

# ANNUAL CORPORATE PLAN 2016/2017



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## 1. Minister's Foreword

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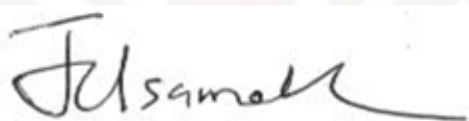
The Ministry's National Strategic Plan (NSP) 2016-2020 is currently being operationalized this year through the Annual Corporate Plan (ACP) 2016. It is anticipated that this ACP 2016/2017 will further assist in effectively implementing the Ministry's mission of empowering the people of Fiji to take ownership of their health and to assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring, sustainable healthcare system. This will contribute towards achieving our vision of a "healthy population".

The NSP 2016-2020 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 2016/2017, 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 2016/2017.

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. There was some set-back during the earlier part of 2016 due to the aftermath of the Tropical Cyclone Winston, but the Ministry has managed to get back to normal operations as well as work towards further improving service delivery.

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

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I have much pleasure in presenting the Annual Corporate Plan (ACP) 2016/2017 for the Ministry of Health and Medical Services. The ACP 2016/2017 is aligned to the new budgetary cycle and is based on the review of our performance aligned to the National Strategic Plan (NSP) 2016-2020 targets. The ACP 2016/2017 outlines the indicators and targets set for each specific objective under the eight priority areas of the NSP.

The Ministry has faced some challenges during the first half of 2016 due to the aftermath of Tropical Cyclone Winston, and it was imperative to realistically review our progress so far before developing the ACP 2016/2017. The Ministry will continue 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 the above 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 2016/2017.

A handwritten signature in blue ink, consisting of a stylized 'J' and 'K' followed by a long horizontal line.

**Dr Josefa Koroivueta**  
**Acting Permanent Secretary for Health and Medical Services**

### 3. Abbreviations

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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
NA <sub>s</sub>	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

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### 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/Twoomey 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

