



Ministry of Health & Medical Services

Annual Corporate Plan

2015

MINISTRY *of* HEALTH &
MEDICAL SERVICES
Shaping Fiji's Health

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1. Minister's Foreword



I joined the Ministry at a time when the planning process of the 2015 Annual Corporate Plan (ACP) was being discussed and agreed upon. A healthy Fiji means improving healthcare for people around the country. The Ministry of Health and Medical Services believes that a good planning process results in achieving better results and improved service delivery to the public at large.

We need better levels of compassion, empathy and sensitivity shown by our caregivers to our patients. Whenever a patient visits a hospital or clinic they should feel like the doctors and nurses are fully vested in their health and recovery.

We are putting behind us the days in which some of our health workers displayed an attitude of laxity. We are determined to put the “care” back into health care. And this means working with health employees to develop a new spirit in our hospitals and clinics to show pride in our mission of always putting the patient first. While at the same time ensuring that the values of the Ministry are upheld at all times and that high quality health services is provided to the citizens of Fiji.

As stated in the manifesto of the government, the Ministry has already embedded the five areas that relate to the Ministry of Health and Medical Services into its Annual Corporate Plan 2015 for work to progress beginning as of 2015. The Ministry will also be developing a New Strategic Plan 2015-2019 to capture the vision of the Ministry over a 5 year plan and incorporate significant health sector components that will be highlighted in the National Development Plan of the Government.

I thank the Permanent Secretary, the Deputy Secretaries, Program Managers and staff of the Ministry of Health and Medical Services for their input in the development of a more comprehensive approach towards a better health care delivery system.

Mr Jone Usamate
Hon. Minister for Health and Medical Services

2. Permanent Secretary's Statement

It is my pleasure to present the 2015 Annual Corporate Plan (ACP) for the Ministry of Health and Medical Services.

The Ministry is firmly focused on improving the accessibility of affordable quality health services to the Citizens of Fiji and ensuring that the service is staffed by of an adequate caring workforce.



The Ministry and its partners are working to achieve better health, better care, better value and better teams, through a focus on addressing wellness and at the same time improving long-term care services, enhancing our physician and nurses workforce and strengthening service delivery and public health services.

The 2015 Annual Corporate Plan also includes the current government's party manifesto in the areas of health sector as a starting point. Not all of these could be fully accomplished in the year 2015 as some will be carried forward to the following years.

The production of the 2015 ACP has gone through numerous consultations involving leaders in all components of the Ministry as well as development partners. I would like to thank all who have participated, especially the ACP Secretariat Team which provided the coordination and the secretarial work.

I would also like to thank the Government for its tremendous support, our donor partners, NGOs, Corporate organizations and last but not least our hardworking health staff through whom we will successfully achieve our plans.

A handwritten signature in blue ink, appearing to read 'Eloni Tora', on a light-colored rectangular background.

Dr. Eloni Tora
Permanent Secretary for Health and Medical Services

Abbreviations

CBA	Child Bearing Age
CD	Communicable Disease
CP	Chief Pharmacist
CSN	Clinical Service Network
DAMU	Director Asset Management Unit
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
DSLO	Disaster Support Liaising Officer
DSHS	Deputy Secretary Hospital Services
DSPH	Deputy Secretary for Public Health
EH	Environment Health
ESU	Executive Support Unit
FH	Family Health
FHSSP	Fiji Health Sector Support Program
FPBS	Fiji Pharmaceutical & Biomedical Services
HIU	Health Information Unit
HIV	Human Immunodeficiency Virus
HRO	Health Research Officer
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
M (IT)	Manager Information Technology
MDG	Millennium Development Goal
M&E	Monitoring & Evaluation
MH	Mental Health
MoHMS	Ministry of Health and Medical Services
MS	Medical Superintendent
NA _s	National Advisors
NA CD	National Advisor Communicable Disease
NA EH	National Advisor Environmental Health
NA FH	National Advisor Family Health
NA MH	National Advisor Mental Health
NA NCD	National Advisor Non Communicable Diseases
NA Nut	National Advisor Nutrition
NA OH	National Advisor Oral Health
NCD	Non Communicable Diseases
OH	Oral Health
PAO	Principal Accounts Officer
PAS P	Principal Admin Secretary Personnel
PAS PPU	Principal Admin Secretary Post Processing Unit
RHD	Rheumatic Heart Diseases
SDMO	Sub Divisional Medical Officer
STG	Standard Treatment Guidelines
STI	Sexual Transmitted Infection
UOR	Unusual Occurrence Report

3. Corporate Profile

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 and Medical Services 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.

Vision

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

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.

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.

Our Customers

We take pride in serving our customers by implementing the 'Customer Service Charter' which sets out our commitment to providing high quality standards of services that is beyond customer expectations. Our customers include:

Internal

Staff of Ministry of Health and Medical Services

External

- Minister
- Cabinet
- Public Service Commission
- Public Service Disciplinary Tribunal
- Ministries and Departments
- Members of the Public
- Statutory Bodies
- Non-Governmental Organisations
- Diplomatic Mission
- International Organisations
- Unions and Employers
- Providers of Goods and Services

3.1 Functions

The core function of the Ministry of Health and Medical Services is to provide high quality healthcare through capable governance and systems to the people of Fiji. We are committed to improve primary, secondary and tertiary healthcare.

The Ministry of Health and Medical Services commits to:

- Ensure accessible, equitable and affordable health services to all citizens of Fiji without discrimination.
- Deliver quality health services through its workforce by actively seeking to:
- Recruit and retain well-trained motivated staff.
- Promote continuous professional development, quality assurance and succession planning.

3.2 Functions of the Permanent Secretary

Subject to Section 127 (3), (7) and (8) of the 2013 Constitution the Permanent Secretary has the following' functions:-

- (a) responsible to the Minister of Health and Medical Services for the efficient, effective and economical management of the Ministry of Health and Medical Services ;
- (b) have the authority to appoint, remove and institute disciplinary action against all staff of the Ministry of Health and Medical Services with the agreement of the Minister; to determine all matters pertaining to the employment of all staff of the Ministry of Health and Medical Services , with the agreement of the Minister, including:
 - i. terms and conditions of employment;
 - ii. qualification requirements for appointment and the process to be followed for appointment which must be open, transparent and competitive selection based on merit;

- iii. salaries, benefits and allowances payable in accordance with the approved budget;
- iv. total establishment or the total number of staff that are required to be appointed in accordance with the approved budget

3.3 Legislative Framework

The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

Table B: Legislative Framework

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2014
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Animals (Control of Experiments) Act (Cap.161)
12	Burial and Cremation Act (Cap.117)
13	Child Welfare Decree 2010
14	Child Welfare (Amendment) Decree 2013
15	Dangerous Drug Act (Cap. 114)
16	Food Safety Act 2003
17	HIV/AIDS Decree 2011
18	HIV/AIDS (Amendment) Decree 2011
19	Marketing Controls (Food for Infants and Children) Regulation 2010
20	Medical Imaging Technologist Decree 2009
21	Medical and Dental Practitioner Decree 2010
22	Medical and Dental Practitioner (Amendment) Decree 2014
23	Medical and Dental Practitioners Act (Cap 255)
24	Medical Assistants Act (Cap.113)
25	Medicinal Products Decree 2011
26	Mental Health Decree 2010
27	Mental Treatment Act (Cap 113)
28	Methylated Spirit Act (Cap. 225A)
29	National Ambulance Decree 2010
30	Nurses Decree 2011
31	Nurses and Midwives Act (Cap 256)
32	Pharmacy Profession Decree 2011
33	Pharmacy and Poisons Act (Cap 115)
34	Private Hospitals Act (Cap. 256A)
35	Public Health Act (Cap. 111)
36	Public Hospitals & Dispensaries Act (Cap 110)
37	Public Hospitals & Dispensaries (Amendment) Regulations 2012
38	Optometrist and Dispensing Optician Decree 2012

39	Quarantine Act (Cap. 112)
40	Quarantine (Amendment) Decree 2010
41	Radiation Health Decree 2009
42	Tobacco Control Decree 2010
43	Tobacco Control Regulation 2012
44	The Food Safety Regulation 2009
45	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.

