



Corporate Plan 2011

Ministry of Health

Annual Corporate Plan

For the Financial Year ending on
31 December 2011

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Minister's Forward

The Ministry of Health has earmarked 2011 as a platform in raising the delivery of healthcare services to a new level for Fiji. In this regard, we have recently published our new Strategic Plan 2011 – 2015, which states our intentions for the next five years. It is a well known fact that the provision of effective and efficient health services is largely determined by three factors: equipment, drugs and consumables; infrastructure and facilities; and a willing and committed workforce. Obviously, underlying all this is the dollar that is made available to us.



Dr Neil Sharma

With that in mind, we had embarked on a plan from 2009 to replace old and obsolete equipment including vehicles. New capital projects have been planned, some of which have already been completed or are currently in various phases of implementation. We have also worked on upskilling workers through various training programmes both locally and abroad and we had also focused on improving customer services. We have also been reviewing our purchasing and procurement system to improve delivery of drugs, medicines and consumables into the country. We aim to continue all this in 2011 as we target Millennium Development Goals [MDG's] 4, 5 and 6 through strategically designed activities and also continue working on addressing communicable diseases such as Typhoid, Leptospirosis, Dengue and TB, not to mention HIV/AIDS. The Ministry of Health also intends to aggressively combat non-communicable diseases [NCD's] with an overarching Health Promotion programme. The intention is to relentlessly drive the message to the community that everyone must take responsibility for their health. Wellness rather than treatment must be the focus now. The concept of wellness is in harmony with the Ministry of Health's foremost objective, which is to strengthen primary healthcare services in the country. The natural resources we are endowed with lend

support to our ability to achieve wellness through physical activity, consumption of home grown food and produce caught from our fresh waters and seas. The social and economic benefits to Fiji are enormous should we commit ourselves to this concept. We know that a healthy nation - in the holistic sense - will mean a healthy workforce, which in turn equates to more productivity. The outcome is obvious: it is a prosperous Fiji. At the same time, the converse is true and we must seriously consider that there are social and economic consequences for the nation if we fail to heed this message today.

I therefore call upon us all to be responsible citizens in shaping Fiji's health towards wellness and invite our donor partners and NGO's to help us achieve our objectives this year.

God bless Fiji.

Dr Neil Sharma
Minister for Health

Permanent Secretary's Statement



I am pleased to present the Ministry of Health 2011 Annual Corporate Plan. Our activities for the year have been based on the recently published Ministry's Strategic Plan 2011 – 2015, which is aligned to the Government's Roadmap for Democracy and Sustainable Social & Economic Development 2009 – 2014. The 2011 Annual Corporate Plan encompasses, at a national level, the vision, mission and values for the health of the nation and consolidates the goals and objectives of the various service divisions of the Ministry. This document has been produced with the intention that it will serve as a guideline and framework for each service division to develop their own detailed Business Plans with realistic and achievable outputs. There have been reviews of existing legislation and also various pieces of new legislation recently put in place that will assist the Ministry in better delivery of health services to the people of Fiji. I am glad to note that some

legislation will allow for generation of much needed revenue towards Government coffers.

However, with the current financial climate, it is prudent that coordination and integration of services for the purposes of pooling and maximising resources will be crucial. We are therefore strengthening our monitoring and evaluation role to ensure we are on target.

One major target is the improvement of the delivery of primary healthcare services and we are truly and sincerely grateful to our donor partners in their generous assistance towards this area. For its part, the Ministry has made a commitment to purchase equipment for subdivisonal hospitals and upgrade infrastructure and facilities while it will continue its capacity building programmes.

The provision of clinical services will see new services being introduced through the implementation of the Clinical Services Plan as we look at strengthening secondary and tertiary healthcare.

I also take this opportunity to value and appreciate the contribution and consultative efforts from the senior executive management of the Ministry towards this framework and we look forward to working with all stakeholders in both the public and private sectors to see that we can provide health services that are accessible, responsive and equitable for the people of Fiji.