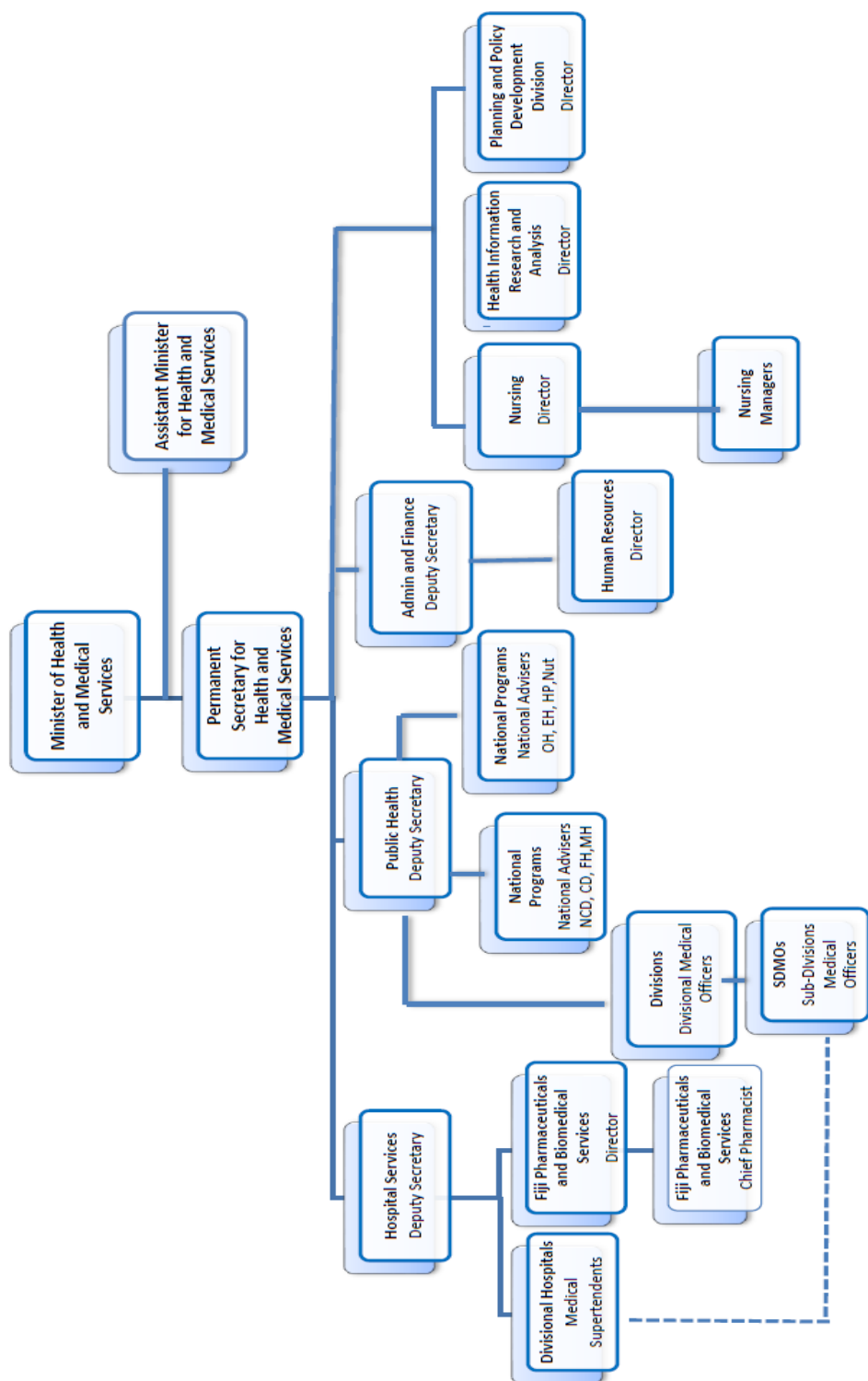
### 4.3 Legislative Framework

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	Nurses Decree 2011
26	Pharmacy Profession Decree 2011
27	Private Hospitals Act (Cap. 256A)
29	*Public Health Act (Cap. 111)
31	Public Hospitals & Dispensaries Act (Cap 110)
32	Public Hospitals & Dispensaries (Amendment) Regulations 2012
33	Optometrist and Dispensing Optician Decree 2012
34	*Quarantine Act (Cap. 112)
35	Quarantine (Amendment) Decree 2010
36	Radiation Health Decree 2009
37	Tobacco Control Decree 2010
38	Tobacco Control Regulation 2012
39	The Food Safety Regulation 2009
40	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
		Alcohol per capita consumption aged 15 years and older	Priority Area 1 : Non Communicable Disease
		Death rate due to road traffic injuries	Priority Area 1 : Non Communicable Disease
		Cervical cancer screening coverage rate	Priority Area 1 : Non Communicable Disease
		Suicide rate per 100,000 population	Priority Area 1 : Non Communicable Disease
		Maternal mortality ratio reduced to less than 70 per 100,000.	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
		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	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
		Number of admissions for Severe Acute Malnutrition	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
		Proportion of births attended by skilled health personal	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

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 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
		Incidence of TB	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Percentage of rural Local Authority communities with Water Safety Management Plans	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Hepatitis B incidence per 100,000 population	Priority Area 3: CD, EH, and health emergency preparedness, response & resilience
		Average Capability Level (CL) for all International Health Regulation (IHR) core capacity requirements at Ports of Entry	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 children under 5 whose births have been registered with civil authority, disaggregated by age	Priority Area 6: Evidence- based policy, planning, implementation and assessment
		Number of facilities with essential medicines in stock (proxy indicator for tracer products)	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
		General government expenditure on health as a proportion of general government expenditure (GGHE/GGE)	Priority Area 8: Sustainable Financing
Ensuring Effective, Enlightened and Accountable Leadership	Gender Equality	Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels	Priority Area 6: Evidence-based policy, planning, implementation and assessment
	Social Inclusion	Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE)	Priority Area 8: Sustainable Financing



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
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: \$59,071,451				
General Objective	Responsibility	Indicators	Baseline(Year)	2016/2017 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	<b>g1.</b> Premature mortality due to NCDs	68.2 % (2014) (less than age 70)	63.5 %
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
1.1.1 Reduce key lifestyle risk factors among the population	NA NCD NFNC NA DN NA OH	<b>i1.</b> Prevalence of overweight/obesity in primary school children	19% (2013)	13.4%
		<b>i2.</b> # of 8 year old(Year 3) made dentally fit	TBC 2016	10%
		<b>i3.</b> # of wellness setting based at community level	TBC 2016	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	<b>i4.</b> Amputation rate for diabetic foot sepsis (lower limb)	17% (2015)	15.6%
		<b>i5.</b> Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at Health Centres	0% (2014)	24%
		<b>i6.</b> Cervical cancer screening coverage rate	6% (2015)	>11%
1.1.3 Integrate mental health services within primary health care in all facilities	NA NCD NA MH MS St. Giles DNS DSPH DSHS	<b>i7.</b> Suicide rate per 100,000 population	9.8 (2013)	<9
		<b>i8.</b> # of cases of intentional self-harm, not including suicide	203 (2014)	182
		<b>i9.</b> Re-admission rate for mental illness within 28 days of discharge	77.3 (2015)	<70
		<b>i10.</b> % of health facilities adhering to the mhGAP Intervention Guide	0% (2014)	18%
1.1.4 Improve national reporting on injuries due to violence, domestic	DSHS DHIRA	<b>i11.</b> Consistency of national reporting on all injuries.	Not established	Annual report circulated