3.4 2015 Approved Outputs

2015 expenditure for the Ministry of Health and Medical Services are driven towards the following outputs as approved by the Ministry of Finance (MOF):

Table C: Ministry of Health and Medical Services 2015 Approved Outputs

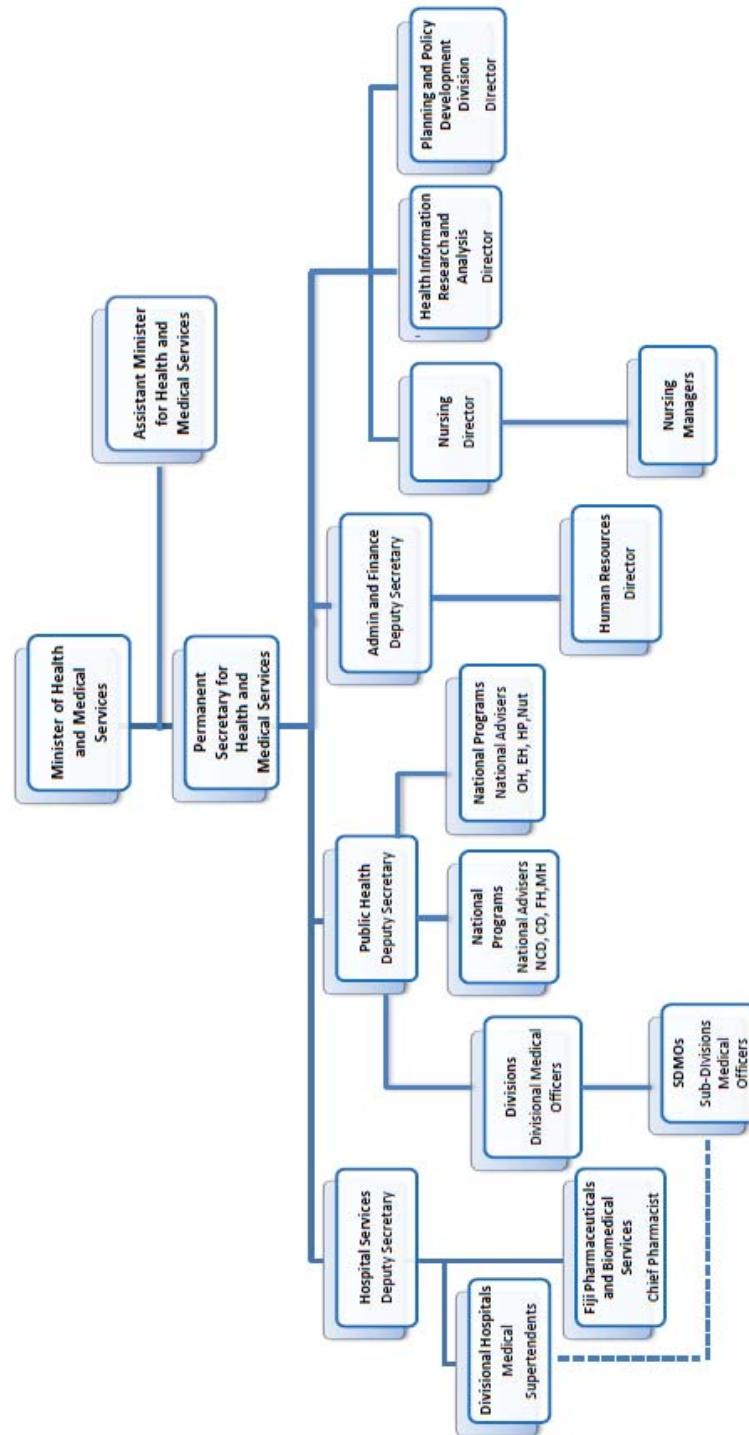
No	Description
1	Portfolio Leadership Policy Advice and Secretariat Support.
2	Construction of new health facilities and maintenance and upgrading of exiting health facilities
3	Provision of free medicine to all Fijians with an annual income of below \$20,000.
4	Purchase of equipment's and biomedical equipment's for urban and rural hospitals

3.5 Priority Outcomes in RDSSSED

Amongst others, the Ministry's Annual Corporate Plan (ACP) is aligned to relevant outcomes identified in the Roadmap for Democracy and Sustainable Socio-Economic Development 2010-2014 (RDSSSED), the Government of the day's Manifesto, 2013 Constitution including the National Strategic Human Resource Plan 2011- 2015 (NSHRP). These are tabulated in the following tables:

Table D: Priority Outcomes as in the RDSSSED, Government of the day's Manifesto and the 2013 Constitution

No	Description
1	Health Service – Improving Health Service Delivery
2	Public Sector Reform - Improved Public Sector efficiency, effectiveness and service delivery.
3	Leadership - Effective, enlightened and accountable leadership.
4	Poverty- Reducing Poverty to a Negligible Level by 2015.



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

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

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSEED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSEED)	Ministry of Health and Medical Services Outputs
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).	30.4: Child Health
		Percentage of one year olds Immunised against measles increased from 71.8% to 95 % (MDG 4).	30.4 : Child Health
		Maternal mortality ratio maintained at 22.6 per 100,000. (MDG 5).	30.3 : Family Health
		Prevalence of diabetes in 25-64 years old reduced from 16% to 15.6%.	30.1 : Non Communicable Diseases
		Contraceptive prevalence rate amongst CBA increased from 31.77% to 36.6%. (MDG 5)	30.3 : Family Health 30.5 : Adolescent Health
		Reduction of Incidence by 2% of STIs among 15 to 24 year olds.	30.2 : HIV/AIDS and Other Communicable Diseases
		HIV/AIDS prevalence among 15-24 year old pregnant women maintained below 0.04% (MDG 5 & 6).	30.2: HIV/AIDS and Other Communicable Diseases
		Increase in moderate physical activity in the population by 1%.	30.1: Non Communicable Diseases 30.5 : Adolescent Health
		Reduction in under 5 year hospital based malnutrition cases.	30.4 : Child Health
		80% Coverage of MDA for Filariasis in Central, Eastern and Northern Divisions.	30.2: HIV/AIDS and Other Communicable Diseases
		Reduction in TB prevalence rate from 40/100,000 to 30/100,000.	30.2: HIV/AIDS and Other Communicable Diseases
		Rate of teenage pregnancy reduced from 3.8 to 3.61 per 1000 CBA.	30.3 : Family Health 30.5: Adolescent Health
		Prevalence of anaemia in pregnancy at booking from 55.7% to 50%.	30.3 : Family Health
		Reduction of smoking prevalence rate of 15-65 year olds from 37% to 36%.	30.1: Non Communicable Diseases
		Increase in proportion of women screened for cervical	30.3 : Family Health