May God bless Fiji.

Dr Salanieta Saketa

Ministry of Health

Overview

The major goal of the Ministry of Health is 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

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.

Vision

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

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 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

Role and Responsibilities of the Ministry

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.

Table 2: Legislation for which this portfolio is responsible

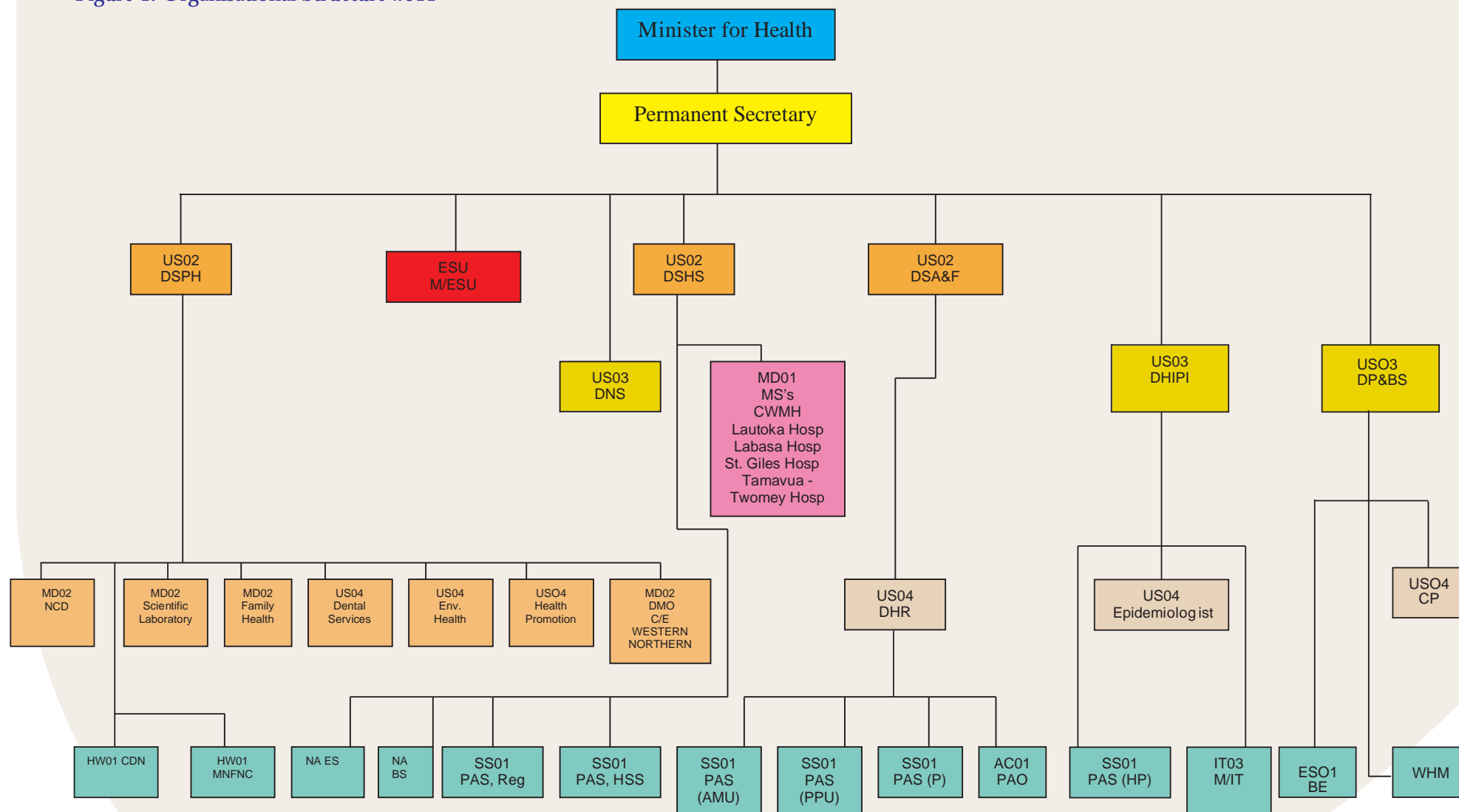
Description

1. Ambulance Services Decree 2010
2. Animals (Control of Experiments) Act (Cap.161)
3. Burial and Cremation Act (Cap.117)
4. Child Welfare Decree 2010
5. Code of Marketing Control of Food for Infants and Children
6. Dangerous Drugs Act (Cap. 114)
7. Food Safety Act 2003
8. Medical Imaging Technologist Decree 2009
9. Medical and Dental Practitioner [Amendment] Decree 2010
10. Medical Assistants Act (Cap.113)
11. Methylated Spirit Act (Cap. 225A)
12. Mental Healthcare & Treatment Decree 2010
13. Methylated Spirit Act (Cap. 113)
14. Nurses, Midwives and Nurse Practitioner Act (Cap. 256)
15. Pharmacy and Poisons Act (Cap 115)
16. Private Hospitals Act (Cap. 256A)
17. Public Health Act (Cap. 111)
18. Public Hospitals & Dispensaries Act (Cap 110)
19. Quarantine Decree 2010 (Cap. 112)
20. Radiation Health Decree 2009
21. Tobacco Control Act 1998

Further legislations to be developed in 2011 are the HIV Decree, the Nurses Decree and due for completion is the review of the Public Health Act.

Organisation Structure

Figure 1: Organisational Structure 2011



Linkage of the Roadmap for Democracy and Sustainable Socio- Economic Development 2009-2014 and Ministry Outputs

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

