



# Ministry of Health

*Shaping Fiji's Health*

Annual Corporate Plan

# 2014

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## Abbreviations

A&E	Accident and Emergency
ALOS	Average Length of Stay
ARV	Anti Retroviral
C/E	Central/Eastern
CBA	Child Bearing Age
CD	Communicable Disease
CDN	Chief Dietetics and Nutrition
CP	Chief Pharmacist
CPG	Clinical Practice Guidelines
DHIRA	Director Health Information Research and Analysis
DHR	Director Human Resources
DMO	Divisional Medical Officer
DNS	Director Nursing Services
DOTS	Directly Observe Treatment Short Course
DPPDU	Director Planning and Policy Development Unit
DSAF	Deputy Secretary Administration and Finance
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary for Public Health
ESU	Executive Support Unit
GOPD	General Outpatient Department
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
M (IT)	Manager Information Technology
MDG	Millennium Development Goal
MET	Metabolic Equivalent of Task
MLO	Media Liaison Officer
MNFNC	Manager National Food and Nutrition Centre
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MQR	Minimum Qualification Requirement
MS	Medical Superintendent
NA BS	National Administrator Blood Services
NA ES	National Administrator Emergency Services
NCD	Non Communicable Diseases
NCD	Non Communicable Diseases
NHEC	National Health Executive Committee
PAO	Principal Accounts Officer
PAS (HP)	Principal Admin Secretary Health Planning
PAS AMU	Principal Admin Secretary Asset Management Unit
PAS HSS	Principal Admin Secretary Health Systems Standard
PAS P	Principal Admin Secretary Personnel
PAS PPU	Principal Admin Secretary Post Processing Unit
PAS Reg	Principal Admin Secretary Registration
PPP	Public Private Partnership
PSS	Patient Satisfactory Systems
RHD	Rheumatic Heart Diseases
SAS (T)	Senior Admin Secretary Training
STA	Short Term Adviser
STG	Standard Treatment Guidelines
STI	Sexual Transmitted Infection
TAT	Thematic Apperception Test
UOR	Unusual Occurrence Report
VIA	Visual Inspection of Cervix using Acetic Acid

## 1. Minister's Foreword



The development of the 2014 Annual Corporate Plan, whilst guided by the Roadmap for Democracy and Sustainable Socio-Economic Development (RDSEED), reflects the Ministry's strong effort of strengthening systematic process of evidence based planning and monitoring and evaluation to ensure effective and efficient use of government resources.

The Ministry of Health, whilst realizing enormous investment has been made in programmatic solutions, a strong effort was placed in 2013 with a theme of improving monitoring and evaluation of health programs to better understand the impact of our investment on overall health outcomes and identify issues and challenges that were hindering the Ministry of achieving its objectives.

In 2013, the Mid Term Review of the Ministry of Health's National Strategic Plan 2011-2015 and the evaluation of strategies and key performance indicators highlighted a number of issues and challenges that now forms the platform of the 2014 ACP. The major issues include an increase in maternal mortality rates, slow progress in achieving international targets for Under 5 mortality rate, immunization rate hovering around 95% and lack of multi-sectoral approach in addressing social determinants of health.

Despite the challenges, the social health insurance report in 2013 undertaken in collaboration with the World Health Organization recognized that in terms of Health outcomes, Fiji's health system was a good performer. Fiji like other countries, despite the challenge of resource constraints still prioritizes equity (justice and fairness), risk protection and access of health services for the poorest of our citizen.

Some major priorities for 2014 would include:

1. Investing in a robust health information system to ensure measuring performance on MDG's 4, 5 and 6 and supporting other non-health MDG's.
2. Policy direction that reflects a multi-sectoral approach, "Health in All Policies", to improving health of the overall population.
3. Costing of health facilities in addressing operational efficiency issues as identified in the Social Health Insurance report and the National Health Accounts report for 2011-2012.
4. Strengthening the availability of advanced specialized tertiary care in Fiji.
5. Stronger support and investment in improving maternal and child care through the decentralization of targeted services.
6. Major investment in infrastructure development to improve access and coverage of health services to our citizens.
7. Continuous investment in our health workers through short and long term training in specialized fields based on Succession planning and learning and development plans.

The Wellness policy is a key initiative of the Ministry that will ensure that primary health care initiatives in all levels of care are integrated to improving and achieving the ultimate health outcome of Health and Wellness of the population of Fiji.

God Bless Fiji.



Dr Neil Sharma

## 2. Permanent Secretary's Statement

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I am indeed honoured to present the 2014 Annual Corporate Plan (ACP) for the Ministry of Health (MOH).

The MOH efforts in 2013 has concentrated in strengthening the MOH planning structures, developing a list of indicators to reflect the MOH intermediate, long and ultimate outcomes. Recognising this process is new and progressing, these efforts involve change and it is important we are able to engage and embrace ownership by Program Managers on the process and subsequent changes that have been introduced. The 2011-2015 Strategic Plan which was reviewed in mid-2013 also gave us an opportunity to reinforce and realign linkages between the Strategic Plan and ACP which was not explicitly evident.



The MOH in February 2012, created a wellness Unit by merging the National Centre for Health Promotion with the Non Communicable Disease Unit. The wellness approach often referred to as the rainbow approach, was adopted after the 2012 symposium. The approach refocuses service delivery, specially targeting the (7) age specific cohorts: baby, infant, toddler, child, teenager, adult and senior citizen. Wellness action is focused on the seven (7) gifts of life: breathing, eating, drinking, moving, thinking, resting and reproducing.

While the MOH is seen as the leading agency in wellness service delivery, community collaboration, partnership and social responsibility hold the key to harvesting wellness in Fiji.

The 2014 ACP is a document that will guide the Ministry to: take the lead role for the entrenchment of wellness in society, achieve targets set out in the National Strategic Plan for the year, ensure alignment of activities to the nation's overall health strategic objectives and be the guiding document for the production of the 2014 Unit Business Plans and Individual Work Plan. The 2014 ACP has also been designed to ensure accuracy, ease and efficiency in monitoring and evaluation which has become a key activity within the MOH in the last 12 months.

The 2014 ACP document should be an exciting document to read and an excellent resource material especially for the Ministry of Health Program Managers.

The production of the 2014 ACP had gone through a number of consultations and discussions with key MOH staff and I would like to thank all who have participated especially the MOH Planning and Policy Development Unit which provided the coordination and the secretarial work.

A handwritten signature in blue ink, appearing to read 'Eloni Tora', with a horizontal line underneath.

Dr. Eloni Tora  
**Permanent Secretary for Health**

### 3. Corporate Profile

#### 3.1 Role and responsibilities of the Ministry

In line with the 2009-2014 Roadmap for Democracy and Sustainable Socio-Economic Development the health related policy objectives are,

- Communities are served with adequate primary and preventive health services thereby protecting, promoting and supporting their well-being.
- Communities have access to effective and quality clinical health care and rehabilitation services.
- Health system strengthening is undertaken at all levels of the Ministry.

The Ministry of Health translated these objectives through 7 Health Outcomes and 3 Strategic Goals of its 2011-2015 Strategic Plan.

In turn the Ministry services are geared towards arresting the non communicable disease epidemic, combating communicable diseases with emphasis on HIV/AIDS, typhoid, leptospirosis, dengue and addressing maternal child health with concerted effort in achieving Fiji's MDG targets, improved mental health, improving safe water and sanitation and health systems strengthening.

Attention is afforded to ensure the health workforce has the right numbers, appropriate skills and is distributed adequately throughout Fiji's health facilities.

In light of the global financial situation the Ministry is examining a variety of health care financing options which range for user fees, social health insurance, outsourcing and private partnerships. Underpinning this undertaking is lessening burden on government's resources, protecting vulnerable groups and obtaining value for money.

