

Ministry of Health & Medical Services

ANNUAL CORPORATE PLAN 2016



Table of Contents

1. Minister's Foreword.....	3
2. Permanent Secretary's Statement	4
3. Abbreviations	5
4. Corporate Profile.....	6
4.1 Guiding Principles.....	6
4.2 Functions of the Permanent Secretary	9
4.3 Legislative Framework.....	10
5. Organisation Structure.....	11
6. Linkage of SDGs and Ministry Outcomes.....	12
7. Ministry's Outcomes, Strategies and Key Performance Indicators.....	15
8. Human Resources Deliverables	25
9. Capital Projects for 2016	27
10. Ministry of Finance Deliverables and Indicators	33
11. Glossary.....	34
12. Results Framework	36
13. Donor Assistance Matrix 2016.....	37

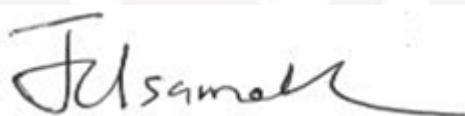
1. Minister's Foreword



The Ministry of Health & Medical Services has a new National Strategic Plan (NSP) 2016-2020. The NSP will be operationalized this year through the Annual Corporate Plan (ACP) 2016. The Ministry has reviewed its vision and mission statements and has agreed on a set of values to guide its operations over the next 5 years. The vision of a “healthy population” is short, but all-encompassing and we will work towards achieving this by empowering people to take ownership of their health and providing quality preventative, curative and rehabilitative services through a caring and sustainable healthcare system.

The NSP is based on the above vision and mission which is adequately aligned to the Sustainable Development Goal, of “ensuring healthy lives and promoting well-being for all at all ages”. The ACP 2016, objectives and indicators are therefore also aligned to the SDG's. People need to be empowered to take care of their health including their, physical and mental health & well-being. We are therefore promoting the Wellness Approach to health i.e. working towards keeping healthy people healthy whilst improving accessibility to quality healthcare for all. We fully support the objective of “leaving no one behind” by adequately responding to the health needs of the people of Fiji. The Ministry will fully utilise the budget we have been given to deliver quality health services in 2016.

The Ministry has made progress in 2015 and will work towards sustaining this whilst focusing on further improving service delivery; this will be supported through health systems strengthening initiatives. The Ministry will be further advocating the “Wellness Approach to Health” and will work towards incorporating “Health in all Policies” as health is a “cross-cutting” issue and a collaborative approach is needed to achieve our goal of a healthy population.



.....
Mr Jone Usamate
Hon. Minister for Health and Medical Services

2. Permanent Secretary's Statement



I have much pleasure in presenting the Annual Corporate Plan (ACP) 2016 for the Ministry of Health and Medical Services. The ACP 2016 marks the commencement of the implementation of the new National Strategic Plan (NSP) 2016-2020 for the Ministry. The ACP 2016 outlines the indicators and targets set for each specific objective under the eight priority areas of the NSP.

The Ministry will be focusing on continuously improving service delivery under broad priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health and disaster preparedness. We will build on the progress made in terms of health indicators over the years in these areas. Service delivery will be further supported through expanding primary health care services, improving continuum of care and improving quality and safety standards at health facilities.

The ability of the Ministry to fulfil its core function of health service delivery is hugely dependent on an adequate workforce, the Ministry will further work on strengthening the health workforce to provide caring and customer focused services. Indicators for improving provision of medicinal products, equipment & infrastructure have been included to ensure effective service delivery.

The ACP outlines the key strategies and performance indicators of the MoHMS to guide and monitor progress towards achievement of the NSP objectives. The respective MoHMS units, including programs, departments, hospitals, divisions and subdivisions will align their respective Business Plans to this ACP. The MoHMS will utilise its well established monitoring and evaluation (M&E) system to monitor progress towards the implementation of this ACP.

I would like to thank everyone involved in the development of the ACP 2016.

.....

Dr Meciusea Tuicakau

Permanent Secretary for Health and Medical Services

3. Abbreviations

AMU	Asset Management Unit
CD	Communicable Disease
CPR	Contraceptive Prevalence Rate
CSN	Clinical Service Network
DFPBS	Director Fiji Pharmaceutical and Biomedical Services
DHIRA	Director Health Information Research and Analysis
DHR	Director Human Resources
DMO	Divisional Medical Officer
DNS	Director Nursing Services
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
FH	Family Health
FHSSP	Fiji Health Sector Support Program
FPBS	Fiji Pharmaceutical & Biomedical Services
GNI	Gross National Income
HI	Health Inspector
HIU	Health Information Unit
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
M&E	Monitoring & Evaluation
MH	Mental Health
mhGAP	Mental Health Gap Action Programme
MoHMS	Ministry of Health and Medical Services
MS	Medical Superintendent
NAs	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 NHA	Principal Accounts Officer National Health Accounts
RHD	Rheumatic Heart Diseases
SDGs	Sustainable Development Goals
SDMO	Sub Divisional Medical Officer
STI	Sexual Transmitted Infection
TB	Tuberculosis

4. Corporate Profile

4.1 Guiding Principles

Vision

A healthy population

Mission

To empower people to take ownership of their health

To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.

Values

1. Equity
2. Integrity
3. Respect for human dignity
4. Responsiveness
5. Customer focus

General Principles

1. Health in all Policies approach
2. Healthy Islands concept
3. Sustainable Development Goals (SDG)
4. WHO Health Systems Building Blocks
 - Leadership/governance
 - Health care financing
 - Health Workforce
 - Medical products, technologies
 - Health information and research
 - Service delivery
5. Universal Health Coverage

Role and Function of the Ministry

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.

a. Hospital Services

The office of the Deputy Secretary Hospital Services oversees the operational functions of the three Divisional Hospitals and the two specialist hospitals as well as the Fiji Pharmaceutical & Biomedical Services Centre (FPBSC). The three divisional hospitals are; Colonial War Memorial Hospital (CWMH), Lautoka Hospital and Labasa Hospital. The two specialist hospitals are; St. Giles Hospital and Tamavua/Twomey Hospital. FPBSC's core service is procurement and supply management (procuring, warehousing, distributing) of medical and health commodities.

The Divisional Hospitals serve as the main referral hospital in their respective divisions. CWMH, Lautoka and Labasa Hospitals provide a wide range of medical services which may not be available at Sub-Divisional Hospitals. Additionally the various Clinical Services Networks support the standardization and improvement in the provision of clinical services.

