MINISTRY OF HEALTH
& MEDICAL SERVICES

Annual Operational Plan

2022-2023

Contents

Minister's Foreword

The Annual Operational Plan 2022-2023, provides a comprehensive approach to service delivery focusing on our key priority areas. Our aim is to deliver quality health services based on our core functions that is support by a strengthened health system. This is aligned to our broader ambition to support SDG 3, with an emphasis on progressing towards Universal Health Coverage (UHC) and SDG 6 with a focus on strengthening our WASH (Water, Sanitation and Hygiene) programmes.

We will continue to deliver our core business (prevention, promotion, clinical services, rehabilitation and palliative care) under the broader objectives outlined in our strategic plan. The way we operationalize and implement this, will be reoriented based on a customer services approach and enhancing patient experience at our health facilities.

It is anticipated that a major, initial focus for this fiscal year will be on further strengthening our key health systems components that have been key to our organizational adaptation based on ongoing capability to respond to the pandemic and natural disasters.

The targeted approach is further outlined in the plan and there is scope to remodel the delivery of services at our health facilities and divisions based on reorganizing services to adjust to the changing demand in health services. We will still aspire to progress towards our broader approach of Universal Health Coverage and make our best effort to *reach the unreached* and organize our service delivery to support this.

We will continue to work on improving the quality of services with a focus on strengthening the essential health systems components such as skilled workforce, equipment, medicinal products and infrastructural upgrade to support effective service delivery

This AOP was developed based on a realistic approach and we anticipate to progress towards our objectives in a resilient and committed way. Our approach has been designed taking all relevant issues into consideration including the effective transition to normative service delivery and broader issues such as developing Climate Resilient Health Systems to address the future impacts of disasters and pandemic.

There is always a major reliance on our key enabling factors, particularly our skilled human resources to effectively deliver services and to make any plan a success. I appreciate and acknowledge the hard work and commitment of all our staff across the Ministry. The support of all our partners and key stakeholders is also acknowledged and we will continue to further develop and strengthen these partnerships.

…………………………..

Hon. Dr. Ifereimi Waqainabete
Minister for Health and Medical Services

Permanent Secretary's Statement

The Annual Operational Plan for the financial year 2022/2023 outlines the overall approach and direction towards achieving health sector objectives for the fiscal year that is effectively aligned to our resources and emerging service delivery needs.

This Plan outlines the pathway for the Ministry to achieve strategic goals and objectives within allocated resources and timelines. We are focusing on "building back better and stronger" that is an initiative that focuses on building resilient health systems as we progress towards strengthening population health resilience. It focuses on strengthening health systems capacity to provide care and further reinforce public trust in the health system.

We acknowledge that this is a unique and challenging year for the Ministry, as we get the opportunity to fully focus on our normative functions and the quality of care we provide to our customers. We have put in place several initiatives to support this including strengthened customer care at health facilities and strengthening the role of Divisional Command Centers and Sub-divisional Command Centers and integrating these within Ministry's governance frameworks.

We are working on further strengthening key health system components such as, human resources, transportation, infrastructure maintenance and related issues to more effectively support our service delivery from health facilities. We are also looking at strengthening service delivery through more proactive management of our vulnerable population and standardizing the provision of clinical services across the divisions. There is also a focus on strengthening existing human resource capacity to meet our service delivery needs at our health facilities. The current budget support will further strengthen staffing across the health service divisions.

An ongoing initiative this year is to further improve the provision of medical products and equipment through overall supply chain strengthening process. We appreciate the importance of a strong supply chain management system in delivering effective and timely health care services.

I acknowledge the hard work and dedication of all staff and look forward to ongoing support to meet the current and anticipated demands on the health services. I also look forward to working closely with all stakeholders in implementing this plan.

……………………………..

Dr. James Fong
Permanent Secretary

1.0 Corporate Profile

Vision
A healthy population

Mission
Empowering Fijians to achieve optimal health and well-being through the delivery of cost-effective, quality and inclusive health services

Values:
Accountability, Excellence, Inclusiveness, Integrity, Professionalism, Trust, Innovation

Reform public health services to provide a population-based approach for diseases and the climate crisis

Drive efficient and effective management of the health system

Increase access to quality, safe and patient-focused clinical services

1.1   Roles and Functions of the Ministry

The Ministry's role emanates from its core responsibility of delivering quality preventive, curative and rehabilitative health services to the population through its hospitals, health centers and nursing stations throughout the country in a consistent and equitable manner. There is a focus on maintaining continuum of care from community-level primary health care services up to tertiary level care at Divisional Hospitals. This is supported by a broad range of relevant policies, standards, and protocols to ensure safe, high quality services are delivered at all levels of the health system, from nursing stations, health centers, sub-divisional hospitals to divisional hospitals.

Strengthening primary health care
Primary health care is mostly delivered at nursing stations and health centers. The Ministry is focusing on improving the access, coverage and quality of primary health care through an integrated health systems approach.

Supporting secondary level care
The sub-divisional hospitals deliver secondary level care. The Ministry is focusing on strengthening sub-divisional hospital capacity and the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

Improving and expanding tertiary level care
The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare with ongoing efforts to expand specialized clinical services.
The Ministry's functions can be realigned under the following broad categories based on the type of services delivered through its various facilities.

1. **Curative and Rehabilitative Health**
Curative care is delivered through the various facilities of the Ministry at different health care delivery levels. The National Rehabilitation Department at Tamavua Twomey Hospital also provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.
The Clinical Services Networks (CSN's) provide clinical advice for the various clinical disciplines for strengthening the delivery of clinical services.

2. **Preventive and Promotive Health**
The Ministry has taken a wellness approach to health by taking initiatives to ensure that healthy people remain healthy by making appropriate lifestyle choices. There is a shift in focus from a disease or illness based approach to a wellness-centered approach.

There is a focus on adopting a life-course approach to maternal, infant, child and adolescent health, with a continuum of health care delivery, extending from sexual and reproductive health services through pregnancy, delivery, childhood and adolescence.

There are also ongoing efforts to reduce the overall health burden of communicable diseases by providing effective programs and services for prevention and control of communicable diseases.

- **Wellness**

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to addressing the social determinants of health through a multisectoral approach.

- **Health Protection**

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

- **Family Health**

The Family Health Department's key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender. There is an overall focus on reducing the burden of ill health among women, children and adolescents.

3. **Health Systems Strengthening**

Health systems' strengthening is essential to achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services. The focus is on strengthening health system standards across the key health systems building blocks which are leadership/governance, health care financing, health workforce, medical products, technologies, health information and research.

- **Human Resource**

The Human Resource (HR) Department oversees the effective management of all HR related activities, programs and issues and provides advice on recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations matters.

- **Finance and Asset Management**

Finance and Asset Management Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management. The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective cost centres and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country.

- **Pharmaceutical and Biomedical Services**

Fiji Pharmaceutical and Biomedical Services (FPBS) core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness.

The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes for products imported in the country including the random testing of medicinal products.

- **Planning and Policy Development**

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence-based health planning including the development of medium to long term strategies and annual operational plans.

PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

- **Research, Innovation, Data Analysis and Management**

The Research, Innovation, Digital Health, Data Analysis and Management Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The division has also taken over the role of Digital Health.

The Division is therefore, responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

The Division will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

- **Nursing and Midwifery Division**

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management. The Division also supports the Fiji Nursing Council for the professional registration of Nurses and manages the Community Health Workers programme.

- **Executive Support Unit**

The Executive Support Unit is responsible for high-level executive support and administrative services for the Ministry's Executive. The Unit maintains awareness, identifies and investigates emerging corporate issues which may require the direct intervention of the Executive and ensures they are properly briefed and advised. It manages the Ministry's engagement with cabinet, parliament and the media. The Unit is now also responsible for managing development partner coordination and related issues.

- **Clinical Support Services**

There are a number of clinical support functions that are based at Ministry's headquarters that provide specific support to Hospitals and Divisions. The key functions under this area are outlined below and will be coordinated by the Head of Clinical Support Services who will report to the Chief Medical Advisor:
    - Patient Safety and Quality
    - Visiting Medical Teams
    - Overseas Referrals
    - Blood and Ambulance Services

Legislative Framework
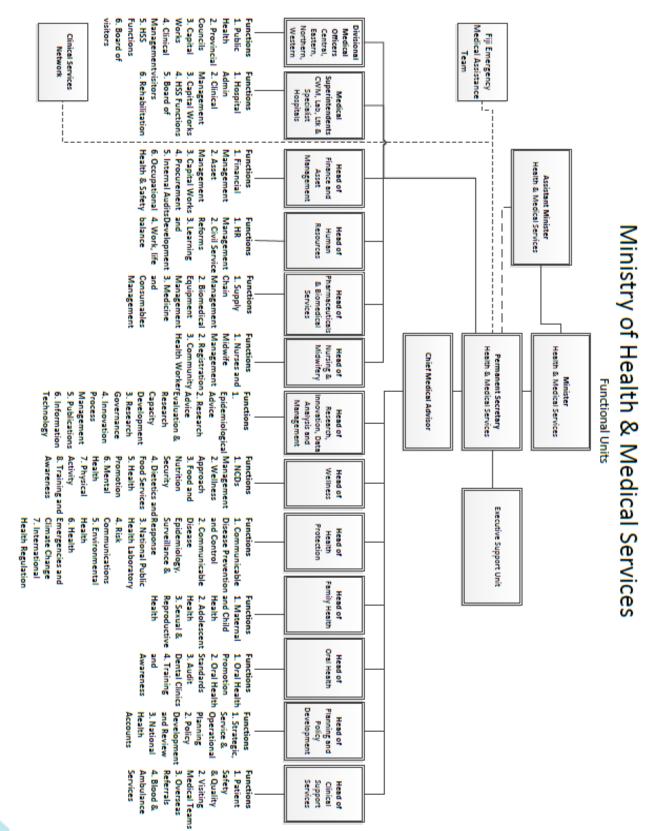
The Ministry of Health and Medical Services operates under the following legislative framework:

No	Description
1	Allied Health Practitioners Decree 2011
2	Ambulance Services Decree 2010
3	Burial and Cremation Act
4	Constitution of the Republic of Fiji 2013
5	Child Welfare Decree 2010
6	Child Welfare (Amendment) Decree 2013
7	Fiji National Provident Fund Decree 2011
8	Fiji Procurement Act 2010
9	Financial Administration Decree 2009
10	Financial Instructions 2005
11	Financial Management Act 2004
12	Financial Manual 2019
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
17	Marketing Controls (Food for Infants and Children) Regulation 2010
18	Medical Imaging Technologist Decree 2009
19	Medical and Dental Practitioner Decree 2010
20	Medical and Dental Practitioners (Amendment) Decree 2014
21	Medical and Dental Practitioners (Amendment) Act 2017
22	Medical and Dental Practitioner (Amendment) Act 2018
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Decree 2011
25	Medicinal Products (Amendment) Act 2018
26	Mental Health Decree 2010
27	Mental Treatment Act (Cap 113)
29	Nurses Decree 2011
30	Nursing (Amendment) Act 2018

31	Pharmacy Profession Decree 2011
32	Pharmacy Profession (Amendment) Act 2017
33	Private Hospitals Act (Cap. 256A)
34	Public Health Act (Cap. 111)
35	Public Health (Amendment) Act 2018
36	Public Health (COVID-19 Response) (Amendment) Act 2020
37	Public Health (Amendment) Act 2021
38	Public Hospitals & Dispensaries Act (Cap 110)
39	Public Hospitals & Dispensaries (Amendment) Regulations 2012
40	Public Hospitals and Dispensaries (Amendment) Act 2018
41	Optometrist and Dispensing Optician Decree 2012
42	Occupational Health and Safety at Work Act 1996
43	Quarantine Act (Cap. 112)
44	Quarantine (Amendment) Decree 2010
45	Radiation Health Decree 2009
46	Tobacco Control Decree 2010
47	Tobacco Control Regulation 2012
48	The Food Safety Regulation 2009
49	The Food Establishment Grading Regulation 2011

1.2 Organizational Structure

Ministry of Health & Medical Services
Functional Units

Minister Health & Medical Services

Assistant Minister Health & Medical Services

Permanent Secretary Health & Medical Services
- Executive Support Unit
- Chief Medical Advisor

Fiji Emergency Medical Assistance Team

Clinical Services Network

Divisional Medical Officers — Central, Eastern, Northern, Western

Functions
1. Public Health
2. Provincial
3. Capital Works
4. Clinical Services
5. HSS Functions
6. Board of visitors

Medical Superintendents — CWM, Lab, Ltk & Specialist Hospitals

Functions
1. Hospital Admin
2. Clinical Management
3. Capital Works
4. HSS Functions
5. Board of Management/visitors
6. Rehabilitation

Head of Finance and Asset Management

Functions
1. Financial Management
2. Asset Management
3. Capital Works
4. Procurement and Management
5. Internal Audits
6. Occupational Health & Safety

Head of Human Resources

Functions
1. HR Management
2. Civil Service Management Reforms
3. Learning and Development
4. Work, life balance

Head of Pharmaceuticals & Biomedical Services

Functions
1. Supply Chain Management
2. Biomedical Equipment Management
3. Medicine and Consumables Management

Head of Nursing & Midwifery

Functions
1. Nurses and Midwife
2. Registration
3. Community Health Worker

Head of Research, Innovation, Data Analysis and Management

Functions
1. Epidemiological Management
2. Research Advice
3. Research Capacity Development
4. Evaluation & Research
5. Governance
6. Innovation Process Management
7. Publications
8. Information Technology

Head of Wellness

Functions
1. NCDs
2. Wellness
3. Food and Nutrition
4. Dietetics and Food Services
5. Health Promotion
6. Mental Health
7. Physical Activity
8. Training and Awareness

Head of Health Protection

Functions
1. Communicable Disease Prevention and Control
2. Communicable Disease Epidemiology, Surveillance & Response
3. National Public Health Laboratory
4. Risk Communications
5. Environmental Health
6. Health
7. Climate Change
8. International Health Regulation

Head of Family Health

Functions
1. Maternal Health Promotion
2. Adolescent Health
3. Sexual & Reproductive Health
4. Training and Awareness

Head of Oral Health

Functions
1. Oral Health Promotion Service & Quality Standards
2. Oral Health Operational Planning
3. Audit
4. Dental Clinics Development and Review
5. National Health Accounts

Head of Planning and Policy Development

Functions
1. Strategic, Service & Quality
2. Policy Development
3. Overseas Referrals
4. National Health Accounts

Head of Clinical Support Services

Functions
1. Patient Safety
2. Visiting Medical Teams
3. Overseas Referrals
4. Blood & Ambulance Services

1.3   Statement of Core Business

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. We are committed to ensuring the provision of accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

A three-tiered structure provides our integrated services at primary, secondary and tertiary levels through our hospitals, health centers and nursing stations throughout the country, in a consistent and equitable manner.