abuse and traffic accidents				
<b>Priority Area 2: Maternal, infant, child and adolescent health</b>				
<b>Budget: \$34,048,128</b>				
<b>General Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth	NA FH Obstetrics CSN	<b>g2.</b> Number of maternal deaths	6(2015)	<8
		<b>g3.</b> Perinatal mortality rate per 1,000 total births	12.7 (2015)	<12
		<b>g4.</b> Prevalence of anaemia in pregnancy at booking	32.4% (2015)	28.8%
		<b>g5.</b> % of live births with low birth weight	4.9% (2015)	<5%
<b>Specific Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
2.1.1 Increase antenatal care coverage with an emphasis on early booking	NA FH Obstetrics CSN	<b>i12.</b> % of pregnant women who receive ANC in their first trimester	21.8% (2015)	31.8%
		<b>i13.</b> % of pregnant women with at least 4 ANC visits at term	48.2% (2014)	52%
2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards	NA FH Obstetrics CSN FHSSP	<b>i14.</b> Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional hospitals	61% (2015)	65%
		<b>i15.</b> Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in subdivisional hospitals	51% (2015) 15/17 SDHs	54.8%
2.1.3 Expand coverage of postnatal care services for mothers and newborns	NA FH Obstetrics CSN	<b>i16.</b> % of women attending postnatal clinic 1 week after delivery (includes mothers check-up at MCH)	TBC 2016	58%
		<b>i17.</b> % of women attending postnatal clinic after 6 weeks of delivery	65.2% (2015)	>66%
<b>General Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services	Paediatric CSN	<b>g6.</b> Infant mortality rate per 1,000 live births	12.6 (2015)	<12
		<b>g7.</b> Under 5 mortality rate per 1,000 live births	16.6 (2015)	<15.2
<b>Specific Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral	Paediatric CSN	<b>i18.</b> Neonatal mortality rate per 1,000 live births	6.8 (2015)	<6.6
		<b>i19.</b> % of infant deaths that occur outside of facilities	30% (2012)	24%

2.2.2 Maintain high level of coverage for immunization services including new antigens	NA FH FHSSP	i20. Childhood vaccination coverage rate for all antigens	90% (2014)	≥90%
2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support	NA DN Paediatric CSN NFNC	i21. # of admissions for Severe Acute Malnutrition	124 (2015)	100
		i22. % of children at well-baby clinics below standard growth rates	TBC 2016	20%
		i23. % of children being exclusively breastfed at 6 months	Pop:56% (2015)	Pop: 61%
		i24. % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Not Available	Divisional – 1/3 Sub divisional – 7/16
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	i25. % of primary school students screened for rheumatic heart disease	27.3% (2015)	32%
		i26. Average % adherence to IMCI guidelines in health facilities	TBC 2016	>50%
		i27. Average % adherence to WHO Pocket book of hospital care for children guidelines in subdivisonal hospitals	47% (2014)	55.4%
<b>General Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
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	15.1% (2015)	15.9%
<b>Specific Objective</b>	<b>Responsibility</b>	<b>Indicators</b>	<b>Baseline (Year)</b>	<b>2016/2017 Target</b>
2.3.1 Expand provision of preventive and clinical services to include 13-19 year olds	NA FH NA NCD	i28. Number of secondary schools classified as Health Promoting Schools	18	26
		i29. HPV vaccination coverage rate among Class 8 girls	92.2% (2014)	93.4%
2.3.2 Expand availability and coverage of Youth-Friendly Health Services targeting youth ages 15-24	NA FH	i30. # of Youth-Friendly centres meeting the minimum Youth-Friendly Health Services (YFHS) standards	3 (2014)	5
		i31. Contraceptive prevalence rate (CPR) amongst population of child bearing age	38.3% (2015)	>40%