St. Giles Hospital provides medical and rehabilitation services for patients suffering from mental illness. Together with inpatient and outpatient care St. Giles Hospital provides other services such as occupational therapy, day care facilities, forensic assessments, counseling services, community psychiatric nursing, electro-convulsive therapy and pharmaceuticals.

Tamavua/Twomey Hospital blends three specialized hospital services i.e. Tuberculosis unit, Leprosy and Dermatology and Rehabilitation medicine under one management with the vision to be the best in specialized hospital care with “patient services at the heart of all” focus.

The National Rehabilitation Hospital at Tamavua continues to play an important part in the overall health service care delivery in Fiji. The hospital provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

Hospital Services is the focal point for Ministry of Health and Medical Services to liaise with other NGO groups such as the Fiji Cancer Society, Kidney Foundation of Fiji and the St. John Ambulance. Hospital Services has become the coordinating link for the provision of specialized services offered by the aforementioned groups.

Services that have been outsourced for better results and provision of efficient services to the customers are the Ambulance Services, Hospital Cleaning and Security Services and Colonial War Memorial and Lautoka Hospital's Mortuary services.

b. Public Health Services

The Deputy Secretary Public Health is responsible for formulation of strategic public, primary health policies and oversees the implementation of public health programmes as legislated under the Public Health Act 2002. Effective primary health care services are delivered through Sub Divisional Hospitals, Health Centres and national programs outlined below:

Wellness Centre

The Wellness Unit was established in February 2012 by the merging of Non Communicable Diseases (NCD) control unit and the National Centre for Health Promotion (NCHP).

Family Health

The family health programs key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender.

Communicable Diseases (CD)

Some of the core functions of Communicable Disease program are:

- To set up an effective surveillance system for the controlling of communicable diseases in Fiji and where directed in the region.
- To promote and protect the health of the people of Fiji in regards to defined communicable diseases.
- Develop, support and sustain communication networks between other government departments and stakeholders on advice and training on communicable diseases.
- Support communicable disease quality assurance programs for Fiji and the region.

Environmental Health (EH)

The Environmental Health department is responsible for the promotion and protection of public health from environmental health risk factors such as pollution, unsanitary conditions, poor quality water supply, illegal developments, improper waste management practices, breeding of disease vectors and poor food quality.

Dietetics and Nutrition

The need for good and proper nutrition consultation and advice in our health facilities and community has never been higher. With the burden of NCDs and the high rate of premature deaths; our dietitians are focusing more than ever before on more local fresh foods, plenty of fruits and vegetables, physical activity and a reduction in salt, sugar and fat. With limited number of dietitians (62 dietitians to our population of approximately 900,000) and resources we look to the support of the other health workers and stakeholders (local and overseas) to help us achieve our health vision of a nutritionally well Fiji.

Oral Health

The Oral Health Department is responsible for the delivery of sustainable oral health programs for all citizens of Fiji, through comprehensive legislative, promotional, preventative and curative activities that encourage the retention of natural teeth, resulting in better quality of life.

c. Regulatory Functions

Standards are set and maintained by various regulatory bodies and enforced by the relevant bodies such as the Central Board of Health (CBH), Fiji Medical Council (FMC), Fiji Dental Council (FDC), Fiji Pharmacy Profession Board (FPPB), Fiji Nursing Council (FNC), Private Hospital Board (PHB), Rural Local Authorities (RLAs), Hospital Board of Visitors (HBoV), Fiji Optometrists Board (FOB) and Fiji National Council of Disabled Persons (FNCDP).

Legislated Regulatory Bodies

Fiji Medical Council (FMC)
Fiji Dental Council (FDC)
Fiji Pharmacy Profession Board (FPPB)
Fiji Medicinal Products Board (FMPB)
Fiji Nursing Council (FNC)
Private Hospital Board (PHB)
Rural Local Authorities (RLAs)
Hospital Board of Visitors (HBoV)
Fiji Optometrists Board (FOB)
Fiji National Council of Disabled Persons (FNCDP)

d. Policy Functions

The Planning and Policy Development Unit (PPDU), in consultation with the Public Service Commission and Ministry of Finance, coordinates the development, formulation and documentation of MoHMS Policies, the National Health Accounts, Donor Coordination, Department Plans and medium to long term strategies to align with the Ministry's long term mission and vision.

The Ministry has instituted an internal policy guidance document that operationalizes the regulatory, monitoring and service delivery guidelines laid down in the various legislations.

e. Support Services Functions

The support services functions are undertaken by the Division of Administration and Finance:

There are seven (7) units under the Division of Administration and Finance that implement, monitor and evaluate the support services of the Ministry.

The role of the Finance Accounts Unit is to monitor that goods and services are efficiently delivered on time as per the agreed budget.

The Asset Management Unit provides support for physical assets such as vehicle fleet, boats, Board of Survey, Infrastructure maintenance, Capital projects and Capital Purchases.

The Human Resources (OHS/IR) role is to meet legislative requirements and provide advice and monitoring for a safe and healthy workplace for all staff, patients and visitors within any MoHMS facility. It also monitors and responds to issues relating to industrial or workplace relations particularly in cases of disciplinary proceedings.

Human Resources (Personnel) Unit is responsible for managing processes relating to leave entitlements, resignations, retirements, certificate of service, transfers and allowance, extension of relieving appointments, secondment, Annual Performance Assessment and reactivation of salary.

The role of Human Resources, Post Processing Unit (PPU) is to manage and ensure that a functional workforce is maintained within the Ministry. It manages all areas of engagement of new staff and tracking of current staff to fill vacancies.

The Training unit provides support and services in the continuous professional development to meet the needs of clinical and administrative staff.

The primary aim of the Workforce Planning process is for Ministry of Health & Medical Services to achieve best workforce outcome to train, recruit, retain and advance critical skills, roles and support the Ministry of Health & Medical Services staff to provide and deliver quality health services to the citizens of Fiji.

f. Health Information Research and Analysis Division

The Health Information, Research and Analysis Division is responsible for the overall development and management of health information; promoting appropriate research for the National Health Service; monitoring and evaluation of the Ministry's Corporate & Strategic Plans including Key Performance Indicators for ICO; and management of ICT services for the Ministry. It plays a vital role in the compilation and analysis of health statistics, epidemiological data, management of the information system (software) and also purchase and maintenance of computer hardware.