The core business of the Ministry is delivered through three strategic priority areas focusing on:

Strategic Priority 1- Reform public health services to provide a population-based approach for diseases and the climate crisis

An integrated approach to public health is the basis of reforming our public health services. Here we define public health as preventing disease, prolonging life and promoting health through the organised efforts of society. Core to this is ensuring we seek ways to expand the availability of promotive, protective and preventive care across all islands.

Strategic Priority 2 -Increase access to quality, safe and patient-focused clinical services

Strengthening patient services and the continuum of care is a major focus area. 'Patient services' covers the primary and secondary care approach to serving people, in terms of the curative, rehabilitative and palliative health services they need.

Strategic Priority 3 -Drive efficient and effective management of the health system

Strong systems underpin our public health and clinical services. We focus on improving the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability. We seek innovation and evidence to improve our efficiency and effectiveness.

2.0   Strategic Priorities

2.1   Strategic Focus and Goals

The strategic direction for the Ministry is outlined in the Ministry's Strategic Plan 2020-2025. The strategic priorities are inextricably linked along the continuum of care. The strategies are based on supporting individuals, communities and islands across Fiji that are more vulnerable than others. The ultimate goal is to progress towards Universal Health Coverage (UHC) and a systems-level approach to health is a key driver to improving health care and providing UHC.

The plan has three strategic priorities and 14 outcomes which are:

	Reform public health services to provide a population-based approach for diseases and the climate crisis	• Reduce CD and NCD disease prevalence, especially for vulnerable groups. • Improve the physical and mental well-being of all citizens with particular emphasis on women, children and young people through prevention measures. • Safeguard against environmental threats and public health emergencies. • Strengthen population-wide resilience to the climate crisis.
	Increase access to quality, safe and patient-focused clinical services	• Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups. • Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population. • Continuously improve patient safety, and the quality and value of services.
	Drive efficient and effective management of the health system	• Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued. • Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment. • Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable. • Ensure infrastructure is maintained to match service needs. • Harness digital technologies to facilitate better health care for our patients. • Continue to strengthen planning and governance throughout the MHMS. • Widen our collaboration with partners for a more efficient, innovative and higher-quality health system.

2.2   Linkage to Government Priorities

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Percentage of children under 5 years of age who are overweight Population prevalence of diabetes	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Retrofit health facilities to improve energy and water efficiency	% of health facilities meeting minimal standards for emergency and disaster preparedness	Strengthen population-wide resilience to the climate crisis
End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Improve case detection and coordinated response to reduce communicable disease morbidity and Mortality	Incidence of leprosy per 100,000 population Prevalence of lymphatic Filariasis Case fatality rate for Leptospirosis Case fatality rate for typhoid Case fatality rate for dengue fever Total number of confirmed HIV cases Prevalence rate of tuberculosis per 100,000 population	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Premature mortality due to NCDs	Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population
Reduce the global maternal mortality ratio to less than 70 per 100 000 live births	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate	Reduce Maternal Mortality ratio	

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
	and effective health services before, during, and after childbirth		
End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce neonatal Mortality	Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups
		Perinatal mortality rate per 1,000 total births	
		% of live births with low birth weight	
		Infant mortality rate per 1,000 live births	
	Provide access to quality preventive and curative paediatric and nutritional services	Under 5 mortality rate per 1,000 live births	
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Reform Supply Chain Management and ensure high quality medicinal products are rationally used and readily accessible to all residents	Average availability of selected essential medicines in public and private health facilities	Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Recruit, train and retain a qualified, motivated health workforce that is caring, customer-focused, and responsive to population health needs	Ratio of skilled healthcare workers (doctors, nurses, midwives) per 10,000 population	Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued
	Improve health financing, equity and efficiency	Current health expenditure per capita, current FJD	Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable
		General government expenditure on health as a proportion of general government expenditure	
		Ratio of household out-of-pocket payments for health to current health expenditure	

3.0   Situation Analysis

There were several key initiatives that were implemented that provided the platform for further strengthening these initiatives and integrating into our normative functions. The governance structures set up and strengthened during previous waves of the pandemic enabled effective communication and operationalization of key strategies. The ongoing regular updates, discussions and communication continued to support the teams in effectively resolving issues on the ground.

There were also several service delivery initiatives implemented that could be further strengthened and used to expand service delivery at community level as part of our broader initiative to progress towards universal health coverage. There were several opportunities identified to further strengthen clinical services both within health facilities and beyond. There were also connections built with other partners such as CSO's and FBO's to extend reach into communities.

The importance of linkages between clinical services and public health services became more prominent and was further supported through the Divisional Command Centers and Sub-divisional Operations Centers. Several issue such as managing bed blocks as well as referral of patients were looked at and addressed. The role of FEMAT was also expanded, based on needs at operational level and FEMAT provided support to sustain service delivery in key areas. The key aim has been on sustaining the delivery of services across all the divisions. In terms of more specific areas of service delivery, there was a gradual shift in focus towards NCD and wellness initiatives. This became an area of need as we started developing more proactive approaches for managing our vulnerable population. This included monitoring through line lists and working closely with our communities.

Health system support has been critical in responding to the pandemic and is vital for future sustainability of health service delivery. Human resources has been a critical component and there have been many challenges in this area. The system is built on an efficiency model, which means that there are no additional staff to handle surge capacity with mobilizing staff being the major strategy. This, in itself is challenging as the pandemic had affected all divisions around similar timelines, making the mobilization of resources between divisions more difficult. The issues around staff conditions, including overtime, meal claims, remuneration and retention have become key areas of focus as we continue to strengthen our HR capacity.

Medicinal Products and technology, including biomedical equipment is a challenging area in terms of global supply chain issues. Donations and development partner support in this area has assisted in easing the burden and enabled the sustainable delivery of services. The information systems had a positive impact in making key information available for decision making and communication to the public as well as assisting in service delivery. The role of telehealth also re-emerged and provided a means of improving accessibility to services. This also sets the platform for using such technology to further progress towards universal health coverage.

The Ministry has identified and recognizes the need for continuous health systems strengthening across key areas that have a direct impact on our service delivery. The Ministry is working on further strengthening capacities in collaboration with development partners and other key sectors.

The Ministry has identified and recognizes the need for health systems strengthening across key areas that have a direct impact on our pandemic preparedness and response. The Ministry is working on further strengthening capacities in collaboration with development partners and other key sectors.

4.0 Aim

The intent of the Annual Operational Plan (AOP) 2022-2023 is still based on the operationalization of the Strategic Plan (SP) 2020-2025, however the developments over the last two years has also shaped the focus areas for this year.

The broader priorities outlined in the SP, are still relevant, however the changing demands in service delivery (operational) needs has been an important consideration in developing key outputs and activities. The specific strategic focus for this year is on "building back better and stronger" that covers key health systems strengthening components, at the core of all our initiatives are our customers. The strengthening of service delivery initiatives i.e. both clinical and public health, focuses on improving customer care and satisfaction.

The Ministry's overall focus for 2022-2023 is summarized under the broader key areas outlined below. It is anticipated that a major focus for this fiscal year will be on building back better through several key initiatives including quality improvement and customer care, remodeling health services with an in-depth focus on building resilient health systems and strengthening our human resources.

The objective is to align service delivery based on emerging needs throughout the fiscal year and working smarter within the allocated resources to achieve the Ministry's service delivery targets.

1. Strengthen public health services based on an integrated approach to service delivery with targeted approaches for Communicable Diseases and Non-Communicable Diseases based on emerging needs and priorities.

2. Improving environmental health and effectively addressing the ongoing risks of public health emergencies and climate change with an overall aim of reducing the burden of Communicable Diseases.

3. Strengthening and supporting clinical services delivery with a focus on bringing targeted services closer to the people. This includes strengthening and decentralizing selected clinical services, to meet the needs of the population whilst strengthening service delivery from hospitals.

4. Maintaining accessibility to quality, safe and patient-focused clinical services and strengthening the continuum of care with a focus on strengthening service provision across the divisions.

5. Delivering specific services targeting maternal, neonatal, perinatal and child health outcomes based on current needs.

6. Building resilient health systems, with a broad range of initiatives focusing on:
   ° Improving and upgrading current health facilities, reviewing processes and improving efficiency and effectiveness in terms of service delivery.

5.0   2022-2023 Budget Highlights

The total proposed budget for the Ministry in 2022-2023 is **$395.1m**, comprising **$355.8m** for operating expenditure, **$28.7m** for capital expenditure and VAT of **$10.6m**. The 2022-2023 budget will be attributed to the following initiatives:

Budget Summary Table

Ministry Budget summary FY2022-2023

Budget Category	Summary ($m)	Initiatives
Operating	355,756.8	• An increase in service delivery outcomes through strengthening of patient services and continuum of care. • Improved access to services by strengthening clinical services, including outreach services. There is an overall focus on quality and value of services. • Improved productivity and effectiveness of our health system; with a special focus on strengthening workforce and supply chain processes
Capital	28,724.8	• MHMS infrastructure is maintained to meet operational and population needs in compliance with all relevant health service standards
VAT	10,637.3	
Total	395,118.8	

6.0 Outputs and Targeted Performance

6.1 AOP outputs

The Ministry's Annual Operational Plan outcomes and outputs are aligned to the strategic objectives of the Ministry's Strategic Plan 2020-2025 and the National Development Plan (NDP). The outputs that have been developed relate to our mandate and each health facility, programme and division contributes to the attainment of the key performance indicators (KPIs). The Ministry's outputs and performance targets are set out in the table below.

Public Health Services

The integrated approach to public health and strengthening the continuum of care for patients remains the underlying approach. There is a greater focus on non-communicable diseases and addressing the needs of our vulnerable population, including setting up tracking systems and reaching out to vulnerable population groups in communities. There is renewed emphasis on communicable disease surveillance, including the establishment of community based networks.

This Plan has outlined a number of activities under the respective areas; the achievement in these areas may be impacted by the overall changing demands on our public health resources. Overall, we aim to further build on our previous efforts and take a more targeted approach towards the delivery of public health services.

Delivery of clinical services

The delivery of clinical services will focus on strengthening the delivery of services from our health facilities, with a particular emphasis on strengthening services at Divisional and Sub-divisional Hospitals. This will be further supported by strengthening governance structures such as the Divisional and Sub-divisional Command Centers. There is renewed emphasis on strengthening customer care and patient experience across all facilities and service areas.

Decentralization of services from the main divisional hospitals has been a major strategy in sustaining the continuity of service delivery. The priorities within this, is largely driven by the Divisional needs and priorities and hospital resources dedicated to this area. This is an area that will be further strengthened based on the service delivery needs.

Health Systems Issues

The building back better and stronger is a key initiative focusing on health systems strengthening. Health system capacities in the areas of human resources (clinical workforce), medical products and technology, infrastructure as well as diagnostic services have become major areas of focus. The importance of supporting governance structures is also an important consideration under this priority area, with a focus on quality and process improvements at all levels.

The AOP Table 2 with key performance indicators are attached as Annex 1. The following table shows activities aligned to budget.

Strategic Priority 1- Reform public health services to provide a population-based approach for diseases and the climate crisis

Outcome 1.1: Reduce communicable and non-communicable disease prevalence, especially for vulnerable groups

Output 1.1.1: Preventative programmes targeting risk factors implemented

Activities	Responsible	Budget $
1.1.1.1 Establish healthy settings	Divisions Wellness	218,000
1.1.1.2 Conduct Health Promoting School audits in collaboration with Ministry of Education Heritage and Arts (MEHA)	Divisions Wellness	
1.1.1.3 Conduct health promotion activities	Divisions Wellness	
1.1.1.4 Conduct oral health promotion in schools	Divisions	163,500
1.1.1.5 Provide dental care to primary schools	Wellness	
1.1.1.6 Provide oral health counselling at ANC and MCH clinics		
1.1.1.7 Conduct population screening with counseling on risk factors	Divisions Wellness	163,500
1.1.1.8 Conduct community awareness on CD and NCD	Divisions Wellness	
1.1.1.9 Tracking plans and action plans developed for vulnerable population	Divisions Hospitals	
1.1.1.10 Implementation of food and nutrition security programme	Wellness	54,500
1.1.1.11 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	Divisions Health Protection	396,760

Output 1.1.2: Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams

Activities	Responsible	Budget $
1.1.2.1 Submission of monthly CHW reports	Divisions Nursing	3,270,000
1.1.2.2 Roll out community engagement training with CHW	Divisions Nursing	
1.1.2.3 Provision of integrated outreach services to the communities	Hospitals Divisions	379,685

Activities	Responsible	Budget $
1.1.2.4 Integrated outreach services available to the communities through partnership with NGOs, and Faith based organizations	Wellness Divisions	

Output 1.1.3: Strengthen surveillance, case detection and diagnosis for CDs and NCDs

Activities	Responsible	Budget $
1.1.3.1 Monitor seasonal LTD outbreaks and conduct community surveillance accordingly	Divisions	
1.1.3.2 Conduct community profiling	Divisions	
1.1.3.3 Development of LTD outbreak preparedness plan	Divisions Health Protection	87,200
1.1.3.4 Active Communicable disease committee		
1.1.3.5 Public awareness campaign on LTDs through radio, TV ads and talkback shows	Communications Officer Divisions	
1.1.3.6 Contextualized communication based on targeted population		
1.1.3.7 Prevention and control of LTDs	Divisions Hospitals Health Protection	
1.1.3.8 Training of clinicians on early diagnosis, treatment and referral for LTDs		
1.1.3.9 Implement Tuberculosis control activities to achieve strategic targets	Tamavua Twomey Hospital	163,500
1.1.3.10 Report new HIV case	CSN – Obstetrics and Gynecology Paediatric Family Health Divisions	
1.1.3.11 Early diagnosis and treatment for all HIV patients	Family Health Divisions	98,100
1.1.3.12 Early diagnosis and treatment of STIs	Family Health Divisions Hospitals	
1.1.3.13 Early Diagnosis and treatment of Hepatitis B	Family Health Divisions Hospitals	
1.1.3.14 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	Divisions Health Protection	
1.1.3.15 Prevention and control of vaccine preventable disease	Divisions Health Protection	
1.1.3.16 Implementation of COVID 19 activities	IMT Health Protection Divisions	500,000

Outcome 1.2: Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures

Output 1.2.1: Improved maternal and neonatal health services, with an increased focus on health risk assessments

