

Ministry of Health

# Annual Corporate Plan

For the Financial Year ending on  
31 December 2012



MINISTRY  
*of* Health

*Shaping Fiji's Health*

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# Key Abbreviations

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DSPH	- Deputy Secretary for Public Health
ESU	- Executive Support Unit
DSHS	- Deputy Secretary Hospital Services
DSAF	- Deputy Secretary Admin & Finance
MLO	- Media Liaison Officer
DNS	- Director Nursing Systems
CP	- Chief Pharmacist
MS	- Medical Superintendent
DHIP	- Director Health Information & Planning
NCD	- Non Communicable Diseases
CDC	- Chief communicable Disease
DMO	- Divisional Medical Officer
C/E	- Central/ Eastern
DHR	- Director Human Resources
CDN	- Chief Dietetics and Nutrition
MNFNC	- Manager National Food and Nutrition Centre
NA ES	- National Administrator Emergency Services
NA BS	- National Administrator Blood Services
PAS Reg.	- Principal Admin Secretary Registration
PAS HSS	- Principal Admin Secretary Health Systems Standard
PAS AMU	- Principal Admin Secretary Asset Management Unit
PAS PPU	- Principal Admin Secretary Post Processing Unit
PAS P	- Principal Admin Secretary Personnel
PAO	- Principal Accounts Officer
SAS (T)	- Senior Admin Secretary Training
PAS (HP)	- Principal Admin Secretary Health Planning
M (IT)	- Manager Information Technology
CBA	- Child Bearing Age
MDG	- Millennium Development Goal
DOTS	- Directly Observe Treatments Short Course
TAT	- Thematic Apperception Test
RHD	- Rheumatic Heart Diseases
NHEC	- National Health Executive Committee
CD	- Communicable Diseases
NCD	- Non Communicable Diseases
GOPD	- General Outpatient Department
PPP	- Public Private Partnership
MOU's	- Memorandum of Understanding
MOA's	- Memorandum of Agreement
MET	- Metabolic Equivalent of Task
IMCI	- Integrated Management of Child illness
HIV	- Human Immunodeficiency Virus
ARV	- Anti Retroviral
STI	- Sexual Transmitted Infection
PSS	- Patient Satisfactory Systems
A&E	- Accident & Emergency
AOLS	- Average Length of Stay
ICU	- Intensive Care Unit
UOR	- Unusual Occurrence Report
CPG's	- Clinical Practice Guidelines
STG	- Standard Treatment Guidelines
MQR	- Minimum Qualification Requirement
VIA	- Visual Inspection of Cervix using Acetic Acid
STA	- Short Term Advisor

# 1. Minister's Foreword

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The 2012 Annual Corporate Plan draws from the Roadmap for Democracy and Sustainable Socio-Economic Development (RDSSSED) 2009 – 2014, the National Strategic Framework for Change and the practicalities of ongoing health plans, policies and fiscal trends in 2010 – 2011. The year 2011 has been a mixed year with more highs than lows, with resultant achievements demonstrated below:

The Decentralization of the General Outpatients Department (GOPD) from Colonial War Memorial Hospital (CWMH) to the nearby satellite health centres came into effect on the 31st of January, 2011. This initiated the concept of primary health care in taking healthcare to the communities for the ease of access of health services to the community. The extension of service hours and resultant influx of patients to the nearby health centres is evidence of the success of the decentralization of GOPD.

The Mental Health Decree 2010 came into effect with decentralization of service delivery. All three (3) divisional hospitals now have stress management set up with outpatient

centers in Lautoka fully operational and Suva practically complete. Fiji was awarded the Asia Federation of Psychiatric Associations award for the change in mental health practice. The AFPA commended the Ministry of Health (Fiji) and its collaborators in stating:

“These are achievements seldom if ever seen in many developing countries of the Pacific. In recognition of these unparalleled changes in attitudes, knowledge and practices in mental health services and training AFPA is proud to award, the FSM, MOH and FAMH of Fiji its Award for Excellence in Mental Health Services and Training Development in Fiji,”

The HIV/AIDS Decree 2010 and its amendments were also launched with international acclaim as one of its kind with great social responsibility demonstrated by government.

The Prosthetic Centre with the abled support of the Jaipur Team was able to mobilise 340 amputees with artificial limbs into the community and society. This centre has the capability of national and regional manufacture of prosthetics for national and regional amputees.

Various clinical infrastructures have been commissioned which include Accidents and Emergencies (A&E) at Savusavu Hospital, 4 modern operating theatres at CWM Hospital, commissioning of a Cytotoxic Unit and a National Cytology Unit and the MRI Unit at CWM Hospital, upgrade of all (20) rural laboratory services and completion of all laundry services within the various hospital precincts.



The core of the National Health Policy, Planning, Budget and assessment unit has been formed to integrate strategic policy with focused operational intent and timely practical action.

The 2012 Corporate Plan will focus on ongoing 2nd and tertiary upgrade in areas of urology and neurosurgery. Consideration of “**Joint Venture ship**” for tertiary care and regional health tourism in areas open to cardiac, advanced orthopedic and neurosurgical capabilities are being diligently explored.

The Concept of Wellness as a development on Primary care is being implemented.

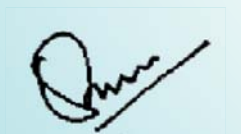
“**Health and Wellness**” needs to be addressed as a package commodity to the citizens of Fiji especially with areas of non-communicable diseases. The development of community Health Workers, community health communities are in advanced stages of development.

Our Sub divisional and rural teams will need to reach out to the communities on a weekly basis in 2012 to achieve control and reversal of the communicable and non- communicable entities which plaque us.

In addition, there have been major reviews of laws that have restricted the functions of the Ministry of Health, due to the archaic nature of these laws. Examples of these include the implementation of the new fees and schedules under the Public Dispensaries Act, the implementation of the Ambulance Decree 2010 and the Tobacco Control Decree 2010. The initiation and endorsement of new laws to address professional standards have also been highlights of the year. These legislations include the Nursing Decree 2011, the Allied Health Workers Decree 2011, Pharmacy Professions Decree 2011 and the Medicinal Products Decree 2011.

The Year 2012 continues to exude the possibility of many other developments on the health front. The concept of promoting wellness in our communities is given equivocal importance to providing curative services. The invitation is for all sectors of the community to provide the impetus and the environment to initiate and maintain the highest levels of good health for all.

God Bless Fiji



*Dr. Neil Sharma*

*The Honourable Minister for Health*

## 2. Permanent Secretary's Statement

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I have much pleasure in presenting the Ministry of Health's 2012 Annual Corporate Plan (ACP) which guides the Ministry towards achieving the Fijian governments' targeted outcomes for the health of its people.

The 2012 Annual Corporate Plan provides the Ministry the necessary armour to address challenging health issues that are burdening our people. These challenges include the burden of non-communicable diseases and the persistence of certain preventable communicable diseases such as typhoid, leptospirosis and tuberculosis.

Although the health sector in Fiji has made significant progress in the past four decades, this has been achieved despite many challenges which include having a population that is dispersed through its many islands. The 2010 MDG report has shown that Fiji is well on its way to achieving a reduction in child mortality (MDG 4) and improvement in maternal health (MDG 5).

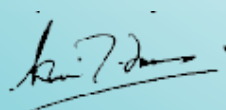
Despite these achievements much work is still needed to address the Ministry's limitations and challenges to meet its targets it has set in its 5-year Strategic Plan which is aligned to the Governments' Roadmap 2009-2014.