4.2 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

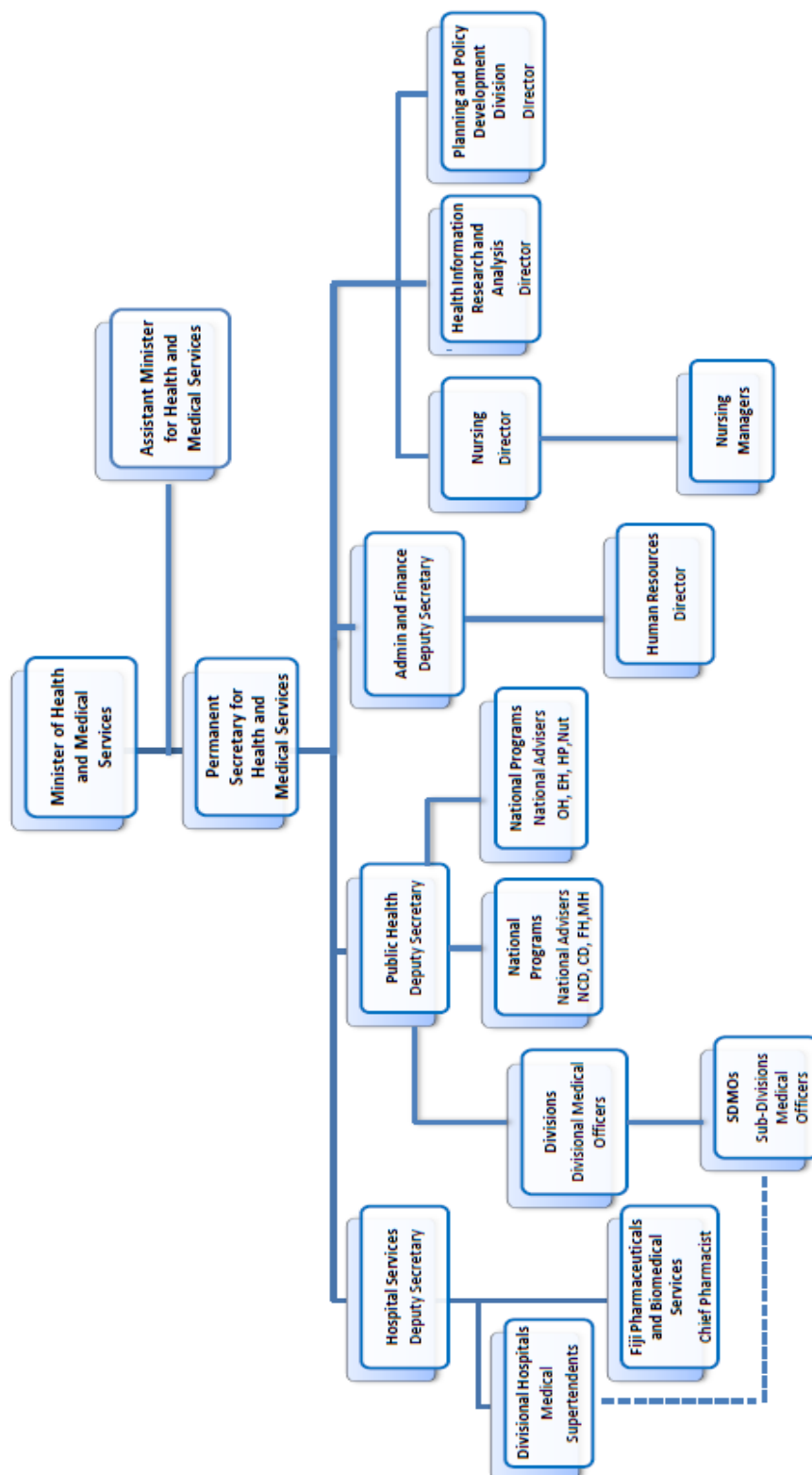
4.3 Legislative Framework

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

Table A: 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	Food Safety Act 2003
16	HIV/AIDS Decree 2011
16	HIV/AIDS (Amendment) Decree 2011
17	Illicit Drugs Control Act 2004
18	Marketing Controls (Food for Infants and Children) Regulation 2010
19	Medical Imaging Technologist Decree 2009
20	Medical and Dental Practitioner Decree 2010
21	Medical and Dental Practitioners (Amendment) Decree 2014
22	Medical Assistants Act (Cap.113)
23	Medicinal Products Decree 2011
24	Mental Health Decree 2010
25	Mental Treatment Act (Cap 113)
26	Methylated Spirit Act (Cap. 225A)
27	Nurses Decree 2011
29	Pharmacy Profession Decree 2011
31	Private Hospitals Act (Cap. 256A)
32	*Public Health Act (Cap. 111)
33	Public Hospitals & Dispensaries Act (Cap 110)
34	Public Hospitals & Dispensaries (Amendment) Regulations 2012
35	Optometrist and Dispensing Optician Decree 2012
36	*Quarantine Act (Cap. 112)
37	Quarantine (Amendment) Decree 2010
38	Radiation Health Decree 2009
39	Tobacco Control Decree 2010
40	Tobacco Control Regulation 2012
41	The Food Safety Regulation 2009
42	The Food Establishment Grading Regulation 2011
<i>*currently under review</i>	

5. Organisation Structure



6. Linkage of SDGs and Ministry Outcomes

Table 1: Linkage of Outcomes with SDGs Targeted Outcomes

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
Improving Health Service Delivery	Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged	Premature mortality between less than 70 yrs due to NCDs	Priority Area 1 : Non Communicable Disease
		Prevalence of overweight/obesity in primary school children	Priority Area 1 : Non Communicable Disease
		Prevalence of tobacco use amongst adults age 18+ years	Priority Area 1 : Non Communicable Disease
		Cervical cancer screening coverage rate	Priority Area 1 : Non Communicable Disease
		Prevalence of diabetes	Priority Area 1 : Non Communicable Disease
		Maternal mortality ratio reduced to less than 70 per 100,000. (SDG).	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of pregnant women who receive ANC in their first trimester	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of pregnant women with at least 4 ANC visits at term	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of women attending 6 weeks postnatal clinic	Priority Area 2: Maternal, infant, child and adolescent health
		Child mortality rate under 5 years maintained at 25 to 1000 live Births (SDG).	Priority Area 2: Maternal, infant, child and adolescent health
		Neonatal mortality rate as low as 12 per 1,000 live births (SDG)	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of childhood vaccination coverage rate for all antigens	Priority Area 2: Maternal, infant, child and adolescent health
		Incidence of HIV infection (# of new cases)	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of 1 year-old children immunized against measles	Priority Area 2: Maternal, infant, child and adolescent health
		Percent of HIV+ pregnant women receiving PMTCT	Priority Area 2: Maternal, infant, child and adolescent health
		Total fertility rate	Priority Area 2: Maternal, infant, child and adolescent health
		Contraceptive prevalence rate among population of child bearing age	Priority Area 2: Maternal, infant, child and adolescent health
		Adolescent birth rate per 1,000 girls aged 10 to 19	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of women of reproductive age (15-49) with anaemia	Priority Area 2: Maternal, infant, child and adolescent health
		Perinatal Mortality (stillbirth and early neonatal deaths/1000 live births)	Priority Area 2: Maternal, infant, child and adolescent health