Activities	Responsible	Budget $
1.2.1.1 Booking access available at nursing stations and health centres levels	Divisions Hospitals	
1.2.1.2 Strengthen Postnatal Clinic Services	Hospitals	
1.2.1.3 Postnatal checklist to be administered at all levels of care (down to nursing station)	Divisions CSN -Obstetrics and Gynaecology	
1.2.1.4 Detect, diagnose and refer high-risk cases early	Hospitals Divisions CSN -Obstetrics and Gynaecology	
1.2.1.5 Mental Health Gap Action Plan (mhGAP) capacity building and supervisory visits	Divisions Wellness	109,000
1.2.1.6 Audit of health facilities for Mental Health Gap Action Plan adherence		
1.2.1.7 Provision of psychosocial support through partners	Wellness Divisions Hospitals	

Output 1.2.2: Strengthened immunisation services and NCDs screening at maternal and child health clinics

Activities	Responsible	Budget $
1.2.2.1 Conduct childhood vaccination programme	Hospitals Divisions Family Health	
1.2.2.2 Review and update the EPI policy and Cold Chain guidelines	Family Health	
1.2.2.3 Development of MCH policy for Fiji	Family Health	
1.2.2.4 NCD kits available in MCH clinics for screening of mothers	Divisions Wellness	
1.2.2.5 Screening of mothers for NCDs at maternal child health clinics	Divisions Family Health	

Output 1.2.3: Improved breastfeeding and nutrition for children

Activities	Responsible	Budget $
1.2.3.1 Facilitate Internal and External Assessment and Reaccreditation processes on Baby Friendly Hospital Initiative (BFHI)	Hospitals Divisions Wellness Family Health	21,800
1.2.3.2 Strengthen infant and young child feeding (IYCF)		21,800

Output 1.2.4: Strengthen Early Childhood Development (ECD)

Activities	Responsible	
1.2.4.1 Development of an ECD multisectoral policy.	Family Health	

Output 1.2.5: Improved prevention, detection and diagnosis of childhood illnesses

Activities	Responsible	Budget $
1.2.5.1 Management of Rheumatic Heart Disease(RHD) cases at all health care levels	Divisions Wellness Hospitals Family Health	54,500
1.2.5.2 Provision of holistic care for RHD cases according to guideline at sub divisional levels		
1.2.5.3 Provide nutritional program/support in Maternal and Child Health Clinics	Hospitals Divisions Wellness	54,500
1.2.5.4 Implementation of dietetics and nutrition programme	Wellness Hospitals	
1.2.5.5 Maintain functional IMCI activities at all health facilities	Divisions Family Health	163,500

Output 1.2.6: Strengthened adolescent health services

Activities	Responsible	Budget $
1.2.6.1 Develop Adolescent Health Services (AHS) Care package	Family Health	54,500
1.2.6.2 Review AHS training manual		
1.2.6.3 Conduct relevant AHS trainings		

Output 1.2.7: Strengthened breast and cervical cancer prevention, screening and diagnosis

Activities	Responsible	Budget $
1.2.7.1 Conduct cervical cancer screening at health facilities and in communities	Divisions Family Health	32,700

Activities	Responsible	Budget $
1.2.7.2 Review and finalize cervical cancer screening policy	Family Health CSN -Obstetrics and Gynaecology	

Outcome 1.3:   Safeguard against environmental threats and public health emergencies

Output 1.3.1:   Improvement in the effectiveness of environmental health service delivery

Activities	Responsible	Budget $
1.3.1.1 Development and implementation of Drinking Water Safety plan (DWSP) in communities	Divisions Health Protection [EHU]	234,350
1.3.1.2 Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	Divisions Health Protection [EHU]	
1.3.1.3 Implementation of WASH cluster activities	Divisions Health Protection [EHU]	
1.3.1.4 Auditing of drinking water standards in villages/ settlements	Divisions Health Protection [EHU]	
1.3.1.5 Conduct surveillance, prevention and control of vector born disease through Integrated Vector Management (IVM) program	Divisions Health Protection [EHU]	
1.3.1.6 Improve food safety control and hygiene through, Good Hygiene Practices (GHP) and food establishment grading	Divisions Health Protection [EHU]	163,500
1.3.1.7 Tobacco free settings established in communities	Divisions Health Protection [EHU]	109,000

Output 1.3.2: Strengthen preparedness and resilience to public health emergencies

Activities	Responsible	Budget $
1.3.2.1 IHR self-assessment annual reporting compliance	Divisions Health Protection	
1.3.2.2 Administration of COVID 19 vaccination	Family Health Divisions Hospitals	2,798,400

Activities	Responsible	Budget
1.3.2.3 Administration of booster dose to vulnerable priority groups in the communities	Divisions Hospitals	

Outcome 1.4: Strengthen population-wide resilience to the climate crisis

Output 1.4.1: Strengthen role of Fiji Emergency Medical Assistance Team (FEMAT) including disaster preparedness, management and resilience

Activities	Responsible	Budget
1.4.1.1 Deploy FEMAT to support essential service delivery in areas of need	FEMAT	

Output 1.4.2: Improvement in disaster preparedness and response to climate change effects

Activities	Responsible	Budget
1.4.2.1 Conduct assessment of healthcare facilities for Climate Resilience and Environmental Sustainability (CRESHCF) using the Guidelines for CRESHCF and	Health Protection [EHU] HECC	545,000
1.4.2.2 Prepare concept proposals for prioritized vulnerable HCFs		

Strategic Priority 2 - Increase access to quality, safe and patient focused clinical services

Outcome 2.1: Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups

Output 2.1.1: Increased access to maternal and child health services based on population needs

Activities	Responsible	Budget
2.1.1.1 Implementation of Mother Newborn Safe Hospital Initiative (MNSHI) standards in divisional and sub divisional health facilities	Hospitals Divisions CSN -Obstetrics and Gynecology Family Health	109,000
2.1.1.2 Conduct biannual internal audits of sub divisional hospitals for MNSHI compliance		

Outcome2.2: Strengthen and decentralize effective clinical services, including rehabilitation, to meet the needs of the population

Output 2.2.1: Increase access to effective treatment and specialist services

Activities	Responsible	Budget $
2.2.1.1 Decentralization of curative services from the Divisional hospitals	Hospitals Divisions	201,650
2.2.1.2 Utilization of telehealth services	Hospitals Divisions	
2.2.1.3 Conduct clinical outreach utilising FEMAT	Hospitals Divisions	
2.2.1.4 Rehabilitation programme including outreach for rehabilitation	Tamavua/ Twomey Hospital	372,528

Output 2.2.2: Strengthen clinical management of priority NCDs

Activities	Responsible	Budget $
2.2.2.1 Strengthen the implementation of the Package of Essential Noncommunicable disease (PEN) interventions	Divisions Wellness	
2.2.2.2 Delivery of inpatient care services for NCD related admissions	Hospitals	10,953,570

Output 2.2.3: Efficient and effective referral system

Activities	Responsible	Budget $
2.2.3.1 Efficient management of overseas medical referral applications	Overseas Medical Referral	1,635,000

Outcome 2.3: Continuously improve patient safety, and the quality and value of services

Output 2.3.1: Provision of standardized clinical services

Activities	Responsible	Budget
2.3.1.1 Strengthen clinical governance, Patient Safety and quality practices in all health facilities	Hospitals Patient Safety and Quality Nursing	
2.3.1.2 Development of National Infection Prevention and Control action plan		

Output 2.3.2: Improved patient safety and reduced variation of care

Activities	Responsible	Budget $
2.3.2.1 Strengthen Infection Prevention and Control practice in all health service facilities	Hospitals	

2.3.2.2 Establish national hospital acquired infection surveillance and response(control)	Patient Safety and Quality	
2.3.2.3 Conduct Infection Prevention and Control internal audits	Hospitals Divisions	
2.3.2.4 Strengthen National Patient Safety Response in all health facilities	Hospitals Divisions	
2.3.2.5 Monitoring and implementation of Root Cause Analysis (RCA) recommendations	Patient Safety and Quality Nursing	

Output 2.3.3: Improved quality and value of services by improving efficiency and reducing wastage

Activities	Responsible	Budget
2.3.3.1 Improve customer services and clinical service delivery at all health facilities	Hospitals Divisions	
2.3.3.2 Efficient management of customer complaints through #157	Patient Safety and Quality	
2.3.3.3 Strengthen the role of the Command Centres to address customer complaints	Divisions Hospitals Patient Safety and Quality	
2.3.3.4 Initiate improvement of quality and safety standards at health facilities	Divisions Hospitals FPBS HQ	10,900
2.3.3.5 Create awareness on 5S- KAIZEN	Patient Safety and Quality	
2.3.3.6 Establishment of bed block management system in the divisional hospital	Hospitals	

Strategic Priority 3 – Drive efficient and effective management of the health system

Outcome 3.1: Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued

Output 3.1.1: Implement plans and policies to manage the workforce and working environment

Activities	Responsible	Budget
3.1.1.1 Align existing human resources policies and plans in accordance with Civil Service Guidelines and applicable employment legislations to support delivery of services	Human Resources Divisions Hospitals	

Activities	Responsible	Budget $
	FPBS Fiji CDC HQ	
3.1.1.2 Review HR Business processes and implement recommendations	Human Resources	
3.1.1.3 Process in place to address harassment and bullying at work	Human Resources Divisions Hospitals FPBS Fiji CDC HQ	

Output 3.1.2: Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce

Activities	Responsible	Budget $
3.1.2.1 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced 3.1.2.2 Efficient processing of vacant positions	Human Resources Divisions Hospitals FPBS HQ Nursing	235,288,557
3.1.2.3 Processes established to address vacancies created by sudden resignations	Human Resources Divisions Hospitals Nursing	
3.1.2.4 Submission of monthly P2P report to HQ	Divisions Hospitals FPBS HQ	
3.1.2.5 Review and align allied health establishment (Medical Imaging Technologist, Laboratory, Pharmacy, Health Inspectors)	Human Resources	
3.1.2.6 Performance assessment conducted in compliance with Transition Performance Management Guidelines	Human Resources Divisions Hospitals FPBS HQ	

Activities	Responsible	
3.1.2.7 Transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	Human Resources Divisions Hospitals FPBS HQ Nursing	
3.1.2.8 Analysis of exit questionnaire and report submitted	Human Resources	

Output 3.1.3: Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce

Activities	Responsible	Budget $
3.1.3.1 Payment of NTPC Levy and Grant Claims are processed in accordance with *NTPC Grants Scheme 5* within the required timeframe	Human Resources Divisions Hospitals FPBS HQ	1,560,593
3.1.3.2 Facilitate learning and development opportunities for all staff		
3.1.3.3 Coordinate and facilitate Continuing Professional Development[CPD] of Registered Nurses/Midwives and Nurse Practitioners	Nursing	
3.1.3.4 Monitor compliance to Occupational Health & Safety	Divisions Hospitals Human Resources Finance and Asset Management	32,700

Outcome 3.2: Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment

Output 3.2.1: Improved availability and accessibility to medical products

Activities	Responsible	Budget $
3.2.1.1 Maintain an effective supply chain management system	Pharmaceutical and Biomedical Services	54,486,399
3.2.1.2 Rollout of mSupply chain management system		
3.2.1.3 Reform of the Free Medicines Program		

Output 3.2.2: Quality assurance processes for all medical supplies established

Activities	Responsible	Budget $
3.2.2.1 Review of the National AMR Action Plan	Pharmaceutical and Biomedical Services	85,020
3.2.2.2 Review and develop Pharmaceutical Sector Strategic Plan	Pharmaceutical and Biomedical Services	

Output 3.2.3: Improved functionality of biomedical & dental equipment in health facilities

Activities	Responsible	Budget $
3.2.3.1 Support the maintenance of existing biomedical and dental equipment	Pharmaceutical and Biomedical Services	8,855,421
3.2.3.2 Biomedical equipment aligned to service needs and new infrastructure development		

Outcome 3.3: Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable

Output 3.3.1: Improved budget execution and financial performance

Activities	Responsible	Budget $
3.3.3.1 Collate budget execution data and rectify areas of high expenditure at facility level	Finance and Asset Management	42,027,029
3.3.3.2 Regular budget monitoring		
3.3.3.3 Conduct mid-term budget review		
3.3.3.4 Efficient processing of monthly allowance for CHW's	Finance Nursing Divisions	

Outcome 3.4: Ensure infrastructure is maintained to match service needs

Output 3.4.1: Infrastructure and assets upgraded based on needs

Activities	Responsible	Budget $
3.4.1.1 Upgrade current infrastructure to meet service delivery needs including repairs due to climate change	Finance and Asset Management	15,216,362
3.4.1.2 Health care facilities retrofitted to achieve climate resilience		
3.4.1.3 Conduct comprehensive infrastructure audit and develop contingency plan to address issues	Hospitals FPBS	
3.4.1.1 Utilization of minor works budget	Asset Management Unit	1,090,000

3.4.1.2 Develop prioritized action plan based on needs for minor works and submit to AMU	Human Resources FPBS	
3.4.1.3 Submission of Monthly vehicle returns to AMU	Hospitals Divisions FPBS	
3.4.1.4 Strengthen regular Board of Survey (BOS)	Finance and Asset Management Divisions Hospitals FPBS	

Outcome 3.5: Harness digital technologies to facilitate better health care for our patients

Output 3.5.1: Improved access to and completeness of patient information (including specialist information)

Activities	Responsible	Budget $
3.5.1.1 Provide Patient Information Systems (PATIS) online access (Govnet) to targeted health facilities	Information Technology	1,615,163
3.5.1.2 Improve online functionality and use of HIS (PATIS+, CMRIS, RFIS,LIMS and other)		
3.5.1.3 Improve inpatient data capture at divisional hospitals	Information Technology Hospitals	
3.5.1.4 Improve birth data capture at divisional hospitals		

Output 3.5.2: Training and support provided for using information systems

Activities	Responsible	Budget $
3.5.2.1 Capacity building on data collection and analysis at all levels	Research, Innovation, Data Analysis and Management	76,300
3.5.2.2 Conduct supervisory visits and data verification audit		
3.5.2.3 Training for International Classification of Diseases(ICD) coding		
3.5.2.4 Regular training for Medical Cause of Death Certificate		
3.5.2.5 Increase awareness and training on operational research	Research, Innovation, Data Analysis and Management	10,900

Outcome 3.6: Continue to strengthen planning and governance throughout the MHMS

Output 3.6.1: Plans and policies reviewed and updated

Activities	Responsible	Budget
3.6.1.1 Review identified existing policies	Planning and Policy Development All Heads	

Output 3.6.2: Governance and reporting structures aligned to remodeled health service

Activities	Responsible	Budget
3.6.2.1 Prepare cabinet papers in accordance with standards and requirements	Heads Executive Support	

Outcome 3.7: Widen our collaboration with partners for a more efficient, quality, innovative and productive health system

Output 3.7.1: Strengthened partnerships with external stakeholders

Activities	Responsible	Budget $
3.7.1.1 Effective utilization of donor funds	All Heads	
3.7.1.2 Engagement of CSOs for effective delivery of identified services	Finance and Asset Management Heads	1,900,000

6.2 Building Back Better and Stronger

The building back better is an initiative that focuses on building resilient health systems as we progress towards strengthening population health resilience. It focuses on strengthening health systems capacity to provide care and further reinforce public trust in the health system. The Ministry is also looking at opportunities for more constructive public engagement and further strengthening of our broader partnership objectives, as part of our whole of society approach.

