Children
Financial Budget: \$738,300
Full-Time Equivalent Staffing Resources: 24.73

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> 7 homes under supervision. 1 application assessed for establishment of a juvenile home. 	N/A N/A	7 homes 1 applicant	7 homes 1 applicant
Quality <ul style="list-style-type: none"> At least 5 breaches of standards detected per institution. 	N/A	35 breaches	5 per annum
Timeliness <ul style="list-style-type: none"> 95% of institutions reviewed at least once 	N/A	95%	95%

every 6 months. • 95% of applications received for licence to operate as a juvenile home assessed within 5 months of receipt.	N/A	95%	95%
Cost • Completion of work program within the Budget allocation at 1 January. Revenue/Cost	N/A	<\$493,871	<\$738,300

Output 16: Child Care Counseling

Financial Budget : \$419,574

Full-Time Equivalent Staffing Resources: 18.53

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity • 2 consultations per day per counsellor. • 3 focused training programme per district per quarter.	N/A N/A	520 consultations 60 per district	520 consultations 60 per district
Quality • 3 year average proportion of clients who require further counselling. • 75% of counsellors with formal qualifications in counselling. • 75% increase in coverage for targeted district.	N/A N/A N/A	5% 75% 75%	5% 75% 75%
Timeliness • 80% of Client consultations within seven days of identified need. • 80% of Consultations proceed according to schedule.	N/A N/A N/A	80% 80% 80%	80% 80% 80%

<ul style="list-style-type: none"> 80% counselling finalised and recommendations delivered within 21 days. 			
Cost Completion of work program within the Budget allocation at 1 January.	N/A	<\$660,123	\$419,574

Output 17: Supervision of Non-Custodial Sentences

Financial Budget : \$504,354

Full-Time Equivalent Staffing Resources: 18.23

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> 10 offenders under proper supervision per month per division. 	N/A	600	600
<ul style="list-style-type: none"> 2 training programmes per division per year. 	N/A	10	10
Quality <ul style="list-style-type: none"> 60% of probation reports from community supervisors assessed as successful. 	N/A	60%	60%
Timeliness <ul style="list-style-type: none"> 99% of offenders under supervision are counselled at least once a month. 	N/A	99%	99%
Cost <ul style="list-style-type: none"> Completion of work program within the Budget allocation at 1 January. 	N/A	<\$504,354	<\$504,354

Output 18: Gender Equality & Development of Women Issues and Concerns

Financial Budget : \$1, 625,119

Full-Time Equivalent Staffing Resources: 49.08

Performance Indicators	2006 Actual	2007 Target	2008 Target
Quantity <ul style="list-style-type: none"> • 80 consultative meeting held. • 4 Training Workshops conducted per division per quarter. • 2 awards given to recognise women's achievements. • Review of adoption of key strategies on 2 international agreements. 	N/A	80	80
	N/A	80 workshops	80 workshops
	N/A	2	2
	N/A	2	2
Quality <ul style="list-style-type: none"> • 70% of recommended changes in the reviewed plan of action. • 75% women in decision making positions empowered through training. • 60% of all training to target empowerment of women. 	N/A	70%	70%
	N/A	75%	75%
	N/A	60%	60%
Timeliness <ul style="list-style-type: none"> • 100% Production of monthly reports of progress made. 	N/A	100%	100%
Cost <ul style="list-style-type: none"> • Completion of work program within the Budget Allocation. 	N/A	<\$1.625,119	<\$1.625,119

Appendix 2: Register of Fixed Assets Used to Produce Outputs

Refer to the Asset Management Book, Asset Data Base and other Assets Records in the Ministry

Table 11 : Register of Existing Fixed Asset Base

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate
Motor Vehicles (cost more than \$50,000.00 each)	Pajero LWB (GN 420)	1	Government	2005	\$69,855
		1	Government	2004	\$70,000
	Prado Land Cruiser (GN 132)	1	Government	1996	\$60,000
	Toyota Land Cruiser (GM 297)	1	WHO	1996	\$60,000
	Toyota Land Cruiser (GM 382)	1	WHO	1996	\$92,000
	Toyota Mini Bus (GM 004)	1	British Aid	1997	\$99,000
	Landrover (GM 691)	1	Government	1996	\$70,000
		1	Government	2002	\$99,000
	Hino Truck (GM 293)	1	Government	1992	\$55,816
	Nissan Bus (GN 043)	1	JICA	1997	\$55,816
	Toyota L/Cruiser (GL 802)	1	AUSAID	1998	\$70,000
	Toyota Prado (GM 693)	1	WHO	1992	\$55,816
	Toyota Ambulance (GL 713)	1	Government	2002	\$60,000
	Toyota	1	Government	1990	\$55,000
	Toyota Ambulance (GM 960)	1	Government	2003	\$60,000
		1	AUSAID	1988	\$70,000
	Parado LWB (GM 964)	1	Government	1993	\$55,816
	Nissan Ambulance (GL 274)	1	AUSAID	2002	\$92,235
	Toyota Ambulance (GM 963)	1	AUSAID	1998	\$58,000