Despite the challenges the Ministry faces it endeavours ready to work closely with government departments, development partners, private and non-governmental organisation, faith based groups and professional groups to ensure the people of Fiji continue to receive improved and quality health care.

#### Laws for which Ministry of Health 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 Decree 2010
10. Medical Assistants Act (Cap.113)
11. Methylated Spirit Act (Cap. 225A)
12. Mental Health Decree 2010
13. Pharmacy Profession Decree 2011
14. Medicinal Products Decree 2011
15. Private Hospitals Act (Cap. 256A)
16. Public Health Act (Cap. 111)
17. Public Hospitals & Dispensaries (Amendment) Regulations 2012
18. Public Hospitals & Dispensaries(Amendment) No 2 Regulations 2013
19. Optometrist and Dispensing Optician Decree 2012
20. Quarantine Act (Cap. 112)
21. Radiation Health Decree 2009

22. Tobacco Control Decree 2010
23. Tobacco Control Regulation 2012
24. The Food Safety Regulation 2009
25. The HIV Decree
26. The Nurses Decree 2011
27. The Allied Health Decree
28. The Food Establishment Grading Regulation 2011

The two Laws 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 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.

### **3.4 Values**

#### **Customer Focus**

We are genuinely concerned that health services are focused on the people and that patients receiving appropriate high quality health care

#### **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 endeavours

#### **Equity**

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

#### **Integrity**

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

#### **Responsiveness**

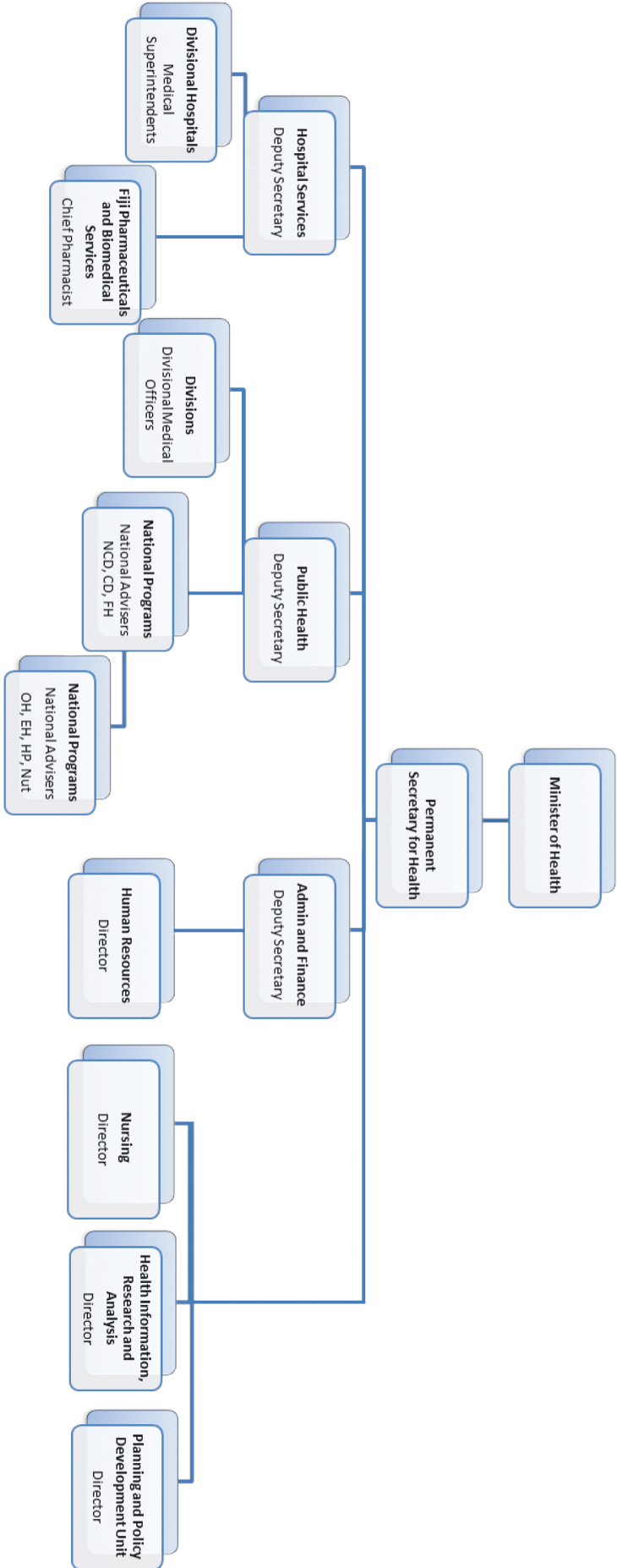
We will be responsive to the needs of the of the people in a timely manner delivering our services in an effective and efficient manner

#### **Faithfulness**

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



4. Organisation Structure





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

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

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSSED)	Ministry of Health's Outcomes
Pillar 10:  Improving Health Service Delivery	Communities are serviced by adequate primary and preventative health services thereby protecting, promoting and supporting their wellbeing.	Child mortality rate maintained at 17.7 to 1000 live Births (MDG).	HO 4 : Child Health
		Percentage of one year olds Immunised against measles increased from 71.8% to 95 % (MDG 4).	HO 4 : Child Health
		Maternal mortality ratio maintained at 22.6 per 100,000. (MDG 5).	HO 3 : Family Health
		Prevalence of diabetes in 25-64 years old reduced from 16% to 15.6%.	HO 1: Non Communicable Diseases
		Contraceptive prevalence rate amongst CBA increased from 31.77% to 36.6%. (MDG 5)	HO 3 : Family Health HO 5 : Adolescent Health
		Reduction of Incidence by 2% of STIs among 15 to 24 year olds.	HO 2: HIV/AIDS and Other Communicable Diseases
		HIV/AIDS prevalence among 15-24 year old pregnant women maintained below 0.04% (MDG 5 & 6).	HO 2: HIV/AIDS and Other Communicable Diseases
		Increase in moderate physical activity in the population by 1%.	HO 1: Non Communicable Diseases HO 5 : Adolescent Health
		Reduction in under 5 hospital based malnutrition cases.	HO 4 : Child Health
		80% Coverage of MDA for Filariasis in Central, Eastern and Northern Divisions.	HO 2: HIV/AIDS and Other Communicable Diseases
		Reduction in TB prevalence rate from 40/100,000 to 30/100,000.	HO 2: HIV/AIDS and Other Communicable Diseases
		Rate of teenage pregnancy reduced from 3.8 to 3.61 per 1000 CBA.	HO 3 : Family Health HO 5 : Adolescent Health
		Prevalence of anaemia in pregnancy at booking from 55.7% to 50%.	HO 3 : Family Health
		Reduction of smoking prevalence rate of 15-65 year olds from 37% to 36%.	HO 1: Non Communicable Diseases
		Increase in proportion of women screened for cervical cancer by 2%.	HO 3 : Family Health