There have been ongoing discussions to identify and work on key health systems components that have been key to our organizational adaptation based on our response to pandemic and natural disasters. It was important to capture the performance of the Ministry to enable us to demonstrate more tangible evidence of progress. This means that a number of important indicators needed to be developed on key areas to provide the clarity and a more comprehensive indication of progress.

The divisional command centers (DCC) and sub-divisional operational centers (SDOC) have become an integral component of our overall governance system. The Ministry has therefore set up minimum criteria and standards to ensure that these centers can function effectively. The evidence of DCC and SDOC functionality has been expanded to capture the monitoring and tracking of a number of critical activities through respective action plans and tracking plans that are further explained below.

1. Service strengthening

There have been ongoing efforts to more proactively manage our vulnerable population and some of the initiatives will include chronic disease monitoring though line lists and identifying and managing those groups that are environmentally

at risk. This will be further supported by clinical issues watch list and related tracking plans. This is also a proactive approach to further strengthen clinical services delivery at divisional and sub-divisional level.

The communicable disease surveillance will also continue and we will strengthen this further through medical facility and community based networks that will have clear reporting structures.

Quality Improvement and Customer Care initiative includes a service oriented and comprehensive approach to customer care. The facility based approach will include an audit system and related response plan to address key issues. The facility based, Outpatient Customer Escalated Engagement Plan, will further outline this approach, including triggers for engagement.

2. Health systems strengthening and support

Infrastructure and minor works needs and action plans are being developed to upgrade existing infrastructure. The transport fleet management is being strengthened based on service needs, especially for patient transfers and case retrievals. This also includes the care and upkeep of current vehicles and SOP's are also being developed to standardize vehicle utilization and vehicle care.

Human resources is a critical health system component as we progress with our building back better initiative, and needs to be adequately aligned to changing needs at operational level. The initial focus will be on strengthening current recruitment processes for more efficient filling of positions. There are also initiatives to strengthen some areas such as remuneration process of CHW's and ongoing capacity building in areas of need.

Focus Area	Activities	Responsible
1.1 Functional Divisional Command Centers and Sub divisional Operation Centers	1.1.1 Identify needs for establishing SDOC: · Meeting room · Communication technology · Human Resource	Sub divisions
	1.1.2 Develop and endorse TOR for DCC and SDOC	Divisions Sub divisions
	1.1.3 Divisional command centre members to be representatives of both hospital and divisional staff	Divisions Sub divisions
	1.1.4 Regular meetings and reports submitted by DCC and SDOC for its operations	Divisions Sub divisions
	1.1.5 Develop standardised reporting template for SDOC to DCC	Divisions Sub divisions
	1.1.6 Implement all SOP and guidelines on key issues through DCC and SDOC	Divisions Sub divisions
	1.1.7 Establish dedicated teams to conduct interdivisional audits	Divisions Sub divisions
1.2 Vulnerable populations tracking system	1.2.1 Tracking plans and action plans developed for vulnerable population	Divisions Sub divisions

	1.2.2 Administration of booster dose to vulnerable priority groups in the communities	Divisions Sub divisions
2.1 Communicable disease surveillance	2.1.1 Establish medical facility and community based networks with clear SOPs	Divisions Sub divisions
	2.1.2 Develop clear SOPs including specific details on reporting	
3.1 Maintenance of health facilities	3.1.1 Develop prioritized action plan based on needs for minor works and submit to AMU	Divisions Sub divisions
	3.1.2 Efficient processing of PO for minor works	AMU
4.1 Human resource aligned to service needs	4.1.1 Efficient processing of vacant positions	Human Resource Divisions Sub divisions
	4.1.2 Submission of monthly P2P report to HQ	Divisions Sub divisions
	4.1.3 Processes established to address vacancies created by sudden resignations	Human Resource Divisions Sub divisions
	4.1.4 System established to proactively address vacancies caused by retirement	Human Resource Divisions Sub divisions
	4.1.5 Identify additional staff needs to enhance service delivery	Human Resource Divisions Sub divisions
	4.1.6 Efficient processing of monthly allowance for Community Health Workers (CHW)	Finance Nursing Divisions
	4.1.7 Review SOP for CHW remuneration	
5.1 Quality improvement (QI)	5.1.1 Establish QI team at each facility	Hospitals Divisions Sub divisions
	5.1.2 QI meetings conducted fortnightly	Hospitals Divisions Sub divisions
	5.1.3 Quality Improvement implementation audit system and response plan developed at targeted facilities	Hospitals Divisions Sub divisions
	5.1.4 Determine and prioritize potential areas for improvement	Hospitals Divisions Sub divisions
	5.1.5 Development of Outpatient Customer Escalated Engagement Plan at facility level	
5.2 Customer care	5.2.1 Efficient management of customer complaints through #157	Hospitals Divisions Sub divisions

	5.2.2 Strengthen the role of the Command Centres to address customer complaints	Hospitals Divisions Subdivisions
	5.2.3 Establishment of Public relations on call team	Hospitals Divisions Sub divisions
	5.2.4 Develop SOP to support Public relations functions	Hospitals Divisions Sub divisions
	5.2.5 Gate closing signage for routine GOPD care in every facility	Hospitals Divisions Sub divisions
6.1 Fleet management system	6.1.1 Submission of Monthly vehicle returns to AMU	Divisions Sub divisions
	6.1.2 Updated fleet status report	Divisions Sub divisions
	6.1.3 Develop vehicle utilization SOPs for: Patient transfers and Case retrieval	Asset Management Unit
	6.1.4 Develop SOPs for vehicle care	Asset Management Unit
	6.1.5 Establish vehicle maintenance tracking system	Divisions Asset Management Unit
7.1 Clinical Issues	7.1.1 Develop criteria for clinical issues watch list	Divisions Sub divisions
	7.1.2 Develop tracking action plan for clinical issues watch list	Divisions Sub divisions
8.1 Risk Communication and Community Engagement (RCCE)	8.1.1 Development of Risk Communication and Community Engagement (RCCE) generic framework developed	ESU
	8.1.2 RCCE generic framework aligned to key focus areas per Division (e.g.NCD, WASH and COVID vaccination)	Divisions Sub divisions
9.1 Infection Prevention and Control	9.1.1 Conduct IPC training for identified staff	Divisions Sub divisions
	9.1.2 Develop action plan for IPC activities for the sub division	Sub divisions
10.1 Safe and affordable Surgery, Obstetric	10.1.1 Develop minimum standards for sterilization in Health Centres and SDH	Sub divisions

6.3 Framework for Outpatient Surge Response and Customer Care

Customer services has been a priority for the Ministry and it has been embedded in our service delivery framework, combined with patient safety and quality of service delivery. Whilst the prerogative has been on improving overall customer experience at our facilities, this was not contextualized into a specific framework. This resulted in our customer services initiatives not being captured and adequately aligned to service delivery, including progress made in this area.

The Ministry is working on strengthening customer service functions at all health facilities including the monitoring of specific details of the **form** and **functions** of this important area at each facility. The outpatient services, which is the major point of care at all levels of health facilities, has also been identified as the point through which we will strengthen customer services. The existence of the framework components and systems for strengthening customer services at all levels will be monitored and improved upon as a facilitative mechanism for improving customer services. Customer services framework will be rolled out to all frontline staff. This framework will further assist in evolving customer services initiatives at all facilities.

A matrix has been compiled to capture the broader strategies and key activities to address outpatient surge issues as well its related implications on customer services. The functions to support customer services will be based around the principles of professionalism, effectively responding to customer services questions and complaints, facility based customer services approach and a strengthened team culture across the Ministry. The Ministry also recognizes the importance of its internal customers including its vast workforce and the critical role of our frontline staff. In recognition of this, staff satisfaction and adequate retention strategies are some of the key considerations.

The Ministry is also simultaneously strengthening supportive governance structures including a greater sense of accountability through effective monitoring at facility level through relevant key performance indicators. There have also been discussions to identify customer service champions to lead this process, and to effectively utilize the current governance structures in place such as the Clinical Governance Teams, Quality Improvement Committees etc.

The Ministry will take a two-pronged approach i.e. firstly the immediate priority is to set processes in place to effectively manage the current surge in outpatients at health facilities and secondly the focus is on setting up effective systems in place to prevent such surges at health facility level by expanding services delivered at community level.

The management of the surge in outpatient departments in health facilities, requires the Ministry to re-think our outpatient surge management capacity that is directly linked to patient experience, waiting time and overall customer satisfaction with our services. This requires a number of interventions including a surge contingency plan, accessibility to additional consultation spaces, expansion of capacity etc. The strategies to address surge prevention including using line listing, community based surveillance, conducting more community outreach and expanding overall service delivery etc.

Overall the Ministry is looking at strengthening supportive health system components such as review of supportive infrastructure and human resources capacity. There is also emphasis on establishing appropriate communication and conducting awareness on key areas. The current framework is a stepping stone towards broader customer service improvement initiatives and will be reviewed and updated as we progress.

Focus Area	Broader Strategies	Activities	Responsible
1.0 Patient Folder Management	1.1 Standardize patient records management	1.1.1 Review current patient records management system	RIDAM Hospitals Sub divisions
		1.1.2 Patient folder stored according to standardised system	Hospitals Sub divisions
		1.1.3 Training of records staff on patient folder management	Hospitals Sub divisions
		1.1.4 Patient records entered in PATISplus	Hospitals Sub divisions
2.0 Quality Improvement and Customer care initiatives	2.1 Outpatient Customer Escalated Engagement Plan	2.1.1 Develop standardized SOP for ED triage	Hospitals Sub divisions
		2.1.2 Capacity building on triage	Hospitals Sub divisions
		2.1.3 Availability of functional triage equipment	Hospitals Sub divisions
	2.2 Implement queue management system	2.2.1 Express Lanes for elderly, disabled, & school children	Hospitals Sub divisions
3.0 Governance	3.1 Surge contingency plan	3.1.1 Develop surge contingency plan	Hospitals Sub divisions
4.0 Communication	4.1 Establish appropriate communications	4.1.1 Conduct awareness on key identified areas: • Health seeking behaviour • Home care • Risk factors to look for etc.	Communications Hospitals Sub divisions
	4.2 Health Facility Operational hours	4.2.1 Clear signage on health facility opening and closing hours	Hospitals Sub divisions
5.0 Community based surveillance	5.1 Absenteeism report from schools hotels, workplaces	5.1.1 Develop SOP and system to obtain absenteeism report from other stakeholders	Divisions
	5.2 Community outreach	5.1.2 Conduct community outreach	Divisions Sub divisions
6.0 Human Resource Support	6.1 HR capacity strengthened through identified positions: • GP engagement • 2nd year medical intern Public health block • Public health nurses • Etc.	6.1.1 Develop policy to support HR capacity to manage surge	Human Resource Hospitals Divisions
	6.2 Align allied health positions to meet service demands	6.2.1 Establish Laboratory Technician and Medical Imaging Technologist positions at upgraded health facilities	Human Resource Hospitals Divisions

	6.3 Effectively prevent and address harassment and bullying at work	6.3.1 Process in place to address harassment and bullying at work	Hospitals Divisions Sub divisions
7.0 Consultation space	7.1 Accessibility to consultation space to support surge	7.1.1 Identify additional OPD consultation spaces that meet accessibility and privacy requirements	Hospitals Divisions Sub divisions
8.0 Diagnostic Support	8.1 Capacity expanded through outsourcing of radiology and laboratory services	8.1.1 Radiology and laboratory testing services enhanced	Hospitals Sub divisions
		8.1.2 Ensure point of care testing kits are available	Hospitals Sub divisions
9.0 Waiting Bed	9.1 Strengthen bed management	9.1.1 Establish bed management system	Hospitals Sub divisions
		9.1.2 Identify bed space for waiting case	Hospitals Sub divisions
	9.2 Establish waiting beds within maritime health centres	9.2.1 Set up waiting beds/ observation beds within maritime HCs where patients can stay for 2 – 3 days	Divisions Sub divisions
	9.3 Strengthen discharge protocols	9.3.1 Clear discharge protocols that all staff are aware of	Hospitals Sub divisions
10.0 Line listing	10.1 Establish line listing of vulnerable population	10.1.1 Develop line list for vulnerable and those requiring follow up	Divisions
11.0 Follow up	11.1 Strengthen virtual hospital and home based care	11.1.1 Provide support to patients on virtual hospital and home based care list	Hospitals Sub divisions
12.0 Customer Service	12.1 Strengthen customer service	12.1.1 Identification of customer service champion at each facility	Hospitals Divisions Sub divisions
		12.1.2 Provide customer service training for targeted staff	Hospitals Divisions Sub divisions
13.0 Quality Improvement	13.1 Establish a team culture with a focus on continuous quality improvement (QI)	13.1.1 Establish QI team at each facility	Hospitals Divisions Sub divisions
		13.1.2 QI meetings conducted fortnightly	Hospitals Divisions Sub divisions
		13.1.3 Divisional and hospital level Quality Improvement Plan developed and implemented	Hospitals Divisions
		13.1.4 Determine and prioritize potential areas for improvement	Hospitals Divisions Sub divisions

7.0 Annexes

7.1 AOP Table 2

Strategic Priority 1: Reform public health services to provide a population approach for diseases and the climate crisis

