

# Annual Corporate Plan

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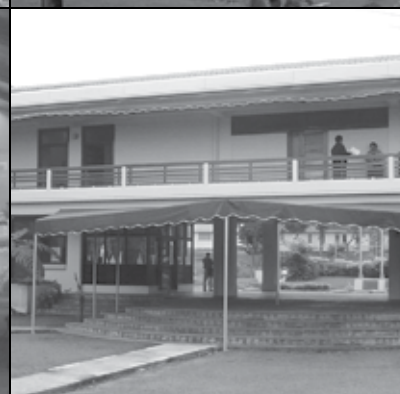
## Ministry of Health

For the Financial Year ending on 31st December 2010



# Annual Corporate Plan

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## Ministry of Health

For the Financial Year ending on 31st December 2010

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## 1. Minister's Foreword

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It is with pleasure that I present the Ministry of Health 2010 Corporate Plan.

While the focus of the 2010 Corporate Plan is largely drawn from the Roadmap for Democracy and Sustainable Socio-Economic Development 2009-2014 and the National Strategic Framework for Change there have also been invaluable lessons learnt from 2009.

It has been an extremely challenging year for us. Various health facilities were affected by flooding in January, which led to disruptions and delays in service delivery as resources were re-directed to meet this natural disaster. Border control and quarantine requirements through the emergence of the H1N1 flu epidemic and the devaluation were among many other serious challenges posed to the Ministry of Health in meeting healthcare expectations from the community.

Despite these challenges the commitment shown by Ministry of Health staff and the tremendous support from the private sector and non-governmental organisations and other donor agencies have brought about the achievement of significant milestones in many areas of health service delivery.

For 2010, the Ministry of Health will be looking further to strengthen its service delivery through the continued introduction of new legislations and policies, the provision of new services and procuring better, affordable technologies where feasible while expanding human resource capacities via training in selected areas and also through an increased staffing establishment, and improving infrastructure with a view to enhancing public private partnerships.

These integrated strategies are targeted to meet Government's ten outputs and the Ministry's priority areas of providing quality healthcare services and customer focus in 2010 and also progress towards achieving the MDG's.

While Government has been the primary source of the national health budget, options are now being seriously explored to develop alternative and additional sources of funding for healthcare funding as the Ministry of Health strives to address escalating costs to healthcare.

This is very critical for Fiji considering that Communicable and Non-Communicable Diseases are leading causes to mortality; issues which are easily preventable through regular moderate exercise and a healthy diet. Therefore, the best investment for health every citizen of Fiji can undertake is the promotion and protection of health.

Efforts will be made to create a more supportive environment for preventive health and I encourage everyone to be responsible by actively participating in living a healthy, productive lifestyle and thereby positively contribute towards nation building, leaving a guide and a legacy for our future generations to follow.

I invite Cabinet to approve the Ministry of Health 2010 Annual Corporate Plan.

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

**Dr. Neil Sharma**  
**Minister for Health**

## 2. Permanent Secretary's Statement

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I present this Annual Corporate Plan, in my capacity as the Permanent Secretary for the Ministry of Health.

At the outset I wish to commend the contribution of senior executives of the Ministry of Health towards the development of this Corporate Plan. I also take this opportunity to acknowledge our valued partners for their contribution as well during the initial consultative process. In addition, their commitment through funding and/or technical assistance in 2010 will enable the Ministry to reach the target communities more effectively.

This document encompasses the vision, mission and basic values to guide this organisation in its work and also reflects its social and ethical obligations to the people they serve.

These, together with the Roadmap for Democracy and Sustainable Socio-Economic Development 2009-2014 forms the basic framework in which the 2010 Annual Corporate Plan will be implemented to achieve the overarching objectives of the Ministry of Health, which are to provide an accessible, affordable, efficient and high quality healthcare and to strengthen community development leading to improved quality of life.

Fiji's major disease burden lies in Communicable and Non-Communicable Diseases. In its efforts to combat this burden, the Ministry of Health faces resource constraints in terms of finance, human capital, technical and medical technologies, which add to the vulnerability of the current healthcare system that is already exposed to demographic, accessibility and equity issues as a result of the unique geographical features we live in.

While the Ministry is again fortunate in the increase in annual budgetary provision by Government the challenges highlighted above constitute for new, vibrant, innovative approaches that can really provide an impact towards the effective and efficient delivery of quality healthcare services.

This call borders on a paradigm shift in the way that we work; not only working harder but also working smarter. This is important as we focus on improving our customer services in 2010, noting our commitment to service excellence. In this respect, the principles of Love, Tolerance and Understanding would be the required building blocks for creating an environment that is conducive for everyone to participate and contribute meaningfully and productively.

I encourage all Ministry of Health staff and all our stakeholders including every citizen of Fiji to support and commit to the 2010 Annual Corporate Plan in every way relevant to them individually and/or corporately to ensure it becomes a living document.