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSSED)	Ministry of Health and Medical Services Outputs
		cancer by 2%.	
		Reduce dental caries in 12 year olds by 1%.	30.5 : Adolescent Health
		Reduce confirmed cases of Typhoid by 15% (75% over 5 years)	30.2: HIV/AIDS and Other Communicable Diseases
		Reduce dengue rates by 10%	30.2: HIV/AIDS and Other Communicable Diseases
	Communities have access to effective, efficient and quality clinical health care and rehabilitation services.	Reduction of admission rate for diabetes and its complications, hypertension and cardiovascular disease by 2%.	30.1: Non Communicable Diseases
		Reduce amputation rate for diabetic sepsis from 30.1% to 28%.	30.1: Non Communicable Diseases 30.12 : Service Delivery
		Increase treatment success rate to 85% of new smear positive TB cases.	30.2: HIV/AIDS and Other Communicable Diseases
		Bed occupancy rate of Psychiatric beds (Stress Beds).	30.6: Mental Health
		Increase in number of staff trained in mental health.	30.6 : Mental Health
		80% of UORs are responded to within 2 weeks of dated received.	30.12 : Service Delivery
		Improve waste segregation by 10%	30.7: Environmental Health
		TAT for bio-chemistry, haematology, serology, microbiology and pap smears improved.	30.12: Service Delivery
		General medical imaging services delivered within 24 hours.	30.12 : Service Delivery
		Special imaging services TAT within a week of request	30.12: Service Delivery
		Improvement in the procurement and reduction in the wastage of lab reagents and stock outs by 10-15%.	30.13: Medicines and Consumables Management and Infrastructure
		Reduce the incidence of low birth weight babies by 1%	30.3 : Family Health
		5% of 5-15 year olds are Screened for RHD	30.4 : Child Health 30.5: Adolescent Health
		80% of those diagnosed with RHD are managed at MoHMS health facilities.	30.4 : Child Health 30.12: Service Delivery
	Health Systems strengthening is undertaken at all levels in the Ministry	Increased participation of private health care partners and providers.	30.8: Leadership and Governance

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSSED)	Ministry of Health and Medical Services Outputs
	of Health and Medical Services	Increased annual budgetary allocation to the health sector by 0.5% of the GDP annually. An annual growth rate of 5% over the medium term.	30.9: Finance
		Health expenditure increased from the current 4.7% to at least 5% of GDP by 2013.	30.9 : Finance
		Train, recruit and retain more doctors to progress towards achieving an internationally accepted standard of doctor to patient ratio (1:1,000) by the end of 2020.	30.11 : Human Resource
		Increase nurse to population ratio from 50 per 100 000 population to 55 per 100 000 population.	30.11 : Human Resource
		Patient satisfaction carried out at 3 divisional hospitals and 1 subdivisional hospital and 2 health centres from each division.	30.12: Service Delivery
		85% of all capital projects completed with documentation	30.13: Medicines and Consumables Management and Infrastructure
		Outsourcing non-technical activities by end of 2012.	30.9: Finance
		Health Commission (Technical Working Group) established in 2012.	30.8: Leadership and Governance
		Average of length of stay for in-patient reduced from 6.27 to 5.97 days.	30.12: Service Delivery
		Elimination of stock outs of drugs from present 100 items per month.	30.13: Medicines and Consumables Management and Infrastructure
		Number of Public Health facilities with 30 critical consumables and 60 vital medicines available.	30.13: Medicines and Consumables Management and Infrastructure
		75% implementation of Bio-medical Audit Report.	30.13 : Medicines and Consumables Management and Infrastructure
		At the most 50% implementation of recommendations resulting out of the Functional Review by PSC.	30.11 : Human Resource
		To ensure all essential drugs will remain under price	30.13: Medicines and Consumables Management

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RDSSSED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RDSSSED)	Ministry of Health and Medical Services Outputs
		control and that there is a regular supply of all essential medicines through the public health system.	and Infrastructure
Pillar 3: Ensuring Effective, Enlightened and Accountable Leadership	Gender Equality and Women Development.	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 MoHMS	30.8: Leadership and Governance 30.3 : Family Health 30.5 : Adolescent Health
Pillar 4: Enhancing Public Sector Efficiency, Performance Effectiveness and Service Delivery.	Public Sector Reforms	Rezoning of selected Health Facilities Decentralisation of decision making processes and services to selected health facilities. To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services.	30.8 : Leadership and Governance 30.8 : Leadership and Governance 30.12: Service Delivery 30.13 : Medicines and Consumables Management and Infrastructure
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). Working with MoSW, line Ministries and other NGOs to coordinate poverty reduction programmes aimed at social determinants of health. Provide free all medicine prescribed by a doctor and currently under price control for all Fijians who earn less than \$20,000 a year. This includes medicines for Non Communicable Diseases. Provide land and funding to Fiji National University to establish a world class Tertiary Hospital in Lautoka to be run in collaboration with the university's Medical College. This Hospital will provide advanced medical and surgical procedures to Fijians, available overseas,	30.8: Leadership and Governance 30.8 : Leadership and Governance 30.13 : Medicines and Consumables Management and Infrastructure 30.13 : Medicines and Consumables Management and Infrastructure

Key Pillar(s) PCCPP	Targeted Outcome (Goal/Policy Objective – RD\$SED)	Outcome Performance Indicators or Measures (Key Performance Indicators – RD\$SED)	Ministry of Health and Medical Services Outputs
		free medical procedures for retirees and household earning less than \$20,000.	

6. Ministry's Outcomes, Strategies and Key Performance Indicators

Table 2: Outcomes, Strategies and Key Performance Indicators

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
Output 30.1				
National Strategic Plan Health Outcome 1: Non Communicable Diseases				
Budget: \$69,862,194				
HO 1.1. Maintain and strengthen routine service delivery and programs for Wellness and NCDs Emphasis Areas: <ul style="list-style-type: none"> ▪ Incentives for healthy, safe decisions in the social and business environment ▪ Improving knowledge & attitudes toward healthy eating and lifestyle choices ▪ Screening, case detection, referral, counselling and treatment for NCDs ▪ Improved quality of palliative care for NCDs and related complications 	NA NCD Consultant Physician Medicine CSN FHSSP	i1. % of population 30+ years of age screened for diabetes and hypertension (medical area level and below)	19.91% (2013) (78,677 screened/ 395,122 targeted)	25%
	NA NCD	i2. % of population screened for diabetes and hypertension who also received SNAP counselling (medical area level & below)	66.84% (2013) (52,590/78,677 screened)	75%
	NA NCD Medicine CSN	i3. # of new diabetes cases detected (medical area level and below)	30+: 3481 new cases <30: 1269 new cases (2013)	30+: 4000 new cases <30: 1500 new cases
	NA NCD Medicine CSN Consultant	i4. # of new hypertension cases detected (medical area level and below)	30+: 6084 new cases <30: 1472 new cases (2013)	30+: 6500 new cases <30: 1500 new cases
		i5. Premature mortality due to NCDs (% of premature deaths for which the primary cause of death was a non-communicable disease)	42% (2013) (2062/4909 deaths under age 60)	42%
Output 30.2				
Strategic Plan Health Outcome 2: HIV/AIDS and other Communicable Diseases				
Budget: \$43,158,112				
HO 2.1. Strengthen the surveillance and response to communicable diseases, including neglected tropical diseases	NA CD	i6. Incidence of leprosy per 100,000 population	0.36 per 100,000 population (3 new cases; 2013)	<1 per 100,000
		i7. Case fatality rate for dengue fever	0.28% (2013) (9/3,359 cases)	<0.5%
		i8. Incidence of confirmed leptospirosis	54 per 100,000 (2013)	<60 per 100,000
		i9. Case fatality rate for leptospirosis	8.0% (37/450 x 100) 2013	<7.0%
		i10. % of suspected measles cases investigated	100% (180 investigated / 180 suspected)	100%
		i11. Admission ratio for typhoid (# admissions / # confirmed cases)	0.44(215/492) 2013	<0.40
		i12. Case fatality rate for typhoid	1 % (5/492)	<2%
HO 2.2. Strengthen the surveillance and response for HIV and other STIs Emphasis Area:	CEO HIV Board NA FH	i13. Incidence of HIV infection (# new cases)	64 new cases (2013)	<148 new cases
		i14. # of confirmed HIV positive cases (# total cases)	546 total cases (2013)	<700 total cases
		i15. Incidence of syphilis (#	65.6 per 100,000	55 per 100,00