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
		Percentage live births with low birth weight	Priority Area 2: Maternal, infant, child and adolescent health
		Prevalence of stunting and wasting in children under 5 years of age	Priority Area 2: Maternal, infant, child and adolescent health
		Percentage of infants who are exclusively breast fed at 6 months	Priority Area 2: Maternal, infant, child and adolescent health
		Neglected Tropical Disease (NTD) incidence rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		TB prevalence rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Incidence of TB	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		TB mortality rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Tuberculosis treatment success rate	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
	Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability	Ratio of health professionals to population (MDs, nurse midwives, nurses)	Priority Area 5: Human Resource
		Percentage of health facilities meeting service specific readiness requirements	Priority Area 7: Medical products, equipment and infrastructure
		Percentage of population with access to affordable essential drugs and commodities on a sustainable basis	Priority Area 7: Medical products, equipment and infrastructure
		Percentage of new health care facilities built in compliance with building codes and standards	Priority Area 7: Medical products, equipment and infrastructure
		Official development assistance and net private grants as percent of GNI	Priority Area 8: Sustainable Financing
		Domestic revenues allocated to sustainable development as percent of GNI, by sector	Priority Area 8: Sustainable Financing
Ensuring Effective, Enlightened and Accountable Leadership	Gender Equality	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	Priority Area 6: Evidence-based policy, planning, implementation and assessment

Key Pillar(s)	Targeted Outcome (Goal/Policy Objective – SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
	Social Inclusion	Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE)	Priority Area 8: Sustainable Financing
Enhancing Public sector efficiency, performance effectiveness and service delivery	Public Sector Reforms	To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services.	Priority Area 7: Medical products, equipment and infrastructure
Reducing Poverty	Poverty Reduction	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.	Priority Area 7: Medical products, equipment and infrastructure
		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, free medical procedures for retirees and household earning less than \$20,000.	Priority Area 7: Medical products, equipment and infrastructure
Climate Change	Climate Change	Percentage of population using safely managed water services, by urban/rural	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Access to clean sufficient water, and protection from water borne illnesses	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience

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

Table 2: Outcomes, Strategies and Key Performance Indicators

Priority Area 1: NCDs, including nutrition, mental health, and injuries				
Budget: \$86,545,864				
General Objective	Responsibility	Indicators	Baseline(Year)	2016 Target
1.1: To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being	NA NCD Medical CSN	g1. Premature mortality due to NCDs	68.2% (2014) (less than age 70)	66%
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
1.1.1 Reduce key lifestyle risk factors among the population	NA NCD NFNC NA DN NA OH	i1. Prevalence of overweight/obesity in primary school children	15.7% (2013)	14.6%
		i2. # of 8 year old(Year 3) made dentally fit	Not Available	10%
		i3. # of wellness setting based at community level	Not Available	16 Wellness Settings at Community Level (4 per division)
1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs	NA NCD CSN Surgical CSN O&G FHSSP	i4. Amputation rate for diabetic foot sepsis (lower limb)	15.4% (2014)	14.3%
		i5. Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at Health Centres	0% (2014)	16%
		i6. Cervical cancer screening coverage rate	15.8% (2013)	22.6%
1.1.3 Integrate mental health services within primary health care in all facilities	NA NCD NA MH MS St. Giles DNS DSPH DSHS	i7. Suicide rate per 100,000 population	9.8 (2013)	9.4
		i8. # of cases of intentional self-harm, not including suicide	203 (2014)	193
		i9. % of health facilities adhering to the mhGAP Intervention Guide	0% (2014)	12%
1.1.4 Improve national reporting on injuries due to violence, domestic abuse and traffic accidents	DSHS DHIRA	ii10. Consistency of national reporting on all injuries.	Not established	Annual report circulated

Priority Area 2: Maternal, infant, child and adolescent health

Budget: \$64,419,251

General Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	NA FH Obstetrics CSN	g2. Number of maternal deaths	9 (2014)	<8
		g3. Perinatal mortality rate per 1,000 total births	12.7 (2014)	12.3
		g4. Prevalence of anaemia in pregnancy at booking	31.1% (2014)	29.3%
		g5. % of live births with low birth weight	6.3% (2014)	6.0%
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.1.1 Increase antenatal care coverage with an emphasis on early booking	NA FH Obstetrics CSN	ii1. % of pregnant women who receive ANC in their first trimester	29.6% (2014)	30.7%
		ii2. % of pregnant women with at least 4 ANC visits at term	43.5% (2014)	50.8%
2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	NA FH Obstetrics CSN FHSSP	ii3. Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional hospitals	30% (2014)	50%
		ii4. Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in subdivisional hospitals	38% (2014)	50%
2.1.3 Expand coverage of postnatal care services for mothers and newborns	NA FH Obstetrics CSN	ii5. % of women attending postnatal clinic 1 week after delivery (includes mothers check-up at MCH)	Not Available	50%
		ii6. % of women attending postnatal clinic after 6 weeks of delivery	56.6% (2014)	61.3%
General Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services	Paediatric CSN	g6. Infant mortality rate per 1,000 live births	13.8 (2014)	12.6
		g7. Under 5 mortality rate per 1,000 live births	18(2014)	16.8
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Paediatric CSN	ii7. Neonatal mortality rate per 1,000 live births	7.7 (2014)	7.2
		ii8. % of infant deaths that occur outside of facilities	30% (2012)	27%