Targeted Outcome [Goal/ Policy Objective- RDSSSED]	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: <i>baseline and target may need revision</i>).	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 7 to 5 days	5.Provision of Clinical Services
	Prevalence rate of STIs among men and women aged 15 to 25.	2. Public Awareness Promotions –Public Health 6.Provision of Primary Health Care
	HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).	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

Targeted Outcome [Goal/ Policy Objective- RDSSED]	Outcome Performance Indicators or Measures [Key Performance Indicators]	Ministry's Outputs
	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 time activity.	2. Public Awareness Promotions –Public Health
	Prevalence of under 5 malnutrition	2. Public Awareness Promotions –Public Health 6. Provision of Primary Health Care
	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 ¹).	4. Communicable Disease Prevention
	Prevalence of anaemia in pregnancy at booking from 55.7% to 45%	2. Public Awareness Promotions –Public Health' 6.Provision of Primary Health Care
	Rate of teenage pregnancy reduced by 5%	2. Public Awareness Promotions –Public Health
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 100,000 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 2011	1. Portfolio Leadership Policy Advice and Secretariat Support
	Health Policy Commission established by 2011	1. Portfolio Leadership Policy Advice and Secretariat Support
	Average length of stay for in-patient treatment reduced from 7 to 5 days	5.Provision of Clinical Services
	Elimination of stock outs of drugs from present 100 items per month	Supply of Good – 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

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 (DOTS) course.

