



**MINISTRY OF HEALTH  
& MEDICAL SERVICES**

# **ANNUAL OPERATIONAL PLAN**

## **2023-24**



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# Minister's Foreword

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I am pleased to commend the Ministry of Health and Medical Service's Annual Operational Plan for 2023-2024. With the Ministry's vision of a 'Healthy Population' for Fiji, the two key elements essential to our vision for excellence in health care are:

- A dramatically **improved and well-maintained health infrastructure** for all health care facilities from the large divisional hospitals and all the way to the most remote nursing station, and;
- A **well supported, appropriately remunerated and professional health workforce** that deliver effective and efficient health services to the people of Fiji.

The Annual Operational Plan has been developed in line with the Ministry's Strategic Plan 2020-2025 and based on a pragmatic and sustainable approach that will ensure that we continue to build a responsive and resilient health system following the devastation of the COVID-19 pandemic over the last three years.

The comprehensive and targeted approach in the plan will assist the Ministry in forging ahead to revive and uplift healthcare infrastructure, build capacity of the health workforce, strengthen health support systems and processes, solidify collaboration with health partners while exploring new opportunities, and reinforce improvements and technological advancements that contribute to the provision of quality health care services that our people expect and deserve.

I acknowledge and appreciate the hard work and commitment of all our staff across the Ministry and encourage everyone to remain committed and work together so we can overcome the many challenges that will come our way.

A handwritten signature in blue ink, which appears to read 'A. Rabici', followed by a horizontal line.

Hon. Dr. Atonio Rabici Lalabalavu

Minister for Health and Medical Services

# Permanent Secretary's Statement

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The Annual Operational Plan 2023-2024 outlines the direction that the Ministry of Health and Medical Services will pursue to achieve its vision of having a 'Healthy Population'. The plan consolidates the Ministry's commitment to the Government's National Development Plan and consistent with Fiji's health commitments to regional and global health instruments that are captured in the Ministry's Strategic Plan 2020-2025.

With a focus on 'building back better and stronger' the Ministry is refocusing and intensifying its effort on Primary Health Care to strengthen health system capacity to provide quality and essential health care, and reinforce public confidence in the health care system that is supportive and responsive to their health needs.

The plan will also assist the Ministry in advancing its aims for Universal Health Coverage for all Fijians with health services programs tackling our endemic and upcoming communicable and non-communicable disease burden. Through the activities in the plan, the Ministry will reach out to those in remote and hard-to-reach communities and improve access to health care service for all including the vulnerable, marginalized and disabled, leaving no one behind.

The plan will support and enhance the Ministry's efforts to enhance the capacity of the health workforce, effectively manage health infrastructure and support systems, explore opportunities for partnership and collaboration with health partners, and build resilience and responsiveness of the health system through prudent and efficient resource management.

I acknowledge the hard work of the Policy and Planning Division of the Ministry and in particular its former head Ms. Muniamma Gounder for putting together the plan and to all the program heads and divisional health leaders for your contribution to this important guiding document for the ministry.

I encourage all staff of the Ministry to familiarize yourselves with the plan and ensure that the activities in the plan are done well and completed and the targets we have agreed on in the plan are achieved. I wish all staff of the Ministry the very best in implementing the plan.