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

**Budget:** \$30,561,271

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
3.1.1 Improve effectiveness of environmental risk reduction for communicable diseases	NA EH NA CD	i32. # and % of rural Local Authority communities with Water Safety Management Plans	35 of 5,300 (0.7%) (2014)	64 of 5,300 [1.2%]
		i33. # and % of restaurants within rural Local Authorities graded A, B, or C for food safety standards	70% (2014)	≥60%
		i34. % of high risk communities in rural Local Authority areas meeting vector surveillance standards	83% (2014)	≥87%
		i35. % 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	i36. # 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
		i37. Avg. Capability Level (CL) for all International Health Regulation (IHR) core capacity requirements at Ports of Entry	TBC 2016	≥CL0.5
General Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 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)	9.6%
		g10. Case fatality rate for typhoid	3.5% (2014)	2.5%
		g11. Case fatality rate for dengue fever	0.8% (2014)	0.7%
		g12. Total number of confirmed HIV cases	610 (2014)	≤724
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
3.2.1 Strengthen CD surveillance through	NA CD	i38. Average % of routine reports received on time	97% (2014)	97.4%

integration of reporting processes and systems		from the National Notifiable Disease Surveillance System		
		i39. Average % of routine syndromic surveillance reports received on time	80% (2014)	90%
		i40. Average % of routine hospital-based active surveillance reports received on time	100% (2014)	100%
		i41. Average % of routine laboratory confirmed surveillance reports received on time	39% (2014)	57%
		i42. % timeliness and completeness of IB-VPD surveillance reports, including zero-reports and sample collection	30% (2014)	53%
		i43. % timeliness and completeness of RV surveillance reports, including zero-reports and sample collection	50% (2014)	61%
3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases  <b>Emphasis Area:</b>  Trachoma Leptospirosis Typhoid Dengue Leprosy TB HIV	NA CD MS Tamavua DMOs NA FH National TB Control Officer	i44. Incidence of leptospirosis per 100,000 population	27.8% (2013-2015)	15%
		i45. Total number of confirmed Paediatric HIV cases.	9 (2015)	<4
		i46. Incidence of typhoid per 100,000 population	34.4 (2013-2015)	<32
		i47. Typhoid admission ratio (# admissions/# confirmed cases)	0.41 (2015)	≤0.40
		i48. Incidence of dengue fever per 100,000 population	246 (2013-2015)	80
		i49. Incidence of leprosy per 100,000 population	0.2 per 100,000 population (2015)	<1 per 100,000
		i50. Prevalence of lymphatic filariasis	>1% (2014)	<1%
		i51. Incidence of measles per 100,000 population	0 (2015)	0
		i52. Case Notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	39 (2014)	48

		i53. Incidence of tuberculosis per 100,000 population	67 (2014)	65
		i54. Tuberculosis treatment success rate	86% (2014 cohort)	87%
		i55. Tuberculosis mortality rate per 100,000 population	4.7 (2014)	4.1
		i56. Number of new cases of HIV	64 (2014)	51
<b>Priority Area 4: Primary health care, with an emphasis on continuum of care and improved quality and safety</b>				
<b>Budget: \$20,223,768</b>				
General Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
4.1 Strengthen primary care and improve continuum of care for patients	DS HS DMOs MSs DHIRA	g13. Number of outpatient department visits per 10,000 population per year	TBC 2016	TBC in 2016
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
4.1.1 Improve accessibility of primary health care services in urban, rural and remote areas	DS HS DS PH DMOs	i57. # of targeted government health facilities with extended operating hours daily, disaggregated by type and division	Central- 7/7 HC (Maintain) Western – 1/5 SD (2015)	Central- 7/7 HC (Maintain) Western – 2/5 SD Northern- 1
4.1.2 Extend primary care service coverage through effective partnerships with communities	DNS FHSSP	i58. # and % of active community health workers trained in CHW Core Competencies	830 [53%] (2014)	1230 [78%]
		i59. Ratio of zone nurses to population (1:5000 population)	TBC 2016	30% of Nursing catchment with over 5,000 pop.
General Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
4.2 Continuous monitoring and improvement of quality standards  <b>Emphasis Area: 5S, TQM, KAIZEN</b>	DS HS MS	g14. Intensive care unit hand hygiene rate	>90% (2015)	≥90%
		g15. Surgical site infection rate for Caesarian section in divisional hospitals (proxy indicator for infection control)	3.57%- CWMH 4.74% - Lautoka Hosp. 4.85%- Labasa Hosp. (2015)	8.4%
		g16. Acute myocardial infarction (AMI) in-hospital mortality rate (proxy indicator for service quality)	9.2% (2015)	<9%
		g17. Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality)	1.3%- CWMH 1.93%- Labasa Hosp. 0.63%- Lautoka Hosp. (2015)	<10%



Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
4.2.1 Establish a systematic quality improvement process in all government health facilities	MS DMO SDMO Lab Supert.	i60. % of public hospitals and health centres audited at least annually against IMCI guidelines	0% (2014)	32%
		i61. Average compliance rate of Laboratories based on the Laboratory Quality Management System (LQMS)	≥75% (2015)	80%
		i62. % of SOPDs audited at least annually against Diabetes Management Guidelines	0% (2014)	32%
		i63. Average Patient satisfaction survey rating, disaggregated by facility	87% - Labasa Hosp. 72% - Lautoka Hosp. (2015)	86%