Ministry's Outputs and Performance Targets

Table 2: Output Specification and Performance

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 1: Portfolio Leadership Policy Advice & Secretariat Support	Quantity			<ul style="list-style-type: none"> Review of Mental Health & Suicide Prevention Strategic Plan 2007-11 by June 2011 Enactment of legislations namely Public Health Decree, HIV Decree, Nurses Decree, Allied Health Decree by November 2011 Implement registration of health professionals by November 2011 Ministry Service Charter developed by June 2011 Outsourcing of Cleaning Services by December 2011 Health Information Policy developed by June 2011 Health Information Strategic Plan developed by June 2011 Implement HRIS in all divisions by June 2011 Establishment of Health Policy Unit by December 2011 National Health Accounts 2009 produced by September 2011 Healthcare Financing strategies developed in consultation with relevant stakeholders to see budget increased to 5% of GDP by November 2011 Initiate implementation of > 3 recommendations from Workforce Plan Report that have been adopted by National HR Taskforce by November 2011 Development of regulatory framework for the Pharmacy Profession Decree and the Medicinal Products Decree by June 2011 	<p>Public Health/ Nursing/ Hospital Services</p> <p>Corporate Services/ Hospital Services/ Planning</p> <p>Corporate Services/ Planning</p> <p>Fiji Pharmaceutical Bio-Medical Services</p>
	1. Number of Cabinet Papers submitted to the Minister	NA	>12		
	2. Number of NHEC papers presented at NHEC to Minister	NA	>24		
	3. Number of papers presented to DSC	NA	>8		
	Quality Minister rates the consistency of policy papers as satisfactory or better.	NA	>95%		
	Timeliness				
	1. Policy advice prepared within five business days of a request from the Minister.	NA	>95%		
	2. Cabinet papers prepared within ten business days of a request from the Minister.	NA	>75%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full-time staffing equivalent staffing resources	24			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
2. Public Awareness Promotions – Public Health	Quantity • 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"> Implement strategies of FPAN COMBI Plan by December 2011 Implement Oral Health promotion programme by November 2011 Physical activity programmes in existing healthy settings conducted by November 2011 Strengthened implementation of social mobilisation and marketing campaign on the Well Child Health concept per monthly basis Implement Anti-Smoking promotion programmes monthly basis Implement 80% of strategies from Annual Work Plan derived from Dengue Strategic Plan by November 2011 Implement >40% of strategies from Annual Work Plan derived from NCHP Strategic Plan by June 2011 	Public Health
	Quality 1. Percentage of target population reaching positive behavioural change in accordance with the campaign message.	NA	>20%		
	Timeliness Promotional campaign implemented according to approved schedule	NA	>85%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full-time equivalent staffing resources	7			
Output 3: Emergency Response Services – Medical Evacuations (local) and Blood Supply.	Quantity • Number of medical evacuations and mercy missions. 2. Over minimum blood stock at all times	NA NA	<100 >95%	<ul style="list-style-type: none"> Conduct of mock emergency service exercises in each division by November 2011 Implement >80% of strategies from Annual Work Plan derived from National Blood Service Strategic Plan by November 2011 	Hospital Services/ Public Health
	Quality 3. Percentage of blood lost due to inappropriate or failed storage.	NA	<0.1%		
	Timeliness • Evacuations effected within 24 hours of requirement.	NA	>98%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full – Time Equivalent Staffing Resources:	49			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 4: Communicable Disease Prevention.	Quantity <ul style="list-style-type: none"> Proportion of 12 month old children immunised against measles/rubella (MR1) Number of HIV Positive antenatal mothers covered with ARV prophylaxis (PMTCT) Incidence of priority/epidemic communicable diseases (Leptospirosis, Dengue fever, Typhoid fever, Measles, Rubella, Influenza, Cholera). Mass drug administration coverage for anti-filarial drugs by division. 	NA NA	>85% >80% < 1-10%	<ul style="list-style-type: none"> Development of Communicable Disease Lab Testing Guideline for primary healthcare facilities by March 2011 Implement strategies from Communicable Disease Surveillance Outbreak Response Guideline by June 2011 Implement strategies from Dengue Fever Strategic Plan by September 2011 Implement social mobilisation interventions on Communicable Disease by November 2011 Strategies to reduce Leptospirosis developed and being implemented by April 2011 in consultation with MPI 	Public Health
	Quality <ul style="list-style-type: none"> Three-year average annual decrease in incidence of disease. Case fatality rate for each of the priority/epidemic Communicable diseases 	NA	>80% <10%		