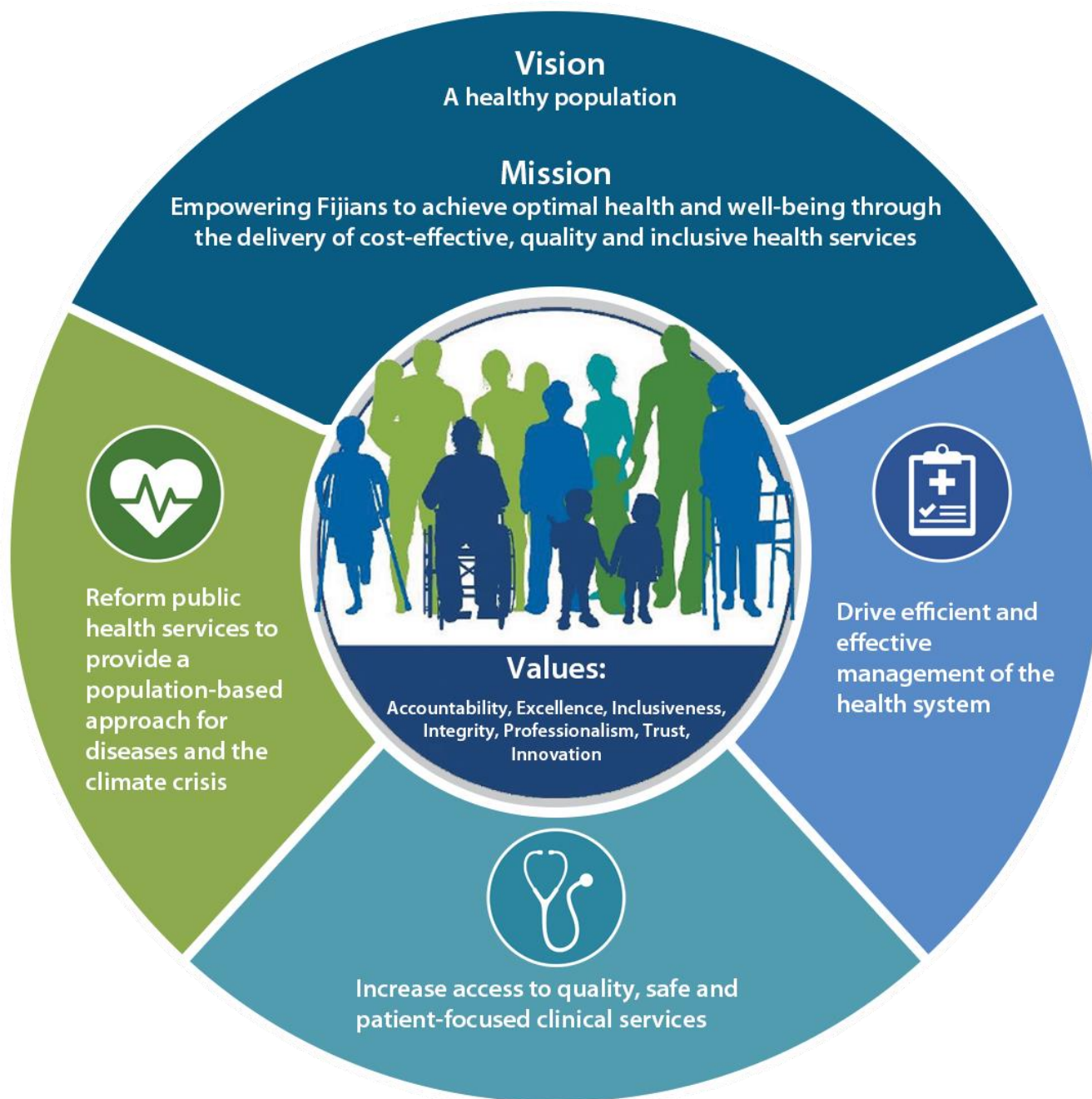
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**Dr. James Fong**

**Permanent Secretary**

# 1.0 Corporate Profile

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## 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