As we journey into 2010 I share this prayer of blessing with you all from the Apostle John, 'Beloved, I wish above all things that you may prosper and be in good health just as your soul prospers.'

A handwritten signature in dark ink, appearing to read 'MSaketa', written over a dotted line.

Dr. Salanieta Saketa

**Permanent Secretary for Health**

### 3. Overview

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The major objectives of the Ministry of Health are to:

- Provide accessible, affordable, efficient and high quality health care and
- Strengthen community development leading to improved quality of life;

In view of the current global economic situation, 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, achieving these major objectives will continue to be a challenge for the Ministry in the years to come. In addition, staff retention is an area of concern that continues to have an impact on the efficient delivery of the health care and social welfare 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 aims to rise to the occasion and continue to provide quality health care and improved quality of life for all.

#### **Guiding Principles**

##### **Vision**

A Healthy population in Fiji that is driven by a Caring Health Care Delivery System

##### **Mission**

To provide a high quality Health Care Delivery Service by a caring and committed workforce working with strategic partners through good governance, appropriate technology and appropriate risk management facilitating a focus on patient safety and best health status for the citizens of Fiji.

##### **Values:**

##### **Customer Focus**

We are genuinely concerned that Health Services is focused on the people/patient receiving appropriate high quality health care delivery

##### **Respect for Human Dignity**

We respect the sanctity and dignity of all we serve

##### **Quality**

We will always pursue high quality outcomes in all our activities and dealings

##### **Equity**

We will strive for equitable healthcare and observe fair dealings with our customer in all activities at all times irrespective of race, colour, ethnicity or creed

##### **Integrity**

We will commit ourselves to the highest ethical and professional standards in all that we do

##### **Responsiveness**

We will be responsive to the needs of the people in a timely manner delivering our services in an effective and efficient manner

##### **Faithfulness**

We will faithfully uphold the principles of love, tolerance and understanding in all our dealings with the people we serve

### 3.1 Role and Responsibilities of the Ministry

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The Ministry of Health's goal is to provide quality, affordable, efficient and effective health services that are accessible by all communities. In doing so the Ministry of Health will address its strategic themes of provision of health services, protection in health, promotion in health, productivity in health, and people in health to achieve the major outcomes summarised below. The Ministry will focus on establishing a Health Policy Commission as well as policy initiatives regarding improved health care financing, improved maternal and child health, a concerted effort to reduce non-communicable diseases, and expanding tertiary healthcare services. To achieve this goal, the Ministry will develop from available resources a comprehensive health delivery system dedicated to primary health care, health promotion and disease prevention. Improvements to the delivery of health services will continue to be pursued by the Ministry and in partnership with key stakeholders including the private sector and development partners. The Ministry will also continue with the training of personnel to address critical staff shortages in health institutions, together with improved provision of pharmaceuticals and bio-medical equipment, and the maintenance and upgrading of health facilities. The Ministry will seriously look at improving services to the aged/elderly, geriatric medicine and those with chronic illnesses.