The 2012 ACP will also ensure that the successes of 2011 especially the Service Excellence Award achievement and the implementation of the 2011 ACP as seen by the monitoring unit in the Prime Minister's Office, is maintained and improved.

The production of the 2012 ACP had gone through numerous consultations and discussions over a three month period and I would like to thank all who have participated, especially the Ministry's Planning Unit which provided the coordination and the secretarial work.

This statement will be deficient if I do not thank Cabinet for its tremendous support, our donor partners, NGO's , corporate organisation's and last but not the least our hardworking health staff through whom we will successfully achieve our plans.

May God Bless Fiji



[Dr. Eloni Tora]  
Acting Permanent Secretary for Health

# 3. Corporate Profile

## 3.1 Role and Responsibilities of the Ministry

The Ministry for Health's goal is to provide quality, affordable, efficient and effective health services that are accessible by all communities.

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 systems 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 ink partnership with key stakeholders including the private sectors 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.

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.

### Laws for which this portfolio is responsible:

#### Description

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Ambulance Services Decree 2010</li><li>2. Animals (Control of Experiments) Act (Cap.161)</li><li>3. Burial and Cremation Act (Cap.117)</li><li>4. Child Welfare Decree 2010</li><li>5. Code of Marketing Control of Food for Infants and Children</li><li>6. Dangerous Drugs Act (Cap. 114)</li><li>7. Food Safety Act 2003</li><li>8. Medical Imaging Technologist Decree 2009</li><li>9. Medical and Dental Practitioner Decree 2010</li><li>10. Medical Assistants Act (Cap.113)</li><li>11. Methylated Spirit Act (Cap. 225A)</li><li>12. Mental Health Decree 2010</li><li>13. Nurses, Midwives and Nurse Practitioner Decree (Cap. 256)</li><li>14. Pharmacy Profession Decree 2011</li><li>15. Medicinal Products Decree 2011</li><li>16. Private Hospitals Act (Cap. 256A)</li><li>17. Public Health Act (Cap. 111)</li><li>18. Public Hospitals &amp; Dispensaries Act (Cap 110)</li><li>19. Quarantine Act (Cap. 112)</li><li>20. Quarantine Amendment Decree 2010.</li><li>21. Radiation Health Decree 2009</li></ol> | <ol style="list-style-type: none"><li>22. Tobacco Control Act 1998</li><li>23. The Food Safety Regulation 2009</li><li>24. The HIV Decree</li><li>25. The Nurses Decree</li><li>26. The Allied Health Decree</li><li>27. The Food Establishment Grading Regulation 2011</li></ol> |
|---|---|

The two laws that are currently under review are the Quarantine Act Cap 112 and the Public Health Act Cap 111.



### 3.2 Vision

A healthy population in Fiji that is driven by a caring health care delivery system.

### 3.3 Mission

To provide high quality health care delivery services by a caring and committed workforce with strategic partners, through good governance, appropriate technology and appropriate risk management, facilitating a focus on patient safety and best health status for all of the citizens of Fiji.

### 3.4 Values

#### Customer Focus

We are genuinely concerned that health services are focused on the people/patients 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 health care and observe fair dealings with our customers in all our 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 efficient and effective manner.

#### Faithfulness

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



### Figure 1: Organisational Structure 2012



## 5. Linkage of the Roadmap for Democracy and Sustainable Socio- Economic Development 2009-2014 (RDSSED) and Ministry Outputs

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

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSED)	Ministry's Outputs
<b>Pillar 10: Improving Health Service Delivery</b>	<b>Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their well being.</b>	Child mortality rate maintained at 17.7 to 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 71.8% to 95 % (MDG 4).	4.Communicable Disease Prevention 6.Provision of Primary Health Care
		Maternal mortality ratio maintained at 22.6 per 100,000. (MDG 5).	2.Public Awareness Promotions – Public Health 5.Provision of Clinical Services 6.Provision of Primary Health Care
		Prevalence of diabetes in 25-64 years old reduced from 16% to 15.6%.	2.Public Awareness Promotions – Public Health 8. NCD Prevention and Control
		Contraceptive prevalence rate amongst CBA increased from 31.77% to 36.6%. (MDG 5)	2.Public Awareness Promotions – Public Health 6.Provision of Primary Health Care
		Reduction of Incidence by 2% of STIs among 15 to 24 year olds.	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 maintained below 0.04% (MDG 5 & 6).	2. Public Awareness Promotions – Public Health. 6.Provision of Primary Health Care
		Increase in moderate physical activity in the population by 1%,	2.Public Awareness Promotions – Public Health 8. NCD prevention and control
		Reduction in under 5 hospital based malnutrition cases.	5: Provision of Clinical Services 6. Provision of Primary Health Care.
		80% Coverage of MDA for Filariasis in Central, Eastern and Northern Divisions.	4.Communicable Disease Prevention
		Reduction in TB prevalence rate from 40/100,000 to 30/100,000.	2.Public Awareness Promotions – Public Health 4.Communicable Disease Prevention
		Rate of teenage pregnancy reduced from 3.8 to 3.61 per 1000 CBA.	2.Public Awareness Promotions – Public Health 6. Provision of Primary Health Care.

		Prevalence of anaemia in pregnancy at booking from 55.7% to 50%.	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Reduction of smoking prevalence rate of 15-65 year olds from <b>37% to 36%.</b>	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Increase in proportion of women screened for cervical cancer by <b>2%.</b>	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Reduce dental carries in 12 year olds by 1%.	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Reduce confirmed cases of Typhoid by 15% (75% over 5 years)	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Reduce leptospirosis incidence by 10%	2. Public Awareness Promotions - Public Health. 6. Provision of Primary Health Care.
		Reduce dengue rates by 10%	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services
	<b>Communities have access to effective, efficient and quality clinical health care and rehabilitation services.</b>	Reduction of Admission rate for diabetes and its complications, hypertension and cardiovascular disease <b>by 2%.</b>	2. Public Awareness Promotions - Public Health 5. Provision of Clinical Services. 8. NCD prevention and control
		Reduce Amputation rate for diabetic sepsis <b>from 30.1% to 28%.</b>	2. Public Awareness Promotions - Public Health. 5. Provision of Clinical Services 6. Provision of Primary Health Care 8. NCD prevention and control
		Increase treatment success rate to 85% of new smear positive TB cases.	2. Public Awareness Promotions - Public Health 4. CD Prevention. 5. Provision of Clinical Services 6. Provision of Primary Health Care
		Bed Occupancy Rate of Psychiatric beds (Stress Beds).	5. Provisions of Clinical Services
		Increase in Number of staff trained in mental health.	9. Education and Training - Nurses
		80% of UORs are responded to within 2 weeks of dated received.	5. Provision of Clinical Services 6. Provision of Primary Health Care
		Improve waste segregation get baseline study) by 10%	5. Provision of Clinical Services 6. Provision of Primary Health Care
		TAT for bio-chemistry, haematology, serology, microbiology and pap smears improved.	5. Provision of Clinical Services 6. Provision of Primary Health Care
		General medical imaging services	5. Provision of Clinical Services

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		Increase in proportion of women screened for cervical cancer by <b>2%.</b>	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce dental carries in 12 year olds by 1%.	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce confirmed cases of Typhoid by 15% (75% over 5 years)	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce leptospirosis incidence by 10%	2. Public Awareness Promotions – Public Health. 6. Provision of Primary Health Care.
		Reduce dengue rates by 10%	2.Public Awareness Promotions – Public Health 5. Provision of Clinical Services
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		General medical imaging services	5.Provision of Clinical Services