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSSED)	Ministry of Health's Outcomes
		Reduce dental caries in 12 year olds by 1%.	HO 5 : Adolescent Health
		Reduce confirmed cases of Typhoid by 15% (75% over 5 years)	HO 2: HIV/AIDS and Other Communicable Diseases
		Reduce dengue rates by 10%	HO 2: HIV/AIDS and Other Communicable Diseases
	<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 by 2%.	HO 1: Non Communicable Diseases
		Reduce amputation rate for diabetic sepsis from 30.1% to 28%.	HO 1: Non Communicable Diseases HS 5 : Service Delivery
		Increase treatment success rate to 85% of new smear positive TB cases.	HO 2: HIV/AIDS and Other Communicable Diseases
		Bed occupancy rate of Psychiatric beds (Stress Beds).	HO 6 : Mental Health
		Increase in number of staff trained in mental health.	HO 6 : Mental Health
		80% of UORs are responded to within 2 weeks of dated received.	HS 5 : Service Delivery
		Improve waste segregation by 10%	HO 7: Environmental Health
		TAT for bio-chemistry, haematology, serology, microbiology and pap smears improved.	HS 5: Service Delivery
		General medical imaging services delivered within 24 hours.	HS 5 : Service Delivery
		Special imaging services TAT within a week of request	HS 5: Service Delivery
		Improvement in the procurement and reduction in the wastage of lab reagents and stock outs by 10-15%.	HS 6: Medicines and Consumables Management and Infrastructure
		Reduce the incidence of low birth weight babies by 1%	HO 3 : Family Health HO 4 : Child Health
		5% of 5-15 year olds are Screened for RHD	HO 4 : Child Health HO 5 : Adolescent Health
		80% of those diagnosed with RHD are managed at MOH health facilities.	HO 4 : Child Health HS 5: Service Delivery
	<b>Health Systems strengthening is undertaken at all levels in the Ministry of Health.</b>	Increased participation of private health care partners and providers.	HS 1: Leadership and Governance
		Increased annual budgetary allocation to the health sector by 0.5% of the GDP annually.	HS 2: Finance

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSSED)	Ministry of Health's Outcomes
		An annual growth rate of 5% over the medium term.	
		Health expenditure increased from the current 4.7% to at least 5% of GDP by 2013.	HS 2 : Finance
		Increase in the doctor population ratio from 42 per 100 000 to 55 per 100 000 population.	HS 4 : Human Resource
		Increase nurse to population ratio from 50 per 100 000 population to 55 per 100 000 population.	HS 4: Human Resource
		Patient satisfaction carried out at 3 divisional hospitals and 1 subdivisonal hospital and 2 health centres from each division.	HS 5: Service Delivery
		85% of all capital projects completed with documentation	HS 5: Service Delivery
		Outsourcing non-technical activities by end of 2012.	HS 2: Finance
		Health Commission (Technical Working Group) established in 2012.	HS 1: Leadership and Governance
		Average of length of stay for in-patient reduced from 6.27 to 5.97 days.	HS 5: Service Delivery
		Elimination of stock outs of drugs from present 100 items per month.	HS 6: Medicines and Consumables Management and Infrastructure
		Number of Public Health facilities with 30 critical consumables and 60 vital medicines available.	HS6 : Medicines and Consumables Management and Infrastructure
		75% implementation of Bio-medical Audit Report.	HS 6 : Medicines and Consumables Management and Infrastructure
		At the most 50% implementation of recommendations resulting out of the Functional Review by PSC.	HS 4 : Human Resource
<b>Pillar 3:</b>  Ensuring Effective, Enlightened and Accountable Leadership	<b>Gender Equality and Women Development.</b>	Mainstream gender perspectives in all Ministries Strategic Plans, Corporate Plans, Business Plan and Training Plans.  Increase participation of women in key administrative and leadership roles in the MOH.	HS 1: Leadership and Governance HO 3 : Family Health HO 5 : Adolescent Health
<b>Pillar 4:</b>	<b>Public Sector Reforms</b>	Rezoning of selected Health Facilities	HS 1 : Leadership and Governance

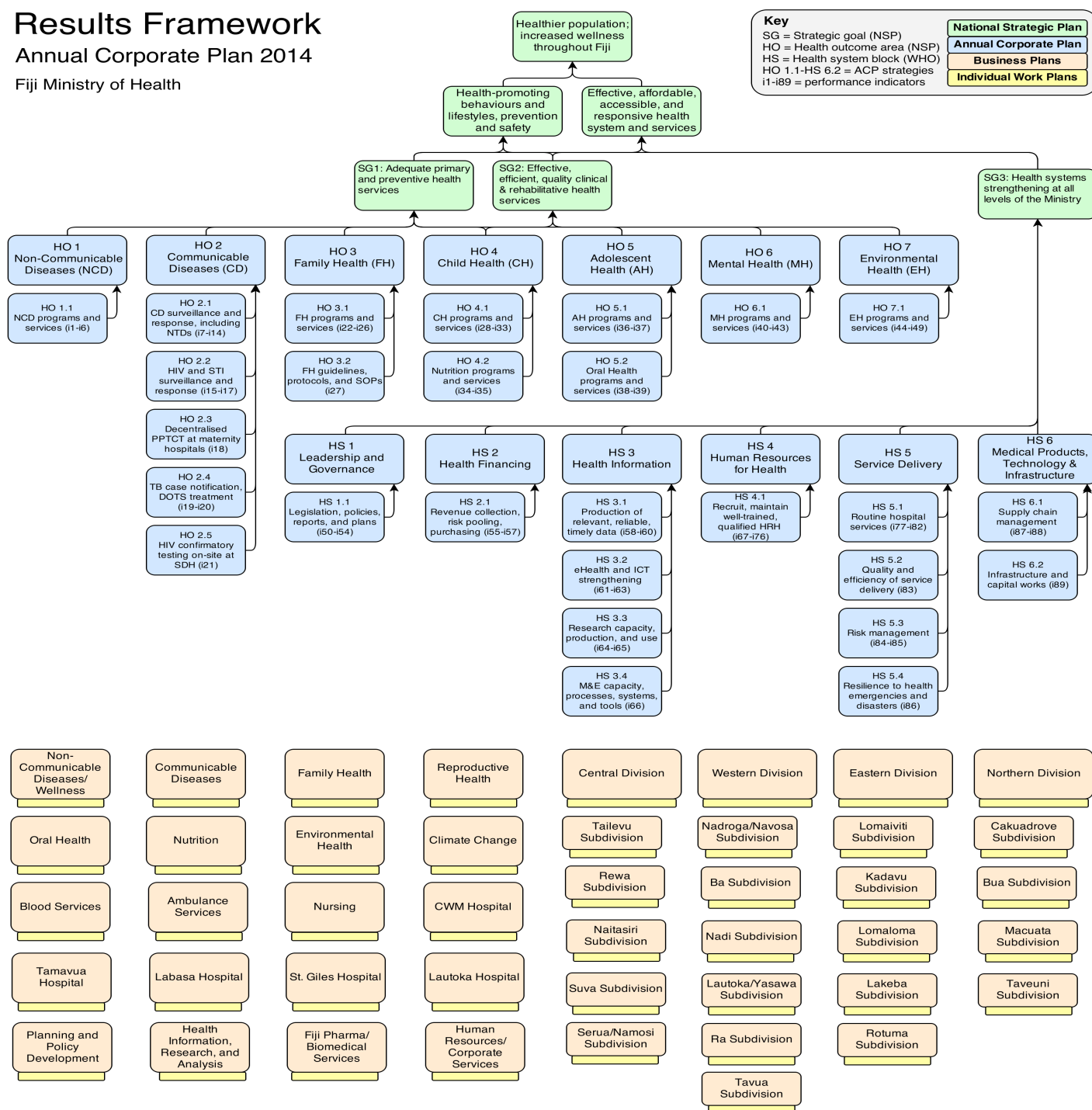
Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSD)	Outcome Performance Indicators or Measures (Key Performance Indicators –RDSSD)	Ministry of Health's Outcomes
Enhancing Public Sector Efficiency, Performance Effectiveness and Service Delivery.		Decentralisation of decision making processes and services to selected health facilities.	HS 1 : Leadership and Governance
Pillar 8:  Reducing Poverty to a Negligible Level by 2015.	Poverty Reduction	Provision of appropriate health programs in ensuring the implementation of MDGs. (More specific from key program areas).	HS 1: Leadership and Governance
		Working with MoSW, line Ministries and other NGOs to coordinate poverty reduction programmes aimed at social determinants of health.	HS 1 : Leadership and Governance