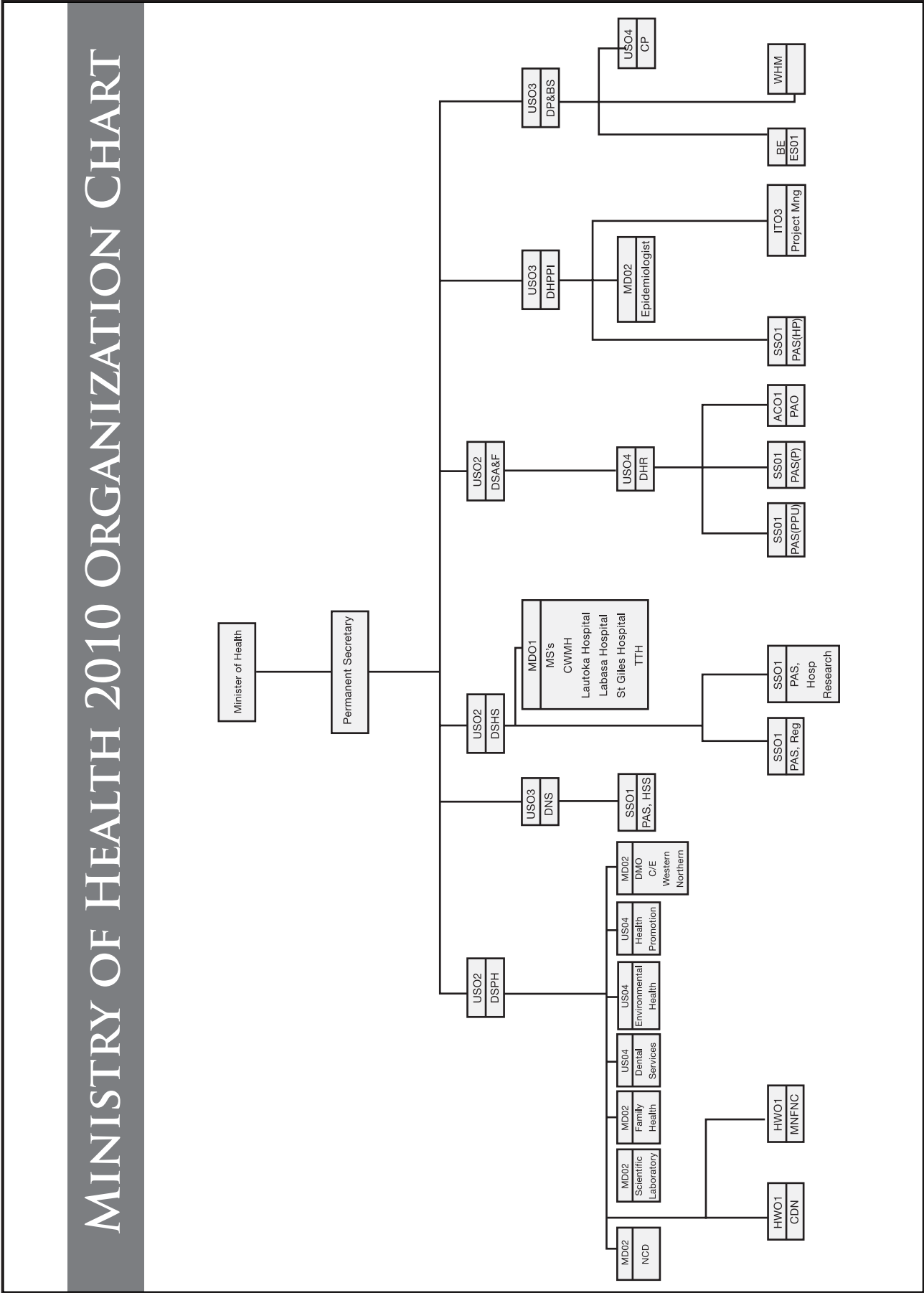
#### Legislation for which this portfolio is responsible

##### Description

1. Animals (Control of Experiments) Act [Cap.161]
2. Burial and Cremation Act [Cap.117]
3. Dangerous Drugs Act [Cap. 114]
4. Fiji National University Decree 2009
5. Food Safety Act 2003
6. Medical Imaging Technologist Decree 2009
7. Medical and Dental Practitioner Decree 2009
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. Pharmacy and Poisons Act [Cap 115]
14. Private Hospitals Act [Cap. 256A]
15. Public Health Act [Cap. 111]
16. Public Hospitals & Dispensaries Act [Cap 110]
17. Quarantine Act [Cap. 112]
18. Radiation Health Decree 2009
19. Tobacco Control Act 1998

Further legislations to be developed in 2010 are the Mental Healthcare and Treatment Decree, the HIV Decree, the Nurses Decree, Ambulance Services Decree, Child Welfare Decree, and the Code of Marketing Control of Food for Infants and Children.

4. Organisation Structure





## 5. Linkage of the Roadmap for Democracy and sustainable Socio-Economic Development 2009-2014 and Ministry Output:

**Table 1: Linkage of Outputs with Government's Targeted Outcomes (RDSSED)**

Targeted Outcome [Goal/ Policy Objective-RDSSED]	Outcome Performance Indicators or Measures [Key Performance Indicators]	Ministry's Outputs
Communities are serviced by adequate primary and preventive health services thereby protecting, promoting and supporting their well being	Child mortality rate reduced From 26 to 20 per 1000 live Births (MDG)	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).	4. Communicable Disease Prevention
	Maternal mortality ratio Reduced from 50 to 20 per 100,000 live births (MDG)	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Prevalence of diabetes in 15-64yrs age reduced from 16% to 14% (note: baseline and target may need revision).	2. Public Awareness Promotions - Public Health
	Contraceptive prevalence rate (CPR) amongst population of child bearing age increased from 46% to 56% (MDG).	2. Public Awareness Promotions - Public Health 6. Provision of Primary Health Care
	Increased Fiji resident medical graduates from FSMed from 40 to 50 per year	1. Portfolio Leadership Policy Advice and Secretariat Support
	Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term	1. Portfolio Leadership Policy Advice and Secretariat Support
	Average length of stay for in-patient treatment reduced from 5 to 3 days	5. Provision of Clinical Services
	Prevalence rate of STI's among men and women aged 15 to 25. HIV/AIDS prevalence among 15 - 24 year old pregnant women reduced from 0.04 to 0.03 (MDG)	2. Public Awareness Promotions - Public Health 6. Provision of Primary Health Care 2. Public Awareness Promotions - Public Health
	Admission rate for diabetes and its complications, hypertension and cardiovascular disease.	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services
	Amputation rate for diabetic sepsis	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Proportion of the population aged over 35 years engaged in sufficient leisure activity.	2. Public Awareness Promotions - Public Health
	Prevalence of under 5 malnutrition	2. Public Awareness Promotions - Public Health
	Prevalence rate of lymphatic filariasis (Pac ELF/WHO)	4. Communicable Disease Prevention
	Prevalence rate of Tuberculosis reduced from 10% to 5% (part of MDG 22 <sup>1</sup> )	4. Communicable Disease Prevention
	Prevalence of anaemia in pregnancy at booking	2. Public Awareness Promotions - Public Health 6. Provision of Primary Health Care
	Rate of teenage pregnancy	2. Public Awareness Promotions - Public Health