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
<ul style="list-style-type: none">Decentralise PPTCT service to all maternity hospitalsEnsure all sub divisional hospitals are performing HIV confirmatory testing on site	NA FH DMO SDMO	new cases)	(2013)	
		i16. % of diagnosed HIV patients needing treatment who are receiving treatment	91% (2013) 172 on treatment out of 188 needing treatment	>90%
		i17. % of HIV positive mothers that undergo PPTCT	100% (2013)	≥85%
		i18. % of sub-divisional hospitals w/capacity to provide HIV confirmatory testing on site	21% (2013) (4/19 SDH)	>90% (17/19 SDH)
HO 2.4. Improve high quality tuberculosis DOTs in all divisions, case notification and high treatment success	National TB Control Officer	i19. # of notified cases of all forms of TB – bacteriologically confirmed plus clinically diagnosed, new and relapses	251 (2013) Data Source - R&R TB system, annual management report	325(TB NSP 2015-2019)
		i20. Treatment success rate - all new TB cases (disaggregated by age <15, 15+, sex and HIV status)	86%(2012 cohort) R&R TB system, annual management report	≥85%
Output 30.3 National Strategic Plan Health Outcome 3: Family Health Budget: \$26,973,820				
HO 3.1. Maintain and strengthen routine service delivery and programs for family health Emphasis Areas: <ul style="list-style-type: none">Review and integration of the health facility role delineation in relation to Emergency Neonatal and Obstetric Care (EmNOC) and Mother Safe Hospital Initiative (MSHI)Improved Gender Equality and Social InclusionStrengthening Cervical Cancer Screening using the available policy standards and guidelines. (Emphasis area 30-50 years of age though the overall target population needs to be 25-60 years).Improving Family planning coverage	NA FH Obstetrics CSN NA Nutrition FHSSP	i21. % of pregnant women who receive ANC in their first trimester (early booking)	10.7% (2013)	15.7%
		i22. % of pregnant women with at least 4 antenatal clinic visits	45.6% (2013)	50.6%
		i23. % of women attending postnatal clinic (at medical area level and below)	29.9% (2013)	35%
		i24. Prevalence of anaemia in pregnancy at booking	27.4% (2013)	26.5%
		i25. Number of maternal deaths	4 (ratio: 19.07 (4/20970 x 100 000) (2013)	8
		i26. Couple years protection rate (proxy for Contraceptive prevalence based on family planning methods distributed)	38.4% (2013)	48.4%
		i27. Cervical cancer screening rate	15.8% (2013)	25.8%
HO 3.2. Establish and implement service delivery guidelines, protocols and	NA FH DMO SDMO	i28. Avg.% adherence to Mother Safe Hospital Initiative (MSHI)	43.6% avg. for 17 SDH; N/A for divisional hosp.	60% avg. for 10/19 SDH; 80% avg.for

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
standard operating procedures for family health	Obstetrics CSN FHSSP	standards in divisional and sub-divisional hospitals (and % fully meeting MSHI standards)	(2013) 0% hospitals fully meet the MSHI standards	3/3 divisional hospitals
Output 30.4 National Strategic Plan Health Outcome 4: Child Health Budget: \$13,486,910				
HO 4.1. Maintain and strengthen routine clinical and public health child health services Emphasis Areas: <ul style="list-style-type: none">Establish standard clinical and nursing and competencies for undergraduate and postgraduate programsStrengthen internship supervisory capacities with the use of core competencies for the specialty.Strengthen confidential inquiry for all under 5 paediatric deathsMaintain a functional IMCI strategy through training, service, supplies and community involvement	Paediatric CSN FHSSP	i29. Infant mortality rate per 1,000 live births	13.7 per 1,000 live births (2013) (288/20970)	12 per 1,000 live births
	Paediatric CSN	i30. Neonatal mortality rate per 1,000 live births	7.4 per 1,000 live births (2013)(156/20970)	7.0 per 1,000 live births
	Paediatric CSN	i31. Perinatal mortality rate per 1,000 total births	14.7 per 1,000 total births (2013) (312/21163)	10.0 per 1,000 total births
	Paediatric CSN	i32. MRI immunisation coverage (%) - proxy for full immunisation coverage	79.9% (PHIS) 94.8% (Imm. survey) (2013)	>95%
	Paediatric CSN UOF NAFH DSPH FPBS	i33. Under 5 mortality rate per 1,000 live births	17.9 per 1,000 live births (376/20970)2013	15 per 1,000 live births
		i34. Percentage of targeted facilities adhering to IMCI guidelines		60% of health facilities who see children under 5 should be practicing IMCI
HO 4.2. Maintain and strengthen routine clinical and public health nutrition services Emphasis Areas: <ul style="list-style-type: none">Maintain Infant and Young Child Feeding (IYCF) and Baby Friendly Hospital Initiative (BFHI) standards	NA NUT Paediatric CSN	i35. % of live births with low birth weight (<2500g)	4.8% (1015/20970 x 100%)2013	4.8 %
		i36. % of divisional and sub-divisional hospitals re-accredited as “Baby Friendly”, as per Baby Friendly Hospital Initiative (BFHI) standards		60% across the three Divisions
		i37. Exclusive breastfeeding rate	39.8%	60%
		i38. Number of cases admitted with Severe Acute Malnutrition	98 cases total for (2013)	74 cases
		i39. Prevalence of overweight and obesity among primary school children	15.7% (14504/92155)	15%
Output 30.5 National Strategic Plan Health Outcome 5: Adolescent Health Budget: \$ 13,486,910				

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
HO 5.1. Maintain and strengthen routine service delivery and programs for adolescent health Emphasis Areas: <ul style="list-style-type: none"> Implementation of the Adolescent Health Policy Integrate adolescent health and development issues into existing services using the Youth Friendly Service Standards depending on the two models. (Integrated and Stand Alone Strengthen integration with key stakeholders MOE, MOY, private and public partners on service delivery for adolescents 	NA FH, FHSSP	i40. HPV vaccination coverage among Class 8 girls in school	HPV 1 = 95.1% (5498/5783) HPV2 = 45.4% (2624/5783) HPV3 = 2.0% (115/5783) (2013)	HPV 1: >95%
	NA FH	i41. Adolescent birth rate (# births per 1,000 girls aged 15-19)	40.2 births per 1,000 girls aged 15-19 (1556/38700)	≤38.1 births per 1,000 girls aged 15-19
	NA FH			
HO 5.2. Maintain and strengthen routine clinical and public health oral health programs Emphasis area <ul style="list-style-type: none"> Integrated (mental, nutrition, dental, oral, NCD, EH, FH, blood) health approach for adolescent health in Secondary, tertiary schools 	NA OH	i42. % of Form 3 – Form 7 school children reached by MoHMS tooth brushing campaign	4.2% (2,800/67,000) 2013	5.1%
	NA MH NA Nut NA NCD NA OH NA FH	i43. % of 12-year old school children who are "dentally fit"	87% (2013)	88 %
Output 30.6 National Strategic Plan Health Outcome 6: Mental Health Budget: \$13,486,910				
HO 6.1. Maintain and strengthen routine clinical and public health mental health services Emphasis Areas: <ul style="list-style-type: none"> Development of a coordinated and standardised national mental health service Development of enduring partnerships with stakeholders Development of mental health psychiatry and mental health clinical practice guidelines 	NA MH MH CSN FHSSP	i44. # of admissions for mental disorders, any type	409 (2013)	400
		i45. Suicide rate (per 100,000 population)	9.8 per 100,000 population (90/914663 x 100 000)	≤ 11 per 100,000 population
		i46. # of cases of intentional self-harm (not including death by suicide)	188 (2013)	169