## 6. Results Framework

### Results Framework

Annual Corporate Plan 2014

Fiji Ministry of Health



## 7. Ministry's Outcomes, Strategies and Key Performance Indicators

**Table 2: Outcomes, Strategies and Key Performance Indicators**

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
National Strategic Plan Health Outcome 1: Budget: \$57,621,414				
HO 1.1. Maintain and strengthen routine service delivery and programs for NCD	NA NCD Consultant Physician Medicine CSN FHSSP	i1. % of population 30+ years of age screened for diabetes and hypertension (medical area level and below)**	7% <sup>1</sup> (41,425 screened) (Jan-Jun 2013)	20%
Emphasis Areas:		i2. % of population screened for diabetes and hypertension who also received SNAP counselling** (medical area level and below)	58.5% <sup>2</sup> (24,232/41,425) (Jan-Jun 2013)	65%
▪ Rebranding NCD issues as Wellness	NA NCD	i3. # of new diabetes cases detected (medical area level and below)	<30: 174 cases <sup>3</sup> 30+ <sup>1</sup> : 1092 cases (Jan-Jun 2013)	N/A
▪ Engaging relevant partners and agencies, including partnerships with the private sector	NA NCD Medicine CSN	i4. # of new hypertension cases detected (medical area level and below)	<30: 432 cases <sup>3</sup> 30+ <sup>1</sup> : 1849 cases (Jan-Jun 2013)	N/A
▪ Improve timely analysis and reporting of NCD data	NA NCD Medicine CSN	i5. % of targeted facilities with established functioning diabetes clinics**	TBD based on Q4 2013 audit of SOPDs and Diabetes Hubs	40% (8) of 20 targeted facilities (3 Hubs, 2 SOPDs in Western, 1 SOPD in Northern, 1 SOPD in Central, 1 SOPD in Eastern)
▪ Strengthen capacity building at all levels	Consultant Physician	i6. Premature mortality due to NCDs (% of premature deaths for which the primary cause of death was a non-communicable disease)	48.4% <sup>4</sup> (3273/6766 deaths before age 75)	N/A
Strategic Plan Health Outcome 2: Budget: \$35,596,240 HIV/AIDS and other Communicable Diseases				
HO 2.1. Strengthen the surveillance and response to communicable diseases, including neglected tropical diseases	NA CD	i7. Incidence of leprosy per 100,000 population	0.88 per 100,000 population (8 new cases; 2012)	N/A
		i8. Prevalence of lymphatic filariasis	National: 9.5% (2008) North: 1.1% (2011)	< 1%

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
HO 2.2. Strengthen the surveillance and response for HIV and other STIs	CEO HIV Board NA FH	i9. Case fatality rate for dengue fever	West: 0.9% (2008) Central: 15.4% (2008) East: 11.1% (2008)	
		i10. Incidence of confirmed leptospirosis	0.7% <sup>5</sup> (5/708 x 100) 57.8 per 100,000 (520 new cases) (2012)	N/A
		i11. Case fatality rate for leptospirosis	7.3% <sup>5</sup> (38/520 x 100)	
		i12. % of suspected measles cases investigated**	100% (180 investigated / 180 suspected)	100%
		i13. Admission ratio for typhoid (# admissions / # confirmed cases)	1.01 (296/294)	
		i14. Case fatality rate for typhoid	2.4% <sup>5</sup> (7/294)	
		i15. Incidence of HIV infection (# new cases)	62 new cases (2012)	<148 new cases
		i16. # of confirmed HIV positive cases (# total cases)	482 total cases (2012)	<630 total cases
		i17. Incidence of syphilis (# new cases)	80.4 per 100,000 (723 new cases) (2012)	<67 per 100,000 population (<600 new cases)
		i18. % of HIV positive mothers that undergo PPTCT**	67% (2012)	80%
HO 2.3. Decentralise PPTCT service to all maternity hospitals	CEO HIV Board NA FH			
HO 2.4. Improve high quality tuberculosis DOTs in all divisions, case notification and high treatment success	National TB Manager	i19. # of new pulmonary tuberculosis (smear-positive) cases	110 new smear positive TB cases <sup>6</sup> (2012)	96
		i20. Tuberculosis treatment success rate (as a % of smear-positive cases)**	93% (2011 cohort)	85% for 2012 cohort
HO 2.5. Ensure all sub divisional hospitals are performing HIV confirmatory testing on site	NA FH DMO SDMO	i21. % of SDH with capacity to provide HIV confirmatory testing on site	21% (4/19 Sub-divisional hospitals; 2013)	53% (10/19 Sub-divisional hospitals)
<b>National Strategic Plan Health Outcome 3: Family Health</b>				
<b>Budget: \$22,247,650</b>				
HO 3.1. Maintain and strengthen routine service delivery and programs for family health  Emphasis Areas:	NA FH Obstetrics CSN NA Nutrition FHSSP	i22. % of pregnant women who receive ANC in their first trimester (early booking)**	9.6% <sup>7</sup> (2012)	15%
		i23. % of pregnant women with at least 4 antenatal clinic visits	42.8% <sup>7</sup> (2012)	70%



ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<ul style="list-style-type: none"> <li>Review and integration of the health facility role delineation in relation to Emergency Neonatal and Obstetric Care (EmNOC) and Mother Safe Hospital Initiative (MSHI)</li> <li>Improved Gender Equality and Social Inclusion</li> </ul>		i24. % of women attending postnatal clinic (at medical area level and below)	31.8% (2012)	
		i25. Prevalence of anaemia in pregnancy at booking	35.7% <sup>7</sup> (7268/20262 x 100%)	≤30%
		i26. Number of maternal deaths	12 <sup>8</sup> (ratio: 59.47 (12/20262 x 100 000) (2012 annual))	8
HO 3.2. Establish and implement service delivery guidelines, protocols and standard operating procedures for family health	NA FH DMO SDMO Obstetrics CSN FHSSP	i27. % of sub-divisional hospitals meeting Mother Safe Hospital Initiative (MSHI) standards**	0% (0/19 SDH)	26% (5/19 SDH)
<b>National Strategic Plan Health Outcome 4: Child Health</b> <b>Budget: \$11,123,825</b>				
HO 4.1. Maintain and strengthen routine clinical and public health child health services	Paediatric CSN FHSSP	i28. Infant mortality rate per 1,000 live births	15.86 <sup>9</sup> (320/20178)	13
Emphasis Areas: <ul style="list-style-type: none"> <li>Establish standard clinical and nursing and competencies for undergraduate and postgraduate programs</li> <li>Strengthen internship supervisory capacities with the use of core competencies for the specialty.</li> <li>Strengthen confidential inquiry for all under 5 paediatric deaths</li> <li>Maintain a functional IMCI strategy through training, service, supplies and community involvement</li> </ul>	Paediatric CSN	i29. Neonatal mortality rate per 1,000 live births	7.93 <sup>9</sup> (160/20178)	6.5
	Paediatric CSN	i30. Perinatal mortality rate per 1,000 total births	16.57 <sup>9</sup> (338/20399)	15
	Paediatric CSN	i31. MR1 immunisation coverage (%) - proxy for full immunisation coverage**	85.9%	≥90%
	Paediatric CSN CMNHS UOF NAFH DSPH FPBS	i32. Under 5 mortality rate per 1,000 live births	20.96 <sup>9</sup>	17
		i33. % of targeted facilities adhering to WHO Pocket Book guidelines	TBD based on Q4 2013 audit	TBD based on Q4 2013 audit
HO 4.2. Maintain and strengthen routine clinical and public health nutrition services	NA NUT Paediatric CSN	i34. % of live births with low birth weight (<2500g)	12.3% <sup>11</sup> (2491/20178 x 100%)	10%
Emphasis Areas:		i35. % coverage for iron supplementation for pre-	Pre-school: 35%	Pre-school: 50%