<sup>1</sup>There 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)'.

**Table 1: Linkage of Outputs with Government's Targeted Outcomes (RDSSSED)**

<b>Targeted Outcome [Goal/ Policy Objective-RDSSSED]</b>	<b><u>Outcome Performance Indicators or Measures</u> [Key Performance Indicators]</b>	<b><u>Ministry's Outputs</u></b>
Communities have access to effective, efficient and quality clinical health care and rehabilitation services	Participation of private and health care providers increased from 2 to 10	1. Portfolio Leadership Policy Advice and Secretariat Support
	Health expenditure increased from the current 2.92% to at least 5% of GDP by 2013	1. Portfolio Leadership Policy Advice and Secretariat Support
	Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.	1. Portfolio Leadership Policy Advice and Secretariat Support
	Doctors per 1000,000 populations increased from 36 to 42.	1. Portfolio Leadership Policy Advice and Secretariat Support
	Outsourcing non technical activities such as laundry, kitchen and security by end of 2010	1. Portfolio Leadership Policy Advice and Secretariat Support
	Health Policy Commission established by 2010	1. Portfolio Leadership Policy Advice and Secretariat Support
	Average length of stay for in-patient treatment reduced from 5 to 3 days	5. Provision of Clinical Services
	Elimination of stock outs of drugs from present 100 items per month	10. Supply of Goods - Medical Supplies and Consumables
	'Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)'	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services 6. Provision of Primary Health Care
	Bed Occupancy Rate of Psychiatric beds	5. Provision of Clinical Services
	Number of staff trained in mental health	9. Education and Training - Nurses

## 6. Ministry's Outputs and Performance Targets

Table 2: Output Specification and Performance

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
<b>Output 1:</b> <b>Portfolio Leadership</b> <b>Policy Advice &amp; Secretariat Support</b>	<b>Quantity</b> • Number of Cabinet Papers submitted to the Minister • Number of NHEC papers presented at NHEC to Minister • Number of papers presented to DSC	NA NA NA	>12 >24 >8	• Enactment of legislations namely Public Health Act, Medical and Dental Practitioners Act, HIV Bill, Radiation Bill, Mental Health Bill, Ambulance Services Bill by June 2010 (SFCCO) • Complete MoH Workforce Review by February 2010 • Implement registration of health professionals by March 2010 • National Health Accounts 2007 - 2008 produced by June 2010 • Establishment of Health Policy Commission by November 2010 (SFCCO) • Outsourcing of cleaning and ambulance services by November 2010 (SFCCO) • Establishment of HeathCare Financing Unit by April 2010 (SFCCO) • Retention Policy for medical professionals by August 2010 (SFCCO)	<b>Public Health</b>
	<b>Quality</b> Minister rates the consistency of policy papers as satisfactory or better. (Note: front sheet to be developed to enable MoH assessment)	NA	>95%	• Strategies developed by August 2010 to increase Fiji resident medical graduates to 50 per year (SFCCO)	<b>Corporate Services Hospital Services</b>
	<b>Timeliness</b> • 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.	NA NA	>95% >75%	• Gender mainstreaming included in Ministry training programmes by March 2010 (SFCCO) • Ministry Service Charter developed by August 2010 (SFCCO) • Health Information Policy developed by April 2010 • Health Information Strategic Plan developed by June 2010 • Code of marketing of breastmilk substitue by March 2010 • Standard Operating Procedures manual for Infrastructure & Maintenance Works and Capital purchases developed by August 2010	
	<b>Cost</b> Completion of work program within budget	NA	Within budget		
	Full-time staffing equivalent staffing resources	24			