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
Output 30.7 National Strategic Plan Health Outcome 7: Environmental Health Budget: \$25,625,129				
HO 7.1. Maintain and strengthen environmental health services Emphasis Areas: <ul style="list-style-type: none"> Strengthen reporting, interpretation, and use of Environmental Health information in MoHMS Improve waste management and planning in health facilities and at the community level 	NA EH	i47. # and % of hospitals with Waste Management Plan	3/24 (12.5%) (2014)	24/24 (100%)
	NA EH DPPDU FHSSP	i48. % communities with Water Safety Management Plans (WSMP)	0.6% (2014) (32/5300 communities)	0.98% (52/5300 communities)
	NA EH	i49. % of restaurants in Rural Local Authority areas graded A, B, C, and D	12.5% graded A (5 graded A/40 graded total) 7.5% graded B (3 graded B/40 graded total) 50% graded C (20 graded C/40 graded total) 30% graded D (12 graded D/40 graded total) (2014)	At least 60% graded A, B, or C
		i50. % of communities in Rural Local Authority areas classified as "high risk" (i.e., BI > 20 and ≥ 2 dengue cases annually for 2 yrs) that maintain Breteau Index (BI) < 20	98.6% met standards (72 out of 73 high risk communities; 2012)	60%
Output 30.8 Health Systems 1: Leadership and Governance Budget: \$ 2,697,382				
HS 1.1. Maintain and strengthen processes to formulate, review, implement and monitor policies, programs, reports and plans Emphasis Areas: <ul style="list-style-type: none"> Ensure adequate resourcing and logistical support provided towards implementation and monitoring of policies, programs, reports and plans. Strengthen routine health service planning and ensure linkages with health facility role delineation Production and capacity building of National Health Accounts 2013-2014 	DPPDU	i51. # of national policies developed and endorsed	2	2
	Directors NAs All CSN MS, DAMU DMO, DPPDU FHSSP DPPDU	i52. % of Business Plans quarterly reports completed and submitted to MoHMS HQ	85%	95%

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
HS 1.2 Maintain and strengthen processes to formulate, review, implement and monitor legislation and cabinet papers Emphasis Area ▪ Implementation of Cabinet decisions	ESU	i53. # and % of Cabinet papers submitted by MoHMS that are official approved	20 papers approved/20 submitted (100%)	25 papers approved/25 submitted (100%)
		i54. # of new or updated regulations endorsed by the Minister	2	2
Output 30.9 Health Systems 2: Finance Budget: \$134,869				
HS 2.1. Ensure the MoHMS secures adequate resources to deliver and sustain its health service delivery mandate Emphasis Areas: ▪ Generate unit cost and service utilisation evidence to project financial requirements for various clinical disciplines	DSAF DHR DPPDU All CSN MS DMO DPPDU	i55. % execution of MoHMS annual budget	100.8% (2013)	100%
		i56. % of development partner commitments to MoHMS that have been disbursed	0% 2013 figure?	100%
		i57. % execution of disbursed funds from development partners	52.4 %(2013)	100%
Output 30.10 Health Systems 3: Health Information Budget: \$134,869				
HS 3.1. Strengthen the production of relevant, reliable and timely health information for decision making Emphasis Areas: ▪ Build capacity of staffs to use relevant existing information systems ▪ Strengthen data analysis, interpretation and application of health information ▪ Improve health information reporting and dissemination ▪ Improved data quality and integrity dissemination	DHIRA HIU, FHSSP	i58. % of PHIS reports received within the past quarter from medical area	100% [243/243] 2013	100% [243/243]
		i59. % of Hospital Return report within the past quarter	95% [66/69] 2013	95% [66/69]
		i60. % of Obstetric reports received within the past quarter	88.7% [54/63] 2013	90%
		i61. % of National Notifiable Disease Surveillance System report received within the past quarter	85% [90/105] 2013	90% [95/105]
		i62. % of Medical Cause of Death Certificate received are completely filled	65% (2013)	75%
HS 3.2 Strengthen and sustain eHealth foundations to improve the ICT workforce, infrastructure, services and applications Emphasis Areas: ▪ Improve connectivity and	DHIRA IT	i63. % of targeted facilities with govnet access [4 Sites targeted in 2015 - Namaka HC, Nasekula HC, Ba HC, Sigatoka HC]	33.96% [36/109] 2014	36.69% [40/109]

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
<p>network performance</p> <ul style="list-style-type: none"> Ensure better coverage and reach to Health Centres Distribution of ICT Services based on demonstrated needs 				
<p>HS 3.3. Strengthen health research (including system research and operational research) capacity, production and use</p> <p>Emphasis areas:</p> <ul style="list-style-type: none"> Advocate Research activities in national programs and divisions Ensure timely approval for research proposals 	DHIRA HRO	i64. # of articles published in the Fiji Journal of Public Health (in the reporting period and total cumulative since 2012)	24(2014) 39(Cumulative)	30(new)
<p>HS 3.4. Strengthen M&E capacity, processes, systems, and tools at the national, divisional, and sub-divisional levels</p>	DHIRA FHSSP	i65. # of targeted programs, hospitals, divisions, and sub-divisions with a designated, trained, and equipped M&E Resource Team	21 (2014)	42
<p>Output 30.11 Health Systems 4: Human Resources for Health Budget: \$2,697,382</p>				
<p>HS 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"> Timely and appropriate recruitment, especially in areas with high vacancies Effective and affordable retention strategies, especially in areas with high attrition Practical, functional succession planning Unit-specific workforce planning, including expansion of establishment positions where appropriate 	DHR	i66. Ratio of doctors per 10,000 population	6.6: 10,000 (2014) (603 Doctors)	8.2 :10,000 (753Doctors)
		i67. Ratio of nurses per 10,000 population	27:10,000 (2014) (2466 Nurses)	29:10,000 (2666 Nurses)
		i68. Ratio of midwives per 10,000 population	3.4 : 10,000 (2014)	4 : 10,000
		i69. # and % of vacancies by cadre and facility (relative to total vacancies)	NU – 154/519 MO – 172/519 Dental - 48/519 Dieticians – 17/519 Engineering – 9/519 HI -14/519 Laboratory – 12/519 Physio – 5/519 Radiology – 8/519 Pharmacy – 18/519 Accounts-4/519 Admin- 45/519 IT-3/519 Stores-5/519 Technical General-4/519 Upper Scale-1/519 (2014)	NU<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
		i70. Ratio of vacancies to establishment (by cadre)	NU- 6.2%(154/2466) MO- 28.5%(172/603)	To maintain all clinical cadres within 5-10% of establishment at any time

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
<ul style="list-style-type: none">Development of Strategic Workforce Plan and implementation of Action Plans			Dental- 24%(48/201) Dieticians 28%(17/61) Engineering- 41%(9/22) HI 11.3%(14/124) Lab 7.3%(12/164) Physio 14.3%(5/35) Radiology 9%(8/87) Pharmacy 21%(18/87) Admin- 19.6%(45/230) Accounts- 23.5%(4/17) IT-33%(3/9) Stores-16% (5/31) Technical General- 16.7%(4/24) Upper Scale- 6.2%(1/16)	over the year
		i71. Average recruitment time	>16 weeks	6-8 weeks
		i72. Attrition rate (# staff leaving relative to total staff) for medical, nursing and administrative cadres	<ul style="list-style-type: none">NU – 55/2279MD – 23/433TC – 55SS – 10GWE – 34/1700TOTAL – 177	<2% of nursing workforce <5% of medical workforce
		i73. Ratio of staff with a job description relative to total staff	>40% (unconfirmed)	>80%
		i74. % of nurses meeting their pro rata target for professional credentialing (i.e., 25% of annual required points by Q1, 50% of points by Q2, etc.)	98% (2014)	98%
		i75. % of doctors meeting their pro rata target for professional credentialing (i.e., 25% of annual required points by Q1, 50% of points by Q2, etc.)	100% (2014)	100%
		i76. % of Allied Health Practitioners meeting their pro rata target for professional credentialing	20% of registered Practitioners (2013)	56%
Output 30.12 Health Systems 5: Service Delivery Budget: \$ 4,046,073				
HS 5.1. Maintain and strengthen routine divisional and subdivision hospital services (outpatient,	MS DMO SDMO Matrons	i77. Surgical site infection rate - Caesarean section (Divisional Hospitals)	CWM: 2.2% Labasa: 11% Lautoka: 5.1% (Q2 2013)	< 5%