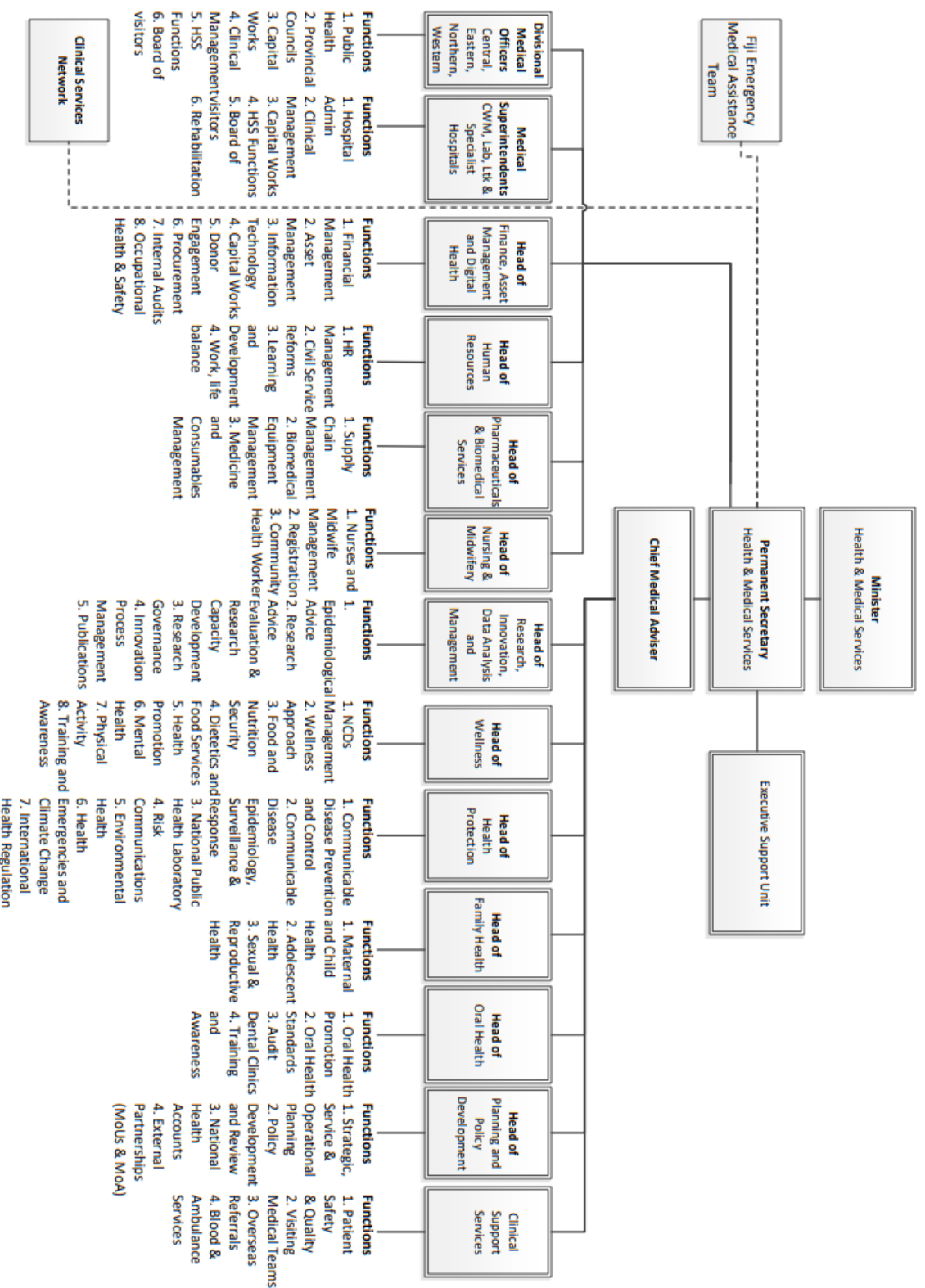
The Ministry of Health and Medical Services operates under the following legislative framework:

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

30	Nursing (Amendment) Act 2018
31	Pharmacy Profession Act 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 Act 2012
42	Occupational Health and Safety at Work Act 1996
43	Quarantine Act (Cap. 112)
44	Quarantine (Amendment) Act 2010
45	Radiation Health Act 2009
46	Tobacco Control Act 2010
47	Tobacco Control Regulation 2012
48	The Food Safety Regulation 2009
49	The Food Establishment Grading Regulation 2011

# Ministry of Health & Medical Services

## Functional Units



## 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:

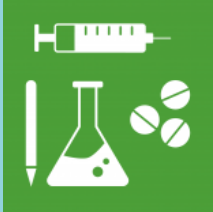

	Reform public health services to provide a population-based approach for diseases and the climate crisis	<ul style="list-style-type: none"><li>• Reduce CD and NCD disease prevalence, especially for vulnerable groups.</li><li>• Improve the physical and mental well-being of all citizens with particular emphasis on women, children and young people through prevention measures.</li><li>• Safeguard against environmental threats and public health emergencies.</li><li>• Strengthen population-wide resilience to the climate crisis.</li></ul>
	Increase access to quality, safe and patient-focused clinical services	<ul style="list-style-type: none"><li>• Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups.</li><li>• Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population.</li><li>• Continuously improve patient safety, and the quality and value of services.</li></ul>
	Drive efficient and effective management of the health system	<ul style="list-style-type: none"><li>• Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued.</li><li>• Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment.</li><li>• Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable.</li><li>• Ensure infrastructure is maintained to match service needs.</li><li>• Harness digital technologies to facilitate better health care for our patients.</li><li>• Continue to strengthen planning and governance throughout the MHMS.</li><li>• Widen our collaboration with partners for a more efficient, innovative and higher-quality health system.</li></ul>