	Timeliness Implementation of disease outbreak control activities within 72 hours of public health warning	NA	>80%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full – Time Equivalent Staffing Resources	49			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 5: Provision of Clinical Services.	Quantity <ol style="list-style-type: none"> 1. Average number of outpatient consultations per hour 2. Number of specialist consultations per hour 3. Average number of prescribed items dispensed per hour 4. Number of available hospital beds per shift (Available = fully resourced: staffed, equipped, linen supply) 5. Average length of stay (days). <ul style="list-style-type: none"> Acute wards Chronic wards 6. Number of discharges per day 	NA	5 per officer 4 per officer 10 per pharmacist >70%	<ol style="list-style-type: none"> 1. Patient Satisfaction Surveys conducted in 3 health facilities per division in each quarter 2. Available beds recorded on a monthly basis 3. 85% compliance rate for hand hygiene in all health facilities by December 2011 4. 80% of Risk Management strategies in divisional hospitals implemented by November 2011 5. Implement >80% of outreach service plans of various Clinical Service Networks by November 2011 6. Strategies developed to strengthen communication on turnaround time [TAT] for pap smear results by June 2011 7. Strategies developed to strengthen TAT for radiology service results by June 2011 8. Baby Friendly Hospital Concept is maintained in all hospitals for 2011 9. Emergency Obstetric Care services are strengthened in minimum of 4 subdivision hospitals by November 2011 10. Emergency neonatal care is strengthened in all paediatric units by November 2011 11. NICU and PICU services in all divisional hospitals are strengthened by September 2011 12. Rotavirus and pneumococcal vaccine introduced into child health immunisation schedule by September 2011 	Hospital Services
	Quality <ul style="list-style-type: none"> • Rate of unplanned readmission for the same condition within 28 days • Percentage of clients who rate service as satisfactory or better. • Root cause analysis conducted for sentinel events 	NA	<30%		
	Timeliness <ul style="list-style-type: none"> • Patients examined within 25 minutes of arrival • Diagnosis delivered within 15 minutes of examination. 	NA	>60% >50%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full – Time Equivalent Staffing Resources	3,398			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 6: Provision of Primary Health Care.	Quantity 1. Number of outpatient attendances 2. Number of nurse visits 3. Proportion of adults over 30yrs screened for diabetes • Proportion of pregnant mothers screened for HIV and who knew their results • Proportion of CBA women using a modern contraceptive for Family Planning 4. Number of mental health training per year		>10% >10% >40% >12	<ul style="list-style-type: none"> Strategies and implementation schedule developed for each division by April 2011 in consultation with relevant stakeholders on increased community access to safe sanitation Strategies and implementation schedule developed for each division by April 2011 in consultation with relevant stakeholders on increased community access to safe water 80% of Work Plan implemented for ADH programme by November 2011 Plan for screening of RHD in primary schools developed in consultation with Ministry of Education and being implemented by June 2011 Breast feeding campaign maintained in all health facilities per quarter Introduction of IMCI protocol to minimum of 2 health facilities per division per quarter Coordinated approach by Public Health, Paediatric and O&G CSN's to develop and implement strategies to reduce maternity, infant and child mortality rates in all divisions per quarter 80% of 2011 Work Plan derived from NCD Strategic Plan 2010-14 implemented by November 2011 Establishment of Diabetic/ Renal Hubs at Kamikamica Park and Lautoka Hospital by June 2011 National advocacy programmes on mental health undertaken at divisional and sub-divisional level by November 2011 >80% of strategies in Annual Performance Plan implemented by November 2011 Rezoning exercise of selected medical areas undertaken by November 2011 	Public Health
	Quality 4. No. of clients who rate services as satisfactory or better at Health Centres		>30%		
	Timeliness SDMT are satisfied with the timeliness frequency and quality of technical advice provided of their respective DHP officer.	NA	>15%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full – Time Equivalent Staffing Resources	665			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 7: Education and Training – Disease Control and Health Promotion.	Quantity • Number of Clients Trained per subdivision • Number of staff trained per subdivision 1. Number of course days	NA	>30 >35	<ul style="list-style-type: none"> National In-Service Training Plan implemented and monitored on quarterly basis Increased number of staff trained in mental health care by November 2011 95% of identified specialised training either undertaken or being progressed by November 2011 	Corporate Services/ Public Health/ Hospital Services
	Quality 2. Course participants rate training as satisfactory or better.	NA	>85%		
	Timeliness Training conducted in accordance with scheduled timetable.	NA	>95%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full-Time Equivalent Staffing Resources	445			
Output 8: Education and Training – Nurses	Quantity 1. Number of Students 2. Number of contact days per teaching staff member 3. Course days per staff member 4. Number of programmes	NA	>450 >200 >100 >10		Nursing
	Quality 5. Course participants rate training as satisfactory or better	NA	>85%		
	6. Pass rate in respect of formal qualification/exam (To reflect clinical practical experience achieved?)	NA	>90%		
	Timeliness Classes commence within 2 minutes of scheduled timetable.	NA	>95%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full – Time Equivalent Staffing Resources	106			