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
inpatient, specialised services, allied health, biomedical and corporate) Emphasis Areas: <ul style="list-style-type: none"> Human resources (e.g., adequacy of staffing, training, etc.) Inventory management (e.g., medicines, reagents, supplies, wastage) Ambulance and blood services Infrastructure and equipment (e.g., monitoring, maintenance, compliance) M&E (e.g., Balanced Scorecard) Pursue service excellence initiatives 	DSHS DSPH FHSSP	i78. Acute myocardial infection (AMI) in-hospital mortality rate	AMI specific: 87/892 x 100 = 9.7% pop (2013)	9%
		i79. Unplanned readmission rate within 28 days of admission (Divisional Hospitals)	CWM: Not available Lautoka: 10.8% (133/1229) (Jan-Jun 2013) Labasa: Not available	<10%
		i80. Amputation rate for diabetic foot sepsis (lower limb)	47.3% admissions for diabetes mellitus (2013)	44.8% cases
		i81. ICU/NICU/PICU hand hygiene rate (by Divisional Hospital)	CWM NICU: 86% CWM PICU: 87% CWM ICU: 84% Labasa NICU: 90% Labasa ICU: 77% Lautoka NICU: 97% Lautoka PICU : 90% Lautoka ICU : 97% Lautoka Burns : 97%	>90%
		i82. Number of annual blood donations	13,000 donations 1.58% 2013	1.7%
		i83. Percentage (%) of blood donations that are voluntary and non-remunerated	75% (2013)	80%
HS 5.2. Strengthen quality improvement in health service delivery and utilisation Emphasis Areas: <ul style="list-style-type: none"> Quality of care (e.g., adherence to protocols/guidelines, patient satisfaction, clinical outcomes) Efficiency (e.g., auxiliary service outsourcing, operating theatre usage) Service expansion and decentralisation Extension of opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services (Government Manifesto) 	MS Risk Managers DSHS FHSSP	i84. Patient Satisfaction Survey scores (% of patients rating overall hospital service as good or higher)	1 st Qrt 2014 CWMH-75% Labasa-81% Lautoka-87% Savusavu Hosp-83.3% Navua Hosp-68% Korovou Hosp-90% Vunidawa H/C-69% Lami H/C-90%	>85%

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
HS 5.3. Strengthen quality improvement in risk management in health facilities	MS Risk Managers DSHS	i85. % of Unusual Occurrence Reports (UORs) that are investigated and responded to within 2 weeks of the date received (by Divisional Hospital)	CWM: 71% (44/62) Labasa: 86% (71/83) Lautoka: 87% (115/132) (Q2 2013)	>85%
		i86. % of Root Cause Analysis (RCA) recommendations that are addressed within the recommended time frames	CWM: 71% Labasa: 93% Lautoka Hospital: 33% (Q2 2013)	>80%
HS 5.4. Enhance Ministry resilience to health emergency and disaster response, preparedness and recovery Emphasis Area: <ul style="list-style-type: none"> Develop disaster risk management & climate change for health adaptation strategic plan (2015-2018) for the Ministry of Health and Medical Services Strengthen community-based health emergency and disaster response, preparedness, and recovery 	MS Risk Managers DSHS PCCAPHH NA EH DPPDU DSLO	i87. # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response	0/20 subdivisions 3/3 divisional hospitals 0/2 specialist hospitals (2012)	5/20 subdivisions (includes all SDH,HC/NS) 3/3 divisional hospitals 2/2 specialist hospitals
Output 30.13 Health Systems 6: Medicines and Consumable Management and Infrastructure Budget: \$53,947,640				
HS 6.1. Maintain and strengthen supply chain management of medicines and consumables for clinical and public health services Emphasis Areas: <ul style="list-style-type: none"> Product selection, forecasting and procurement Sourcing and supplier management Warehousing and storage Inventory management and information systems Distribution and transport Strengthen access and availability of appropriate technology for communicable disease control Supply of free medicines to population under 	CP DSHS NA FH NA EH NA MH NA NUT NA OH NA CD DHIRA FHSSP	i88. Average % availability of 150 tracer products in targeted health facilities at the beginning of the supply period	80%	>80%

ACP Strategies	Responsible Division	Indicators	Baseline	2015 Target
\$20,000 salary (Government Manifesto) ▪ Strengthen the support of the Extended Pharmacy Business Hours at selected facilities (Government Manifesto)				
Output 30.8 HS 6.2. Strengthen capital works project development, implementation and management Emphasis Area: ▪ Coordinate with FNU for construction of world class tertiary hospital (Government Manifesto)	CP DAMU	i89. % and # of capital works projects completed, by type (e.g., construction, renovations, etc.)	80% (36 completed of 45 total projects)	>70%

7. PSC Deliverables and Indicators

Table 3: PSC Deliverables and Indicators

PSC DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
Platform 1: Human Resources Management and Development				
Appointment and Discipline	Monitoring and Review of Policy implementation and compliance	Policy Implementation Agency Appointment Report	Report submitted bi-annually Report submitted bi-annually	Human Resource
	Compliance with PSC Values and Code of Conduct	Agency Disciplinary Report	Report submitted bi-annually	Human Resource
Staff Development	Alignment of Organizational and People objective; Formulation, implementation, monitoring and review	Agency Strategic Workforce Plan – Review Agency Succession Plan - Review	2 Plans reviewed and submitted by 31st March 2015	Human Resource
	Effective HR Planning and Development	Implementation, monitoring and review report	Reports submitted bi-annually	Human Resource
	Agency Learning and Development Plan (LDP)	Revised LDP	Revised LDP by 31 January 2015	Human Resource Training
		Agency Training Policy	Due 31st January 2015	
		Agency Training Plan	Due 31st January 2015	
Human Resource Management	Compilation and standardisation of Human Resources Management Procedures	Review of Agency HR Manual	Manual reviewed by 31st March 2015	Human Resource
Terms and Conditions of Employment (TCE)	Report on changes in the TCE	No of policy developed in relation to TCE	Report submitted bi-annually	Human Resource
Salaries, benefits and allowances	Report on changes to salaries, benefits and allowances	No of policy developed in relation to salaries, benefits and allowances	Report submitted bi-annually	Human Resource
Staff Establishment	Report on the budgeted Staff Establishment	Staff Establishment Register (SER)	Submitted 31st January 2015	Human Resource
	Report on variation to Staff Establishment	SE variation Report	Report submitted bi-annually	
Platform2: Organisational Management				
Training and NTPC Levy Grant Compliance	Effective administration of Training activities in accordance with NTPC levy and Grant Scheme and Training Policy	Submission of Agency payroll updates for NTPC Levy Payment	List of 1st payment by 31st March 2015	Training Accounts
			List for 2nd payment by 30th September 2015	
Effective Planning & Accountability	Planning and Accountability Framework Compliance Formulation, implementation, monitoring and reviewing of:	Strategic Development Plan	Implementation of ACP from 1st January 2015 2016 ACP draft – 30th Nov 2015	Planning & Policy Development Unit
		Annual Corporate Plan		