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate
Motor Vehicles bought by the Govt. (cost less than \$50,000 each) Motor Vehicles donated to the Ministry (cost less than \$50,000)	Toyota Ambulance (GL 067)	1	Government	2003	\$60,000
	Toyota L/Cruiser (GL 803)	1	AUSAID	2002	\$92,235
	Toyota Ambulance (GM 776)	1	WHO	1996	\$55,000
	Toyota Ambulance (GL 068)	1			
	Toyota Ambulance (GM 963)	1	Government	1998	\$105,000
	Toyota Ambulance (GM 776)	55	Government		\$2 million
	Toyota L/Cruiser (GM 295)				
	Nissan Bus (GM 590)	54	JICA, SPC,WHO		\$2 million
	Details can be sourced from MOH Asset Data Base		AUSAID, BRITISH AID, KOICA, Lions Club, UNICEF Save the Children Fund		
	Details can be sourced from MOH Asset Data Base				
Bio-medical Equipments	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A
Computers	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A
Medical Boats	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A
Other Office Equipments	Can be sourced from the MOH Asset Data Base	N/A	N/A	N/A	N/A
Motor Vehicle	Mazda Sedan 323 (GM 957) DSW	N/A	N/A	N/A	\$30,000.00
Motor Vehicle	Mitsubishi Pajero (GM 702) Boys Centre	N/A	N/A	N/A	\$52,000.00
Motor Vehicle	Mazda Sedan 323 (GM 565) PEU	N/A	N/A	N/A	\$30,000.00
Motor Vehicle	Pajero Mitsubishi (GM 441) DSW HQ	N/A	N/A	N/A	\$35,000.00
Motor Vehicle	Ford Twin Cab (GM 780) DSW Nausori	N/A	N/A	N/A	\$30,000.00

Asset type	Quantity (for grouped assets)	Asset Identifier	Asset Ownership	Date of Purchase	Purchase cost or lease rate
Motor Vehicle	Daihatsu Rocky (GL 837) Boys Centre	N/A	N/A	N/A	\$30,000.00
Motor Vehicle	Pajero Mitsubishi (GM 444) DSW Lautoka	N/A	N/A	N/A	\$30,000.00
Motor Vehicle	Ford Twin Cab (GM 779) DSW Ba Pajero Mitsubishi	N/A	N/A	N/A	\$30,000.00
Motor Vehicle	(GM 445) DSW Labasa	N/A	N/A	N/A	\$25,000.00
Motor Vehicle	Mitsubishi Pajero (GN 339) Minister	N/A	N/A	N/A	\$70,000.00
Motor Vehicle	Hyundai Sonata (GN 333) - PS	N/A	N/A	N/A	\$40,000.00
Motor Vehicle	Ford Twin Cab (GM 781) DSW HQ	N/A	N/A	N/A	\$30,000.00
Vehicle	GN 163	N/A	N/A	N/A	\$20,000.00
Vehicle	GM 980	N/A	N/A	N/A	\$20,000.00
Motor Vehicle	Twin Cab	N/A	N/A	N/A	\$36,000.00

Appendix 3: Summary of Strategies by Function

Table 12: Summary of Strategies by Functional Grouping

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
Primary & Public Health Services and Promotion of Health		
1.Strengthen primary and preventive health care services and promotion of health	1,2,3,4,5,6,7,8	Ongoing
2.Implement the STI/HIV/AIDS Strategic Plan 2007 - 2011	1,2,4,5,6,7, & 10	Ongoing
3.Strengthen implementation of the integrated Non-Communicable Diseases programs	1,2,5,6,7,9	Ongoing
4.Strengthen implementation of the integrated Communicable Diseases Programs	1,2,4,5,6,7, 10	Ongoing
5.Strengthen implementation of the integrated Health Promotion Programs	1,2,6	
6.Strengthen implementation of other Public Health Programs	1,2,3,6,7,8, 10	Ongoing
Clinical health Services		
7.Establish a Clinical Services Policy that prioritise services to be provided by the public sector	1,5	By February 2008
8.Identify special areas of clinical services to be improved	1,5,7,8,10	Clinical services to be improved identified by March 2007
9.Review health related legislation for better provision of health services	1,5	Prioritised legislation reviewed by June 2008
Human Resources Management & Development		
10.Review, develop and implement realistic strategies to train, deploy and retain the health workforce	1,7,8	Training Needs Assessment to be compiled by March 2008
11.Review and analyse workforce requirement for health professionals and support staff.	1	Workforce requirement is reviewed by April 2008