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

**Budget:** \$99,271,100

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

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 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	i64. Ratio of doctors per 10,000 population	8.2 (2015)	8.7
		i65. Ratio of nurses per 10,000 population	30.7 (2015)	32.6
		i66. Ratio of midwives per 10,000 population	3.5 (2015)	4
		i67. 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- 0.4 Dieticians- 0.8 Lab – 1.9 HI- 1.4 Radiology:0.98 Pharmacy:1 Biomed: 0.22
		i68. Ratio of dentists and dental therapists per 10,000 population	1.9 (2015)	1.9
		i69. Workload Indicator of Staffing Needs (WISN) assessment completed/updated annually	1 <sup>st</sup> WISN done in 2014	WISN updated annually
5.1.2 Efficiently recruit and deploy qualified health	DHR	i70. Average recruitment time	>16wks (2013)	<12 wks

workers based on service need		i71. Ratio of vacancies to establishment for nursing cadres	5.7% (2015)	<4%
5.1.3 Promote a healthy, safe, and supportive work environment to improve workforce satisfaction	DHR DSAF DS PH DS HS	i72. # of divisional facilities in compliance with Occupational Health & Safety requirements for certification	4/6 [67%] (2015)	5/6 [83%]
		i73. # of subdivisional facilities in compliance with Occupational Health & Safety requirements for certification	3/19 [16%] (2015)	5/19 [26%]
		i74. % of regulated clinical workforce with annual practicing licence	TBC 2016	100 % (2020)
		i75. Workforce attrition rate, by cadre	1.9% nurses 2.6% doctors (2014)	<2% nurses <5% doctors

**Priority Area 6: Evidence-based policy, planning, implementation and assessment**

**Budget: \$695,000**

**General Objective 6.1: Planning and budgeting are based on sound evidence and consider cost-effectiveness**

Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
6.1.1 Establish and apply standards for evidence-based policy and planning	DPPDU	i76. # of national policies developed and endorsed	9 (2015)	8
		i77. Policy and Planning sub-score within Policy, Planning and Budgeting Index	Develop in 2016	PPBI developed
		i78. Gender Mainstreaming Implementation plan (GMIP)	Develop in 2016	GMIP developed
	ESU	i79. # of Cabinet papers submitted by MoHMS	11 (2015)	15

**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)	2016/2017 Target
6.2.1 Expand coverage of electronic patient management information systems in facilities	DHIRA	i80. # and % of hospitals using a fully functional PATISplus system	7 [13%] (2015)	19 [83%] 23 total (3 DH, 2 SH, 18 SDH) Target: 19/23 Excludes: Lakeba, Lomaloma, Ba, Rotuma
		i81. Average % of admissions recorded in PATISplus system	30% (2014)	>60%

		i82. Average % of discharges recorded in PATISplus system	94% (2014)	>90%
		i83. Average % of births recorded in PATISplus system	6% (2014)	75% ~(15,000/20,000)
6.2.2 Improve consistency of key national health data and statistics with partner institutions	DHIRA HIU	i84. % of MoHMS mortality records coded and submitted to the Fiji Bureau of Statistics	0% (2014)	100%
<b>General Objective 6.3:</b> Results-based monitoring & evaluation as a driver for organizational decision-making and behaviour change				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
6.3.1 Establish unit-level M&E standards to improve performance and accountability	DHIRA	i85. % of MoHMS national-level indicators that have complete, accurate metadata	69% (2015) 33% (2016)	100%
6.3.2 Integrate surveys and applied research into MoHMS annual planning cycle	DHIRA	i86. Targeted research plan to fill in key MoHMS knowledge gaps, prepared and updated annually	Develop plan in 2015	Update annually
<b>Priority Area 7:</b> Medicinal products, equipment & infrastructure				
<b>Budget:</b> \$94,482				
<b>General Objective 7.1:</b> Quality medicinal products are rationally used and readily accessible to the public				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
7.1.1 Establish functional supply chain management system to improve medicinal product availability	DFPBS	i87. # of targeted facilities that stock 100% of tracer products at time of reporting (over 3 months period)	33%(2013)	50%
		i88. 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	i89. % of imported medicinal products recorded in the Fiji Medicinal Products Register	0% (2014)	40%
7.1.3 Regular evaluation of medicinal products use	DFPBS	i90. Assessment rating for rational use of medicines	TBC 2016	3 Audits
<b>General Objective 7.2:</b> Ensure availability of essential biomedical equipment at facilities				



Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
7.2.1 Maintenance plans to improve functionality and longevity of biomedical equipment	DFPBS	i91. Average % of core medical equipment that is functional	TBC 2016	≥75%
<b>General Objective 7.3:</b> Infrastructure planned based on service standards for operational and population needs				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 Target
7.3.1 New and existing facilities based on updated role delineation and service engineering standards	DPPDU DSAF DHR AMU	i92. Develop comprehensive health services plan at the national level and for all four divisions	2 Division Plans	3 divisions
7.3.2 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety	DSAF AMU	i93. % of total capital works budget allocated to maintenance	9.6% (2015)	8.9%*
<b>Priority Area 8:</b> Sustainable financing				
<b>Budget:</b> \$50,000				
<b>General Objective 8.1:</b> Improve financial sustainability, equity and efficiency				
Specific Objective	Responsibility	Indicators	Baseline (Year)	2016/2017 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 annually to address strategic health financing policy questions	2013-2014 NHA	2015 NHA
8.1.2 Develop an appropriate health financing strategy (model)	PAO NHA PPDU	i95. Costed plan for health financing assessments to address key policy issues and updated annually	Develop plan in 2016	Update annually

\*Extracted from 2016/2017 budget allocation

## 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 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 31 <sup>st</sup> October 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 <sup>st</sup> July 2017	Human Resource Training
		Training Policy	Due 31st July 2017	
		Training Plan	Due 31st July 2017	
Human Resource Management	Compilation and standardisation of Human Resources Management Procedures	Review of HR Manual	Manual reviewed by 31st October 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 July 2017	Human Resource
	Report on variation to Staff Establishment	SE variation Report	Report submitted bi-annually	
2: Organisational Management				
Training and TPAF Levy Grant Compliance	Effective administration of Training activities in accordance with TPAF levy and Grant Scheme and Training Policy	Submission of Agency payroll updates for TPAF Levy Payment	List of 1st payment by 31st October 2016	Training Accounts
			List for 2nd payment by 30th April 2017	
Effective Planning & Accountability	Planning and Accountability  Framework Compliance Formulation, implementation, monitoring and reviewing of:  • Strategic Development Plan • Annual Corporate Plan	Strategic Development Plan		Planning & Policy Development Unit
		Annual Corporate Plan	Implementation of ACP from 1 <sup>st</sup> August 2017	
		Draft un-audited 2016 Annual Report	2017/2018 ACP draft – 30 <sup>th</sup> June 2017 Due October 2016	Planning & Policy Development Unit Accounts
		2016 Audited Annual Report	Due January 2017	

	<ul style="list-style-type: none"> <li>Annual Report</li> </ul>			
	Performance Review: <ul style="list-style-type: none"> <li>Implementation of Agency Performance Review Procedure</li> </ul>	Report on the Performance Review Procedure	Review Report submitted bi-annually	Planning & Policy Development Unit
<b>3: Productivity Management</b>				
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"> <li>Compilation of MoHMS submission</li> <li>Participation of Officers in the SEA Evaluation Process</li> <li>Adoption of strategies for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Desktop submission by 26th January 2017</li> <li>Evaluators released according to MoHMS quota</li> <li>40% of OFIs from Feedback</li> <li>Report attempted</li> </ul>	Hospital Services
	5S	<ul style="list-style-type: none"> <li>Adoption to 5S</li> </ul>	<ul style="list-style-type: none"> <li>Implementation attempted</li> </ul>	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 October 2016	Human Resources
		At least three (3) BPR implemented	BPR implemented by 31st July 2017	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 October 2016	Health Information Unit
		Compilation of SLA report	SLA compliance report bi-annually	



## 9. Capital Projects for 2016/2017

Table 4: Capital Projects 2016/2017

Table 11: Capital Projects 2016/2017						
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	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	2	0	0
		(iii)number of Activities to be undertaken during the period	10	10	10	10
		(iv)Projected Funding to be utilized during the period	500,000	500,000	1,000,000	500,000
TOTAL BUDGET			\$ 2,500,000VEP			

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	1	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	4	-	-	1
		(iii)Number of Activities to be undertaken during the period	5	5	3	4
		(iv)Projected Funding to be utilized during the period	\$208,000	\$131,000	\$1,112,000	\$1,549,000
TOTAL BUDGET			\$2,962,956VEP			

SEG: 8 NAME OF PROJECT: Cyclone Rehabilitation - Health Facilities – 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	-	-
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	3	3	3	3

		(iv) Projected Funding to be utilized during the period	\$500,000	\$500,000	\$500,000	\$1,656,242
<b>TOTAL BUDGET</b>			<b>\$3,656,424VEP</b>			