	<ul style="list-style-type: none"> Strategic Development Plan Annual Corporate Plan PSC Deliverables Report Agency 2014 Annual Report 	PSC Deliverables Report	Report submitted bi-annually	Human Resource
		Draft un-audited 2014 Annual Report	Due March 2015	Planning & Policy Development Unit Accounts
		Agency 2014 Audited Annual Report	Due June 2015	
	Performance Review: <ul style="list-style-type: none"> Implementation of Agency Performance Review Procedure 	Report on the Performance Review Procedure	Review Report submitted bi-annually	Planning & Policy Development Unit
Platform3: Productivity Management				
Implementation of the Service Excellence Framework	Advancing towards best in class organisations through the adoption of business excellence principles	<ul style="list-style-type: none"> Compilation of Agency submission Participation of Officers in the SEA Evaluation Process Adoption of strategies for improvement 	<ul style="list-style-type: none"> Desktop submission by 26th June 2015 Evaluators released according to Agency quota 40% of OFIs from Feedback Report attempted 	Hospital Services
	5S	<ul style="list-style-type: none"> Adoption to 5S 	<ul style="list-style-type: none"> Implementation attempted 	Human Resources
Adherence to Service Charter	Formulation, implementation, monitoring and reviewing of Agency Service Charter for improved service delivery against service standards	<ul style="list-style-type: none"> Agency Service Charter 	Service Charters reviewed by 31st March	Human Resources
Effective Business Process Re-engineering	Documentation and review of business processes for improved performance substantially on key processes for consistent, high quality and cost effective services for customer satisfaction	Standard Operating Procedure	Documentation of BPR processes by 31st March 2015	Human Resources
		At least three (3) BPR implemented	BPR implemented by 31st December 2015	Human Resources
Adherence to Service Level Agreements with ITC / GIRC	Strengthening of GIRC focal points and SLA compliance	Appointment of primary and secondary focal point	Appointments by 31st March 2015	Health Information Unit
		Compilation of SLA report	SLA compliance report bi-annually	

8. Capital Projects for 2015

Table 4:

SEG: 8	NAME OF PROJECT: Construction of Low Risk Maternity Unit Makoi (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	1	3	3	3
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	N/A	N/A	N/A	N/A
		(iii)number of Activities to be undertaken during the period	5	5	5	5
		(iv)Projected Funding to be utilized during the period	\$300,000	\$300,000	\$500,000	\$4,382,893
TOTAL BUDGET			\$ 5,482,893VEP			

SEG: 8	NAME OF PROJECT: Construction of New Ba Hospital (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	2	2	2	2
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	0	0	0
		(iii)number of Activities to be undertaken during the period	8	5	5	5
		(iv)Projected Funding to be utilized during the period	\$1,187,500	\$3,187,500	\$4,375,000	\$8,750,000
TOTAL BUDGET			\$17,500,000VEP			

SEG: 8		NAME OF PROJECT: Construction of New Nausori Hospital (R)				
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	0	1	2
Project	Implementation	(ii)Number of Tender to	0	1	0	0

Implementation	against work programme	be submitted according to standard time period by the Fiji Procurement Office				
		(iii)number of Activities to be undertaken during the period	5	5	8	5
		(iv)Projected Funding to be utilized during the period	-	-	\$1,500,000	\$2,500,000
TOTAL BUDGET			\$4,000,000VEP			

SEG: 8	NAME OF PROJECT: Extension of CWM Hospital Maternity Unit (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	0	1	2
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	1	0
		(iii)number of Activities to be undertaken during the period	3	5	8	5
		(iv)Projected Funding to be utilized during the period	-	-	\$1,000,000	\$2,000,000
TOTAL BUDGET			\$3,000,000VEP			

SEG: 8	NAME OF PROJECT: Maintenance to Health Centres and Nursing Stations					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	3	2	0
		(iii)number of Activities to be undertaken during the period	15	20	20	5
		(iv)Projected Funding to be utilized during the period	-	250,000	250,000	500,000
TOTAL BUDGET			\$1,000,000			

SEG: 8		NAME OF PROJECT: New Naulu Health Centre (R)				
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	1	0	0
Project	Implementation	(ii)Number of Tender to	0	1	0	0

Implementation	against work programme	be submitted according to standard time period by the Fiji Procurement Office				
		(iii)number of Activities to be undertaken during the period	5	5	5	5
		(iv)Projected Funding to be utilized during the period	-	\$50,000	200,000	600,000
TOTAL BUDGET			\$850,000VEP			

SEG: 8	NAME OF PROJECT: Upgrading & Maintenance of Urban Hospital and Institutional Quarters					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	6	2	0
		(iii)number of Activities to be undertaken during the period	15	20	20	5
		(iv)Projected Funding to be utilized during the period	100,000	200,000	1,700,000	1,000,000
TOTAL BUDGET			\$3,000,000 VEP			

SEG: 8	NAME OF PROJECT: Upgrading of Keyasi Health Centre (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	0	1	1
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	1	0
		(iii)number of Activities to be undertaken during the period	5	5	5	5
		(iv)Projected Funding to be utilized during the period	-	-	200,000	2,000,000
TOTAL BUDGET			\$2,200,000 VEP			

SEG: 8	NAME OF PROJECT: Upgrading Lautoka Hospital Emergency Department (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project	(i)Number of RIE's to be submitted according to RIE Checklist	2	3	3	0

	Management					
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	N/A	N/A	N/A	N/A
		(iii)number of Activities to be undertaken during the period	10	8	8	5
		(iv)Projected Funding to be utilized during the period	2,400,000	2,600,000	1,400,000	110,000
TOTAL BUDGET			\$6,510,000 VEP			

SEG: 8	NAME OF PROJECT: Upgrading of Valelevu Health Centre (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	0	1	1
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	1	0
		(iii)number of Activities to be undertaken during the period	10	8	8	8
		(iv)Projected Funding to be utilized during the period	-	-	-	200,000
TOTAL BUDGET			\$200,000VEP			

SEG: 8	NAME OF PROJECT: Upgrading and extension of Rotuma Hospital (R)					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	0	0	1	1
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	1	0
		(iii)number of Activities to be undertaken during the period	10	8	8	8
		(iv)Projected Funding to be utilized during the period	-	-	200,000	2,200,000
TOTAL BUDGET			\$2,400,000VEP			

Capital Purchase

SEG: 9		NAME OF PROJECT: A & E Equipment				
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A

	in Project Management					
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	0	0	0
		(iii)number of Activities to be undertaken during the period	3	0	0	0
		(iv)Projected Funding to be utilized during the period	700,000	-	-	-
TOTAL BUDGET			\$700,000VEP			

SEG: 9	NAME OF PROJECT: Biomedical Equipment for Urban & Sub- Divisional Hospitals					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	4	0	0	0
		(iii)number of Activities to be undertaken during the period	36	2	2	0
		(iv)Projected Funding to be utilized during the period	\$3,195,000	\$2,075,000	\$730,000	-
TOTAL BUDGET			\$6,000,000VEP			

SEG: 9	NAME OF PROJECT: Dental Equipment for Urban & Sub- Divisional Hospitals					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE’s to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	1	0	0	0
		(iii)number of Activities to be undertaken during the period	10	0	0	0
		(iv)Projected Funding to be utilized during the period	-	\$250,000	-	-
TOTAL BUDGET			\$250,000VEP			

SEG: 9	NAME OF PROJECT: Equipment for Health Centres and Nursing Stations					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved	(i)Number of RIE's to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A

	in Project Management					
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	0	0
		(iii)number of Activities to be undertaken during the period	5	5	5	5
		(iv)Projected Funding to be utilized during the period	50,000	50,000	100,000	100,000
TOTAL BUDGET			\$300,000VEP			