2.2.2 Maintain high level of coverage for immunization services including new antigens	NA FH FHSSP	i19. Childhood vaccination coverage rate for all antigens	90% (2014)	95%
2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	NA DN Paediatric CSN NFNC	i20. # of admissions for Severe Acute Malnutrition	132 (2014)	116
		i21. % of children being exclusively breastfed at 6 months	Pop:40% (2004)	Pop: 48%
		i22. % of divisional and sub-divisional hospitals recredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Not Available	Divisional – 1/3 Sub divisional – 4/16
2.2.4 Improve prevention and management of childhood illness, including emergency care	NA NCD NA FH Paediatric CSN RHD prevention and control program FHSSP	i23. % of primary school students screened for rheumatic heart disease	21% (2014)	27%
		i24. % of health facilities providing IMCI services by a trained personnel	70%	80%
		i25. Average % adherence to WHO Pocket book of hospital care for children guidelines in sub-divisional hospitals	47% (2014)	52.6%
General Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.3: Expand services to address the needs of adolescents and youth	NA FH Obstetrics CSN	g8. Adolescent birth rate per 1,000 girls aged 10 to 19	14.3 (2014)	15
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
2.3.1 Expand provision of preventive and clinical services to include 13-17 year olds	NA FH NA NCD	i26. Number of secondary schools classified as Health Promoting Schools	10	18 (2 secondary schools per division for HPS)
		i27. HPV vaccination coverage rate among Class 8 girls	HPV2: 92.2% (2014)	92.8%
2.3.2 Expand availability and coverage of Youth-Friendly Health Services targeting youth ages 15-24	NA FH	i28. # and % of Youth-Friendly centres meeting the minimum Youth-Friendly Health Services (YFHS) standards	3	4
		i29. Contraceptive prevalence rate (CPR) amongst population of child bearing age	38.3% (2014)	40.6%

Priority Area 3: Communicable disease, environmental health, and health emergency preparedness, response & resilience

Budget: \$72,821,762

General Objective 3.1: Multi-sectoral risk management and resilience for communicable diseases, health emergencies, and climate change

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
3.1.1 Improve effectiveness of environmental risk reduction for communicable diseases	NA EH NA CD	i30. # and % of rural Local Authority communities with Water Safety Plans	35 of 5,300[0.7%] (2014)	56 of 5,300 [1%]
		i31. # and % of restaurants within rural Local Authorities graded A, B, or C for food safety standards	70% (2014)	≥60%
		i32. % of high risk communities in rural Local Authority areas meeting vector surveillance standards	83% (2014)	≥85%
		i33. % of rural Local Authorities adequately enforcing legislation related to pollution control (Garbage by-Laws)	2/16 (12.5%)	≥15%
3.1.2 Enhance national health emergency and disaster preparedness, management and resilience	DSLO NA EH NA CD AMU	i34. # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response	3 divisional hospitals 16 subdivisional hospitals	3 divisional hospitals 2 specialist hospitals 16 subdivisional hospitals
General Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
3.2: Improved case detection and coordinated response for communicable diseases	NA CD MS Tamavua National TB Control Officer NA FH DMOs	g9. Case fatality rate for leptospirosis	12.5% (2014)	10.8%
		g10. Case fatality rate for typhoid	3.5% (2014)	3%
		g11. Case fatality rate for dengue fever	0.8% (2014)	0.74%
		g12. Total number of confirmed HIV cases	610 (2014)	≤688
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
3.2.1 Strengthen CD surveillance through integration of reporting processes and systems	NA CD	i35. Average % of routine reports received on time from the National Notifiable Disease Surveillance System	97% (2014)	97.4%
		i36. Average % of routine syndromic surveillance reports received on time	80% (2014)	83%
		i37. Average % of routine hospital-based active surveillance reports received on time	100% (2014)	100%

		i38. Average % of routine laboratory confirmed surveillance reports received on time	39% (2014)	51%
		i39. % completeness of IB-VPD surveillance reports, including zero-reports and sample collection	30% (2014)	43%
		i40. % completeness of RV surveillance reports, including zero-reports and sample collection	50% (2014)	59%
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases	NA CD MS Tamavua DMOs NA FH National TB Control Officer	i41. Incidence of leptospirosis per 100,000 population	18.9 (2014)	17.9
Emphasis Area: Trachoma Leptospirosis Typhoid Dengue Leprosy TB HIV		i42. Total number of confirmed Paediatric HIV cases.	4 (2014)	3
		i43. Incidence of typhoid per 100,000 population	74.9 (2014)	32
		i44. Typhoid admission ratio (# admissions/# confirmed cases)	0.46 (2014)	≤0.45
		i45. Incidence of dengue fever per 100,000 population	86 (2012-2013)	84
		i46. Incidence of leprosy per 100,000 population	0.35 per 100,000 population (3 new cases:2014)	<1 per 100,000
		i47. Prevalence of lymphatic filariasis	>1% (2014)	<1%
		i48. Incidence of measles per 100,000 population	0 (2015)	0
		i49. Case Notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	39 (2014)	46
		i50. Incidence of tuberculosis per 100,000 population	57 (2014)	56
		i51. Tuberculosis treatment success rate	85% (2014)	≥85%
		i52. Tuberculosis mortality rate per 100,000 population	4.2 (2014)	3.7
		i53. Number of new cases of HIV	64 (2014)	58
Priority Area 4: Primary health care, with an emphasis on continuum of care and improved quality and safety				

Budget: \$8,402,511

General Objective 4.1: Strengthen primary care and improve continuum of care for patients

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
4.1.1 Improve accessibility of primary health care services in urban, rural and remote areas	DS HS DS PH DMOs	i54. # of targeted government health facilities with extended operating hours daily, disaggregated by type and division	Central- 7/7 HC	Central- 7/7 HC (Maintain) Western – 1/5 SD
4.1.2 Extend primary care service coverage through effective partnerships with communities	DNS FHSSP	i55. # and % of active community health workers trained in CHW Core Competencies	830 [53%] (2014)	1172 [75%]
		i56. Ratio of zone nurses to population (1:5000 population)	Not Available	30% of Nursing Catchment with over 5,000 pop.

General Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
4.2 Continuous monitoring and improvement of quality standards	DS HS MS	g13. Intensive care unit hand hygiene rate	>90% (2014)	≥90%
		g14. Surgical site infection rate for Caesarian section in divisional hospitals (proxy indicator for infection control)	10.8% (2014)	9.6%
		g15. Acute myocardial infarction (AMI) in-hospital mortality rate (proxy indicator for service quality)	8.6% (2014)	8.5%
		g16. Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality)	Labasa -2.3% Lautoka- 1.4% (2014)	<10%

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
4.2.1 Establish a systematic quality improvement process in all government health facilities	MS DMO SDMO Lab Supert.	i57. % of public hospitals and health centres audited at least annually against IMCI guidelines	0% (2014)	16%
		i58. Average compliance rate of Laboratories based on the Laboratory Quality Management System (LQMS)	≥75%	80%
		i59. % of SOPDs audited at least annually against Diabetes Management Guidelines	0% (2014)	16%
		i60. Average Patient satisfaction survey rating, disaggregated by facility	80% (2014)	85%