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
<b>Output 2. Awareness Promotions - Public Health</b>	<b>Quantity</b> • Number of promotion campaigns undertaken (Inclusive of IYCF/BF & Anaemia by NFNC/NCHP as part of FPAN) • Number of health conditions targeted. • Percentage of target population reached	NA NA NA	>6 >6 >60%	<ul style="list-style-type: none"> <li>• FPAN COMBI plan developed by June 2010</li> <li>• Implement planned Oral Health promotion programmes by November 2010</li> <li>• Physical activity programs in existing healthy settings conducted by November 2010</li> </ul>	<b>Public Health</b>
	<b>Quality</b> • Percentage of target population reaching positive behavioural change in accordance with the campaign message.	NA	>20%		
	<b>Timeliness</b> Promotional campaign implemented according to approved schedule	NA	>85%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full-time equivalent staffing resources	7			
<b>Output 3: Emergency Response Services - Medical Evacuations (local) and Blood Supply.</b>	<b>Quantity</b> • Number of medical evacuations and mercy missions. • Over minimum blood stock at all times	NA NA	>100 >95%	<ul style="list-style-type: none"> <li>• Implementation schedule for National Blood Service Strategic Plan developed by February 2010</li> <li>• Develop Plan of Action for MoH response to tsunamis and other disasters by June 2010</li> <li>• Conduct of mock emergency services exercise in each Division by November 2010</li> <li>• Disaster plan developed in 80% of health facilities by November 2010</li> <li>• 90% of health facilities audited for safety in disasters by November 2010</li> </ul>	<b>Hospital Services</b>  <b>Public Health</b>  <b>Public Health</b>
	<b>Quality</b> • Percentage of blood lost due to inappropriate or failed storage.	NA	<0.1%		
	<b>Timeliness</b> • Evacuations effected within 24 hours of requirement.	NA	>98%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full - Time Equivalent Staffing Resources:	49			

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
<b>Output 4: Communicable Disease Prevention.</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>Average population coverage of EPI by antigen</li> <li>Number of antenatal mothers covered under anti-tetanus treatment</li> <li>Incidence of priority/epidemic communicable diseases (Leptospirosis, Dengue fever, Typhoid fever, Measles, Rubella, Influenza, Cholera).</li> <li>Mass drug administration coverage for anti-filarial drugs by division.</li> </ul>	NA NA	>85% >80%  < 1 - 10%	<ul style="list-style-type: none"> <li>Annual Immunization programmes implemented by November 2010</li> <li>Strengthening of Environmental Health Risk Protection Unit by November 2010 (SFCCO)</li> <li>Finalization and implementation of Dengue Fever Strategic Plan</li> <li>Gazette of new disease notification schedule for national modifiable diseases surveillance system.</li> <li>Finalisation and distribution of Communicable Disease Surveillance Outbreak Response Guidelines</li> <li>Development of Communicable Disease Laboratory Testing Guideline for Primary Health Care facilities.</li> <li>Division specific strategy for elimination of Lymphatic filariasis by 2015.</li> <li>Development of Disease Surveillance Unit at Mataika House (FCCDC)</li> </ul>	<b>Public Health</b>
	<b>Quality</b> <ul style="list-style-type: none"> <li>Three-year average annual decrease in incidence of disease</li> <li>Case fatality rate of each of the priority/epidemic Communicable diseases</li> </ul>	NA	>80%  <10%		
	<b>Timeliness</b> Implementation of disease outbreak control activities within 72 hours of public health warning	NA	>80%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full - Time Equivalent Staffing Resources	49			
<b>Output 5: Provision of Clinical Services</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>Average number of outpatient consultants per hour</li> <li>Number of specialist consultations per hour</li> <li>Average number of prescribed items dispensed per hour</li> <li>Number of available hospital beds per shift (Available = fully resourced: staffed, equipped, linen supply)</li> <li>Average length of stay (days): Acute wards Chronic wards</li> <li>Number of discharges per day</li> </ul>	NA NA	≥5 per officer ≥4 per officer ≥10 per pharmacist >70%  <7 days <40 days >20	<ul style="list-style-type: none"> <li>Develop a Clinical Service Policy by March 2010</li> <li>Strategies for implementation of Clinical Services Plan by April 2010</li> <li>Implement 80% of the Clinical Services Plan by December 2010</li> <li>Available beds to be recorded on a monthly basis</li> <li>Patient satisfaction surveys to be conducted twice a year by each hospital</li> <li>Disaster Plans developed in 80% of facilities by November 2010</li> <li>Safety Audit carried out in 90% of facilities by November 2010</li> </ul>	<b>Hospital Services</b>