			Management.
		75% implementation of Bio-medical Audit Report.	10. Supply of Good – Medical and Consumables and Bio-Medical Equipment and Asset Management.
		At the most 50% implementation of recommendations resulting out of the Functional Review by PSC.	1. Portfolio Leadership Policy Advice and Secretariat Support.
<b>Pillar 3: Ensuring Effective, Enlightened and Accountable Leadership</b>	<b>Gender Equality and Women Development.</b>	<p>Mainstream gender perspectives in all Ministries Strategic Plans, Corporate Plans, Business Plan and Training Plans.</p> <p>Increase in focus on Mens Health.</p> <p>Increase participation of women in key administrative and leadership riles in the MOH.</p>	<p>1. Portfolio Leadership Policy Advice and Secretariat Support.</p> <p>7. Human Resource Development</p>
<b>Pillar 4: Enhancing Public Sector Efficiency, Performance Effectiveness and Service Delivery.</b>	<b>Public Sector Reforms</b>	<p>Rezoning of selected Health Facilities</p> <p>Decentralisation of decision making processes and services to selected health facilities.</p>	1. Portfolio Leadership Policy Advice and Secretariat Support.
<b>Pillar 8: Reducing Poverty to a Negligible Level by 2015.</b>	<b>Poverty Reduction</b>	Provision of appropriate health programs in ensuring the implementation of MDGs. (More specific from key programme areas).	<p>1. Portfolio Leadership Policy Advice and Secretariat Support.</p> <p>6.Provision of Primary Health Care</p>
		Working with MoSW, line Ministries and other NGOs to coordinate poverty reduction programmes aimed at social determinants of health.	<p>1. Portfolio Leadership Policy Advice and Secretariat Support.</p> <p>6.Provision of Primary Health Care</p>

## 6. Ministry's Outputs and Performance Targets

Table 2: Output Specification and Performance

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
Output 1: Portfolio Policy Leadership Advice & Secretariat Support	1. Formulation, review and implementation of policies, programs, processes and plans	<b>Quantity</b>	Jan - Oct	N/A	≥7	Policy and Planning Division/ Executive Support Unit/
		1. Formulation of new Divisional, Sectoral and National level Strategic Plans.				
		2. Number of Cabinet Papers submitted to the Minister.	Jan-Nov	N/A	>12	
		3. Number of NHEC papers submitted at NHEC to Minister.	Jan-Oct	N/A	>25	
		4. Percentage of Policies, Programs and Processes reviewed	Jan-Sept	N/A	≥60%	
		5. Percentage of recommendations implemented as per PSC functional review of the Ministry.	Jan-Nov	N/A	≥60%	
		<b>Quality</b>				
		1. Cabinet endorses cabinet papers on the date of submission.		N/A	>90%	
		<b>Timeliness</b>				
		1. Plans and policies ready for implementation as scheduled in the Business Plan.		N/A	>90%	
		<b>Cost</b>				
		1. Completion of compilation of policies and plans within resources/budget provided.		N/A	Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
2. Strengthening of the capture of relevant, reliable and timely Health Information		<b>Full Time Equivalent Staff/Resources Utilized</b>				
		<b>Quantity</b>				
		1. Commencement of the Health Information System Strategic Plan year 1 activities	Jan-Mar	N/A	≥15	Health Information Unit
		2. Implement Govnet services to sub-divisional hospitals and priority health centers	July-Sept	N/A	≥5	
		3. Number of Meetings of the National Health Information Committee (multi-sectorial) conducted (quarterly)	Jan-Dec	N/A	4	
		4. Percentage of Public Health Information System review recommendations to be implemented to meet user requirements.	April-June	N/A	≥80%	
		<b>Quality</b>				
		1. Health Information Quality Assessment ratings score		N/A	≥75%	
		2. Percentage of staff satisfied with web-based applications		N/A	≥80%	
		<b>Timeliness</b>				
		1. Rate of availability of timely and quality health information from data collectors.		N/A	≥75%	
		2. Feedback reports to data users programs and processes as scheduled.		N/A	≥95%	
		<b>Cost</b>				
		1. Completion work within allocated resources/budget.		N/A	Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	3. Review of Selected Acts	<b>Full Time Equivalent Staffing Resources</b>				
		<b>Quantity</b> 1. Selected Acts reviewed by Ministry and submitted for endorsement by Cabinet	Jan-Nov	N/A	≥3	Policy and Planning Unit/ Executive Support Unit.
		<b>Quality</b> 1. Cabinet endorsement for selected Acts reviewed received upon first submission.		N/A	≥75%	
		<b>Timeliness</b> 1. Review of selected Acts submitted for Ministers endorsement within 6 months of initiating discussions.		N/A	≥95%	
		2. Cabinet endorsement received on the date of submission of paper.	Jan-Oct	N/A	≥95%	
	4. Support conduct of Demographic health survey	<b>Cost</b> 1. Completion of review of selected Acts with allocated resources/budget.		N/A	Within Budget	
		<b>Full Time Equivalent Staffing Resources</b>				
		<b>Quantity</b> 1. Number of staff identified for Demographic Health Survey support.	Jan-Mar	N/A	8	Health Information Unit
		<b>Quality</b> 1. Improved rate of collating data/response of survey by the Ministry.		N/A	≥95%	
		<b>Timeliness</b> 1. Collecting of data within timeframe given.		N/A	≥95%	
		<b>Cost</b> 1. Completion of work within allocated		N/A	Within Budget	





Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	2. Strengthening of Public-Private Partnership (PPP) collaboration of the Ministry with key stakeholders in promoting public health.	<b>Full Time Equivalent Staffing Resources</b>				
		<b>Quantity</b>				
		1. Number of projects/activities undertaken in collaboration with key stakeholders	Jan-Nov	N/A	>12	Public Health Unit/ESU/Policy and Planning
		2. Number of new MOU's and MOA's with the relevant stakeholders agreed for endorsement	Jan-Nov	N/A	≥15	
		3. Number of new Private Agencies identified to fund future projects in collaboration with the Ministry.	Jan-Nov	N/A	>3	
		<b>Quality</b>				
		1. Minister rates project implementation in collaboration with Private stakeholders as satisfactory or better.		N/A	90%	
		2. Private partners satisfied and more responsive to participation in Public Health promotion activities including financing of programs.		N/A	>90%	
		3. Increase in percentage of funding by private partners towards public health projects.		N/A	>5%	
		<b>Timeliness</b>				
		1. Projects undertaken as scheduled as per MOU or Implementation Plan.		N/A	>90%	
		<b>Cost</b>				
		1. Completion of public health promotion		N/A	Within	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		programs within allocated resources/budget.			Budget	
Output 3: Emergency Response Services – Medical Evacuations (local) and Blood Supply.	1. Review of Disaster and Emergency Response Plan	<b>Full Time Equivalent Staffing Resources</b>				
		<b>Quantity</b>				
		1. Completion and implementation of Ministry of Health Disaster Management Plan in accordance with National Disaster Management Plans.	Jan-Nov	N/A	≥75%	Manager Ambulance Service/ Manager Blood
		2. Development of Emergency Response strategies to include policy and guidelines for Trauma Team, Rapid response teams, National retrieval services, National Ambulance Policy, MET system and Emergency Medicine Services	Jan-Nov	N/A	≥6	Service/ Hospital Services Division/ Policy and Planning
		3. Over minimum blood stock at all times in hospitals.	Weekly/M onthly	N/A	>75%	
		4. Percentage of Appropriate safe medical evacuation of the critically ill patients		N/A	≥60%	
		<b>Quality</b>				
		1. Implementation of training/outreach program as scheduled for instruction in National Health Disaster Management.		N/A	≥8	
		2. Reduction of Mortality in Hospital due to emergencies received at Emergency facilities		N/A	≥20%	
		3. Percentage of blood lost due to inappropriate or failed storage.		N/A	<5%	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
Output 4: Communicable Disease Prevention.		<b>Timeliness</b> 1. Prompt Response to Medical Evacuation Requests within 6-8 hours.  2. Activation of Response Teams within appropriate times		N/A	≥75%	
		<b>Costs</b> 1. Work undertaken is within the budget allocated.		N/A	≥90%	
		<b>Full Time Equivalent Staffing Resources</b>		N/A	Within Budget	
	1. Strengthen the Expanded Program on Immunization (EPI) services.	<b>Quantity</b> 1. Number of policies and plans developed and implemented in relation to CD prevention.	Jan-Nov	N/A	2	National Advisor CD/Public Health Unit
		2. Introduction of new vaccines into EPI schedule.	Jan-Mar	N/A	>2	
		3. Rate of IMCI Strategy implemented in Public Health facilities.	Jan-Nov	N/A	≥90%	
		<b>Quality</b> 1. Three year average annual decrease in incidence of disease.		N/A	≥75%	
		2. Case fatality rate for each of the priority/epidemic communicable diseases.		N/A	<1%	
		<b>Timeliness</b> 1. Reports of Hospital based Active Surveillance (HBAS) within first week of new month.		N/A	≥80%	
		<b>Cost</b> 1. Completion of work program within the budget.		N/A	Within Budget	
<b>Full Time Equivalent Staffing Resources</b>						



Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	2. Strengthen and Expand selected communicable disease programs	<b>Quantity</b>				
		1. Number of programs targeting Leptospirosis, Dengue fever, Typhoid fever, Influenza, Cholera.	Jan-Nov	N/A	≥12	National Advisor
		2. Percentage of HIV positive antenatal mothers covered with ARV prophylaxis	Mar-Nov	N/A	≥95%	CD/Public Health Unit
		3. Review communicable disease surveillance initiatives conducted.	July-Sept	N/A	>4	
		4. Percentage of appropriate Clinical identification and laboratory detection of communicable disease.		N/A	≥75%	
		<b>Quality</b>				
		1. Reduction in case fatality rate for each of the epidemic Communicable disease.		N/A	<1%	
		2. Reduction in rate of Multiple Resistance Organism and Nosocomial infection rates in Intensive Care Units.		N/A	<10%	
		<b>Timeliness</b>				
		1. Implementation of disease outbreak control activities within 48 hours of public health warning		N/A	≥80%	
		<b>Cost</b>				
		1. Completion of work program within the budget allocated. <i>Full Time Equivalent Staffing Resources</i>		N/A	Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	3. Strengthen public health (Mataika House) services.	<b>Quantity</b> 1. Formulation of a Development Plan.	Jan-Mar	N/A	≥75%	National Advisor CD/Family Health/ Public Health Unit
		<b>Quality</b> 1. Development Plan endorsed by NHEC and Minister.		N/A	≥95%	
		<b>Timeliness</b> 1. Implementation of activities in the development plan as scheduled		N/A	≥95%	
		<b>Cost</b> 1. Completion of work program within the budget allocated. <b>Full Time Equivalent Staffing Resources</b>		N/A	Within Budget	
	4. Develop action plan on STI/HIV.	<b>Quantity</b> 1. STI/HIV National Strategic Plan (2012-2015) developed and ready for implementation.	Jan-Mar	N/A	1	National Advisor CD/Family Health/ Public Health Unit
		2. Percentage of priority areas identified for implementation in 2012.	Mar-Nov	N/A	≥60%	
		3. Reduction of STI amongst antenatal women (Secondary Generation Surveillance).	Mar-Nov	N/A	>95%	
		4. Increase of patients eligible and compliant to Anti retroviral treatment.		N/A	>75%	
		<b>Quality</b> 1. Minister endorses STI/HIV action plans for implementation.		N/A	≥95%	
		2. Cabinet endorses implementation of STI/HIV		N/A	≥95%	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		NSP 2012-2015.  <b>Timeliness</b> 1. Action Plans implemented as scheduled.  <b>Cost</b> 1. Completion of work program within the budget allocated.  <i>Full Time Equivalent Staffing Resources</i>		N/A  N/A	≥90%  Within Budget	
	5. Improve High Quality Tuberculosis Dots in all provinces – case detection and high treatment success.	<b>Quantity</b> 1. Implement and monitor National TB Strategic Plan 2011-2015 activities. 2. Implement and Monitor National TB program Review recommendations 2011. 3. Proportion of new smear positive patients provided with DOT by the community according to national guidelines.  <b>Quality</b> 1. Percentage of new smear positive TB patients successfully treated.  <b>Timeliness</b> 1. Action Plans implemented as scheduled.  <b>Cost</b> 1. Completion of work program within the budget allocated.  <i>Full Time Equivalent Staffing Resources</i>	Jan-Nov  Jan-June  July-Sept	N/A  N/A  N/A  N/A  N/A  N/A	>60%  >50%  >10%  ≥80%  ≥90%  Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
Output 5: Provision of Clinical Services.	1. Strengthen clinical services and continuum of care	<b>Quantity</b> 1. Formulation of a Standard Admission and Discharge Plan Policy and Standard Operating Procedures specific to all health facilities.	Jan-June	N/A	>5	Hospital Services Division
		2. Implementation of strategies derived from quarterly Clinical Services Network meetings.	Jan-Nov	N/A	>50%	
		3. Patient Satisfaction Survey (PSS) for Inpatient and Outpatient conducted.	Jan-Nov	N/A	>3	
		4. Continuous provision of routine and specific of laboratory investigations.	Jan-Nov	N/A	>80%	
		5. Number of facilities per division implementing the Service Excellence Award Framework	Jan-Oct	N/A	≥3	
		<b>Quality</b> 1. Development of appropriate appointment-triage specific consultant specific clinical specialist clinics	Jan-Nov	N/A	>80%	
		2. Decrease in re-admission rates, ALOS, bed occupancy rate, throughput rates specific to health facility.	Jan-Nov	N/A	<30%	
		3. Standardize mortality rate in non-ICU admissions and ICU admission	Jan-Nov	N/A	<45%	
		4. Audit completed of existing Clinical Practice Guideline's/Standard Treatment Guidelines without any major faults.	Jan-Nov	N/A	>95%	
		5. Root Cause Analysis conducted for sentinel events	Jan-Nov	N/A	>95%	



Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>6. Patients satisfied by clinical services provided by hospitals as captured by PSS.</p> <p>7. Availability of reagent stocks for specific and routine laboratory testing</p> <p>8. Percentage of senior managers that have attended awareness programs on Service Excellence Award Framework</p> <p><b>Timeliness</b></p> <p>1. Category III-IV patients in all health facilities examined and processed within 2-4 hrs.</p> <p>2. Histopathology reports available within a week.</p> <p>3. Decrease in rate of waiting time for Special Radiological interventions and procedures.</p> <p>4. UOR/incident report investigated and responded to within 2 weeks.</p> <p>5. Increase in rate of accessibility to dental prosthetic services and reducing waiting time.</p> <p><b>Cost</b></p> <p>1. Completion of work program within the budget allocated.</p> <p><b>Full Time Equivalent Staffing Resources</b></p> <p><b>Quantity</b></p> <p>1. Number of outreach programs assisted or conducted by divisions.</p>	<p><b>Monthly</b></p> <p><b>Monthly</b></p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>&gt;70%</p> <p>&gt;75%</p> <p>≥95%</p> <p>&gt;75%</p> <p>&gt;75%</p> <p>&gt;75%</p> <p>&gt;75%</p> <p>&gt;75%</p> <p>Within Budget</p>	
	2. Strengthen outreach programs		Jan-Nov	N/A	≥3	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>2. Number people treated as an outcome of the outreach program</p> <p><b>Quality</b></p> <p>1. Participants satisfied on content of outreach program as per evaluation undertaken in the following categories</p> <p>Disease specific intervention</p> <p>Accessibility to specialist services</p> <p>Impact on Public Health outcomes</p> <p>Referral capabilities</p> <p>Level of professionalism</p> <p><b>Timeliness</b></p> <p>1. Outreach visit and surveys undertaken as scheduled.</p> <p><b>Cost</b></p> <p>1. Completion of work program within budget/resources allocated.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>	Jan-Nov	N/A	<p>≥65%</p> <p>&gt;95%</p> <p>N/A</p> <p>N/A</p> <p>&gt;90%</p> <p>Within Budget</p>	
	3. Strengthen quality improvement and risk management	<p><b>Quantity</b></p> <p>1. Consolidation and implementation of recommendations as per the Risk Management Action Plan (RMAP) 2012.</p> <p>2. Percentage of UOR closed.</p> <p>3. Percentage of root cause analysis recommendations implemented.</p> <p>4. Number of recommendations from PSS fully</p>	<p>Jan-Nov</p> <p>Monthly</p> <p>Monthly</p> <p>Jan-Nov</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥50%</p> <p>&gt;50%</p> <p>&gt;50%</p> <p>&gt;80%</p>	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		implemented.  <b>Quality</b> 1. Rate of Compliance of existing CPG's/STG without any major faults after audit.  <b>Timeliness</b> 1. RMAP Activities implemented as scheduled. 2. Clients satisfied with the quality improvements and risk management in clinical services  <b>Cost</b> 1. Completion of work program within the within budget.  <i>Full Time Equivalent Staffing Resources</i>		N/A  N/A N/A  N/A	>95%  ≥50% >90%  Within Budget	
	4. Strengthen health care waste management	<b>Quantity</b> 1. Formulation of waste management policy  <b>Quality</b> 1. Waste management in hospitals improved by 80%  <b>Timeliness</b> 1. Disposal of waste appropriately within 2 days of reporting to appropriate authorities.  <b>Cost</b> 1. Completion of work program within the budget allocated.  <i>Full Time Equivalent Staffing Resources</i>	Jan-June  June-Nov	N/A  N/A  N/A  N/A	≥75%  ≥80%  ≥80%  Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division	
Output 6: Provision of Primary Health Care.	1. Continue and strengthen child health primary care initiatives	<b>Quantity</b> 1. Number of outreach programs/training/workshops conducted.	Jan-Nov	N/A	>20	Public Health Division	
		2. Percentage of facilities adopting Length Board tool monitoring child growth.	Jan-Mar	N/A	>80%		
		3. Percentage of 12 year olds made dentally fit (baseline 2011)	Jan-Nov	N/A	1%		
		<b>Quality</b> 1. Minister's rates satisfactory or better of the outreach programs conducted.		N/A	≥80%		
		<b>Timeliness</b> 1. All outreach programs completed as scheduled in calendar.		N/A	≥80%		
		<b>Cost</b> 1. Completion of work program within the budget/resources allocated.		N/A	Within Budget		
		<i>Full Time Equivalent Staffing Resources</i>					
		<b>Quantity</b> 1. Number of programs targeted at adolescent health development.	Jan-Nov	N/A	>3		
		2. Number of programs conducted in collaboration with Ministry of Education	Jan-Nov	N/A	>10		
		<b>Quality</b> 1. Clients rate initiatives as satisfactory or better.		N/A	>80%		



Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>1. All programs/initiatives conducted as scheduled.</p> <p>2. All outcomes of programs/initiatives documents are reported to Senior Management on a monthly basis</p> <p><b>Cost</b></p> <p>1. Completion of work program within the within budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>		N/A	>70%	
				N/A	≥75%	
				N/A	Within Budget	
	3. Continue and strengthen oral health primary care initiatives.	<p><b>Quantity</b></p> <p>1. Number of outreach programs conducted.</p> <p>2. Monitoring of fluoride levels at Wailoku Water Treatment Plant</p> <p><b>Quality</b></p> <p>1. Clients who rate initiatives as satisfactory or better as per Customer Satisfaction Survey.</p> <p><b>Timeliness</b></p> <p>1. All programs/initiatives conducted as scheduled.</p> <p>2. All outcomes of programs/initiatives documented and reported to Senior Management within 2 weeks.</p> <p><b>Cost</b></p> <p>1. Completion of work program within the budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>	Jan-Nov	N/A	≥25	Public Health Division
			Jan-Nov	N/A	3	
				N/A	≥50%	
				N/A	≥90%	
				N/A	≥70%	
				N/A	Within Budget	
	4. Continue and strengthen	<p><b>Quantity</b></p> <p>1. Number of program aimed at improving</p>	Jan-Nov	N/A	>9	Public Health

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	nutritional primary care initiatives.	<p>nutrition.</p> <p>2. Number of Public Private Partnership (PPP) consultations in improving food standards</p> <p><b>Quality</b></p> <p>1. PPP responsive rate to MoH proposals in improving food standards.</p> <p>2. Key stakeholders rate initiatives as satisfactory or better.</p> <p><b>Timeliness</b></p> <p>1. All programs/initiatives conducted as scheduled.</p> <p>2. All outcomes of programs/initiatives documented and submitted to Senior Management within 2 weeks.</p> <p><b>Cost</b></p> <p>1. Completion of work program within the within budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>	Jan-Nov	N/A	>4	Division
				N/A	>80%	
				N/A	>80%	
				N/A	≥80%	
				N/A	≥80%	
				N/A	Within Budget	
	5. Continue and strengthen community/village health worker program	<p><b>Quantity</b></p> <p>1. Number of supervisory visits</p> <p>2. Ratio of trained community/village health worker as per standard training manual.</p> <p>3. Increase in rate of participation of community health workers.</p> <p>4. Increase in rate of participation of key</p>	Jan-Nov	N/A	>140	Public Health Division
			Jan-Nov	N/A	≥50%	
			Jan-Nov	N/A	≥80%	
			Jan-Nov	N/A	≥50%	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>stakeholders in programs conducted</p> <p><b>Quality</b></p> <ol style="list-style-type: none"> <li>1. Clients more responsive to the supervisory visits and training programs.</li> <li>2. Minister satisfied with outcome of programs.</li> </ol> <p><b>Timeliness</b></p> <ol style="list-style-type: none"> <li>1. All programs/initiatives conducted as scheduled.</li> <li>2. All outcomes of programs/initiatives documents and submitted to Senior Management for discussions within 2 weeks.</li> </ol> <p><b>Cost</b></p> <ol style="list-style-type: none"> <li>1. Completion of work program within the within budget.</li> </ol> <p><i>Full Time Equivalent Staffing Resources</i></p>		<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥50%</p> <p>≥95%</p> <p>&gt;80%</p> <p>&gt;80%</p> <p>Within Budget</p>	
	6. Manage environmental risks and primary care initiatives.	<p><b>Quantity</b></p> <ol style="list-style-type: none"> <li>1. Number of environmental health risks programs conducted in divisions.</li> <li>2. Number of projects aligned to improvement in water and sanitation.</li> <li>3. Percentage of communities targeted to improve on water and sanitation</li> </ol> <p><b>Quality</b></p>	<p>Jan-Nov</p> <p>Jan-Nov</p> <p>Jan-Nov</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥4</p> <p>&gt;50%</p> <p>&gt;50%</p>	Public Health Division





Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>adopting the new FNQF in their existing MQR for tertiary and vocational training.</p> <p><b>Timeliness</b></p> <p>1. Training plans and priorities ready for implementation as scheduled</p> <p><b>Cost</b></p> <p>1. Completion of work program within the budget allocated.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>		<p>N/A</p> <p>N/A</p>	<p>≥95%</p> <p>Within Budget</p>	
	2. Strengthen and support the training and institutional strengthening initiatives that target Millennium Development Goal's (MDG's) 4, 5 and 6.	<p><b>Quantity</b></p> <p>1. Number of trainings earmarked locally and overseas in areas targeting MDG's 4, 5 and 6.</p> <p>2. Number of attachments/secondments to World Health Organisation and/or other Health organisations in areas/departments aligned to MDG's.</p> <p>3. Percentage of local and overseas workshops attended to targeting MDG's 4, 5 and 6.</p> <p><b>Quality</b></p> <p>1. Minister endorses Ministry's initiatives towards achieving MDG's 4, 5 and 6.</p> <p><b>Timeliness</b></p> <p>1. All programs/workshops/seminars attended to as scheduled per quarter.</p> <p>2. All outcomes of programs/workshops/seminars reported to</p>	<p>Jan-Mar</p> <p>Jan-Nov</p> <p>Jan-Nov</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥25</p> <p>≥5</p> <p>≥50%</p> <p>≥95%</p> <p>≥80%</p> <p>≥80%</p>	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		Senior Management within 2 weeks.  <b>Cost</b> 1. Completion of work program within the budget allocated. <b>Full Time Equivalent Staffing Resources</b>		N/A	Within Budget	
	3. Formulation of a Scope of Practice for Nursing Cadre	<b>Quantity</b> 1. Scope of Practice for registered Nurses and mid-wife's developed 2. Scope of Practice for registered nurse practitioners reviewed. 3. Percentage of action plans implemented as per the above (1 & 2). <b>Quality</b> 1. Fiji Nursing Council rates outcome of review and development of Scope of Practice as satisfactory or better. <b>Timeliness</b> 1. Scope of Practice developed as scheduled 2. Review of Scope of Practice for registered nurses as scheduled <b>Cost</b> 1. Completion of work program within the within budget. <b>Full Time Equivalent Staffing Resources</b>	Jan-June  Jan-Mar  Jan-Nov	N/A N/A N/A N/A N/A N/A N/A	1 1 20%≤ ≥90% ≥75% ≥85% Within Budget	Nursing Division / HR Division
	4. Strengthen needs based In-Service Training.	<b>Quantity</b> 1. Number of areas identified through Training Needs Analysis (TNA) for In-Service training.	Jan-Mar	N/A	≥10	HR/Training

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>2. Number of recommendations implemented as an outcome of training reports submitted.</p> <p><b>Quality</b></p> <p>1. Client/Staff satisfied with training materials/content and reporting template.</p> <p>2. Success rate of completion of training/studies in line with TNA.</p> <p><b>Timeliness</b></p> <p>1. Training Needs Analysis for 2012 conducted and completed as scheduled</p> <p>2. All In-Service training implemented as per 2012 Training Plan.</p> <p>3. All reports submitted as per standard template 2 weeks upon return.</p> <p><b>Cost</b></p> <p>1. Completion of work program within the budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p> <p><b>Quantity</b></p> <p>1. Number of training on gender mainstreaming conducted.</p> <p>2. Awareness/Promotion on Equal Employment Opportunities circular conducted.</p> <p><b>Quality</b></p> <p>1. Client rates content of training/promotion/awareness as satisfactory.</p>	Jan-Nov	N/A  N/A  N/A  N/A  N/A  N/A	≥50%  ≥95%  ≥90%  ≥90%  ≥90%  Within Budget	
	5. Strengthen gender mainstreaming training.		Jan-Nov  Jan-Nov	N/A  N/A	2  4  ≥95%	Human Resources Division

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>2. Rate of Non –compliance/adherence to Equal Employment Opportunities Circular.</p> <p><b>Timeliness</b></p> <p>1. All training/promotion/awareness conducted as per training calendar.</p> <p>2. Quarterly report submitted to management within a week of the following quarter.</p> <p><b>Cost</b></p> <p>1. Completion of work program within the budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>		<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>&lt;5%</p> <p>≥95%</p> <p>≥95%</p> <p>Within Budget</p>	
	7. Strengthening HRM	<p><b>Quantity</b></p> <p>1. Number/Percentage of strategies identified in Strategic Workforce and Succession plan implemented.</p> <p><b>Quality</b></p> <p>1. Maintain doctor and nurse ratio to patient appropriate.</p> <p>2. Improve rate of retention of doctors and nurses.</p> <p>3. Rate of adherence to the new General Orders (GO) 2011.</p> <p><b>Timeliness</b></p> <p>1. Strategies recommended are implemented as scheduled.</p>	Jan-Nov	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥50%</p> <p>≥80%</p> <p>≥80%</p> <p>≥90%</p> <p>≥90%</p>	Human Resources Division



Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<b>Cost</b> 1. Completion of work program within the within budget <b>Full Time Equivalent Staffing Resources</b>		N/A	Within Budget	
Output 8: NCD Prevention and Control	1. Strengthen prevention of diabetes, hypertension and other NCD's	<b>Quantity</b> 1. NCD toolkit manual training conducted. 2. Echocardiogram training conducted 3. Formulation of at least 2 Policy brief relating to RHD and VIA developed.	Jan-Dec	N/A	≤4	NANCD Unit
		<b>Quality</b> 1. Clients rate NCD training as satisfactory or better. 2. Minister's rates policy papers/briefing as satisfactory or better.	Jan-Dec	N/A	≤4	
		<b>Timeliness</b> 1. Training conducted and policy briefing submitted in accordance with scheduled timetable	Jan-Nov	N/A	≥80%	
		<b>Cost</b> 1. Completion of programme within the budget		N/A	≥80%	
		<b>Full Time Equivalent Staffing Resources</b>		N/A	100%	
				N/A	Within Budget	
				N/A	Within Budget	

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
	2. Upgrade SOPD facilities and standard treatment guidelines to improve management of NCDs	<b>QUANTITY</b> 1. SOPD facilities standardized. 2. HUB/SOPD Practice guidelines produced..	Jan-Nov Jan-June	N/A N/A	1 4	NANCD Unit
		<b>QUALITY</b> 1. Client's rate facilities satisfactory through Client Satisfactory Survey.		N/A	≥90%	
		<b>TIMELINESS</b> 1. Facilities, guidelines are upgraded and produced in the scheduled timetable		N/A	≥90%	
		<b>COST</b> 1. Guidelines and facility upgrade within budget.		N/A	Within Budget	
		<b>Full Time Equivalent Staffing Resources</b>				
		<b>Quantity</b> 1. Number of counseling sessions provided in each Senior Citizens' home per year	Jan-Nov	N/A	≥4	
		2. Number of medical visits to each Senior Citizens' Home per year	Jan-Nov	N/A	12	
		3. Standard of care for Senior Citizens' Home developed.	Jan-Nov	N/A	1	
		<b>Quality</b> 1. Adherence rate to standard of care by all senior citizens home care facilities.		N/A	≥90%	
Output 9: Hospice Services – Accommodation and Assistance for the Elderly.	1. Support implementation of elderly care policy.					DMO