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<ul style="list-style-type: none"> <li>Maintain Infant and Young Child Feeding (IYCF) and Baby Friendly Hospital Initiative (BFHI) standards</li> </ul>		school aged children (6-23 months) <sup>11</sup> and primary school aged children <sup>12</sup>	coverage (14,880 covered/ 42,514 children 6-23 mos.)  Primary School: 27% coverage (35,370 covered/131,000 total primary school aged children)	coverage (20,178 covered/ 40,356 children 6-23 mos.)  Primary school: 80% coverage (104,800 covered/131,000 total primary school aged children)
<b>National Strategic Plan Health Outcome 5:</b> <b>Budget: \$11,123,825</b>				
<b>Adolescent Health</b>				
HO 5.1. Maintain and strengthen routine service delivery and programs for adolescent health  Emphasis Areas: <ul style="list-style-type: none"> <li>Develop Adolescent Health Strategic Plan 2015-2018</li> <li>Integrate adolescent health and development issues into existing services</li> <li>Strengthen partnerships with key stakeholders MOE, MOY, private and public partners)</li> </ul>	NA FH, FHSSP	i36. HPV vaccination coverage among Class 8 girls in school**	*HPV 1 = 95.1% <sup>13</sup> (5498/5783) HPV2 = 45.4% (2624/5783) HPV3 = 2.0% (115/5783)	*HPV 1: >95% HPV 2: >55% HPV 3: TBD
	NA FH	i37. Rate of teenage pregnancy (# pregnancies per 1,000 women aged 15-19)	21.26 per 1000 women aged 15-19 (824/38,751)	<16 per 1000 women aged 15-19 (i.e., <600 total)
	NA FH		<15 yrs.: 12 total (2012)	<15 yrs.: <5 total
HO 5.2. Maintain and strengthen routine clinical and public health oral health programs	NA OH	i38. % of Form 3 – Form 7 school children reached by MOH tooth brushing campaign i39. % of 12-year old school children who are "dentally fit"	N/A (new)  86% (2011)	1% (>700 students)  89%
<b>National Strategic Plan Health Outcome 6:</b> <b>Budget: \$11,123,825</b>				
<b>Mental Health</b>				
HO 6.1. Maintain and strengthen routine clinical and public health mental health services	NA MH MH CSN FHSSP	i40. # of admissions for mental disorders, any type	409 <sup>16</sup> (Jan-Jun 2013)	<90 (<10 per 100,000 population)
Emphasis Areas: <ul style="list-style-type: none"> <li>Development of a coordinated and standardised national mental health service</li> </ul>		i41. Suicide rate (per 100,000 population)	12.23 per 100,000 population (110/899735)	<10 per 100,000 population

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<ul style="list-style-type: none"><li>Development of enduring partnerships with stakeholders</li><li>Development of mental health psychiatry and mental health clinical practice guidelines</li></ul>			x 100 000)	
		i42. Teenage suicide rate (per 100,000 teenagers)	10.76 per 100,000 teenagers [13-19yrs] (13/120862)	<10 per 100,000 teenagers
		i43. # of cases of intentional self-harm (not including death by suicide)	11 (2012)	<90 (<10 per 100,000 population)
National Strategic Plan Health Outcome 7: Environmental Health Budget: \$21,135,268				
HO 7.1. Maintain and strengthen environmental health services	CHI	i44. % of inspected hospitals in compliance with Waste Management Plan	0% in compliance (0 out of 10 inspected hospitals; 2012)	100% Divisional (3/3) >30% Sub-divisional (6/19)
Emphasis Areas:		i45. % communities with Water Safety Management Plans (WSMP)**	N/A (new)	TBD based on Community Profiling (32 communities targeted)
<ul style="list-style-type: none"><li>Strengthen reporting, interpretation, and use of Environmental Health information in MoH</li></ul>	CHI PCCAPHH PPDU FHSSP	i46. Incidence of cases of diarrhoeal disease among children under 5	9,291 cases <sup>14</sup> (2012)	N/A
<ul style="list-style-type: none"><li>Improve waste management and planning in health facilities and at the community level</li></ul>	CHI	i47. % of restaurants graded A, B, C, and D	N/A (new)	N/A
<ul style="list-style-type: none"><li>Develop a climate change policy and climate change health adaptation 5 year strategic plan (2014-2018) for the Ministry of Health</li></ul>	PCCAPHH CHI PPDU	i48. % of high risk communities that meet vector surveillance standards (Breteau Index)	98.6% met standards (72 out of 73 high risk communities; 2012)	100%
<ul style="list-style-type: none"><li>Strengthen community-based health emergency and disaster response, preparedness, and recovery</li></ul>	DSLO	i49. % of transportation vessels (air and sea) from malaria mosquito endemic areas boarded and inspected/sprayed upon arrival in Fiji**	100% (1742 out of 1742 vessels from malarial mosquito endemic areas inspected/sprayed; 2012)	100%
Health Systems 1: Leadership and Governance Budget: \$ 2,224,765				

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<p>HS 1.1. Maintain and strengthen processes to formulate, review, implement and monitor legislation, policies, programs, reports and plans</p> <p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Ensure adequate resourcing and logistical support for programs</li> <li>Strengthen routine health service planning and ensure linkages with health facility role delineation (CH)</li> </ul>	<p>PPDU ESU</p> <p>NA NUT NA NCD PAS AMU DHR</p> <p>All CSN MS DMO PPDU FHSSP</p>	<p>i50. # of Cabinet papers submitted by MOH</p> <p>i51. % of Cabinet papers submitted by MOH that are official approved/endorsed</p> <p>i52. # of national policies developed and endorsed by the Minister</p> <p>i53. # of new or updated regulations endorsed by the Minister</p> <p>i54. % of Business Plans quarterly reports completed and submitted to MOH HQ</p>	<p>20</p> <p>20</p> <p>&gt;1</p> <p>2</p> <p>24</p>	<p>&gt;15</p> <p>20</p> <p>4 (SM, Onc, Wellness CHW)</p> <p>2</p> <p>24</p>
<b>Health Systems 2: Finance</b> <b>Budget: \$111,238</b>				
<p>HS 2.1. Ensure the MOH secures adequate resources to deliver and sustain its health service delivery mandate</p> <p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Enhance revenue planning and sustainability for Environmental Health initiatives</li> <li>Generate unit cost and service utilisation evidence to project financial requirements for various clinical disciplines</li> </ul>	<p>DSAF DHR PPDU</p> <p>CHI DHR PPDU</p> <p>All CSN MS DMO PPDU</p>	<p>i55. % execution of MOH annual budget**</p> <p>i56. % of development partner commitments to MOH that have been disbursed</p> <p>i57. % execution of disbursed funds from development partners</p>	<p>0%</p> <p>0%</p> <p>0%</p>	<p>100%</p> <p></p> <p>100%</p>
<b>Health Systems 3: Health Information</b> <b>Budget: \$111,238</b>				
<p>HS 3.1. Strengthen the production of relevant, reliable and timely health information for decision making</p>	<p>DHIRA HIU, FHSSP</p>	<p>i58. # of HIU bulletins produced and disseminated</p>	<p>4</p>	<p>4</p>