Priority Area 5: Productive, motivated health workforce with a focus on patient rights and customer satisfaction

Budget: \$6,161,841

General Objective 5.1: Motivated, qualified, customer-focused health workforce that is responsive to population health needs

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
5.1.1 Assess workforce needs for all MoHMS cadres and facilities on an annual basis	DHR DNS NA OH DS PH DS HS DSAF	i61. Ratio of doctors per 10,000 population	6.6 (2014)	7.3
		i62. Ratio of nurses per 10,000 population	27 (2014)	32.6
		i63. Ratio of midwives per 10,000 population	3.4 (2014)	4
		i64. Ratio of allied health workers per 10,000 population by cadre	Physio- 0.4 Dieticians- 0.8 Lab – 1.9 HI- 1.4 Radiology: 0.98 Pharmacy:1 Biomed: 0.22	Physio- 0.5 Dieticians- 0.9 Lab – 2.0 HI- 0.14 Radiology: 1.1 Pharmacy:1.78 Biomed:0.23
		i65. Ratio of dentists and dental therapists per 10,000 population	1.7 (2014)	1.9
		i66. Workload Indicator of Staffing Needs (WISN) assessment completed/updated annually	1 st WISN done in 2014	WISN annually
5.1.2 Efficiently recruit and deploy qualified health workers based on service need	DHR	i67. Average recruitment time	>16wks (2013)	14wks
		i68. Ratio of vacancies to establishment for clinical cadres	30% (2014)	26%
5.1.3 Promote a healthy, safe, and supportive work environment to improve workforce satisfaction	DHR DSAF DS PH DS HS	i69. # and % of divisional facilities in compliance with Occupational Health & Safety requirements for certification	4/6 [67%] (2015)	≥4/6 [67%]
		i70. # and % of subdivisinal facilities in compliance with Occupational Health & Safety requirements for certification	3/19 [16%] (2015)	6/19 [32%]
		i71. % of regulated clinical workforce meeting registration board requirements (annual practice licence)	Not available	100 % (2020)
		i72. Workforce attrition rate, by cadre	1.9% nurses 2.6 % doctors (2014)	<2% nurses <5% doctors
5.1.4 Collaborate with training institutions to ensure that graduates meet MoHMS requirements	DHR DSAF DS PH DS HS	i73. # and % health sciences training programs leading to a license to practice or professional certification that are accredited by a professional body	0% (2014)	20%

Priority Area 6: Evidence-based policy, planning, implementation and assessment				
Budget: \$9,802,930				
General Objective 6.1: Planning and budgeting are based on sound evidence and consider cost-effectiveness				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
6.1.1 Establish and apply standards for evidence-based policy and planning	DPPDU	i74. # of national policies developed and endorsed	2 (2014)	8
General Objective 6.2: Health information systems provide relevant, accurate information to the right people at the right time				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
6.2.1 Expand coverage of electronic patient management information systems in facilities	DHIRA	i75. # and % of hospitals using a fully functional PATISplus system	3 [13%](2015)	10 [42%]
		i76. # and % of Level A health centres using a fully functional PATISplus system	0 [0%](2015)	7 [35%]
		i77. Average % of admissions recorded in PATISplus system	30% (2014)	43%
		i78. Average % of discharges recorded in PATISplus system	94% (2014)	95%
		i79. Average % of births recorded in PATISplus system	6% (2014)	34%
6.2.2 Improve consistency of key national health data and statistics with partner institutions	DHIRA HIU	i80. % of MoHMS mortality records coded and submitted to the Fiji Bureau of Statistics	0% (2014)	50%
General Objective 6.3: Results-based monitoring & evaluation as a driver for organizational decision-making and behaviour change				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
6.3.1 Establish unit-level M&E standards to improve performance and accountability	DHIRA DPPDU	i81. % of MoHMS national-level indicators that have complete, accurate metadata	69% (2014)	75%
6.3.2 Integrate surveys and applied research into MoHMS annual	DHIRA	i82. 10-year costed survey plan covering all priority health topics, prepared and updated annually	Not Available	Develop 10 year costed survey plan in 2016

planning cycle		i83. % of key datasets from MoHMS health information systems available electronically through the National Data Repository with corresponding levels of access	0% (2014)	12%
		i84. % of MoHMS-approved research datasets available electronically through the National Data Repository with corresponding levels of access	0% (2014)	12%

Priority Area 7: Medicinal products, equipment & infrastructure

Budget: \$30,529,124

General Objective 7.1: Quality medicinal products are rationally used and readily accessible to the public

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
7.1.1 Establish functional supply chain mgmt system to improve medicinal product availability	DFPBS	i85. # of targeted facilities that stock 100% of tracer products at time of reporting.	33% [2013]	50%
		i86. % availability of medicines on the Free Medicines List (FPBS)	80%	90%
		i87. Stock wastage due to expiry as a % of the medicines budget	<3% (2014)	<3%
7.1.2 Standardize the quality of imported and distributed medicinal products	DFPBS	i88. % of imported medicinal products recorded in the Fiji Medicinal Products Register	0% (2014)	20%
7.1.3 Regular evaluation of medicinal products use	DFPBS	i89. # of utilisation review conducted by the 3 divisions	Not Available	3
		i90. Implementation of the national AMR Work Plan	Not Available	30%
		i91. Develop National Traditional and Complimentary Medicines Action Plan	Not Available	100%

General Objective 7.2: Ensure availability of essential biomedical equipment at facilities

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
7.2.1 Maintenance plans to improve functionality and	DFPBS	i92. # of targeted facilities with functional core medical equipment	Not Available	30%

longevity of biomedical equipment				
General Objective 7.3: Infrastructure planned based on service standards for operational and population needs				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
7.3.1 New and existing facilities based on updated role delineation and service engineering standards	DPPDU DSAF DHR AMU	i93. Develop comprehensive health services plan at the national level and for all four divisions	2 division plans (2014)	1 division North
Priority Area 8: Sustainable financing				
Budget: \$1,400,419				
General Objective 8.1: Improve financial sustainability, equity and efficiency				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016 Target
8.1.1 Expand evidence base and analytical capacity for strategic health financing	DPPDU PAO NHA DSAF	i94. National Health Accounts (NHA) estimation completed biennially to address strategic health financing policy questions	2013-2014 NHA (2015)	2015 NHA
		i95. Availability of data on government expenditure on priority health issues	Develop 2015 baseline	Update annually