## Ministry's Outputs and Performance Targets

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
	<b>Quality</b> <ul style="list-style-type: none"> <li>Rate of unplanned readmission for the same condition within 28 days</li> <li>Percentage of clients who rate service as satisfactory or better.</li> <li>Root Cause Analysis conducted for sentinel events</li> </ul>	NA	>60%	<ul style="list-style-type: none"> <li>Quality Improvement Committees established at divisional and sub-divisional levels by August 2010</li> </ul>	
		NA	>85%		
			>95%		
	<b>Timeliness</b> <ul style="list-style-type: none"> <li>Patients examined within 25 minutes of arrival</li> <li>Diagnosis delivered within 15 minutes of examination</li> </ul>	NA	>60%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full - Time Equivalent Staffing Resources	3,398			
<b>Output 6: Provision of Primary Health Care</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>Number of outpatient attendances</li> <li>Number of nurse visits</li> <li>Proportion of adults over 30yrs screened for diabetes</li> <li>Proportion of youths screened for HIV (15 - 24yrs)</li> <li>Proportion of CBA women covered with Family Planning</li> <li>Number of mental health training per year</li> </ul>		>10% >10% >40% >12	<ul style="list-style-type: none"> <li>Review and develop National Health Promotion Strategic Plan June 2010 (from ACP 2009)</li> <li>Develop Reproductive Health Policy and Plan by June 2010 (from ACP 2009)</li> <li>Conduct of STEPS Survey in February 2010</li> <li>Establishment of Diabetes/ Renal Hubs in Lautoka and Labasa by October 2010</li> <li>Implementation schedule of NCD Toolkit programme developed by February 2010</li> <li>Implementation of prioritized recommendations from the 2009 evaluation of health promotion by November 2009</li> <li>Implementation schedule of HIV programme developed by February 2010</li> <li>Evaluation of Family Planning rate by June 2010</li> <li>Mental health training schedule developed by March 2010</li> <li>Conduct of national advocacy programs on mental health at divisional and sub-divisional level by November 2010</li> <li>Review the nutritional status of CBA women by November 2010</li> </ul>	<b>Public Health</b>
	<b>Quality</b> <ul style="list-style-type: none"> <li>No. of clients who rate services as satisfactory or better at Health Centres</li> </ul>		>30%		
	<b>Timeliness</b> SDMT are satisfied with the timeliness frequency and quality of technical advice provided of their respective DHP officer.	NA	>15%		

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
	<b>Cost</b> Completion of work programme within budget	NA	Within budget	<ul style="list-style-type: none"> <li>• Patient satisfaction survey conducted twice in the year in each Health Centre</li> <li>• Food Unit established by February 2010 (SFCCO)</li> <li>• Food Unit Strategic Plan and Annual Performance Plan developed by June 2010. (SFCCO)</li> <li>• Development and implementation of a monitoring and evaluation framework for the revised National Nursing Standards by August 2010</li> </ul>	
	Full - Time Equivalent Staffing Resources	665			
<b>Output 7: Education and Training - Disease Control and Health Promotion.</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>• Number of Clients Trained per subdivision</li> <li>• Number of staff trained per subdivision</li> <li>• Number of course days</li> </ul>	NA	>30 >35	<ul style="list-style-type: none"> <li>• Environmental Health Training Schedule developed by March 2010</li> <li>• WHO New Growth Standards training conducted by September 2010</li> <li>• Conduct of training on monitoring and evaluation for Divisional and sub-divisional officers</li> <li>• Training on communicable disease detection, investigation and response conducted by September 2010</li> </ul>	<b>Public Health</b>
	<b>Quality</b> <ul style="list-style-type: none"> <li>• Course participants rate training as satisfactory or better.</li> </ul>	NA	>85%		
	<b>Timeliness</b> Training conducted in accordance with scheduled timetable	NA	>95%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full - Time Equivalent Staffing Resources	445			
<b>Output 8: Education and Training - Nurses</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>• Number of students</li> <li>• Number of contact days per teaching staff member</li> <li>• Course days per staff member</li> <li>• Number of programmes</li> </ul>	NA	>450 >200 >100 >10	<ul style="list-style-type: none"> <li>• Strategies developed by August 2010 to increase nursing graduates from 130 to 200 per year (SFCCO)</li> <li>• Strategies to increase Postgraduate course participants at FSN developed by July 2010</li> <li>• Quarterly reports on curriculum implementation submitted from DFSN to NMNP Board</li> <li>• Staff retention policy developed by June 2010</li> <li>• System of tutor evaluation by students implemented by May 2010</li> <li>• Establishment of a Student Service Centre by June 2010</li> <li>• Examination Committee formed at FSN by March 2010</li> </ul>	<b>Nursing</b>
	<b>Quality</b> <ul style="list-style-type: none"> <li>• Course participants rate training as satisfactory or better</li> <li>• Pass rate in respect of formal qualification/exam [To reflect clinical practical experience achieved?]</li> </ul>	NA NA	>85% 90%		