Budget: $9,857,475

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
1.1 Reduce communicable and non-communicable disease prevalence, especially for vulnerable groups	1.1.1 Preventative programmes targeting risk factors implemented	1.1.1.1 Establish healthy settings	**i1.** # of healthy settings established	>5	Divisions Wellness	End of 4th Quarter	218,000
		1.1.1.2 Conduct Health Promoting School audits in collaboration with Ministry of Education Heritage and Arts (MEHA)	**i2.** # of schools accredited through the HPS programme	>80	Divisions Wellness	End of 4th Quarter	
		1.1.1.3 Conduct health promotion activities	**i3.** % of targeted health promoting activities conducted in schools	80%	Divisions Wellness Health Protection (EHU)	End of 4th Quarter	
		1.1.1.4 Conduct oral health promotion in schools	**i4.** % of targeted age group made dentally fit	>50%	Divisions Wellness	End of 4th Quarter	163,500
		1.1.1.5 Provide dental care to primary schools					
		1.1.1.6 Provide oral health					

		counselling at ANC and MCH clinics				
		1.1.1.7 Conduct population screening with counseling on risk factors	**i5.** % of targeted population screened for NCD related risk factors	85%	Divisions Wellness	End of 4th Quarter	163,500
		1.1.1.8 Conduct community awareness on CD and NCD	**i6.** # of awareness and screening campaigns conducted	4 per division	Wellness Divisions Health Protection (EHU)	End of 4th Quarter	
		1.1.1.9 Tracking plans and action plans developed for vulnerable population	**i7.** Chronic disease line list updated	100%	Divisions Hospitals	Monthly	
			i8. Environmentally at risk groups line list updated	100%	Divisions Hospitals	Monthly	
		1.1.1.10 Implementation of food and nutrition security programme	**i9.** % of targeted activities conducted	80%	Wellness (NFNC)	End of 4th Quarter	54,500
		1.1.1.11 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	**i10.** Incidence of Typhoid per 100,000	<30	Divisions Health Protection	End of 4th Quarter	396,760
			i11. Incidence of Leptospirosis per 100,000	<175		End of 4th Quarter	
			i12. Incidence of Dengue per 100,000	<380		End of 4th Quarter	
			i13. Prevalence of lymphatic filariasis	<1%		End of 4th Quarter	
			i14. Incidence of measles per 100,000	<1	Divisions Health Protection Family Health	End of 4th Quarter	

1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	1.1.2.1 Submission of monthly CHW reports	**i15.** % of active CHWs	80%	Divisions Nursing	End of 4th Quarter	3,270,000
	1.1.2.2 Roll out community engagement training with CHW	**i16.** % of scheduled trainings conducted	100%	Divisions Nursing	End of 4th Quarter	
	1.1.2.3 Provision of integrated outreach services to the communities	**i17.** % coverage of scheduled outreach visits to the communities	>80%	Hospitals Divisions	End of 4th Quarter	379,865
	1.1.2.4 Integrated outreach services available to the communities through partnership with NGOs, and Faith based organizations					
1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	1.1.3.1 Monitor seasonal LTD outbreaks and conduct community surveillance accordingly	**i18.** % of total LTD cases investigated and preventative measures implemented	>80%	Divisions	End of 4th Quarter	87,200
	1.1.3.2 Conduct community profiling					
	1.1.3.3 Development of LTD outbreak preparedness plan	**i19.** LTD preparedness plan developed	1	Divisions Health Protection	End of 4th Quarter	
	1.1.3.4 Active Communicable disease committee					

		1.1.3.5 Public awareness campaign on LTDs through radio, TV ads and talkback shows	**i20.** # of public awareness campaigns conducted	>5	Communications Officer Divisions	End of 4th quarter	
		1.1.3.6 Contextualized communication based on targeted population					
		1.1.3.7 Prevention and control of LTDs	**i21.** Case fatality rate for Dengue	<0.5%	Divisions Hospitals Health Protection	End of 4th Quarter	
		1.1.3.8 Training of clinicians on early diagnosis, treatment and referral for LTDs	**i22.** Case fatality rate for Leptospirosis	<4%			
			i23. Case fatality rate for Typhoid	<1%			
		1.1.3.9 Implement Tuberculosis control activities to achieve strategic targets	**i24.** Tuberculosis treatment success rate	>80%	Tamavua/ Twomey Hospital	End of 4th Quarter	163,500
			i25. Incidence of tuberculosis per 100,000 population	54	Tamavua/ Twomey Hospital	End of 4th Quarter	
		1.1.3.10 Report new HIV cases	**i26.** # of new Paediatric HIV cases reported	<10	Family Health CSN – Obstetrics and Gynecology Paediatric	End of 4th Quarter	98,100
			i27. # of new adult HIV cases reported	<150	Family Health Divisions		
		1.1.3.11 Early diagnosis and treatment for all HIV patients	**i28.** % of HIV patients on Antiretroviral (ARV) treatment	>80%	Family Health Divisions	End of 4th Quarter	
			i29. % of HIV patients who are	>50%			

			virally suppressed				
		1.1.3.12 Early diagnosis and treatment of STIs	**i30.** # of congenital syphilis cases reported	<50	Family Health Divisions Hospitals	Quarterly	
			i31. # of syphilis cases reported	<100			
			i32. # of gonorrhea cases reported	<100			
		1.1.3.13 Early Diagnosis and treatment of Hepatitis B	**i33.** % of chronic hepatitis B patients on treatment	>80%	Family Health Divisions Hospitals	End of 4th Quarter	
		1.1.3.14 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	**i34.** % completeness of EWARS surveillance report	>90%	Divisions Health Protection	Weekly	
			i35. % timeliness of EWARS surveillance report	>80%			
		1.1.3.15 Prevention and control of vaccine preventable disease	**i36.** Discarded non-measles rate	≥2 per 100,000 population	Divisions Health Protection	End of 4th Quarter	
		1.1.3.16 Implementation of COVID 19 activities	**i37.** % implementation of COVID 19 related planned activities	100%	IMT Health Protection Divisions	Quarterly	500,000
Outcome	**Output**	**Activities**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Budget ($)**
	1.2.1 Improved maternal and neonatal health services, with an increased	1.2.1.1 Booking access available at nursing stations and health centres levels	**i38.** % of pregnant women who receive antenatal care in their first trimester	35%	Divisions Hospitals	End of 4th Quarter	

43

1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures	focus on health risk assessments	1.2.1.2 Strengthen Postnatal Clinic Services	**i39.** % of women attending postnatal clinic after 1 week of delivery	80% for 1 week	Hospitals Divisions CSN - Obstetrics and Gynaecology	End of 4th Quarter	
		1.2.1.3 Postnatal checklist to be administered at all levels of care (down to nursing station)	**i40.** % of women attending postnatal clinic after 6 weeks of delivery	60% for 6 weeks	Divisions	End of 4th Quarter	
		1.2.1.4 Detect, diagnose and refer high-risk cases early	**i41.** % of high risk maternal cases referred	>90%	Hospitals Divisions CSN - Obstetrics and Gynaecology	End of 4th Quarter	
		1.2.1.5 Mental Health Gap Action Plan (mhGAP) capacity building and supervisory visits	**i42.** % of health facilities adhering to Mental Health Gap Action Plan Intervention	>20%	Divisions Wellness	End of 4th Quarter	109,000
		1.2.1.6 Audit of health facilities for Mental Health Gap Action Plan adherence					
	1.2.2 Strengthened immunisation services and NCDs screening at maternal and child health clinics	1.2.2.1 Conduct childhood vaccination programme	**i43.** Childhood vaccination coverage rate for all antigens	>95%	Hospitals Divisions Family Health	End of 4th Quarter	
		1.2.2.2 Review and update the EPI policy and Cold Chain guidelines	**i44.** Policy and guidelines reviewed	Updated policy and guidelines	Family Health	End of 2nd Quarter	
		1.2.2.3 Development of MCH policy for Fiji	**i45.** Policy developed and endorsed for implementation	Policy in place	Family Health	End of 4th Quarter	

		1.2.2.4 NCD kits available in MCH clinics for screening of mothers	**i46.** NCD kit in place	1 per MCH clinic	Divisions Wellness	End of 1st Quarter	
		1.2.2.5 Screening of mothers for NCDs at maternal child health clinics	**i47.** % of mothers attending maternal child health clinics screened for NCDs	>50%	Divisions Family Health	End of 4th Quarter	
	1.2.3 Improved breastfeeding and nutrition for children	1.2.3.1 Facilitate Internal and External Assessment and Reaccreditation processes on Baby Friendly Hospital Initiative (BFHI)	**i48.** % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards	Divisional – 1/3 Sub divisional – 5/16	Hospitals Divisions Wellness Family Health	End of 4th Quarter	21,800
		1.2.3.2 Strengthen infant and young child feeding (IYCF)	**i49.** % of children being exclusively breastfed at 6 months	60%	Hospitals Divisions Wellness	End of 4th Quarter	21,800
	1.2.4 Strengthen Early Childhood Development (ECD)	1.2.4.1 Development of an ECD multisectoral policy	**i50.** Multisectoral ECD policy developed	1	Family Health	End of 4th Quarter	
	1.2.5 Improved prevention, detection and diagnosis of childhood illnesses	1.2.5.1 Management of Rheumatic Heart Disease(RHD) cases at all health care levels	**i51.** % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	40%	Divisions Wellness Hospitals Family Health	End of 4th Quarter	54,500
		1.2.5.2 Provision of holistic care for RHD cases according to guideline at sub divisional levels					

		1.2.5.3 Provide nutritional program/support in Maternal and Child Health Clinics	**i52.** # of Severe Acute Malnutrition admissions	<95	Hospitals Divisions Wellness	End of 4th Quarter	54,500
		1.2.5.4 Implementation of dietetics and nutrition programme	**i53.** % of targeted activities conducted	80%	Wellness (NFNC) Hospitals	End of 4th Quarter	
		1.2.5.5 Maintain functional IMCI activities at all health facilities	**i54.** % of health facilities adhering to IMCI guideline	50%	Divisions Family Health	End of 4th Quarter	163,500
	1.2.6 Strengthened adolescent health services	1.2.6.1 Develop Adolescent Health Services (AHS) Care package	**i55.** AHS care package developed	100%	Family Health	End of 4th Quarter	54,500
		1.2.6.2 Review AHS training manual					
		1.2.6.3 Conduct relevant AHS trainings					
	1.2.7 Strengthened breast and cervical cancer prevention, screening and diagnosis	1.2.7.1 Conduct cervical cancer screening at health facilities and in communities	**i56.** Cervical cancer screening coverage	>10%	Divisions Family Health	End of 4th Quarter	32,700
		1.2.7.2 Review and finalize cervical cancer screening policy	**i57.** Review of cervical cancer screening policy completed	Policy updated	Family Health CSN - Obstetrics and Gynaecology	End of 4th Quarter	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget
1.3 Safeguard against environmental threats and public health emergencies	1.3.1 Improvement in the effectiveness of environmental health service delivery	1.3.1.1 Development and implementation of Drinking Water Safety plan (DWSP) in communities	**i58.** % of rural sanitary district communities with improved Drinking Water Safety Plans	>50%	Divisions Health Protection [EHU]	End of 4th Quarter	234,350
		1.3.1.2 Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	**i59.** # of rural sanitary district communities, schools and health care facilities with holistic WASH Intervention	400	Divisions Health Protection [EHU]	End of 4th Quarter	
		1.3.1.3 Implementation of WASH cluster activities					
		1.3.1.4 Auditing of drinking water standards in villages/settlements	**i60.** # of water samples taken for water quality testing	10 per Division	Divisions Health Protection [EHU]	End of 4th Quarter	
		1.3.1.5 Conduct surveillance, prevention and control of vector born disease through Integrated Vector Management (IVM) program	**i61.** % of targeted high-risk areas that have undergone source reduction program through IVM program	80%	Divisions Health Protection [EHU]	End of 4th Quarter	
		1.3.1.6 Improve food safety control and hygiene through, Good Hygiene Practices (GHP) and food	**i62.** % of food establishment meeting GHP requirements	85%	Health Protection [EHU]	End of 4th Quarter	163,500
			i63. % of high risk foods issued with health certificate for exports and	>95%			

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
		establishment grading	health permit for imported foods				
		1.3.1.7 Tobacco free settings established in communities	**i64.** # of communities declared Tobacco free setting (TFS)	12	Divisions Health Protection [EHU]	End of 4th Quarter	109,000
	1.3.2 Strengthen preparedness and resilience to public health emergencies	1.3.2.1 IHR self-assessment annual reporting compliance	**i65.** IHR core capacity compliance	>80%	Divisions Health Protection	End of 4th Quarter	
		1.3.2.2 Administration of COVID 19 vaccination	**i66.** Vaccination of eligible individuals aged 18 years and above – booster doses	>80%	Family Health Divisions Hospitals	End of 4th Quarter	2,798,400
		1.3.2.3 Administration of booster dose to vulnerable priority groups in the communities	**i67.** % of vulnerable population administered booster dose	>80%	Divisions Hospitals	Quarterly	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
1.4 Strengthen population-wide resilience to the climate crisis	1.4.1 Strengthen role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience	1.4.1.1 Deploy FEMAT to support essential service delivery in areas of need	**i68.** # of FEMAT deployment to areas of need	>1	FEMAT	End of 4th Quarter	545,000
	1.4.2 Improvement in disaster preparedness and response	1.4.1.2 Conduct assessment of healthcare facilities for Climate Resilience and Environmental	**i69.** % of HCFs assessed under the CRESHCF Guidelines	20%	Health Protection (EHU) HECC	End of 4th Quarter	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
to climate change effects	Sustainability (CRESHCF)						
	1.4.1.3 Prepare concept proposals for prioritized vulnerable HCFs						

Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services

Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services

Budget: $14,315,348

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
2.1 Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	2.1.1 Increased access to maternal and child health services based on population needs	2.1.1.1 Implementation of Mother Newborn Safe Hospital Initiative (MNSHI) standards in divisional and sub divisional health facilities 2.1.1.2 Conduct biannual internal audits of sub divisional hospitals for MNSHI compliance	**i70.** Average % adherence to Mother Newborn Safe Hospital Initiative (MNSHI) standards in divisional and sub divisional hospitals	>60%	Hospitals Divisions CSN - Obstetrics and Gynaecology Family Health	End of 4th Quarter	109,000
	2.2.1 Increase access to effective treatment and	2.2.1.1 Decentralization of curative services from the Divisional hospitals	**i71.** % of targeted specialized services decentralized	100%	Hospitals	End of 4th Quarter	201,650