Output	Performance Indicators	2010 Actual	2011 Target	Strategies and Timeframe	Responsible Division
Output 9: Hospice Services – Accommodation and Assistance for the Elderly.	Quantity <ul style="list-style-type: none">Number of elderly accommodated	NA	<100	<ul style="list-style-type: none"> Quality of elderly care strengthened through appropriate equipment and facility development by June 2011 	Public Health
	Quality <ul style="list-style-type: none">Clients rate the service provided as satisfactory or betterThree – year average incidence of breaches of the Health Act in respect of accommodationThree year average incidence of breach of the [insert name of legislation governing the health and safety legislation regarding sale of food].	NA NA	>95% >90% <1		
	Timeliness <ul style="list-style-type: none">Meals are served within 15 minutes of scheduled timetable.	NA	>95%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full-Time Equivalent Staffing Resources:	67			
Output 10: Supply of Goods – Medical Drugs and Consumables	Quantity <ul style="list-style-type: none">Number of stockouts per monthTotal value of stocks expired per year.Percentage of goods overstocked per yearTotal volume of issues (stock)	NA	< 100 items < 5% stock expired < 5% >80%	<ul style="list-style-type: none"> Review of prequalification criteria for supply of medicines by March 2011 Implement recommendations from STA review on procurement by May 2011 Develop procurement plans for all supply lines by April 2011 Develop and implement internal audit processes for inventory management at health facility level by February 2011 Migrate inventory management system from Epicor to FMIS by August 2011 Conduct a customer satisfaction survey by November 2011 Inventory management Training of health facility staff on inventory management conducted by September 2011 Conduct of awareness and advocacy on the National Medicines Policy by July 2011 Review of Essential Medicines List by October 2011 Completion of Standard Treatment Guidelines (Mental Health & Gastrointestinal) by November 2011 	Fiji Pharmaceutical Bio-Medical Services
	Quality <ul style="list-style-type: none">Percentage of health facilities who rate service as satisfactory or better	NA	>70%		
	Timeliness Customers receive goods they seek in accordance with the delivery schedule	NA	>90%		
	Cost Completion of work programme within the within budget	NA	Within budget		
	Full-Time Equivalent Staffing Resources	80			