		<p><b>Timeliness</b></p> <p>1. Meals are served within 15 minutes of scheduled timetable.</p> <p>2. Urgent care/needs provided within 20 mins of notification.</p> <p><b>Cost</b></p> <p>1. Completion of work programme within the within budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥90%</p> <p>≥75%</p> <p>Within Budget</p>	
Output 10: Supply of Goods, Supplies and Asset Management – Medical Drugs, Consumables and Bio-medical Equipment and Asset Management	1. Strengthening Inventory and Supply Chain Management.	<p><b>Quantity</b></p> <p>1. Short &amp; Mid - Term recommendations implemented from bio-medical audit report.</p> <p>2. Short Term Advisor (STA) recommendations on procurement implemented.</p> <p>3. Number or proportion of health facilities (DH, SDH, HC-A) reporting no stock out with critical consumables and vital medicines at selected period of time.</p> <p>4. Ratio of product losses by value due to expired pharmaceuticals per value received.</p> <p><b>Quality</b></p> <p>1. Selected health facilities rate supply of medicines and consumables as satisfactory or better in the customer survey.</p> <p><b>Timeliness</b></p> <p>1. Supply turnaround time achieved as per</p>	<p>Jan-Nov</p> <p>Jan-Nov</p> <p>Monthly/Bi monthly/Q uarterly</p> <p>Monthly</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥60%</p> <p>≥60%</p> <p>≥60%</p> <p>≤5%</p> <p>≥70%</p> <p>≥60%</p>	<p>Fiji Pharmaceutical and Bio-Medical Supplies.</p>

Output	Strategies	Key Performance Indicators (KPI's)	Time Frame	2011 Actual	2012 Targets	Responsible Division
		<p>schedule.</p> <p>2. All planned procurement received at FPBS as scheduled</p> <p><b>Cost</b></p> <p>1. Completion of procurement and supply management within the allocated budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>		<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>≥60%</p> <p>≥90%</p> <p><b>Within Budget</b></p>	
	2. Develop Asset Database and Maintenance Plan.	<p><b>Quantity</b></p> <p>1. Basic electronic asset database developed for MOH.</p> <p>2. Infrastructure prioritized maintenance plan developed.</p> <p>3. Commencement of implementation of prioritized Infrastructure Maintenance Plan by March, 2012.</p> <p><b>Quality</b></p> <p>1. Percentage of facilities attaining completion of project certificate.</p> <p><b>Timeliness</b></p> <p>1. Electronic asset database launched as scheduled</p> <p>2. Completion of the maintenance projects according to the priority listing as scheduled</p> <p><b>Cost</b></p> <p>1. Completion of work program within the allocated budget.</p> <p><b>Full Time Equivalent Staffing Resources</b></p>	<p>Jan-Nov</p> <p>Jan-Nov</p> <p>Sept-Dec</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>60%</p> <p>1</p> <p>1</p> <p>≥80%</p> <p>≥60%</p> <p>≥60%</p> <p><b>Within Budget</b></p>	<p>Asset Management Unit.</p>



## 7. PSC Deliverables and Indicators

Table 3: PSC Deliverables and Indicators

PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
<b>Platform 1: Human Resources Management and Development</b>				
Effective Human Resource Planning and Development	Formulation, implementation, monitoring and review of: <ul style="list-style-type: none"> <li>Strategic Workforce Plan</li> <li>Succession Plan</li> <li>Learning &amp; Development Plan</li> </ul>	Alignment of Organisational and People Objectives	31 <sup>st</sup> March 2012	Human Resources & Policy Planning Unit
Training and NTPC Levy Grant Compliance	Payroll updates for NTPC Levy Payment	TPAF levy and grant refund increased by 80% from the 2011 return	<ul style="list-style-type: none"> <li>1<sup>st</sup> Levy submission by 15<sup>th</sup> January</li> <li>2<sup>nd</sup> Levy Submission by 15<sup>th</sup> July</li> <li>Training Plans by 31<sup>st</sup> January</li> <li>Training Policy by 31<sup>st</sup> March</li> <li>TNS 2 weeks before the conduct of training</li> <li>Transfer Evaluation for officers 3 months after each training</li> </ul>	Training/Accounts
Compliance with PSC HR Policies	Administration of Disciplinary Cases	Effective disposal of disciplinary cases	Cases closed within 3 months	Human Resources Unit
	Administration of Recruitment and Selection Procedures	Appointments/ Promotions made to substantive vacancies	Vacancies filled within 3 months	Post Processing Unit
	Implementation of PMS – formulation, implementation, monitoring and review of work plans [BP's, PD's and IWP's]	Performance Review	<ul style="list-style-type: none"> <li>Work Plans implemented by 1<sup>st</sup> January</li> <li>Plans reviewed every quarter</li> </ul>	Post Processing Unit/HR/Policy and Planning
<b>Platform2: Organisational Management</b>				
Effective Planning and Accountability Framework Compliance	Formulation, implementation, monitoring and reviewing of: <ul style="list-style-type: none"> <li>Strategic Development Plan</li> <li>Annual Corporate Plan</li> <li>PSC Deliverables Report</li> <li>Agency 2011 Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>SDP 2011 – 2014 aligned to the broad outcomes of Government</li> <li>Alignment and achievement of long, medium and short term goals</li> <li>2011 goals achieved</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of ACP from 1<sup>st</sup> January of 2012</li> <li>Reviewed quarterly against the SDP</li> <li>2013 ACP draft by October 2012</li> <li>PSC Deliverables report 1<sup>st</sup> week of new quarter</li> <li>Annual Report by 28<sup>th</sup> February 2012</li> </ul>	Policy and Planning
PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
<b>Platform2: Organisational Management</b>				
Control of Staff Establishment	Compilation of: <ul style="list-style-type: none"> <li>Person to Post return</li> <li>Vacancies Return</li> <li>Government Bodies Membership Updates</li> <li>Civil List updates</li> </ul>	Effective coordination, monitoring and control of Government's staff establishment	<ul style="list-style-type: none"> <li>P2P 7<sup>th</sup> of every month</li> <li>Returns 7<sup>th</sup> of every new quarter</li> <li>Updates by 31<sup>st</sup> December</li> </ul>	Post Processing Unit