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	1	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	0	1	-	-
		(iii)number of Activities to be undertaken during the period	8	5	5	5
		(iv)Projected Funding to be utilized during the period	\$80,000	\$800,000	\$1,081,725	\$1,838,275
TOTAL BUDGET			\$3,800,000VEP			

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	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	3	2	-	1
		(iv)Projected Funding to be utilized during the period	\$1,153,581	\$1,153,581	-	-
TOTAL BUDGET			\$2,307,162VEP			

<b>SEG: 8</b>	<b>NAME OF PROJECT: Construction of New Ba Hospital (R)</b>					
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	-	-
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	5	6	-	-

		(iv) Projected Funding to be utilized during the period	\$6,677,896	\$6,667,896	0	0
<b>TOTAL BUDGET</b>			<b>\$13,355,793 VEP</b>			

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	4	5	7	3
		(iv)Projected Funding to be utilized during the period	\$136,411	\$152,500	\$250,000	\$761,100
TOTAL BUDGET			\$6,300,000 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
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	4	3	3	3
		(iv)Projected Funding to be utilized during the period	-	\$1,000,000	-	\$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	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	-	-	-	-
		(iii) number of Activities to be undertaken during the period	4	3	3	3



		(iv) Projected Funding to be utilized during the period	\$1,542,300	\$1,227,000	\$1,230,700	\$110,000
<b>TOTAL BUDGET</b>			<b>\$4,110,417VEP</b>			

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	5	6	6	6
Project Implementation	Implementation against work programme	(ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office	2	1	-	-
		(iii)number of Activities to be undertaken during the period	8	8	8	8
		(iv)Projected Funding to be utilized during the period	\$500,000	\$500,000	\$500,000	\$500,000
TOTAL BUDGET			\$2,000,000VEP			

#### 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	5	5	5	5
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	10	8	8
		(iv)Projected Funding to be utilized during the period	\$200,000	\$200,000	\$200,000	\$200,000
TOTAL BUDGET			\$800,000VEP			

<b>SEG: 9</b>	<b>NAME OF PROJECT: Equipment for Health Centres and Nursing Stations</b>					
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	5	5
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	10	8	10
		(iv) Projected Funding to be utilized during the period	\$250,000	\$250,000	\$250,000	\$250,000

TOTAL BUDGET			\$1,000,000VEP			
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	10	3	3	-
		(iv)Projected Funding to be utilized during the period	\$240,000	-	\$260,000	-
TOTAL BUDGET			\$500,000VEP			

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	1	-	-	-
		(iii)number of Activities to be undertaken during the period	15	7	-	-
		(iv)Projected Funding to be utilized during the period	\$2,300,000	\$100,000	\$2,600,000	-
TOTAL BUDGET			\$5,000,000VEP			

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	1	-	-	-
		(iii)number of Activities to be undertaken during the period	7	3	-	-
		(iv)Projected Funding to be utilized during the period	\$330,000	\$20,000	-	-
TOTAL BUDGET			\$350,000VEP			

\*Note – The management and implementation of projects under the Cyclone Rehabilitation - Health Facilities funds will be in consultation with Construction Implementation Unit (CIU) of Ministry of Economy (MoE)