8. Human Resources Deliverables

Table 3: Human Resource Deliverables and Indicators

HR DELIVERABLES	STRATEGIES	KEY PERFORMANCE INDICATORS (KPI)	TIMELINE	RESPONSIBLE DIVISION
1: Human Resources Management and Development				
Appointment and Discipline	Monitoring and Review of Policy implementation and compliance	Policy Implementation Appointment Report	Report submitted bi-annually Report submitted bi-annually	Human Resource
	Compliance with PSC Values and Code of Conduct	Disciplinary Report	Report submitted bi-annually	Human Resource
Staff Development	Alignment of Organizational and People objective; Formulation, implementation, monitoring and review	Strategic Workforce Plan – Review Succession Plan - Review	2 Plans reviewed and submitted by 31st March 2016	Human Resource
	Effective HR Planning and Development	Implementation, monitoring and review report	Reports submitted bi-annually	Human Resource
	Learning and Development Plan (LDP)	Revised LDP	Revised LDP by 31 January 2016	Human Resource Training
		Training Policy	Due 31st January 2016	
		Training Plan	Due 31st January 2016	
Human Resource Management	Compilation and standardisation of Human Resources Management Procedures	Review of HR Manual	Manual reviewed by 31st March 2016	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 2016	Human Resource
	Report on variation to Staff Establishment	SE variation Report	Report submitted bi-annually	
2: 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 2016	Training Accounts
			List for 2nd payment by 30th September 2016	
Effective Planning & Accountability	Planning and Accountability	Strategic Development Plan		Planning & Policy Development Unit
		Annual Corporate Plan	Implementation of ACP from 1st January 2016 2017 ACP draft – 30th Nov 2016	
	Framework Compliance Formulation, implementation, monitoring and reviewing of:	Draft un-audited 2015 Annual Report	Due March 2016	Planning & Policy Development Unit Accounts

	<ul style="list-style-type: none"> Strategic Development Plan Annual Corporate Plan 2015 Annual Report 	2015 Audited Annual Report	Due June 2016	
	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
3: 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 MoHMS 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 2016 Evaluators released according to MoHMS 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 MoHMS Service Charter for improved service delivery against service standards	<ul style="list-style-type: none"> 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 2016	Human Resources
		At least three (3) BPR implemented	BPR implemented by 31st December 2016	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 2016	Health Information Unit
		Compilation of SLA report	SLA compliance report bi-annually	

9. Capital Projects for 2016

Table 4: Capital Projects 2016

SEG: 8	NAME OF PROJECT: Upgrade and Maintenance of Urban Hospitals and Institutional Quarters (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	5	5	3	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	3	-	-
		(iii)number of Activities to be undertaken during the period	13	32	20	14
		(iv)Projected Funding to be utilized during the period	\$1,600,000	\$700,000	\$450,000	\$250,000
TOTAL BUDGET			\$ 3,000,000VEP			

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	3	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	4	-	1	-
		(iii)number of Activities to be undertaken during the period	9	20	15	21
		(iv)Projected Funding to be utilized during the period	\$287,955	\$381,735	\$350,027	\$280,283
TOTAL BUDGET			\$1,300,000VEP			

SEG: 8	NAME OF PROJECT: Upgrade 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 Management	(i) Number of RIE's to be submitted according to RIE Checklist	3	1	-	-
Project Implementation	Implementation against work programme	(ii) Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-

		(iii)number of Activities to be undertaken during the period	11	11	-	-
		(iv)Projected Funding to be utilized during the period	\$1,294,863	\$518,151	-	-
TOTAL BUDGET			\$1,813,014VEP			

SEG: 8	NAME OF PROJECT: Navua Hospital - Boundary Fence (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	3	3	4	6
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	1	-
		(iii)number of Activities to be undertaken during the period	9	20	15	21
		(iv)Projected Funding to be utilized during the period	\$65,215	\$313,954	\$121,191	-
TOTAL BUDGET			\$500,000VEP			

SEG: 8	NAME OF PROJECT: Construction of Low Risk Makoi 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	3	3	2	-
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	10	12	8	4
		(iv)Projected Funding to be utilized during the period	\$700,000	-	-	-
TOTAL BUDGET			\$700,000VEP			

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	4	4	4	4

Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	-	-	-	-
		(iii)number of Activities to be undertaken during the period	15	11	8	4
		(iv)Projected Funding to be utilized during the period	\$6,419,881	\$4,468,541	\$2,756,935	\$7,354,642
TOTAL BUDGET			\$21,000,000VEP			

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	-	-	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	-	1	-	-
		(iii)number of Activities to be undertaken during the period	4	21	16	21
		(iv)Projected Funding to be utilized during the period	-	-	\$500,000	1,500,000
TOTAL BUDGET			\$2,000,000 VEP			

SEG: 8	NAME OF PROJECT: Keiyasi Health Centre Upgrade (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	3	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	-	-	1	-
		(iii)number of Activities to be undertaken during the period	9	20	15	21
		(iv)Projected Funding to be utilized during the period	\$112,845	\$243,436	\$40,000	\$803,719
TOTAL BUDGET			\$1,200,000 VEP			

SEG: 8		NAME OF PROJECT: Upgrade 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	-	1	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	-	-	-	-

		(iii)number of Activities to be undertaken during the period	8	8	8	12
		(iv)Projected Funding to be utilized during the period	\$500,000	\$500,000	\$1,000,000	-
TOTAL BUDGET			\$2,000,000 VEP			

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	2	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	-	-	-	-
		(iii)number of Activities to be undertaken during the period	29	20	15	21
		(iv)Projected Funding to be utilized during the period	\$94,198	\$840,767	\$1,308,250	\$1,076,785
TOTAL BUDGET			\$3,320,000VEP			

SEG: 8	NAME OF PROJECT: Maintenance of 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	-	3	2	-
		(iii)number of Activities to be undertaken during the period	13	32	20	14
		(iv)Projected Funding to be utilized during the period	\$430,000	\$140,000	\$1,130,000	\$1,300,000
TOTAL BUDGET			\$3,000,000VEP			

Capital Purchase

SEG: 9	NAME OF PROJECT: Purchase of Equipment for Urban 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	-	-

		(iii)number of Activities to be undertaken during the period	8	19	22	8
		(iv)Projected Funding to be utilized during the period	\$110,000	\$180,000	\$90,000	\$120,000
TOTAL BUDGET			\$500,000VEP			
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 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	-	-	-
		(iii)number of Activities to be undertaken during the period	19	22	8	8
		(iv)Projected Funding to be utilized during the period	\$110,000	\$200,000	\$280,000	\$210,000
TOTAL BUDGET			\$800,000VEP			
SEG: 9	NAME OF PROJECT: Dental Equipment - Urban Hospitals and 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	-	-
		(iii)number of Activities to be undertaken during the period	5	7	3	-
		(iv)Projected Funding to be utilized during the period	\$150,000	\$203,460	\$135,640	-
TOTAL BUDGET			\$489,100VEP			
SEG: 9	NAME OF PROJECT: Biomedical 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	2	2	-	-
		(iii)number of Activities to be undertaken during the period	39	25	6	-