SEG: 9	NAME OF PROJECT: Purchase of Equipment for Urban Hospital					
STRATEGIES	STRATEGIES	KEY PERFORMANCE INDICATORS	TIMELINE			
			Q1	Q2	Q3	Q4
Project Management	Adherence to Key Administrative Processes involved in Project Management	(i)Number of RIE’s to be submitted according to RIE Checklist	N/A	N/A	N/A	N/A
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	0	0	0	0
		(iii)number of Activities to be undertaken during the period	5	5	5	5
		(iv)Projected Funding to be utilized during the period	50,000	50,000	100,000	100,000
TOTAL BUDGET			\$300,000VEP			

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	3 rd Quarter	Accounts DPPDD Heads of Departments
	Requests to Incur Expenditures (RIE)	Timely/ Efficient Management of RIE	As and when before closing of accounts in Finance Circular	Accounts
	Control of expenditure of public money	Budget Utilization Report	Bi-Annually	Accounts
Financial Performance Compliance	<ul style="list-style-type: none"> Bank Lodgement Clearance TMA Trust RFA Salaries Wages IDC CFA SLG 84 	Monthly reconciliation	15 th of every month	Accounts
Agency Revenue Arrears Report	Collection of Arrears of Revenue	Quarterly Revenue Returns	Within one month after the end of each quarter	Accounts
Asset Management Report	Annual Stock take/Board of Survey	Physical Stock take Against Inventory	31 January of the following year	Asset Management Unit
		Board of Survey summary reports	Bi-Annual summary report	Asset Management Unit
	Vehicle Returns	Quarterly Vehicle Returns	1 st week after every quarter	Transport
	Fixed Asset Register	Quarterly Reconciliation Submission of Fixed Asset Register	Within one month after the end of each quarter	Asset Management Unit
Internal Audit Compliances	Implementation of Audit Report Recommendations	Number of agreed audit recommendations implemented	Bi-Annual Progress Report	Accounts Internal Audit
Procurement Compliance Report	BI-Annual Reports to MOF	Reports Submitted on Procurement in line with Procurement Regulation 2010	2 nd week after half yearly	Asset Management Unit FPBS

10. 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,

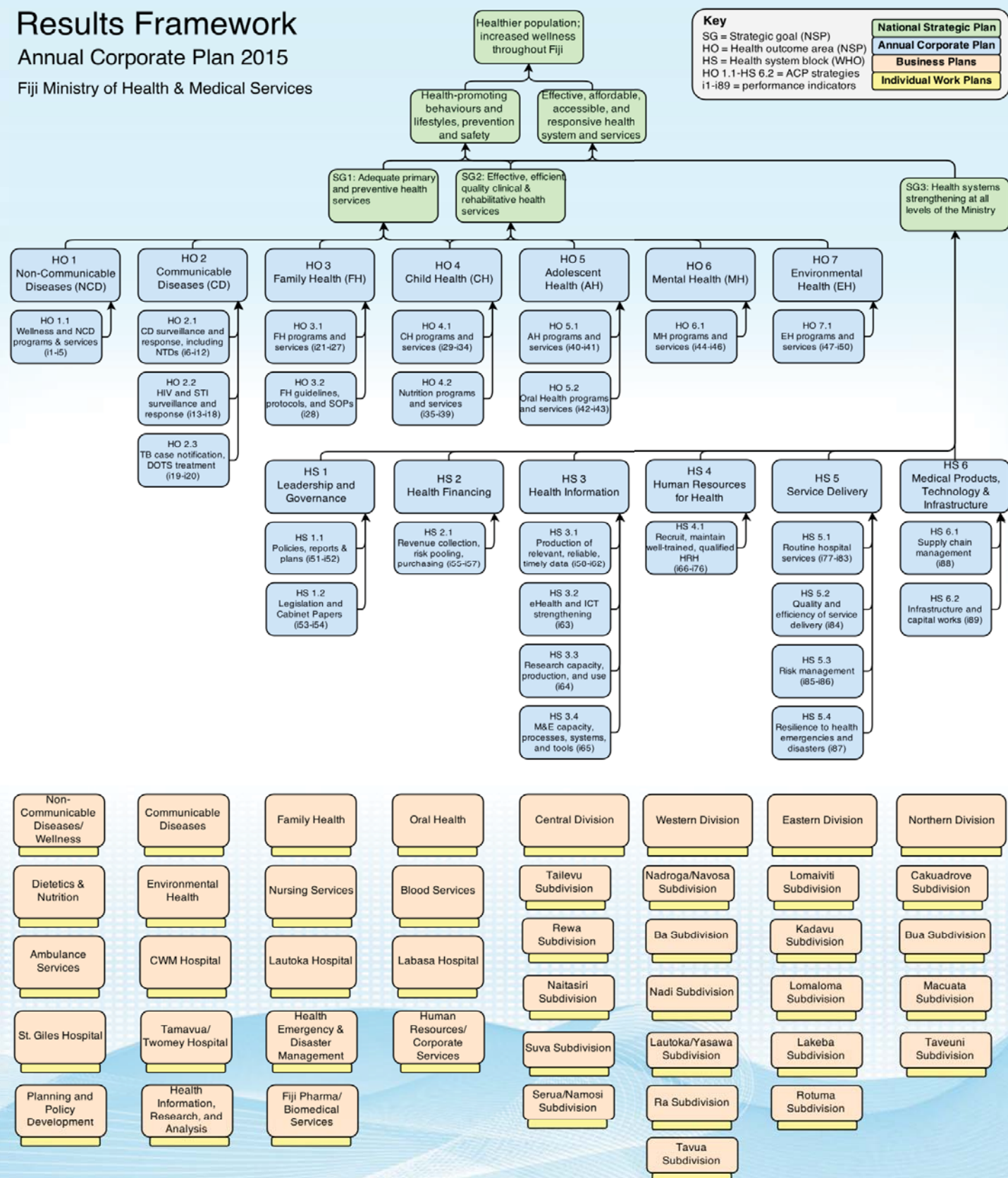
Term	Definition
	converting objectives into targets and activities and arrangements for monitoring implementation and resource usage
Outcomes	<p>Aspects of health or of a health system that are intended to be influenced by programs or interventions undertaken. For people this may include changes in knowledge, 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"> 1) Where are we now? 2) Where would we like to be? 3) How are we going to get to where we would like to be?
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

11. Results Framework

Results Framework

Annual Corporate Plan 2015

Fiji Ministry of Health & Medical Services



12. Donor Assistance Matrix 2015

Aid in Kind/Budget Funding

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Support Programme	8,659,508
NZAID	Medical Treatment Scheme	471,254
JICA	Fiji-Okinawa Physiotherapy/Rehabilitation Project	148,349
JICA	Filiarisis Elimination Campaign	195,820
JICA	Prevention and Control of NCDs	27,759
Taiwan	Mental Health Care System Enhancement Project	131,300
Taiwan	Mobile Medical Teams	153,600
UNFPA	Family Planning	91,500
UNFPA	Health System Strengthening	15,000
UNFPA	Reproductive Health Programme	148,933
UNFPA	Technical Assistance	70,000
UNFPA	Volunteer Scheme	494,001
UNICEF	Health and Sanitation Program	85,000
UNICEF	Policy Advocacy, Planning and Evaluation	190,000
WHO	Program Assistance	1,137,847
Total Aid –in-Kind		12,019,871
Donor	Program	Budget Contribution
Global Fund	Assistance for (Malaria / Tuberculosis) Program	3,792,439
Global Fund	Government Contribution	750,000
UNICEF	Health and Sanitation	75,000
UNICEF	Policy Advocacy, Planning and Evaluation	30,000
UNFPA	Family Planning	339,069
UNFPA	Health Systems Strengthening	35,000
UNFPA	Reproductive Health Program	382,287
Total Cash Grant		5,403,795