2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population	specialist services	2.2.1.2 Utilization of telehealth services	**i72.** # of services offered through telehealth	>1	Hospitals Divisions	End of 4th Quarter	
		2.2.1.3 Conduct clinical outreach utilising FEMAT	**i73.** # of major outreach per division per year including the use of MV Veivueti	>1	Hospitals Divisions	End of 4th Quarter	
		2.2.1.4 Rehabilitation programme including outreach for rehabilitation	**i74.** % coverage of scheduled rehabilitation outreach visits	80%	Tamavua/ Twomey Hospital	End of 4th Quarter	372,528
	2.2.2 Strengthen clinical management of priority NCDs	2.2.2.1 Conduct Package of Essential Noncommunicable disease (PEN) interventions	**i75.** Average % adherence to minimum standards for implementation of PEN at SOPDs	HC-60% SDH->70%	Wellness	End of 4th Quarter	
		2.2.2.2 Delivery of inpatient care services for NCD related admissions	**i76.** Unplanned readmission within 28 days of discharge	<10%	Hospitals	End of 4th Quarter	10,953,570
	2.2.3 Efficient and effective referral system	2.2.3.1 Efficient management of overseas medical referral applications	**i77.** Average time for processing overseas medical referrals	<4 weeks	Overseas Medical Referral	End of 4th Quarter	1,635,000
2.3 Continuously improve patient safety, and the quality and value of services	2.3.1 Provision of standardised clinical services	2.3.1.1 Strengthen clinical governance, Patient Safety and quality practices in all health facilities	**i78.** Policies, guidelines, SOPs reviewed and developed	2	Hospitals Patient Safety and Quality Nursing	End of 4th Quarter	
		2.3.1.2 Development of National IPC action plan					
	2.3.2 Improved patient safety and reduced	2.3.2.1 Strengthen Infection Prevention and Control practice in	**i79.** Intensive care unit hand hygiene rate	≥80%	Hospitals Patient Safety and Quality	End of 4th Quarter	

50

	variation of care	all health service facilities	(Paediatrics and Adults)				
		2.3.2.2 Establish national hospital acquired infection surveillance and response(control)	**i80.** Surgical site infection for elective caesarean section at all divisional hospitals	<5%	Hospitals Patient Safety and Quality	End of 4th Quarter	
		2.3.2.3 Conduct Infection Prevention and Control internal audits	**i81.** % adherence to IPC standards	>80%	Hospitals Divisions	Monthly	
		2.3.2.4 Strengthen National Patient Safety Response in all health facilities	**i82.** % of Unusual Occurrence Reports (UOR) resolved within timeframe	>80%	Hospitals Divisions Patient Safety and Quality Nursing	End of 4th Quarter	
		2.3.2.5 Monitoring and implementation of Root Cause Analysis (RCA) recommendations	**i83.** % of RCA recommendations implemented	>80%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
	2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	2.3.2.1 Improve customer services and clinical service delivery at all health facilities	**i84.** Average patient experience survey rating, disaggregated by facility	80%	Hospitals Divisions Patient Safety and Quality Nursing	End of 4th Quarter	
		2.3.2.2 Efficient management of customer complaints through #157	**i85.** % of customer complaints resolved within predetermined resolution timeframes for complaints received through # 157 (opened/closed tickets)	≥80%	Divisions Hospitals Patient Safety and Quality	End of 4th Quarter	
		2.3.2.3 Strengthen the role of the Command Centres	**i86.** % of customer complaints	100%	Divisions Hospitals	Monthly	

		to address customer complaints	closed that were addressed satisfactorily		Patient Safety and Quality		
		2.3.2.4 Initiate improvement of quality and safety standards at health facilities	**i87.** # of quality improvement initiatives implemented	2 per facility	Divisions Hospitals FPBS HQ Programmes	End of 4th Quarter	10,900
		2.3.2.5 Create awareness on 5S-KAIZEN	**i88.** % of scheduled training conducted	100%	Patient Safety and Quality	End of 4th Quarter	
		2.3.2.6 Establish ment of bed block management system in the divisional hospital	**i89.** Bed block management system established	100%	Hospitals	End of 1st Quarter	

Strategic Priority 3: Drive efficient and effective management of the health system

Budget: $362,244,444

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
3.1 Cultivate a competent and capable workforce where the contribution of every staff member is	3.1.1 Implement plans and policies to manage the workforce and working environment	3.1.1.1 Align existing human resources policies and plans in accordance with Civil Service Guidelines and applicable employment legislations to support	**i90.** % of human resources policies and plans realigned and maintained	100%	Human Resources Divisions Hospitals FPBS Fiji CDC HQ	End of 4th Quarter	

recognised and valued		delivery of services					
		3.1.1.2 Review HR Business processes and implement recommendations	**i91.** % of recommendations implemented	100%	Human Resources	End of 4th Quarter	
		3.1.1.3 Process in place to address harassment and bullying at work	**i92.** SOP available at all Health facilities	100%	Human Resources Divisions Hospitals FPBS Fiji CDC HQ	End of 2nd Quarter	
	3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	3.1.2.1 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced	**i93.** Recruitment and selection process completed in accordance with OMRS policy, guidelines and Job Evaluation & Remuneration Guideline	>85%	Human Resources Divisions Hospitals FPBS HQ Nursing	End of 4th Quarter	235,288,557
		3.1.2.2 Efficient processing of vacant positions	**i94.** Vacant positions filled through EOI or advertisement	>80%		Monthly	
		3.1.2.3 Processes established to address vacancies created by sudden resignations	**i95.** Ratio of vacancies to establishment for nursing cadres	<10%		Quarterly	
		3.1.2.4 Submission of monthly P2P report to HQ	**i96.** Timely submission of monthly P2P reports	1 per month	Divisions Hospitals FPBS	Monthly	

		3.1.2.5 Review and align allied health establishment (Medical Imaging Technologist, Laboratory, Pharmacy, Health Inspectors)	**i97.** Allied health worker establishment updated	100%	Human Resources	End of 4th Quarter	
		3.1.2.6 Performance assessment conducted in compliance with Transition Performance Management Guidelines	**i98.** Transition APA assessment completed and submitted by the respective due dates	>80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	
		3.1.2.7 Transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	**i99.** Staff transfer are processed in accordance with staff transfer guidelines	100%	Human Resources Divisions Hospitals FPBS HQ Nursing	End of 4th Quarter	
		3.1.2.8 Analysis of exit questionnaire and report submitted	**i100.** Report on analysis of exit questionnaire submitted on a quarterly basis	1 report/ qtr	Human Resource	Quarterly	
	3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	3.1.3.1 Payment of NTPC Levy and Grant Claims are processed in accordance with *NTPC Grants Scheme 5* within the	**i101.** Timely payment of NTPC Levy and submission of Grant Claims to NTPC	80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	1,560,593

		required timeframe					
		3.1.3.2 Facilita te learning and development opportunities for all staff	**i102.** % of NTPC levy paying officers attend the required courses as per the NTPC Act and as per MHMS approved training plan	>80%	Human Resources Divisions Hospitals FPBS HQ	Quarterly reports	
			i103. % of staff attend the required training programs and courses as per training needs analysis of Transition MYAPA results and/or TNAS forms.	>80%	Human Resources Divisions Hospitals FPBS HQ Nursing	Quarterly reports	
		3.1.3.3 Coordinate and facilitate Continuing Professional Development[CPD] of Registered Nurses/Midwiv es and Nurse Practitioners	**i104.** % of Registered Nurses/Midwiv es and Nurse Practitioners to attend the required trainings organized by the Fiji College of Nursing (FCN)	100%	Nursing	End of 4th Quarter	
		3.1.3.4 Monit or compliance to Occupational Health & Safety	**i105.** % of facilities in compliance with Occupational Health & Safety requirements for certification	100%	Divisions Hospitals Human Resources Finance and Asset Management	End of 4th Quarter	32,700

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
3.2 Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	3.2.1 Improved availability and accessibility to medical products	3.2.1.1 Maintain an effective supply chain management system	**i106.** Average % availability of tracer products in targeted facilities	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	54,486,399
		3.2.1.2 Rollout of supply chain management system	**i107.** Implementation of supply chain management system at targeted facilities	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	
		3.2.1.3 Reform of the Free Medicines Program	**i108.** Implementation of the Review recommendations	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	
	3.2.2 Quality assurance processes for all medical supplies established	3.2.2.1 Review of the National AMR Action Plan	**i109.** Review completed	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	85,020
		3.2.2.2 Review and develop Pharmaceutical Sector Strategic Plan	**i110.** Pharmaceutical Sector Strategic Plan developed	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	
	3.2.3 Improved functionality of biomedical & dental equipment in health facilities	3.2.3.1 Support the maintenance of existing biomedical and dental equipment	**i111.** % of facilities having proper functional biomedical and dental equipment	70%	Pharmaceutical and Biomedical Services	End of 4th Quarter	8,855,421
		3.2.3.2 Biomedical equipment aligned to service needs and new infrastructure development					

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
$ **3.3 Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable**	3.3.1 Improved budget execution and financial performance	3.3.3.1 Collate budget execution data and rectify areas of high expenditure at facility level	**i112.** % execution of annual budget	>80%	Finance and Asset Management	End of 4th Quarter	42,027,029
		3.3.3.2 Regular budget monitoring	**i113.** Monthly reports on expenditure from Finance	Monthly report submitted	Finance and Asset Management	Monthly	
		3.3.3.3 Conduct mid-term budget review	**i114.** Review conducted	1	Finance and Asset Management	Biannually	
		3.3.3.4 Efficient processing of monthly allowance for CHWs	**i115.** Timely remuneration of Community Health Workers	>90%	Finance Nursing Divisions	Monthly	
Outcome	**Output**	**Activities**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Budget ($)**
🏥 **3.4 Ensure infrastructure is maintained to match service needs**	3.4.1 Infrastructure and assets upgraded based on needs	3.4.1.1 Upgrade current infrastructure to meet service delivery needs including repairs due to climate change	**i116.** % of health facilities upgraded as per requirement	>50%	Finance and Asset Management	End of 4th Quarter	15,216,362
		3.4.1.2 Health care facilities retrofitted to achieve climate resilience					
		3.4.1.3 Conduct comprehensive infrastructure audit and develop contingency plan to address issues	**i117.** Infrastructure audit conducted	1	Finance and Asset Management	End of 4th Quarter	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
		3.4.1.4 Utilization of minor works budget	**i118.** % of minor works budget utilized	100%	Asset Management Unit Hospitals Divisions	End of 4th Quarter	1,090,000
		3.4.1.5 Develop prioritized action plan based on needs for minor works and submit to AMU					
		3.4.1.6 Submission of Monthly vehicle returns to AMU	**i119.** Timely submission of vehicle returns	100%	Hospitals Divisions FPBS	Monthly	
		3.4.1.7 Strengthen regular Board of Survey (BOS)	**i120.** # of BOS conducted and boarded items removed	1/year per cost centre	Finance and Asset Management Divisions Hospitals FPBS	End of 4th Quarter	
Outcome	**Output**	**Activities**	**KPI**	**Target**	**Responsible**	**Timeframe**	**Budget ($)**
3.5 Harness digital technologies to facilitate better health care for our patients	3.5.1 Improved access to and completeness of patient information (including specialist information)	3.5.1.1 Provide Patient Information Systems (PATIS) online access (Govnet) to targeted health facilities	**i121.** % of targeted govnet sites (health centres) using Health Information Systems	>90%	Information Technology	End of 4th Quarter	1,615,163
		3.5.1.2 Improve online functionality and use of HIS (PATIS+, CMRIS, RFIS,LIMS and other)					
		3.5.1.3 Improve inpatient data capture at divisional hospitals	**i122.** Average % of total discharges recorded in PATISplus system	90%	Information Technology Hospitals	End of 4th Quarter	
		3.5.1.4 Improve birth data capture at	**i123.** Average % of births recorded in	>75%	Information Technology Hospitals	End of 4th Quarter	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget
		divisional hospitals	PATISplus system				
	3.5.2 Training and support provided for using information systems	3.5.2.1 Capacity building on data collection and analysis at all levels	**i124.** Trainings conducted	1 National level training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	76,300
		3.5.2.2 Conduct supervisory visits and data verification audit					
		3.5.2.3 Training for International Classification of Diseases(ICD) coding	**i125.** # of training conducted	1 National training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	
		3.5.2.4 Regular training for Medical Cause of Death Certificate					
	3.5.3 Strengthen research and innovation to support health systems strengthening	3.5.3.1 Increase awareness and training on operational research	**i126.** Research training conducted	1 National training	Research, Innovation, Data Analysis and Management	End of 4th Quarter	10,900

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget
3.6 Continue to strengthen planning and governance throughout the MHMS	3.6.1 Plans and policies reviewed and updated	3.6.1.1 Review identified existing policies	**i127.** # of identified policies developed/ reviewed	5	Planning and Policy Development All Heads	End of 4th Quarter	
	3.6.2 Governance and reporting structures aligned to remodeled health service	3.6.2.1 Prepare cabinet papers in accordance with standards and requirements	**i128.** # of cabinet papers submitted to cabinet in accordance with standards	>10	Heads Executive Support	End of 4th Quarter	

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget ($)
3.7 Widen our collaboration with partners for a more efficient, quality, innovative and productive health system	3.7.1 Strengthened partnerships with external stakeholders	3.7.1.1 Effective utilization of donor funds	**i129.** % of allocated funds utilised	>90%	All Heads	End of 4th Quarter	
		3.7.1.2 Engagement of CSOs for effective delivery of identified services	**i130.** % utilisation of CSO grants	100%	Finance and Asset Management Heads	End of 4th Quarter	1,900,000

7.2   Building Back Better

Focus Area	Activities	Indicator	Target/ Deliverables	Timelines	Responsible
1.1 Functional Divisional Command Centers and Sub divisional Operation Centers	1.1.1 Identify needs for establishing SDOC: · Meeting room · Communication technology · Human Resource	i1. Infrastructure and asset needs for establishing SDOC met	100% (Dedicated meeting room)	August	Sub divisions
		i2. Availability of communication technology	100%	August	Divisions Sub divisions
		i3. Human resource engagement plan developed	100%	August	Divisions Sub divisions
	1.1.2 Develop and endorse TOR for DCC and SDOC	i4. # of DCC and SDOC with endorsed TOR	100%	August	Divisions Sub divisions
	1.1.3 Divisional command centre members to be representatives of both hospital and divisional staff				
	1.1.4 Regular meetings and reports submitted by DCC and SDOC for its operations	i5. # of weekly meeting conducted	52 (Meeting minutes available)	Weekly	Divisions Sub divisions