		(iv) Projected Funding to be utilized during the period	\$5,000,000	\$5,017,800	\$1,891,500	-
TOTAL BUDGET			\$11,909,303VEP			

SEG: 9	NAME OF PROJECT: ICT Infrastructure and Network					
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	-	-	-	-
		(iii)number of Activities to be undertaken during the period	18	16	13	8
		(iv)Projected Funding to be utilized during the period	\$167,500	\$87,500	\$57,500	\$37,500
TOTAL BUDGET			\$350,000VEP			

10. 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

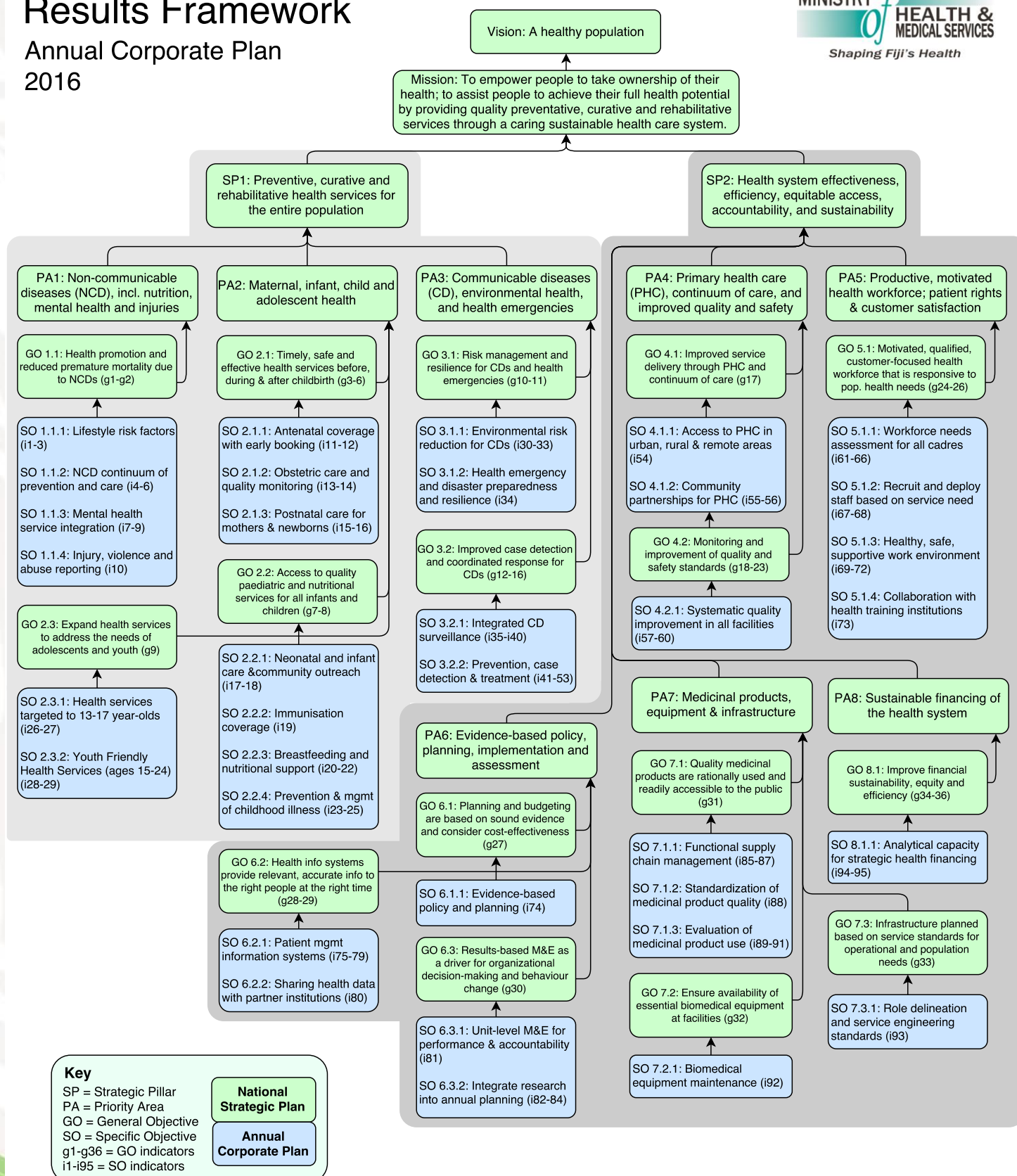
11. Glossary

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 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. Examples: <i>Premature mortality due to NCDs; ICU hand hygiene rate</i>
Outputs	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

Term	Definition
	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. Examples: <i># of clinicians trained; # of immunizations administered</i>
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	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. 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
Strategy	An overall approach or series of broad lines of action intended to achieve one or more objectives
Strategic planning	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. Generally strategic planning deals with three key questions, 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	The desired value of an indicator at a specific point in time, expressed in measurable terms. A target is often included within an objective. 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>
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

Results Framework

Annual Corporate Plan
2016



13. Donor Assistance Matrix 2016

Aid in Kind/Budget Funding

Donor	Program	Aid -in-Kind
AUSAID	Fiji Health Sector Support Programme	8,520,717
UNICEF	Child Protection programme	4,000
NZAID	Medical Treatment Scheme	421,585
UNICEF	HIV and AIDS	64,765
UNICEF	Health and Sanitation Programme	180,000
JICA	Fiji-Okinwa Physiotherapy/Rehabilitation Project	112,000
JICA	Filariasis Elimination Campaign	250,000
UNFPA	UNFPA Technical Assistance	14,000
WHO	Assistance from World Health Organization	1,490,041
Total Aid –in-Kind		11,057,108
Donor	Program	Budget Contribution
UNICEF	Health and Sanitation Programme	185,000
UNICEF	HIV and AIDS	72,070
UNICEF	Child Protection Programme	7,500
UNFPA	Reproductive Health Program	32,000
UNFPA	Family Planning	70,436
Global Fund	Assistance for Malaria, TB	4,716,902
UNFPA	Health System Strengthening	30,000
Total Cash Grant		5,113,908