## Ministry's Outputs and Performance Targets

Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
	<b>Timeliness</b> <ul style="list-style-type: none"> <li>Classes commence within 2 minutes of scheduled</li> </ul>	NA	>95%		
	<b>Cost</b> <ul style="list-style-type: none"> <li>Completion of work programme within budget</li> </ul>	NA	Within budget		
	Full - Time Equivalent Staffing Resources	106			
<b>Output 9: Hospice Services - Accommodation and Assistance for the Elderly</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>Number of elderly accommodated</li> </ul>	NA	<100	<ul style="list-style-type: none"> <li>Quality care of the elderly planning framework by August 2010</li> </ul>	<b>Public Health</b>
	<b>Quality</b> <ul style="list-style-type: none"> <li>Clients rate the service provided as satisfactory or better</li> <li>Three - year average incidence of breaches of the Health Act in respect of accommodation</li> <li>Three year average incidence of breach of the [insert name of legislation governing the health and safety legislation regarding sale of food.]</li> </ul>	NA	>95%  <1		
	<b>Timeliness</b> <ul style="list-style-type: none"> <li>Meals are served within 15 minutes of scheduled timetable.</li> </ul>	NA	>95%		
	<b>Cost</b> <ul style="list-style-type: none"> <li>Completion of work program within budget</li> </ul>	NA	Within budget		
	Full - Time Equivalent Staffing Resources:	67			



Output	Performance Indicators	2009 Actual	2010 Target	Strategies and Timeframe	Responsible Division
<b>Output 10:</b> <b>Supply of Goods</b> <b>- Medical Drugs and Consumables</b>	<b>Quantity</b> <ul style="list-style-type: none"> <li>Number of stockouts per month</li> <li>Total value of stocks expired per year.</li> <li>Percentage of goods overstocked per year</li> <li>Total volume of issues (stock)</li> </ul>	NA	< 100 items < 5% stock expired < 5% > 80%	<ul style="list-style-type: none"> <li>Implement system by November 2010 to eliminate stock outs (SFCCO)</li> <li>Change of IT system by November 2010</li> <li>Establish SOP of all aspects of FPBS by November 2010</li> <li>Review of warehouse and inventory management systems by April 2010.</li> <li>Review procurement systems by May 2010</li> <li>Implement customer service improvements by June 2010</li> <li>Inventory management Training of health facility staff on inventory management conducted by August 2010</li> <li>Communication system improvements implemented by October 2010</li> <li>Management training conducted by November 2010</li> </ul>	Fiji Pharmaceutical Bio - Medical Services
	<b>Quality</b> <ul style="list-style-type: none"> <li>Percentage of health facilities who rate service as satisfactory or better</li> </ul>	NA	> 70%		
	<b>Timeliness</b> Customers receive goods they seek in accordance with the delivery schedule	NA	> 90%		
	<b>Cost</b> Completion of work programme within budget	NA	Within budget		
	Full - Time Equivalent Staffing Resources	80			

## 7. PSC Deliverables and Indicators

Table 3: PSC Deliverables and Indicators

PSC Deliverables	Performance Indicators	Targets & Timeframe	Strategies	Responsible Division
<b>Objective 1: Continuous improvement in Human Resources Management and Development</b>				
Annual Corporate Plan	Final Draft by November	Submitted to PSC by 31 <sup>st</sup> Dec	<ul style="list-style-type: none"> <li>Current ACP reviewed quarterly</li> <li>Workshop for following year's ACP conducted in September</li> <li>First draft circulated to management for comments by October 1<sup>st</sup></li> </ul>	Planning
Strategic Workforce Plan	Final Draft by Nov 2010	Submitted to PSC by 31 <sup>st</sup> Dec 2010	<ul style="list-style-type: none"> <li>Complete Workforce Review by June 2010</li> <li>Identification of critical positions for succession</li> <li>Identification and assessment of potential successors</li> <li>Formulate individual training/development plans</li> </ul>	Corporate Services
HRD Plan	Final Draft by Nov 2010	Submitted to PSC by 31 <sup>st</sup> Dec 2010	Training Plans for occupational groups developed following completion of Workforce Review	Corporate Services
<b>Objective 2: Good governance, integrity and compliance</b>				
Six - monthly Report	Final Draft by Jun 30th	Submitted to PSC by 15 <sup>th</sup> July	<ul style="list-style-type: none"> <li>Internal management reporting (IMR) system implemented</li> <li>Quarterly review of corporate plan</li> <li>Quarterly reports of National Planning (QPR)</li> </ul>	Planning, Corporate Services
Annual Reports	Final Draft by Dec 2010	Submitted to PSC by 31 <sup>st</sup> Jan 2011	<ul style="list-style-type: none"> <li>Template prepared for reporting by senior management</li> </ul>	Planning