	1.1.5 Develop standardised reporting template for SDOC to DCC	i6. # of DCC with standardised reporting template	100%	August	Divisions Sub divisions
	1.1.6 Implement all SOP and guidelines on key issues through DCC and SDOC	i7. SOPs and guidelines implemented	100%	Quarterly	Divisions Sub divisions
	1.1.7 Establish dedicated teams to conduct interdivisional audits	i8. # of audits/visits conducted	1 per month	Monthly	Divisions Sub divisions
1.2 Vulnerable populations tracking system	1.2.1 Tracking plans and action plans developed for vulnerable population	i9. Chronic disease line list available at SD level	100%	Monthly	Divisions Sub divisions
		i10. Environmentally at risk groups line list available at SD level	100%	Monthly	Divisions Sub divisions
	1.2.2 Administration of booster dose to vulnerable priority groups in the communities	i11. % of vulnerable population administered booster dose	>80%	Quarterly	Divisions Sub divisions
2.1 Communicable disease surveillance	2.1.1 Establish medical facility and community based networks with clear SOPs	i12. Network established at SD level	100%	August	Divisions Sub divisions
	2.1.2 Develop clear SOPs including specific details on reporting				
3.1 Maintenance of health facilities	3.1.1 Develop prioritized action plan based on needs for minor works and submit to AMU	i13. % completion of minor works plan	>80% completed	Annually	Divisions Sub divisions
	3.1.2 Efficient processing of PO for minor works	i14. % of submission aligned to SOP	>80%	Quarterly	Asset Management Unit
		i15. % of minor works submissions processed within 2 days	>90%	Quarterly	Asset Management Unit
4.1 Human resource aligned to service needs	4.1.1 Efficient processing of vacant positions	i16. Vacant positions filled through EOI or advertisement	>80%	Monthly	Human Resource Divisions Sub divisions
		i17. Ratio of vacancies to establishment for nursing cadres	<10%	Quarterly	Human Resource
	4.1.2 Submission of monthly P2P report to HQ	i18. Timely submission of monthly P2P reports	100%	Monthly	Divisions Hospitals Sub divisions

	4.1.3 Processes established to address vacancies created by sudden resignations	i19. Merit pool developed and updated regularly	1	Monthly	Human Resource
		i20. Tracking system established to identify and promptly fill vacancies	100%	Monthly	Divisions Sub divisions
	4.1.4 System established to proactively address vacancies caused by retirement	i21. Vacancies due to retirement filled within 1 month	100%	Quarterly	Human Resource
	4.1.5 Identify additional staff needs to enhance service delivery	i22. List of staff needs identified for surge capacity	List available by cadre	August	Human Resource Divisions Sub divisions
	4.1.6 Efficient processing of monthly allowance for Community Health Workers (CHW)	i23. % of Community Health Workers remunerated within timelines	>90%	Monthly	Finance Nursing Divisions
	4.1.7 Review SOP for CHW remuneration				
5.1 Quality improvement (QI)	5.1.1 Establish QI team at each facility	i24. % of health facilities with active QI team	100%	Quarter 1	Hospitals Divisions Sub divisions
	5.1.2 QI meetings conducted fortnightly	i25. % of QI meetings conducted	100%	Fortnightly	Hospitals Divisions Sub divisions
	5.1.3 Quality Improvement implementation audit system and response plan developed at targeted facilities	i26. % of targeted health facilities with QI audit system and response plan	100%	Quarter 1	Hospitals Divisions Sub divisions
	5.1.4 Determine and prioritize potential areas for improvement	i27. # of quality improvement activities conducted	>5	End of Quarter 4	Hospitals Divisions Sub divisions
	5.1.5 Development of Outpatient Customer Escalated Engagement Plan at facility level				
5.2 Customer care	5.2.1 Efficient management of customer complaints through #157	i28. % of customer complaints resolved within Command Centre determined timelines	≥80%	Weekly	Hospitals Divisions Sub divisions
	5.2.2 Strengthen the role of the Command Centres to address customer complaints	i29. % of customer complaints closed that were addressed satisfactorily	100%	Monthly	
	5.2.3 Establishment of Public relations on call team				

	5.2.4 Develop SOP to support Public relations functions				
	5.2.5 Gate closing signage for routine GOPD care in every facility	i30. % of health facilities with gate closure signage	100%	August	
6.1 Fleet management system	6.1.1 Submission of Monthly vehicle returns to AMU	i31. Timely submission of vehicle returns	100%	Monthly	Divisions Sub divisions
	6.1.2 Updated fleet status report	i32. % of vehicles in working condition at any given time	>75%	Ongoing	Divisions Sub divisions
	6.1.3 Develop vehicle utilization SOPs for: Patient transfers and Case retrieval	i33. SOP developed	1 per Division	Ongoing	Divisions Asset Management Unit
	6.1.4 Develop SOPs for vehicle care	i34. SOP developed	1 per Division	Ongoing	Divisions Asset Management Unit
	6.1.5 Establish vehicle maintenance tracking system	i35. Tracking system in place	1 per Division	September	Divisions Asset Management Unit
7.1 Clinical Issues	7.1.1 Develop criteria for clinical issues watch list	i36. Criteria developed	1	August	Divisions Sub divisions
	7.1.2 Develop tracking action plan for clinical issues watch list	i37. Tracking action plan developed	1	August	Divisions Sub divisions
8.1 Risk Communication and Community Engagement (RCCE)	8.1.1 Development of Risk Communication and Community Engagement (RCCE) generic framework developed	i38. RCCE generic framework developed	1	Quarter 2	ESU
	8.1.2 RCCE generic framework aligned to key focus areas per Division (e.g.NCD, WASH and COVID vaccination)	i39. # of facilities implementing RCCE approach	22	Quarter 3	Divisions Sub divisions
9.1 Infection Prevention and Control	9.1.1 Conduct IPC training for identified staff	i40. % of identified staff trained	100%	Quarter 1	Divisions Sub divisions
	9.1.2 Develop action plan for IPC activities for the sub division	i41. % of sub divisions with IPC action plan	100%	Quarter 1	Sub divisions
10.1 Safe and affordable Surgery, Obstetric	10.1.1 Develop minimum standards for sterilization in Health Centres and SDH	i42. Minimum standards developed	Sterilization standards in place	October	Sub divisions

7.3   Framework for Outpatient Surge Response & Customer Care

Focus Area	Broader Strategies	Activities	Indicators	Target	Timelines	Responsible
1.0 Patient Folder Management	1.1 Standardize patient records management	1.1.1 Review current patient records management system	i1. Records management system reviewed	1	Ongoing	Hospitals Sub divisions
		1.1.2 Patient folder stored according to standardised system	i2. Average retrieval time for patient folders	20 mins	Ongoing	Hospitals Sub divisions
		1.1.3 Training of records staff on patient folder management	i3. % of staff trained	>90%	Ongoing	Hospitals Sub divisions
		1.1.4 Patient records entered in PATISplus	i4. Patient records updated in PATISplus as per agreed timelines	100%	Ongoing	Hospitals Sub divisions
2.0 Quality Improvement and Customer care initiatives	2.1 Outpatient Customer Escalated Engagement Plan	2.1.1 Develop standardized SOP for ED triage	i5. Triage SOP developed	1	Ongoing	Hospitals Sub divisions
		2.1.2 Capacity building on triage	i6. % of relevant staff trained on triage	100%	Ongoing	Hospitals Sub divisions
		2.1.3 Availability of functional triage equipment	i7. % of functional triage equipment available	100%	Ongoing	Hospitals Sub divisions
	2.2 Implement queue management system	2.2.1 Express Lanes for elderly, disabled, & school children	i8. Availability of express lanes for the elderly, disabled and school students	Express lane in place	Ongoing	Hospitals Sub divisions
3.0 Governance	3.1 Surge contingency plan	3.1.1 Develop surge contingency plan	i9. Plan developed	1	Quarter 2	Hospitals Sub divisions

4.0 Communication	4.1 Establish appropriate communications	4.1.1 Conduct awareness on key identified areas: • Health seeking behaviour • Home care • Risk factors to look for etc.	i10. Communication strategy in place	100%	Ongoing	Communications Hospitals Sub divisions
	4.2 Health Facility Operational hours	4.2.1 Clear signage on health facility opening and closing hours	i11. Health facility signage in place	100%	Ongoing	Hospitals Sub divisions
5.0 Community based surveillance	5.1 Absenteeism report from schools hotels, workplaces	5.1.1 Develop SOP and system to obtain absenteeism report from other stakeholders	i12. Establish system	System in place	Quarter 1	Divisions
	5.2 Community outreach	5.1.2 Conduct community outreach	i13. # of community outreach conducted	>1	Ongoing	Divisions Sub divisions
6.0 Human Resource Support	6.1 HR capacity strengthened through identified positions: • GP engagement • 2nd year medical intern Public health block • Public health nurses • Etc.	6.1.1 Develop policy to support HR capacity to manage surge	i14. Policy developed	1	Ongoing	Human Resource Hospitals Divisions Nursing
	6.2 Align allied health positions to meet service demands	6.2.1 Establish Laboratory Technician and Medical Imaging Technologist positions at upgraded health facilities	i15. Laboratory Technician and Medical Imaging Technologist positions established	100%	Ongoing	Human Resource Hospitals Divisions
	6.3 Effectively prevent and address harassment and bullying at work	6.3.1 Process in place to address harassment and bullying at work	i16. SOP available at all Health facilities	100%	Quarter 2	Hospitals Divisions Sub divisions
7.0 Consultation space	7.1 Accessibility to consultation space to support surge	7.1.1 Identify additional OPD consultation spaces that meet accessibility and privacy requirements	i17. Consultation spaces identified	100%	Ongoing	Hospitals Divisions Sub divisions
8.0 Diagnostic Support	8.1 Capacity expanded through outsourcing of	8.1.1 Radiology and laboratory testing services enhanced	i18. Improve diagnostic TAT	100%	Ongoing	Hospitals Sub divisions

		radiology and laboratory services	8.1.2 Ensure point of care testing kits are available	i19. Availability of point of care testing kits	100%	Ongoing	Hospitals Sub divisions
9.0 Waiting Bed	9.1 Strengthen bed management	9.1.1 Establish bed management system	i20. Bed management system in place	100%	Ongoing	Hospitals Sub divisions
		9.1.2 Identify bed space for waiting case	i21. Waiting time for patient admission reduced	TBC	Ongoing	Hospitals Sub divisions
	9.2 Establish waiting beds within maritime health centres	9.2.1 Set up waiting beds/ observation beds within maritime HCs where patients can stay for 2 – 3 days	i22. % of identified maritime health centres with waiting/ observation beds	>90%	Ongoing	Divisions
	9.3 Strengthen discharge protocols	9.3.1 Clear discharge protocols that all staff are aware of	i23. % of staff aware of discharge protocols	100%	Ongoing	Hospitals Sub divisions
10.0 Line listing	10.1 Establish line listing of vulnerable population	10.1.1 Develop line list for vulnerable and those requiring follow up	i24. Develop line listing of vulnerable population	Line list/Register of vulnerable population in place	Ongoing	Divisions
11.0 Follow up	11.1 Strengthen virtual hospital and home based care	11.1.1 Provide support to patients on virtual hospital and home based care list	i25. Updated patient lists available	100%	Ongoing	Hospitals Sub divisions
			i26. Follow up reports completed	100%	Ongoing	Hospitals Sub divisions
			i27. Medicines supplied as required	100%	Ongoing	Hospitals Sub divisions
12.0 Customer Service	12.1 Strengthen customer service	12.1.1 Identification of customer service champion at each facility	i28. % of facilities with customer service champion	100%	Ongoing	Hospitals Divisions Sub divisions
		12.1.2 Provide customer service training for targeted staff	i29. % of targeted staff trained on customer service	>90%	Ongoing	Hospitals Divisions Sub divisions
13.0 Quality Improvement	13.1 Establish a team culture with a focus on	13.1.1 Establish QI team at each facility	i30. % of health facilities with active QI team	100%	Ongoing	Hospitals Divisions Sub divisions

Pillars	Focus Area	Activities	Indicator	Target	Timelines	Responsible
	continuous quality improvement (QI)	13.1.2 QI meetings conducted fortnightly	i31. % of QI meetings conducted	100%	Fortnightly	Hospitals Divisions Sub divisions
		13.1.3 Divisional and hospital level Quality Improvement Plan developed and implemented	i32. # of Divisions and Hospitals that have QI plan	9	Quarter 1	Hospitals Divisions
		13.1.4 Determine and prioritize potential areas for improvement	i33. # of quality improvement activities conducted	>5	Ongoing	Hospitals Divisions Sub divisions

7.4 Remodelling

Pillars	Focus Area	Activities	Indicator	Target	Timelines	Responsible
1.0 Governance	1.1 Functional Divisional Command Centers and Sub divisional Operation Centers	1.1.1 Identify needs for establishing SDOC: · Meeting room · Communication technology · Human Resource	i1. Infrastructure and asset needs for establishing SDOC met	100% (Dedicated meeting room)	August	Sub divisions
			i2. Availability of communication technology	100%	August	Divisions Sub divisions
			i3. Human resource engagement plan developed	100%	August	Divisions Sub divisions
		1.1.2 Develop and endorse TOR for DCC and SDOC	i4. # of DOC and SDOC with endorsed TOR	100%	August	Divisions Sub divisions
		1.1.3 Regular meetings and reports submitted by DCC and SDOC for its operations	i5. Weekly meeting conducted	100% (Meeting minutes available)	Weekly	Divisions Sub divisions
		1.1.4 Implement all SOP and guidelines on key issues through DCC and SDOC	i6. SOPs and guidelines implemented	100%	Quarterly	Divisions Sub divisions
	1.2 Vulnerable populations tracking system	1.2.1 Tracking plans and action plans developed	i7. Chronic disease line list available at SD level	100%	Ongoing	Divisions Sub divisions

			i8. Environmentally at risk groups line list available at SD level	100%	Ongoing	Divisions Sub divisions
		for vulnerable population				
2.0 Service Delivery	2.1 Enhance community surveillance	2.1.1 Establish medical facility and community based networks with clear SOPs	i9. Network established at SD level	100%	August	Sub divisions
		2.1.2 Develop clear SOPs including specific details on reporting				
		2.1.3 Community surveillance programme interventions implemented through: • Case support • Community outreach programme etc	i10. # of outreach conducted at community level	>1	Monthly	Divisions Sub divisions
	2.2 Clinical Issues	2.2.1 Develop criteria for clinical issues watch list	i11. Criteria developed	1	August	Divisions Sub divisions
		2.2.2 Develop tracking action plan for clinical issues watch list	i12. Tracking action plan developed	1	August	Divisions Sub divisions
	2.2 Improve customer service	2.2.1 Conduct customer experience survey	i13. Average patient experience survey response rate	>85%	Quarterly	Subdivisions
3.0 Health Information and Digitalization	3.1 Improve data quality and reporting	3.1.1 Review existing data sources	i14. # of existing data sources reviewed	1	Annually	Digital Health
		3.1.2 Digitalizing available forms for a smooth and efficient reporting	i15. # of forms digitalized	>1	Annually	Digital Health
		3.1.3 Data entry into the Health Information systems at various levels	i16. HIS updated regularly	Updated HIS	Daily	Sub divisions
4.0 Surveillance	4.1 Strengthen surveillance reporting	4.1.1 Reporting on surveillance data through existing data sources (NNDSS, EWARS)	i17. % of EWARS report submitted with agreed timelines	>90%	Weekly	Sub divisions
5.0 Human Resource	5.1 Enhance human resource needs	5.1.1 Efficient processing of vacant positions	i18. Vacant positions filled through EOI or advertisement	>80%	Monthly	Human Resources Divisions Sub divisions