## 10. Ministry of Economy Deliverables and Indicators

**Table 5: Ministry of Economy (MoE) Deliverables and Indicators**

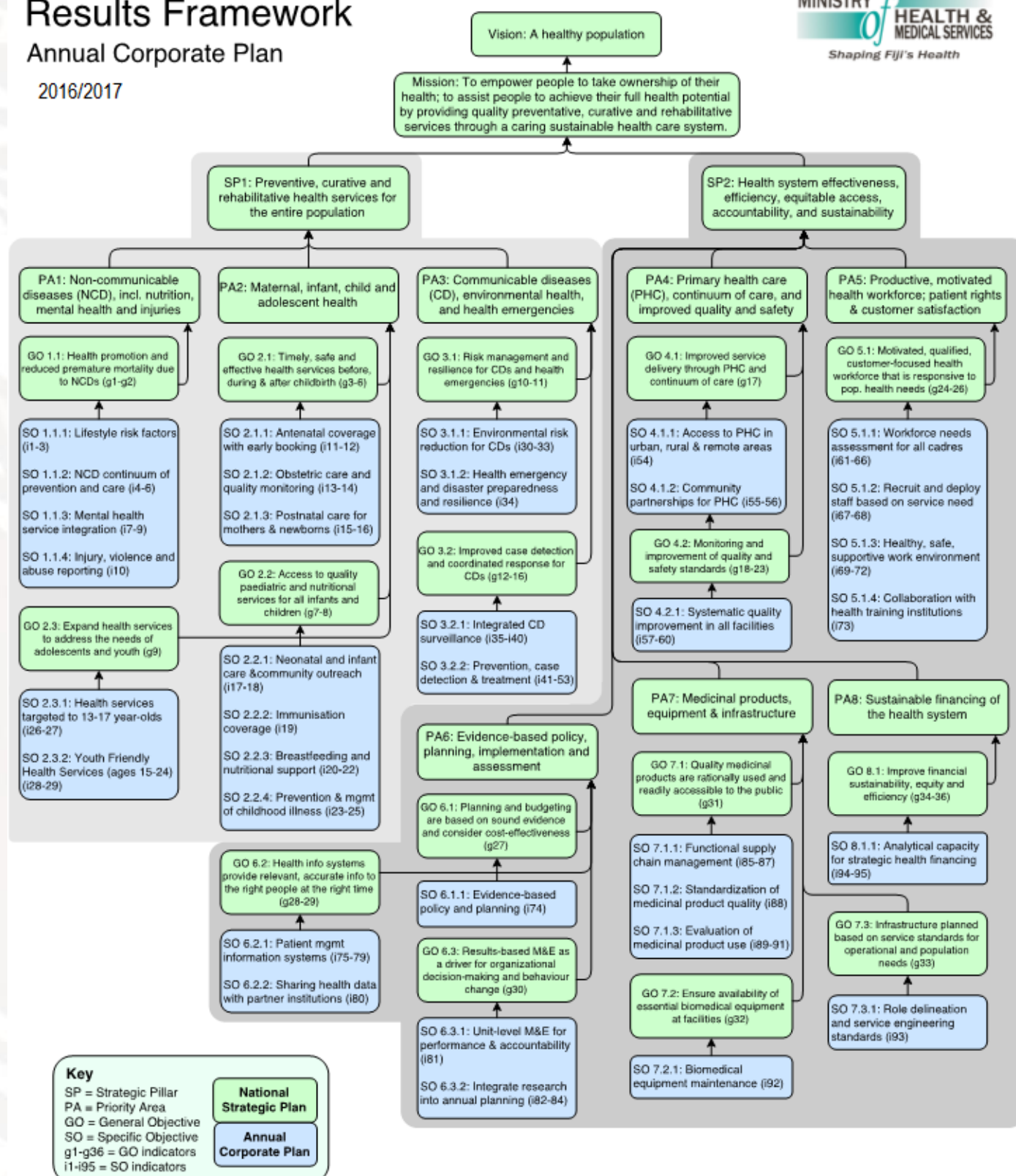
Ministry of Economy Deliverables	Strategies	Key Performance Indicators (KPI)	Timeline	Responsible Division
Planning & Management of Budget Compliance	Budget Request Formulation	Budget Request Submission	3 <sup>rd</sup> Quarter	Accounts DPPDD Heads of Departments
	Requests to Incur Expenditures (RIE)	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"> <li>• Bank Lodgement Clearance</li> <li>• TMA</li> <li>• Trust</li> <li>• RFA</li> <li>• Salaries</li> <li>• Wages</li> <li>• IDC</li> <li>• CFA</li> <li>• SLG 84</li> </ul>	Monthly reconciliation	15 <sup>th</sup> 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 August 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 <sup>st</sup> 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 <sup>nd</sup> week after half yearly	Asset Management Unit FPBS



# Results Framework

## Annual Corporate Plan

2016/2017



## 12. Donor Assistance Matrix 2016/2017

### Aid in Kind/Budget Funding

Donor	Program	Aid -in-Kind
DFAT	Fiji Health Sector Support Programme	7,964,320
NZMFAT	Medical Treatment Scheme	429,369
JICA	Fiji - Okinawa Physiotherapy/Rehabilitation Project	112,000
JICA	Filariasis Elimination Campaign	250,000
UNFPA	Technical Assistance	326,998
WHO	Assistance from World Health Organization	1,465,866
JICA	Prevention and Control of NCDs	388,462
JICA	Volunteer Scheme	325,000
UNFPA	Reproductive Health Program	20,000
KOICA	KOICA-WHO Health Promoting Schools (HPS) Project	2,360,000
KOICA	TB Programme	1,480,000
<b>Total Aid –in-Kind</b>		<b>15,122,015</b>
Donor	Program	Budget Contribution
UNICEF	Health, Nutrition and HIV/AIDS	300,000
UNICEF	Child Protection Programme	15,000
UNICEF	Reproductive Health Program	244,872
UNFPA	Assistance for Malaria, TB	1,757,711
<b>Total Cash Grant</b>		<b>2,317,583</b>

## 13. 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  <i>Example: 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)  <i>Example: # 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)  <i>Example: 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,



Term	Definition
	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 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