Re-organised & Sustainable Structural Changes	Freeze of positions identified through 10% reduction exercise and redeployment of staff	Rightsizing of the Civil Service	31 <sup>st</sup> December	Human Resources Division
Compliance with National Records Management Policy	<ul style="list-style-type: none"> <li>• Compilation of Records Report</li> <li>• Conduction of Records Survey</li> </ul>	Ensuring the proper creation, maintenance, use and disposal of records to achieve efficient, transparent and accountable governance.	<ul style="list-style-type: none"> <li>• Records Report by 30<sup>th</sup> June</li> <li>• Records Survey Report by 31<sup>st</sup> December</li> </ul>	Asset Management Unit
Strengthening of International Relations and compliance with International Conventions	<ul style="list-style-type: none"> <li>• Submission of Agency reports to relevant parties</li> </ul>	Honour MOUs and Trade Agreements, International Conventions and maintain Diplomatic Relations	<ul style="list-style-type: none"> <li>• Reports received on the 2<sup>nd</sup> week of each quarter</li> </ul>	Policy and Planning Unit/ESU
<b>Platform3: Productivity Management</b>				
Implementation of the Service Excellence Framework	<ul style="list-style-type: none"> <li>• Submission of Agency Desktop to SEA Secretariat</li> <li>• Release of for SEA Evaluation Process</li> <li>• Implementation of Opportunities for Improvement from 2011 Agency Feedback Report</li> </ul>	Advancing towards best organisations through quality and excellence	<ul style="list-style-type: none"> <li>• Desktop submission by 30<sup>th</sup> April 2012</li> <li>• Evaluators released according to agency quota</li> <li>• 30% of OFIs from Feedback Report attempted</li> </ul>	Policy and Planning Division.
Adherence to Service Charters	Formulation, implementation, monitoring and reviewing of Agency Service Charter	Improved service delivery against service standards as in Charter Reduction in customer complaints turn-around time	<ul style="list-style-type: none"> <li>• Service Charters formulated and implemented by 31<sup>st</sup> March</li> </ul>	Human Resources Division
Business Process Re-engineering	Documentation and review of business process	Consistent, high quality and cost effective services for customer satisfaction	Documentation of processes by 31 <sup>st</sup> March	Human Resources Division & Policy and Planning Unit
Adherence to Service Level Agreements with ITC / GIRC	Appointment of primary and secondary focal point	Strengthening of GIRC focal points and SLA compliance	By 31 <sup>st</sup> March 2012	Health Information Unit (IT Division)
Increased network with the Ministry of Information on the use of media	Establishment of media liaising process Establishment of Website / PR Committee	Updated Agency websites Information Education Communication (IEC) publications and materials	Updates and publications on 1 <sup>st</sup> week of each month	Health Information Unit (IT Division)

## 8. Capital Projects for the Year (2012)

Table 4 – Capital Projects/ Items

SEG	Projects/Items	Cost
8- Capital Construction	Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	\$3,000,000
	Urban and Rural Laboratories	\$1,000,000
	Maintenance of Health Centres & Nurses Stations	\$1,000,000
	Nayavu Nursing Station Upgrading Project Phase 2 - (New Project)	\$270,000
	Cikobia Nursing Station - (New Project)	\$170,000
	Bagasau Nursing Station Upgrade - (New Project)	\$170,000
	Tonia Nursing Station Upgrade - (New Project)	\$170,000
	Korovisilou Health Centre - (New Project)	\$170,000
	Namumua Health Centre - (New Project)	\$170,000
	<b>Seg 8 TOTAL</b>	<b>\$6,120,000</b>
9- Capital Purchases	IT Purchase	\$200,000
	Purchase of Equipment for Urban Hospitals	\$500,000
	Purchase of 2 Lifts - Lautoka Hospital (New Project)	\$646,430
	Five New Ambulances (New Project)	\$250,000
	Dental Equipment for Urban Hospitals	\$200,000
	Bio-Medical Equipment - Urban Hospitals	\$1,530,000
	Magnetic Resonance Imaging (MRI) Scan	\$1,350,000
	Incinerator - Lautoka/Labasa Hospitals	\$420,000
	Equipment for Health Centres and Nursing Stations	\$100,000
	Dental Equipment for Subdivisional Hospitals	\$300,000
	Bio-Medical Equipment for Sub-divisional Hospitals	\$300,000
	<b>Seg 9 TOTAL</b>	<b>\$5,796,430</b>
	<b>GRAND TOTAL</b>	<b>\$11,916,430</b>



## 9. Ministry of Finance Deliverables and Indicators

Table 5: Ministry of Finance (MOF) Deliverables and Indicators

MOF Deliverables	Strategies	Key Performance Indicators (KPI)	Timeline	Responsible Division
Planning & Management of Budget Compliance	Budget Request Formulation	Budget Request Submission	2 <sup>nd</sup> Quarter	Accounts Division/Policy and Planning Unit/All Heads of Departments
	Requests to Incur Expenditures (RIE)	Timely/ Efficient Management of RIE	As and when before closing of accounts in Finance Circular	Accounts Division
Financial Performance Reporting Compliance	Bank TMA Trust RFA Salaries Wages IDC CFA Analysis	Monthly reconciliation	15 <sup>th</sup> of every month	Accounts Division
Agency Revenue/ Arrears Report	Collection of Revenue	Monthly Revenue Returns	15 <sup>th</sup> of every month	Accounts Division
	Collection of Arrears	Reduction by 5%	15 <sup>th</sup> of every month	Accounts Division
Asset Management Report	Annual Stock take/Board of Survey	Physical Stock take Against Inventory	31 January	Asset Management Unit
	Vehicle Returns	Monthly Vehicle Returns	5 <sup>th</sup> of every month	Transport Unit
Audit Report	Implementation of Audit Report Recommendations	Number of Issues Resolved	31 December	Accounts/Internal Audit Unit
Procurement Compliance Report	Quarterly Reports to PS's and Ministers	FIs: Division 2 & 3 Part 12 Division 1 Section 68	2 <sup>nd</sup> week after every quarter	AMU/FPBS



## 10. Donor Coordination Matrix - 2012

Table 6: Aid in Kind/Budget Funding

Donor	Programme	Aid-in-Kind
AusAid	Fiji Health Sector Support Program	\$9,200,500
AusAid	FSM	\$2,576,140
China	Relocation & Construction of New Navua Hospital	\$7,800,000
NZAID	Medical Treatment Scheme	\$440,205
NZAID	Water Reservoir Labasa Hospital	\$704,329
NZAID	Construction of New Nacavanadi Nursing Station	\$1,173,881
JICA	Strengthening Immunisation Program-Pacific Region	\$718,270
JICA	Filariasis Elimination Campaign	\$455,207
JICA	In-service Training - Community Health Nurses	\$1,684,264
JICA	Volunteer Scheme	\$364,165
UNFPA	Demographic Health Survey	\$174,764
UNFPA	Reproductive Health Programme	\$101,363
SPC	Technical Training Activities	\$300,000
ILO	Technical Assistance for HIV AIDS (Regional)	\$11,939
	Fiji Component	
<b>Donor</b>	<b>Programme</b>	<b>Budget Contribution</b>
UNICEF	Child Protection Programme	\$12,900
UNICEF	Health and Sanitation	\$172,000
UNICEF	HIV and AIDS	\$258,000
UNFPA	Reproductive Health Programme	\$772,457
UNFPA	Demographic Health Survey	\$699,056
SPC	Non Communicable Disease	\$368,121
SPC	Response funds for HIV/AIDS	\$957,114
Global Fund	Assistance for Malaria and TB	\$3,232,725

## 11. 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, they may do so.

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

Key Pillars – refers to the respective Key Pillars for rebuilding Fiji as documented in the Peoples Charter for Change, Peace and Progress that the Ministry of Health needs to work towards.

Outcome(s) – impact/end result/effect on the community from the goods and services delivered by agencies.

Output(s) – services and goods provided to clients/customers external to the agency.

Strategies – The means/approach of working towards and achieving your outputs.

Key Performance Indicators/measures – as assessment of characteristics of performance that illustrate that an agency has delivered its outputs. These measures relate to quantity, quality, timeliness and costs.

Time Frame – the period within which the output needs to be delivered.

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