Table 3: PSC Deliverables and Indicators

PSC Deliverables	Performance Indicators	Targets & Timeframe	Strategies	Responsible Division
Objective 1 : Continuous improvement in Human Resources Management and Development				
Annual Corporate Plan	Final Draft by November	Submitted to PSC by 31 st Dec	<ul style="list-style-type: none"> Current ACP reviewed quarterly Workshop for following year's ACP conducted in September First draft circulated to management for comments by October 1st 	Planning
Strategic Workforce Plan Succession Plan	Final Draft by Nov 2011	Submitted to PSC by 31 st Dec 2011	<ul style="list-style-type: none"> ▶ Complete Workforce Review by June 2011 ▶ Identification of critical positions for succession ▶ Identification and assessment of \potential successors ▶ Formulate individual training/development plans 	Corporate Services
HRD Plan	Final Draft by Nov 2011	Submitted to PSC by 31 st Dec 2011	Training Plans for occupational groups developed following completion of Workforce Review	Corporate Services
Objective 2 :Good governance, integrity and compliance				
Six-monthly Report	Final Draft by 30 th June	Submitted to PSC by 15 th July	<ul style="list-style-type: none"> Internal management reporting (IMR) system implemented Quarterly review of corporate plan Quarterly reports to National Planning (QPPR) 	Planning, Corporate Services
Annual Reports	Final Draft by Dec 2011	Submitted to PSC by 31 st Jan 2012	<ul style="list-style-type: none"> Template prepared for reporting by senior management 	Planning

Objective 3: Reform, reorganized & sustainable structural changes

Initiatives and results of realigned, reorganized and re structured units to achieve 10% reduction	Freeze of positions identified through 10% reduction exercise and redeployment of staff by end of Sept 2011 Outsourcing of non core activities	31 st October 2011	Identification of retirees before 30/6/2011 Identification of excessive staff Re-deployment of staff –internal/external Review of existing structure and re-assignment of duties. Cleaning/laundry services outsourced by 30/11/2011	Corporate Services
Systems, Processes and Productivity Initiatives	1. Strengthening of OHS Committees 2. Establishment of Labour Management Cooperation Consultative committee 3. Documentation of processes by 1 st Quarter – e.g. Manuals/flowchart 4. Implementation of Civil Service Excellence Awards framework by Jan 2010 5. Implementation of Performance Management System (PMS) by November	1 st Quarter 1 st Quarter 1 st Quarter 1 st Quarter December 31 st	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	Corporate Services

Capital Projects for the Year (2011)

Table 4 – Capital Projects/ Items

SEG	Projects /Items	Cost
8- Capital Construction	Maintenance of Urban Hospitals & Institutional Qtrs	\$3,000,000 @'ae
	Rural Laboratories	\$1,000,000 @'ae
	Maintenance of Health Centres & Nursing Stations	\$700,000
	2011 PSIP Divisional Projects: Funding for these capital projects are under the respective Divisional Commissioners	
	New Vatukarasa Nursing Station	\$170,000 @'ae
	Raiwaqa Health Centre Upgrading	\$110,000 @'ae
	Totoya Nursing Station Upgrading	\$170,000 @'ae
	Cicia Health Centre Upgrading	\$70,000 @'ae
	New Talaulia Nursing Station [Phase 2]	\$110,000 @'ae
	New Ravitaki Nursing Station	\$170,000 @'ae
	Vunisea Hospital Upgrading	\$400,000 @'ae
	Cuvu Nursing Upgrading to Health Centre	\$300,000 @'ae
	New Nalotawa Nursing Station	\$110,000 @'ae
	Relocation of Dobuilevu Nursing Station	\$170,000 @'ae
9- Capital Purchases	Purchase of IT Hardware	\$200,000 @'ae
	Incinerator, CWMH	\$420,000 @'ae
	Purchase of Equipment	\$500,000
	Biomedical Equipment – Urban Hospitals	\$1,500,000 @'ae
	Biomedical Equipment-Subdivisional Hospitals	\$300,000
	Dental Equipment for Urban Hospitals	\$200,000
	Dental Equipment for Subdivisional Hospitals	\$300,000
	Equipment for Health Centres & Nursing Stations	\$100,000
	Magnetic Resonance Imaging [MRI]	\$2,000,000 @'ae
TOTAL		\$11,573,000. 00

Glossary

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.

RDSSSED – 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.