		5.1.2 Submission of monthly P2P report to HQ	i19. Timely submission of monthly P2P reports	100%	Monthly	Divisions Sub divisions
		5.1.3 Identify additional staff needs to enhance service delivery	i20. List of staff needs identified for surge capacity	List available by cadre	Ongoing	Human Resources Divisions Sub divisions
6.0 Infrastructure and Transport	6.1 Strengthen minor works projects	6.1.1 Develop prioritized action plan based on needs for minor works and submit to AMU	i21. % completion of minor works plan	>80% completed	Annually	Divisions Sub divisions
		6.1.2 Efficient processing of PO for minor works	i22. % of submission aligned to SOP	>80%	Ongoing	Asset Management Unit
			i23. % of minor works processed within 2 days	>90%	Ongoing	Asset Management Unit
	6.2 Improve fleet management	6.2.1 Submission of Monthly vehicle returns to AMU	i24. Timely submission of vehicle returns	100%	Monthly	Divisions Sub divisions
		6.2.2 Updated fleet status report	i25. % of vehicles in working condition at any given time	>75%	Ongoing	Divisions Sub divisions
		6.2.3 Develop SOPs for vehicle utilization for: Patient transfers and Case retrieval	i26. SOP developed	SOP in place	Ongoing	Asset Management Unit
		6.2.4 Develop SOPs for vehicle care	i27. SOP developed	SOP in place	Ongoing	Asset Management Unit
7.0 Equipment and medical supplies	7.1 Enhance functional biomedical equipment	7.1.1 Conduct quarterly biomedical equipment audit and identify equipment that needs to be repaired and replaced	i28. # of biomedical equipment audits conducted	1	Quarterly	Divisions
	7.2 Improve availability of medical supplies	7.2.1 Conduct review of medical supplies based on demand at each facility level in the sub division	i29. Reviewed conducted at each facility level	100%	Ongoing	Sub divisions
	7.3 Strengthen supply chain management	7.3.1 Roll out of supply chain management system to targeted health facilities	i30. % of targeted facilities utilizing supply chain management system	100%	Ongoing	Fiji Pharmaceutical & Biomedical Services

7.5   Capital Works

Strategic Priority	SEG No	Project	Planned Completion date	Total Budget $	1st QTR $	2nd QTR $	3rd QTR $	4th QTR $
Priority Area 3	8	Upgrading and Maintenance of Urban Hospitals and Institutional Quarters	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	900,000	200,000	200,000	300,000	200,000
	8	Construction of New CWM Hospital Maternity Unit	July,2023	3,000,000	500,000	500,000	1,000,000	1,000,000
	8	Maintenance of Sub-Divisional Hospitals, Health Centres and Nursing Stations	Several maintenance projects are under this allocation. Some continuing over the financial year and some completing within	1,008,000	250,000	250,000	250,000	258,000
	8	Land Stabilization and Refurbishment of Savusavu Hospital	July, 2023	2,000,000	500,000	500,000	500,000	500,000
	8	Upgrade of Labasa Hospital Interior	July, 2023	2,200,000	600,000	600,000	500,000	500,000
	8	Upgrade of Lautoka Hospital Operating Theatre and X-ray Department	July, 2023	717,965	200,000	517,965	-	-
	8	Completion of CWMH Emergency Department- Final Payment	July, 2023	74,000	74000	-	-	-
Priority Area 3	9	ICT Infrastructure and Network	July, 2023	1,314,087	705,494	376,610	139,190	139,190

Priority Area 3	9	Purchase of Equipment for Urban Hospitals	July, 2023	**1,320,000**	100,000	220,000	500,000	500,000
	9	Equipment for Sub-Divisional Hospitals, Health Centre and Nursing Stations	July, 2023	**1,200,000**	100,000	250,000	500,000	350,000
	9	Purchase of Bio-Medical Equipment for Urban and Sub-Divisional hospitals	July, 2023	**3,000,000**	2,000,000	1,000,000	-	-
	9	Purchase of Dental Equipment for Urban Hospitals and Sub - Divisional Hospitals	July, 2023	**1,289,200**	1,000,000	289,200	-	-

7.6   Budget Cashflow Forecast

Outcome	Output	Total Budget $	1st Qtr. $	2nd Qtr. $	3rd Qtr. $	4th Qtr. $
Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Output 1.1.1 Preventative programmes targeting risk factors implemented	**996,260**	222,035	162,203	280,966	331,055
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	**3,649,865**	813,442	594,243	1,029,337	1,212,843
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	**848,800**	189,171	138,195	239,379	282,055
Outcome 1.2 Improve the physical and mental well-being of all citizens, with particular focus on	Output 1.2.1 Improved maternal and neonatal health services, with an	**109,000**	24,293	17,747	30,740	36,220

women, children and young people through prevention measures	increased focus on health risk assessments					
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-
	Output 1.2.3 Improved breastfeeding and nutrition for children	**43,600**	9,717	7,099	12,296	14,488
	Output 1.2.4 Improved prevention, detection and diagnosis of childhood illnesses	**272,500**	60,732	44,366	76,851	90,551
	Output 1.2.5 Strengthened adolescent health services	**54,500**	12,146	8,873	15,370	18,110
	Output 1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis	**32,700**	7,288	5,324	9,222	10,866
Outcome 1.3 Safeguard against environmental threats and public health emergencies	Output 1.3.1 Improvement in the effectiveness of environmental health service delivery	**506,850**	112,961	82,521	142,942	168,425
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	**2,798,400**	623,677	455,614	789,207	929,903
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	1.4.1 Strengthen role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience	-	-	-	-	-

	Output 1.4.2 Enhance disaster preparedness, management and resilience	**545,000**	121,464	88,733	153,701	181,102
Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	Output 2.1.1 Increased access to maternal and child health services based on population needs	**109,000**	24,293	17,747	30,740	36,220
Outcome 2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population	Output 2.2.1 Increase access to effective treatment and specialist services	**574,178**	127,967	93,483	161,930	190,798
	Output 2.2.2 Strengthen clinical management of priority NCDs	**10,953,570**	2,441,211	1,783,375	3,089,133	3,639,851
	Output 2.2.3 Efficient and effective referral system	**1,635,000**	364,391	266,198	461,104	543,307
Outcome 2.3 Continuously improve patient safety, and the quality and value of services	Output 2.3.1 Provision of standardised clinical services	**-**	-	-	-	-
	Output 2.3.2 Improved patient safety and reduced variation of care	**1,032,700**	230,157	168,136	291,243	343,164
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	**10,900**	2,429	1,775	3,074	3,622
Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Output 3.1.1 Implement plans and policies to manage the workforce and working environment	**-**	-	-	-	-
	Output 3.1.2 Attract, select, recruit, retain and empower the right	**235,288,557**	52,438,519	38,307,858	66,356,232	78,185,949

	people to create a diverse, inclusive and engaged workforce					
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	**1,593,293**	355,096	259,408	449,342	529,448
Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment	Output 3.2.1 Improved availability and accessibility to medical products	**54,486,399**	12,143,328	8,871,053	15,366,290	18,105,729
	Output 3.2.2 Quality assurance processes for all medical supplies established	**85,020**	18,948	13,842	23,977	28,252
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	**8,855,421**	1,973,598	1,441,771	2,497,411	2,942,640
Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Output 3.3.1 Improved budget execution and financial performance	**42,027,029**	9,366,521	6,842,515	11,852,490	13,965,503
Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	**16,306,362**	3,634,182	2,654,875	4,598,731	5,418,574
Outcome 3.5 Harness digital technologies to facilitate better health care for our patients	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	**1,615,163**	359,970	262,968	455,509	536,716
	Output 3.5.2 Training and support provided for using information systems	**76,300**	17,005	12,423	21,518	25,354
	Output 3.5.3 Strengthen	**10,900**	2,429	1,775	3,074	3,622

	research and innovation to support health systems strengthening				
Outcome 3.6 Continue to strengthen planning and governance throughout the MHMS	Output 3.6.1 Plans and policies reviewed and updated	-	-	-	-	-
	Output 3.6.2 Governance and reporting structures aligned to remodeled health service	-	-	-	-	-
	Output 3.6.3 Effective Monitoring, Evaluation at operational level	-	-	-	-	-
Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system	Output 3.7.1 Strengthened partnerships with external stakeholders	**1,900,000**	423,451	309,343	535,839	631,366
COVID-19 Emergency Response Project (World Bank)		**8,701,504**	1,939,295	1,416,711	2,454,004	2,891,494
TOTAL		**395,118,771**	**88,059,714**	**64,330,173**	**111,431,653**	**131,297,230**

7.7   Budget and Overheads

Outcome	Output	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Total Budget
Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Output 1.1.1 Preventative programmes targeting risk factors implemented		-	-	-	778,260	-	218,000	-		-	**996,260**
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through	-	-	-	-	-	3,649,865	-	-		-	**3,649,865**

Outcome	Output												Total
	multidisciplinary teams												
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	-	-	-	-	185,300	-	163,500	-	-	500,000		**848,800**
Outcome 1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures	Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	-	-	-	-	54,500	-	54,500	-	-			**109,000**
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-	-	-					-
	Output 1.2.3 Improved breastfeeding and nutrition for children	-	-	-	-	-	-	43,600					**43,600**
	Output 1.2.4 Improved prevention, detection and diagnosis of childhood illnesses	-	-	-	-	54,500	-	218,000					**272,500**
	Output 1.2.5 Strengthened adolescent health services	-	-	-	-	-	-	54,500					**54,500**
	Output 1.2.6 Strengthened breast and cervical cancer prevention, screening and diagnosis	-	-	-	-	-	-	32,700					**32,700**
Outcome 1.3 Safeguard against environmental threats and	Output 1.3.1 Improvement in the effectiveness of environmental	-	-	-	218,000	288,850	-	-	-	-	-		**506,850**

Outcome	Output												Total
public health emergencies	health service delivery												
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies		-	-	-	218,000	-	2,580,400					**2,798,400**
Outcome 1.4 Strengthen population-wide resilience to the climate crisis	1.4.1 Strengthen role of Fiji Emergency Medical Assistance Team(FEMAT) including disaster preparedness, management and resilience	-	-	-	-	-	-	-		-	-	-	-
	Output 1.4.3 Enhance disaster preparedness, management and resilience	-	-	-	-	545,000	-						**545,000**
Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	Output 2.1.1 Increased access to maternal and child health services based on population needs	-	-	-	-	-	-	109,000	-	-	-	-	**109,000**
Outcome 2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the	Output 2.2.1 Increase access to effective treatment and specialist services	-	-	-	-	130,800	-	443,378	-	-	-	-	**574,178**
	Output 2.2.2 Strengthen clinical management of priority NCDs	-	-	545,000		8,864,970		43,600				1,500,000	**10,953,570**

												Total
needs of the population	Output 2.2.3 Efficient and effective referral system	-	-	1,635,000	-	-	-	-	-	-	-	**1,635,000**
Outcome 2.3 Continuously improve patient safety, and the quality and value of services	Output 2.3.1 Provision of standardised clinical services	-	-	-	-	-	-	-	-	-	-	**-**
	Output 2.3.2 Improved patient safety and reduced variation of care	-	-	-	-	1,032,700	-	-	-	-	-	**1,032,700**
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	-	-	-	-	10,900	-	-	-	-	-	**10,900**
Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Output 3.1.1 Implement plans and policies to manage the workforce and working environment	-	-	-	-	-	-	-	-	-	-	**-**
	Output 3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	215,338,453	19,950,104								-	**235,288,557**
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	-	-	-	-	1,560,593	-	32,700	-	-	-	**1,593,293**
Outcome 3.2. Improve the efficiency of supply chain management and	Output 3.2.1 Improved availability and accessibility to medical products	-	-	-	-	54,486,399	-	-	-	-	-	**54,486,399**

											Total
procurement systems, and maintenance of equipment	Output 3.2.2 Quality assurance processes for all medical supplies established	-	-	-	-	85,020	-	-	-	-	**85,020**
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	-	-	-	4,180,193	-	-	-	-	4,675,228	**8,855,421**
Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Output 3.3.1 Improved budget execution and financial performance	-	-	4,926,048	16,302,393	20,398,318	70,000	330,270	-	-	**42,027,029**
Outcome 3.4. Ensure infrastructure is maintained to match service needs	Output 3.4.1 Infrastructure upgraded based on needs	-	-	-	-	2,768,600	-	-	13,537,762	-	**16,306,362**
Outcome 3.5 Harness digital technologies to facilitate better health care for our patients	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	-	-	-	-	1,615,163	-	-	-	-	**1,615,163**
	Output 3.5.2 Training and support provided for using information systems	-	-	-	-	-	-	76,300	-	-	**76,300**
	Output 3.5.3 Strengthen research and innovation to support health systems strengthening	-	-	-	-	-	-	10,900	-	-	**10,900**

Outcome	Output											Total
Outcome 3.6 Continue to strengthen planning and governance throughout the MHMS	Output 3.6.1 Plans and policies reviewed and updated	-	-	-	-	-	-	-	-	-	-	-
	Output 3.6.2 Governance and reporting structures aligned to remodeled health service	-	-	-	-	-	-	-	-	-	-	-
	Output 3.6.3 Effective Monitoring, Evaluation at operational level	-	-	-	-	-	-	-	-	-	-	-
Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system	Output 3.7.1 Strengthened partnerships with external stakeholders	-	-	-	-	-	-	-	-	-	-	-
	Output 3.7.2 Strengthened partnerships with external stakeholders	-	-	-	-	1,900,000	-	-	-	-	-	**1,900,000**
COVID-19 Emergency Response Project (World Bank)		-	-	-	-	-	-	-	-	-	8,701,504	**8,701,504**
TOTAL		**215,338,453**	**19,950,104**	**7,106,048**	**20,700,586**	**93,077,873**	**1,970,000**	**8,061,213**	**13,537,762**	**4,675,228**	**10,701,504**	**395,118,771**

Acronyms

AMU	Assets Management Unit
CD	Communicable Disease
CSN	Clinical Service Network
DMOs	Divisional Medical Officers
ESU	Executive Support Unit
FEMAT	Fiji Emergency Medical Assistance Team
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
HIS	Health Information System
ICD	International Statistical Classification of Diseases
MCDC	Medical Cause of Dead Certificate
MEL	Monitoring, Evaluation and Learning
mhGAP	Mental Health Gap Action Programme
MHMS	Ministry of Health and Medical Services
MSHI	Mother Safe Hospital Initiative
MSs	Medical Superintendents
PATIS	Patient Information Systems
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage
WHO	World Health Organisation