PSC Deliverables	Performance Indicators	Targets & Timeframe	Strategies	Responsible Division
<b>Objective 3: Reform, reorganized &amp; sustainable structural changes</b>				
Initiatives and results of realigned, reorganized and restructured units to achieve 10% reduction	Freeze of positions identified through 10% reduction exercise and redeployment of staff by end of Sept 2010  Outsourcing of non core activities	31st October 2010	Identification of retirees before 30/6/2010 Identification of excessive staff Re-deployment of staff – internal/ external Review of existing structure and re-assignment of duties. Cleaning/laundry services outsourced by 30/06/2010	Corporate Services
Systems, Processes and Productivity Initiatives	<ul style="list-style-type: none"> <li>Strengthening of OHS Committees</li> <li>Establishment of Labour Management Cooperation Consultative committee</li> <li>Documentation of processes by 1st Quarter – e.g. Manuals/flowchart</li> <li>Implementation of Civil Service Excellence Awards framework by Jan 2010</li> <li>Implementation of Performance Management System (PMS) by November</li> </ul>	1st Quarter  1st Quarter  1st Quarter  1st Quarter  December 31st	Appointment of OHS Committees  Appointment of Committee  Preparation of Unit processes & flow charts Review of PD's  Appointment of MoH Civil Service Excellence Champion.  Awareness training to be conducted by the Training Division. Implement Review	Corporate Services
<b>Objective 4: Customer focused, responsive and prompt service delivery</b>				
Increased network with the Department of Information on the use of media	<ul style="list-style-type: none"> <li>Establishment of Media focal point by Jan 2010</li> <li>Monthly update Ministry/Department websites, information Education Communication (IEC) materials/publications</li> </ul>	<ul style="list-style-type: none"> <li>MLO already appointed</li> <li>Ministry website updated monthly</li> </ul>	<ul style="list-style-type: none"> <li>Media focal point appointed</li> <li>Provision of regular information to IT Unit for updating of website</li> <li>Implementation of Ministry of Health intranet</li> </ul>	Media Unit, IT Unit, Divisional focal points
Adherence to Service Level Agreements (SLA) with ITC/GIRC	<ul style="list-style-type: none"> <li>Strengthening of GIRC focal points</li> <li>SLA compliance</li> </ul>			Media Unit

## 8. Capital Projects for the Year ( 2010)

Table 4 – Capital Projects/ Items

SEG	Projects /Items	Cost
8- Capital Construction	Maintenance of Urban Hospitals & Institutional Qtrs	\$3,700,000 ₪
	Extension of Mortuaries: Urban & Rural	\$200,000 ₪
	Upgrading of Tamavua Hospital	\$100,000 ₪
	Preliminary works for New Ba Hospital	\$100,000 ₪
	Upgrading of Nabouwalu Hospital	\$300,000 ₪
	Maintenance of Health Centres & Nursing Stations	\$700,000
	Maintenance of Ba Hospital, Ba & Nailaga Health Centres	\$200,000 ₪
	Vunisea Hospital Upgrading	\$200,000 ₪
	Cuvu Nursing Upgrading to Health Centre	\$300,000 ₪
	Lomaloma Hospital Upgrading Phase 2	\$461,000 ₪
	Rotuma Hospital	.\$300,000 ₪
	New Nasavu Nursing Station Phase 2	\$200,000 ₪
	Viwa Nursing Station	\$100,000 ₪
	Nayavu Health Centre Upgrading	\$175,000 ₪
9- Capital Purchases	Purchase of CWMH Lift	\$200,000 ₪
	Medical Truck/ other vehicles – CWMH	\$200,000 ₪
	Incinerator, CWMH	\$316,125 ₪
	Biomedical Equipment – Urban Hospitals	\$1,300,000
	Dental Equipment for Urban Hospitals	\$400,000
	Equipment for Health Centres & Nursing Stations	\$550,000
	Dental Equipment for Subdivisional Hospitals	\$300,000
	Biomedical Equipment-Subdivisional Hospitals	\$700,000
10- Capital Grant	FSM	\$100,000
<b>TOTAL</b>		<b>\$11,102,125.00</b>

## 9. Glossary

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This glossary provides definitions for a number of different terms to help you understand their meaning when used in the body of this corporate plan template. The glossary is only intended to assist agencies when preparing their corporate plans and is not required to be included as part of the corporate plan to be submitted to Ministry of Finance and/or the Public Service Commission. However, should an agency wish to include a glossary that will help the reader better understand their corporate plan, then they may do so.

**Outcome** – impact/effect on the community from the goods and services delivered by agencies.

**RDSED** – abbreviation for the Roadmap for Democracy and Sustainable Socio-Economic Development 2009-2014.

**Output** – services or goods provided to clients/customers external to the agency.

**Internal Output** – goods or services of one part of an agency delivered to other parts of the same agency. They contribute indirectly to the production of outputs.

**Sub-output** – a single output produced along the production process leading to the production/delivery of an output.

**Output groups** – a collection of outputs (including internal outputs) that are similar in nature.

**Output performance measures** – an assessment of characteristics of performance that illustrate that an agency has delivered its outputs. These measures relate to quantity, quality and timeliness.

**Performance targets** – numerical target levels of performance against which actual performance can be compared.