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Build capacity of staffs to use relevant existing formation systems</li> <li>Strengthen data analysis, interpretation and application of health information</li> <li>Improve health information reporting and dissemination</li> </ul>	<p>NA MH NA FH NA FH NA CD Paediatric CSN DHIRA</p>	<p>i59. % of data requests fulfilled (includes breakdown of data sources used for reports)</p> <p>i60. % of PHIS reports within the past quarter that were timely, complete and accurate</p>	<p>80</p> <p>80 (targeted 15/19 subdivisions)</p>	<p>85</p> <p>80 (targeted 15/19 subdivisions)</p>
<p>H5 3.2. Strengthen and sustain eHealth foundations to improve the ICT workforce, infrastructure, services and applications</p> <p>Emphasis Area:</p> <ul style="list-style-type: none"> <li>Distribution of ICT Services based on demonstrated needs</li> </ul>	<p>DHIRA ICT FHSSP</p>	<p>i61. % of targeted facilities with PHIS online access**</p> <p>i62. % of targeted health facilities with govnet access**</p> <p>i63. % of targeted facilities with PATIS online access**</p>	<p>75 (14/19 targeted)</p> <p>100 (5/5 targeted)</p> <p>100 (5/5 targeted)</p>	<p>100 (5 new targeted)</p> <p>100 (8 new targeted)</p> <p>100 (3 new targeted)</p>
<p>H5 3.3. Strengthen health research (including system research and operational research) capacity, production and use</p>	<p>DHIRA HRO FHSSP</p>	<p>i64. # of applications cleared by the NHRC and ENRERC (and # that were MOH research protocols**)</p> <p>i65. # of completed research study reports submitted to Research Unit</p>	<p>70 total</p> <p>4</p>	<p>80 total: **≥10 from MoH</p> <p>10</p>
<p>H5 3.4. Strengthen M&amp;E capacity, processes, systems, and tools at the national, divisional, and sub-divisional levels</p>	<p>DHIRA FHSSP</p>	<p>i66. # of targeted programs, hospitals, divisions, and sub-divisions with a designated, trained, and equipped M&amp;E Resource Team</p>	<p>N/A (new)</p>	<p>24</p>
<p><b>Health Systems 4: Human Resources for Health</b> <b>Budget: \$2,224,765</b></p>				
<p>H5 4.1. Recruit, maintain and sustain a well-trained and qualified human resources for health workforce</p> <p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Timely and appropriate recruitment, especially in areas with high vacancies (NUT, MH)</li> </ul>	<p>DHR FHSSP</p>	<p>i67. Ratio of doctors per 10,000 population</p> <p>i68. Ratio of nurses per 10,000 population</p>	<p>4.3 : 10,000</p> <p>20 : 10,000</p>	<p>Target TBD based on WISN and STSPT analyses</p> <p>Target TBD based on WISN and STSPT analyses</p>

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<ul style="list-style-type: none"> <li>Effective and affordable retention strategies, especially in areas with high attrition (CH, EH)</li> <li>Practical, functional succession planning (EH)</li> <li>Unit-specific workforce planning, including expansion of establishment positions where appropriate (AH)</li> <li>Development of Strategic Workforce Plan and implementation of Action Plans</li> </ul>	NA NUT DHR	i69. Ratio of midwives per 10,000 population	3 : 10,000	Target TBD based on W/ISN and STSPT analyses
	Paediatric CSN CHI NA FH DHR	i70. # and % of vacancies by cadre and facility (relative to total vacancies)	NO – 120/2279 MO – 78/448 Dental - 50/201 Dieticians – 8/59 HI -14/124 Laboratory – 10/171 Physio – 2/36 Radiology – 6/65 Pharmacy – 23/86	NO <2.5% of total at any time in year MO <5% of total at any time in year Dental <10% of total at any time in year Allied Health <10% of all cadres at any time in year
	CHI DHR			
	NA FH DHR			
	DHR	i71. Ratio of vacancies to establishment	NO 10.5% MO 18% Dental 20% Dieticians 10.5% HI 11% Lab 6% Physio 8% Radiology 9.5% Pharmacy 28%	To maintain all clinical cadres within 5-10% of establishment at any time over the year
		i72. Average recruitment time	>16 weeks	<12 weeks
		i73. Attrition rate (# staff leaving relative to total staff) for medical, nursing and administrative cadres	<ul style="list-style-type: none"> <li>NU – 55/2279</li> <li>MD – 23/433</li> <li>TC – 55</li> <li>SS – 10</li> <li>CWE – 34/1700</li> <li>TOTAL - 17</li> </ul>	< 2% of nursing workforce <5% of medical workforce
		i74. Ratio of staff with a job description relative to total staff	>40% (unconfirmed)	>75% accurate JD confirmed and approved by HR Headquarters





ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Quality of care (e.g., adherence to protocols/guidelines, patient satisfaction, clinical outcomes)</li> <li>Efficiency (e.g., auxiliary service outsourcing, operating theatre usage)</li> <li>Service expansion and decentralisation</li> <li>M&amp;E (e.g., Balanced Scorecard)</li> </ul>	FHSSP		Savusavu Hosp- 83.3% Navua Hosp-68% Korovou Hosp-90% Vunidawa H/C-69% Lami H/C-90%	
<p>H5 5.3. Strengthen quality improvement in risk management in health facilities</p>	MS Risk Managers DSHS	<p>i84. % of Unusual Occurrence Reports (UORs) that are investigated and responded to within 2 weeks of the date received (by Divisional Hospital)</p>	CW/M: 71% (44/62) Labasa: 86% (71/83) Lautoka: 87% (115/132) (Q2 2013)	80%
		<p>i85. % of Root Cause Analysis (RCA) recommendations that are addressed within the recommended time frames**</p>	CW/M: 71% Labasa: 93% Lautoka Hospital: 33% (Q2 2013)	90%
<p>H5 5.4. Enhance Ministry resilience to health emergency and disaster response, preparedness and recovery</p>	DSLO	<p>i86. # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response**</p>	0/20 subdivisions 3/3 divisional hospitals 0/2 specialist hospitals	5/20 subdivisions 3/3 divisional hospitals 2/2 specialist hospitals
<b>Health Systems 6: Medicines and Consumable Management and Infrastructure</b> <b>Budget: \$44,495,300</b>				
<p>H5 6.1. Maintain and strengthen supply chain management of medicines and consumables for clinical and public health services</p> <p>Emphasis Areas:</p> <ul style="list-style-type: none"> <li>Product selection, forecasting and procurement</li> </ul>	CP DSHS NA FH CHI NA MH NA NUT NA OH NA CD	<p>i87. Average % availability of 150 tracer products in targeted health facilities on the day of visit/report**</p>	80%	>70%

ACP Strategies	Responsible Division	Indicators	Baseline*	2014 Target
<ul style="list-style-type: none"> <li>Sourcing and supplier management</li> <li>Warehousing and storage</li> <li>Inventory management and information systems</li> <li>Distribution and transport</li> <li>Strengthen access and availability of appropriate technology for communicable disease control</li> </ul>	DHIRA FHSSP	i88. Percentage of inventory accuracy for 50 tracer products in the warehouse**	>60%	> 65%
<ul style="list-style-type: none"> <li>Strengthen access and availability of appropriate technology for communicable disease control</li> </ul>				
H5 6.2. Strengthen capital works project development, implementation and management	DHR	i89. % and # of capital works projects completed, by type (e.g., construction, renovations, etc.)**	80% (36 completed of 45 total projects)	≥95% (≥19 of 20 total projects)

\*Baseline values may be adjusted as data sources are reviewed and updated

\*\*Indicates indicator submitted to the Strategic Framework for Coordinating Change Office (SFCCO) for quarterly review