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
<p>12. Develop management capacity for managers to effectively monitor and evaluate activities, set priorities equitably allocate and resources and manage risks.</p>	1,7,8	Training Needs Assessment to be compiled by March 2008
<p>13. Develop Strategies for staff retention and succession planning</p>	1,7,8	A report to be compiled by March 2008
Drugs & Medical Consumables		
<p>14. Strengthen the logistics network and management of drug and medical supplies through evidenced based estimates</p>	1,5,10	List of all drugs & consumables and quantities to be procured is available by January 2008
<p>15. Formulate evidence based proposals to obtain increased funding for Essential Drugs</p>	1,5,10	Evidenced based proposals submitted to HQ by April 2008
Planning, Infrastructure Development and Capital Purchases		
<p>16. Ensure appropriate equipment (biomedical and non - medical) are made available to support efficient delivery of health services</p>	1,5,10	List of all items to be procured is available by January 2008
<p>17. Develop and install an asset management data base</p>	1	Data base to be developed by December 2008
<p>18. Maintain the existing ICT structure to support efficient delivery of health services</p>	1,5,6	Maintenance Plan is developed by December 2008
<p>19. Develop evidence-based proposals for resource allocation for construction of new health facilities</p>	1,5,6	All proposals for new projects are prepared by June 2008

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
20. Develop evidence-based proposals for resource allocation for maintenance work on existing infrastructure and facilities	1,5,6	All proposals to be prepared by June 2008
21. Develop evidence-based proposals for resource allocation for purchases of appropriate vehicles and communication systems to support an efficient delivery of health services	1,5,6	
Financial Management & Revenue Generations		
22. Strengthen the effectiveness of the Financial management system to support the timely generation of reports.	1	Training for all users to be conducted in each division by June 2008
23. Review exiting fees and determine new fees and charges for identified health services for Cabinet's considerations	1	Review to be completed by February 2008
24. Identify opportunities for revenue generation	1	
25. Develop and recommend a range of health care financing options for cabinet's considerations	1	List of revenue generation strategies identified by February 2008 Recommended list of health care financing options is prepared by February 2008
Quality Assurance		
26. Strengthen quality improvement, patient safety and risk management system under the clinical governance framework	1,5,6	Survey to be undertaken by June 2008 to determine effectiveness of programs on the ground.
27. Establish patient and staff satisfaction survey	1,5,6	Staff & patients satisfaction survey to be undertaken by December 2008

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
Quality Assurance 28. Strengthen quality improvement, patient safety and risk management system under the linical governance framework 29. Establish patient and staff satisfaction survey program	1,5,6 1,5,6	Survey to be undertaken by June 2008 to determine effecetiveness of programs on the ground. Staff & Patients satisfaction survey to be undertaken by December 2008
Poverty Reduction 1. Strengthen implementation, monitoring and evaluation of Poverty Alleviation Projects	11,12	Ongoing
International Commitment 1. Review and update Initial CEDAW report and write periodic report	18	August 2008
Women Plan of Action 1. Strengthen implementation of the Women's Plan of Action 1998 - 2008 2. Review and establish the Reviewed Women's Action as the roadmap for Women's empowerment and Gender equality for the next 10 years	12,14 12,14	Ongoing By Nov 2008
Service Delivery 1. Improve Structure and processes for community programme 2. Development and strengthen strategic partnership with NGO's Training Institutions and relevant Government Machiniries for women and gender empowerment	12,14 12,14	By June Ongoing
Media 1. Conduct a media campaign to raise public awareness on women's topical issues and remove stereotyping of women	12	Ongoing
Children and Youth at Risk 1. Minimum Standards to be implemented. 2. Audit of Resdential Homes	11,14,15 11,14,15	Presented in Cabinet by 31 March

Strategies Summarised by Functional Grouping	Associated Outputs	Implementation Date
3. Strengthen statutory processes for managing of Children's Homes.	11,14,15	Ongoing
4. Strengthen probation and community work pilot	11,14,15,16,17	Ongoing
5. Strengthen childcare and counselling services.	11,14,15,16,17	Ongoing
6. Review of marriage counselling role and strengthening partnership with Family Court.	11,14,15,16	Ongoing
Equitable Socio-Economic Development		
1. Strengthening probation and community work end-processes.	11,14,16,17	Ongoing
2. Review of criteria for PAP and FA	11,14,16,17	Paper presented in Cabinet by 29 Feb

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