## 8. 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>				
<b>Effective Human Resource Planning and Development</b>	Alignment of Organizational and People Objectives: Formulation, implementation, monitoring and review	<ul style="list-style-type: none"> <li>Agency Strategic Workforce Plan</li> <li>Agency Succession Plan</li> </ul>	i. Plans formulated by 31 <sup>st</sup> March 2014 ii. Implementation, monitoring and review report on 1 <sup>st</sup> week of each quarter	Human Resources
	Compliance with PSC Values and Code of Conduct	Agency Disciplinary Report submitted on a quarterly basis	Reports submitted on the 1 <sup>st</sup> week of each quarter	Human Resources
	Performance Review: <ul style="list-style-type: none"> <li>Formulation of Agency Performance Review Procedure</li> <li>Implementation of Agency Performance Review Procedure</li> </ul>	<ul style="list-style-type: none"> <li>Formulation of Agency Performance Review Procedure</li> <li>Quarterly report on the Performance Review Procedure</li> </ul>	<ul style="list-style-type: none"> <li>Performance Review Procedure formulated by 28<sup>th</sup> February</li> <li>Performance Review Report 1<sup>st</sup> week of each new quarter</li> </ul>	Human Resources
	Compilation and Standardisation of HR Management procedures	<ul style="list-style-type: none"> <li>Agency HR Manual</li> </ul>	<ul style="list-style-type: none"> <li>Compilation of Manual by 31<sup>st</sup> March 2014</li> </ul>	Human Resources
<b>Training and NTPC Levy Grant Compliance</b>	Effective administration of training activities in accordance with NTPC Levy & Grant Scheme & Training Policy	Submission of Agency payroll updates for NTPC Levy Payment	<ul style="list-style-type: none"> <li>List for 1<sup>st</sup> payment by 31<sup>st</sup> March 2014</li> <li>List for 2<sup>nd</sup> payment by 30<sup>th</sup> September 2014</li> </ul>	Training Accounts

PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
		<ul style="list-style-type: none"> <li>Agency Learning &amp; Development Plan</li> <li>Nominations for training programmes</li> </ul>	<ul style="list-style-type: none"> <li>L&amp;D Plan by 31<sup>st</sup> January</li> <li>TNS 2 weeks before the conduct of training</li> </ul>	Human Resources Training
<b>Platform2: Organisational Management</b>				
<b>Effective Planning and Accountability</b>	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 2013 Annual Report</li> </ul>	i. Strategic Development Plan ii. Annual Corporate Plan iii. PSC Deliverables Report iv. Draft un-audited 2013 Annual Report v. Agency 2013 Audited Annual Report	i. Implementation of ACP from 1 <sup>st</sup> January of 2014 ii. ACP reviewed quarterly against the SDP iii. 2015 ACP draft by October 2014 iv. PSC Deliverables report 1 <sup>st</sup> week of new quarter v. Draft un-audited 2013 Report March 2013 vi. Audited 2013 Annual Report by June 2014	Policy& Planning Development Unit HR Accounts
<b>Platform3: Productivity Management</b>				
<b>Implementation of the Service Excellence Framework</b>	Advancing towards best in class organisations through the adoption of business excellence principles	<ul style="list-style-type: none"> <li>Compilation of Agency Desktop Submission</li> <li>Participation of Officers in the SEA Evaluation Process</li> <li>Adoption of strategies for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Desktop submission by 15<sup>th</sup> June 2014</li> <li>Evaluators released according to Agency quota</li> <li>30% of OFIs from Feedback Report attempted</li> </ul>	Hospital Services
<b>Adherence to Service Charter</b>	Formulation, implementation, monitoring and reviewing of Agency Service Charter for improved service delivery against service standards	<ul style="list-style-type: none"> <li>Agency Service Charter</li> </ul>	<ul style="list-style-type: none"> <li>Service Charters formulated and implemented by 31<sup>st</sup> March</li> </ul>	Human Resources
<b>Effective Business Process Re-engineering</b>	Documentation and review of business processes for improved performance substantially on key processes for	<ul style="list-style-type: none"> <li>Standard Operating Procedure</li> <li>At least two (2) BPR implemented</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of processes by 31<sup>st</sup> March</li> </ul>	Human Resources

PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
	consistent, high quality and cost effective services for customer satisfaction			
<b>Adherence to Service Level Agreements with ITC / GIRC</b>	Strengthening of GIRC focal points and SLA compliance	i. Appointment of primary and secondary focal point ii. Compilation of SLA report	<ul style="list-style-type: none"> <li>• Appointments by 31<sup>st</sup> March 2014</li> <li>• SLA compliance report on the 1<sup>st</sup> week of new quarter</li> </ul>	Health Information Unit
<b>Effective Risk Management</b>	Formulation and Implementation of an appropriated risk management infrastructure and culture, and applying logical and systematic risk management processes to all aspects of an Agency by minimising losses and maximising gains	Risk Management Policy	Risk Management Policy formulated by 14 <sup>th</sup> September 2014	Hospital Services
<b>Formalisation of Establishment Charters</b>	Formulation of Ministry's establishment charter as pr PSC Circular 21/2013	Ministry's Establishment Charter	Charters formulated by 31 <sup>st</sup> December 2014	Human Resources

## 9. Ministry of Finance Deliverables and Indicators

**Table 4: 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 HPPDU Heads of Departments
	Requests to Incur Expenditures (RIE)	Timely/ Efficient Management of RIE	As and when before closing of accounts in Finance Circular	Accounts
Financial Performance Reporting Compliance	<ul style="list-style-type: none"> <li>• Bank</li> <li>• TMA</li> <li>• Trust</li> <li>• RFA</li> <li>• Salaries</li> <li>• Wages</li> <li>• IDC</li> <li>• CFA Analysis</li> </ul>	Monthly reconciliation	15 <sup>th</sup> of every month	Accounts
Agency Revenue/ Arrears Report	Collection of Revenue	Monthly Revenue Returns	15 <sup>th</sup> of every month	Accounts
Asset Management Report	Collection of Arrears	Reduction by 5%	15 <sup>th</sup> of every month	Accounts
	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
Audit Report	Implementation of Audit Report Recommendations	Number of Issues Resolved	31 December	Accounts Internal Audit
Procurement Compliance Report	Quarterly Reports to PS's and Ministers	Fls: Division 2 & 3 Part 12 Division 1 Section 68	2 <sup>nd</sup> week after every quarter	Asset Management Unit FPBS

## 10. Capital Projects for 2014

Table 5: Capital Projects / Items

SEG	Projects/Items	Cost
8-Capital Construction	1. Upgrading & Maintenance of Urban Hospital and Institutional Quarters	\$3,000,000
	2. Maintenance of health centres and nursing stations	\$1,000,000
	3. CWM Hospital - Extension and Refurbishment of Operating Theatres (New Item)	\$4,900,000
	4. Extension of CWM Hospital Maternity Unit (New Item)	\$3,000,000
	5. Upgrading Lautoka Hospital Emergency Department (New Item)	\$5,890,000
	6. Construction of low risk Makoi maternity unit (New Item)	\$600,000
	7. Construction of new Ba hospital(New Item)	\$7,300,000
	8. Construction of new Nausori hospital(New Item)	\$2,000,000
	9. Sigatoka hospital extension	\$1,000,000
	10. Upgrading of Valelevu and Keiyasi health centre (New Item)	\$1,000,000
	11. Relocation of Naulu health centre (New Item)	\$250,000
	<b>Seg 8 TOTAL</b>	<b>\$29,940,000</b>
9-Capital Purchases	1. IT Purchase	\$300,000
	2. Purchase of Equipment for Urban Hospital	\$400,000
	3. Equipment for health centres and nursing station	\$300,000
	4. Dental Equipment -Urban Hospital	\$200,000
	5. Bio-medical Equipment - Urban hospital	\$4,400,000
	6. Dental Equipment - Sub Divisional hospitals	\$200,000
	7. Bio-medical Equipment - Sub Divisional hospital	\$350,000
	8. A & E Equipment	\$775,000
	<b>Seg 9 TOTAL</b>	<b>\$6,925,000</b>
	<b>GRAND TOTAL</b>	<b>\$36,865,000</b>



## 11. Donor Assistance Matrix - 2014

Table 6: Aid in Kind/Budget Funding

Donor	Program	Aid -in-Kind
AusAID	Fiji Health Sector Support Program	\$17,188,037
China	Relocation and Construction of New Navua Hospital	\$1,200,000
NZAID	Medical Treatment Scheme	\$451,807
UNFPA	Technical Assistance	\$247,508
WHO	Program Assistance	\$2,936,930
SPC	Non Communicable Disease	\$30,000
SPC	Assistance	\$50,000
UNICEF	Health and Sanitation Program	\$104,155
UNICEF	Child Health Protection	\$10,000
ILO	Technical Assistance for HIV/AIDS (Regional)	3,000
<b>Total Aid -in-</b>		<b>\$22,221,437</b>
<b>Donor</b>	<b>Program</b>	<b>Budget Contribution</b>
Global Fund	Assistance for (Malaria / Tuberculosis) Program	\$4,647,883
UNICEF	Child Protection Program	\$10,000
UNICEF	Health and Sanitation	\$163,383
UNICEF	HIV/AIDS	\$125,000
UNFPA	(Reproductive Health) Program	\$148,841
UNICEF	Policy Advocacy, Planning and Evaluation	\$20,000
<b>Total Cash Grant</b>		<b>\$5,115,107</b>

## 12. Glossary

Term	Definition
Activity	An action or intervention undertaken to make progress toward one or more objectives; activities mobilize various inputs (e.g., money, labour, time, materials) to produce specific outputs  Example: <i>clinician training in obstetric care; vaccination campaign</i>
Evaluation	The systematic and unbiased assessment of the relevance, adequacy, progress, efficiency, effectiveness and/or impact of a program or intervention in relation to desired objectives
Evidence	Any form of knowledge, including, but not confined to research, of sufficient quality to inform decision
Health policy	A general statement of understanding to guide decision making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them
Health system	All the activities whose primary purpose is to promote, restore, and/or maintain health (WHO)
Health system building blocks	An analytical framework used by WHO to describe health systems, disaggregating them into 6 core components; leadership and governance (stewardship), service delivery, health workforce, health information system, medical products, vaccines and technologies and health system financing
Health system strengthening	An array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality and efficiency
Indicator	A variable that measures one aspect of an activity, strategy, or objective in order to assess progress or performance, often in comparison to pre-determined targets; may be quantitative or qualitative  A “SMART” <u>indicator</u> has the following characteristics (similar to objectives):  -Specific (i.e., clear and unambiguous) -Measurable (i.e., observable; can be described against concrete criteria) -Achievable (i.e., is expected to change as a result of your activities) -Relevant (i.e., is meaningful and linked to the activity and desired outcome) -Timely (i.e., yields information when it is needed/useful)  Example: <i># of maternal deaths per 100,000 live births (MMR)</i>
Input	A quantified amount of resources put into a process, including money, labour, time, materials, etc.
Mission	Defines the fundamental purpose of an organisation or enterprise, succinctly describing why it exists and what it does to achieve its vision
Monitoring	The routine tracking and reporting of priority information about a program or intervention (including its inputs, outputs, and/or outcomes), often used to measure progress toward objectives
Objective	A statement of a specific desired future goal, state, or condition to be achieved, often within a set time frame  A “SMART” <u>objective</u> has the following characteristics (similar to indicators):  -Specific (i.e., clear and unambiguous) -Measurable (i.e., observable; can be described against concrete criteria) -Achievable (i.e., can be completed with given time frame and resources) -Relevant (i.e., is linked to the overall desired goals or outcomes) -Time-bound (i.e., includes a specific time frame for completion)  Example: <i>Reduce the maternal mortality ratio from 4.1.1 (1990) to 10.3 (2015) per 100,000 live births</i>
Operational plan	Focuses on effective management of resources with a short time framework, converting objectives into targets and activities and arrangements for monitoring implementation and resource usage
Outcomes	Aspects of health or of a health system that are intended to be influenced by

Term	Definition
	<p>programs or interventions undertaken. For people this may include changes in knowledge, attitudes, practices, and/or health status. For programs or systems, this may include changes in effectiveness, efficiency, equity, etc.</p> <p>Examples: <i>Premature mortality due to NCDs; ICU hand hygiene rate</i></p>
Outputs	<p>Supply-side deliverables, including the events, products, capital goods or services that directly result from programs or interventions (e.g., by the Ministry of Health). Since outputs are generally within the control of the implementer to produce, they are often used to hold programs and teams accountable for implementing their activities as planned.</p> <p>Examples: <i># of clinicians trained; # of immunizations administered</i></p>
Resource planning	The estimation of resource input (human resources, medical devices, medical equipment, pharmaceuticals and facilities) necessary to provide expected resources
Stakeholder	An individual, group or an organisation that has an interest in the organisation and delivery of health care
Strategic plan	<p>A formalised roadmap that describes how your organisation executes the chosen strategy. A plan spells out where an organisation is going over the next year or more and how it is going to get there.</p> <p>A strategic plan is a management tool that serves the purpose of helping an organisation because of a plan focuses the energy, resources and time of everyone in the organisation in the same direction</p>
Strategy	An overall approach or series of broad lines of action intended to achieve one or more objectives
Strategic planning	<p>An organisational process of defining strategy, or direction and making decisions on allocating its resources to pursue this strategy. In order to determine the direction of organisations, it is necessary to understand its current positions and the possible avenues through which it can pursue a particular course of action.</p> <p>Generally strategic planning deals with three key questions,</p> <ol style="list-style-type: none"> <li>1) Where are we now?</li> <li>2) Where would we like to be?</li> <li>3) How are we going to get to where we would like to be?</li> </ol>
Target	<p>The desired value of an indicator at a specific point in time, expressed in measurable terms. A target is often included within an objective.</p> <p>Example (<i>italics</i>): Reduce the maternal mortality ratio from 4.1.1 (1990) to <i>10.3 (2015) per 100,000 live births</i></p>
Values	Enduring, passionate and distinctive core beliefs. They are guiding principles that never change. Values are why we do and what we stand for. They are beliefs that guide the conduct, activities and goals of the organisation. Values are deeply held convictions, priorities and underlying assumptions which influence our attitudes and behaviours. They are intrinsic value and importance to those inside the organisation. Your core values are part of the strategic foundation
Vision	An inspirational statement that articulates main prioritised goals as well as values for what government wants to achieve for its population, both in public health and health care system terms

### 13. Indicator calculation notes for Table 2

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1. Number generated by Public Health Information System. This indicator has only been introduced in 2013 – the number is only for half year.
2. Number “snapped” by mid-year 2013/number screened by mid-year 2013 x 100%. This indicator has only been introduced in 2013 – the number is only for half year.
3. Generated from Public Health Information System; cases only available from Jan 2013 – June 2013
4. Death under 75 years of age and has taken all NCD deaths under this age [DM/HT/CA/IHD/Other heart conditions] for 2012
5. Case fatality is calculated as: no. of cases of a specified disease that died/ total number of cases of the disease specified x 100
6. Source: TB register, NTP Annual Report 2010
7. This includes all facilities. This is the from the 2012 report – manually done.
8. Audited cases taken into account available from Obstetric CSN internal tracking
9. Available from the AR 2012 – calculations also confirmed with SO mortality [deaths in infants neonates/live births x 1000]
10. No. of low birth weight/ total live births x 100% for 2012
11. The target population for pre-school aged children reported here is 6-23 months. Denominator estimates for 2012 are based on the number of live births in 2010 (22,089) and 2011 (20,425) to cover the target age range. Denominator estimates for 2014 are based on the number of live births in 2012 (20,178) multiplied by two. Coverage data provided by the National Advisor, Nutrition; population/live birth data provided by the Health Information Unit.
12. Estimates of the denominator of primary school aged children are based on primary school enrolment from Classes 1-8
13. HPV immunization 1 or 3/ Class 8 girls data set (national) x 100%
14. PHIS = 8325 + Hospital Admissions = 581 + NNDSS = 385
15. AMI in hospital mortality to compare quality care and survival rate; Cause specific indicator used.
16. Source: St. Giles Hospital records
17. Available from the AR 2012