## 2.2 Linkage to Government Priorities

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
 <p>Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p>	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	<p>Percentage of children under 5 years of age who are overweight</p> <p>Population prevalence of diabetes</p>	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups
 <p>Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>	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
 <p>End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p>	Improve case detection and coordinated response to reduce communicable disease morbidity and Mortality	<p>Incidence of leprosy per 100,000 population</p> <p>Prevalence of lymphatic Filariasis</p> <p>Case fatality rate for Leptospirosis</p> <p>Case fatality rate for typhoid</p> <p>Case fatality rate for dengue fever</p> <p>Total number of confirmed HIV cases</p> <p>Prevalence rate of tuberculosis per</p>	Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
		100,000 population	
 <p>Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p>	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
 <p>Reduce the global maternal mortality ratio to less than 70 per 100 000 live births</p>	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Maternal Mortality ratio	
 <p>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</p>	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Neonatal Mortality Perinatal mortality rate per 1,000 total births % of live births with low birth weight Infant mortality rate per 1,000 live births	Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups
	Provide access to quality preventive and curative paediatric	Under 5 mortality rate	



Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
	and nutritional services	per 1,000 live births	
 <p>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</p>	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
 <p>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</p>	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	

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	Ministry's Outcome
		for health to current health expenditure	

## 2.3 Strategic Workforce Plan

The MHMS workforce needs have evolved over the years and the importance of clinical workforce in sustaining and improving services has become a critical factor both during COVID 19 pandemic and beyond. The strategy continues to be aligned to a needs-based approach to health workforce recruitment, deployment, training and retention with an emphasis on increasing both customer and employee satisfaction. The Ministry continues to collaborate with relevant institutions to review and update required qualifications for health professional graduates and update workforce eligibility criteria to increase the availability of senior clinical specialists.

The Ministry's ability to deliver key services is largely dependent on the workforce number, distribution, skill sets and the ongoing changes in population needs, this was clearly evident during COVID 19 and continues to remain a major issue. Key considerations in this area are the actual numbers, skills and the distribution of the health workforce, based on needs. Given the constantly evolving health trends in the country, the Ministry needs to routinely monitor changes in health service demand and align the supply accordingly.

Based on earlier workforce needs assessment, the Ministry has identified several key issues to address, including staff retention and motivation, reducing staffing shortages in certain specialities, and ensuring that staff are deployed where they are needed most. There is a need to conduct a more extensive workforce needs assessment as there have been major issues affecting workforce levels.

The staff establishment numbers required within each cadre are to accommodate a gradual but steady increase in the number of health workers (matching expected growth in population demographic trends and concurrent demand for services). The gaps in staff numbers, for certain cadre needs to be reviewed and updated based on changing service demands.

Overall the Ministry will focus on attracting, selecting, retaining and empowering the right people to create a diverse, inclusive and engaged workforce. This includes designing attraction and recruitment strategies, rapidly deploying staff, monitoring staff satisfaction and ensuring regular analysis of the health workforce.

## 3.0 Situation Analysis

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The major focus has been on health systems strengthening with particular emphasis on infrastructure, health workforce, strengthening processes and systems through remodeling of health services initiatives. This has been further supporting through setting up command centers and building on successful initiatives from our response COVID 19 pandemic.

The Divisional Command Centers (DCC) and Sub-divisional Command Centers (SDCC) were setup as part of this initiative. The command center initiative was further strengthened with a formalized structure, terms of reference and reporting structure. There were audits conducted to ensure that command centers meet the functional and operational requirements. The findings were discussed to further improve functionality.

The scope to further expand the role and functions of the command center was identified, including the provision of oversight function in a number of areas. The functionality of the Command Centers has since expanded to monitoring and tracking of new initiatives, priorities and effective management of identified functions through respective action plans and tracking plans.

There were continued efforts towards strengthening linkages between clinical services and preventative services. There have been efforts made to improve delivery of health services from our Sub-divisional Hospitals as well, supported further by the Sub-divisional Command Centers. There are ongoing efforts towards strengthening of community engagement, surveillance and response readiness. A number of processes related to operational issues pertaining to infrastructure, transportation, human resources, utilization of budget and additional needs were addressed through these efforts.

The ongoing exodus of medical staff has been highlighted and remains a challenge in terms of our efforts to rebuild better and stronger. The Ministry continues to review and employ strategies to improve the working environment of our workforce including infrastructure upgrades and effective remuneration.

There are ongoing efforts to strengthen partnerships with stakeholders under various arrangements and initiatives. There is ongoing support for greater engagement between the public health sector and the private health sector to mitigate potential service gaps caused by clinical workforce capacities in certain areas. Ministry is working on improving stakeholder engagement, development partner coordination and more effectively aligning public and private investments. Development Partner Coordination was strengthened through the recommencement of development partner coordination meetings including a more structured approach towards this.

There have been continuous efforts towards strengthening systems and processes. Overall, the focus has been on strengthening primary healthcare, built on a needs based, people centered, integrated system. This forms the basis of our efforts towards achieving universal health coverage and the delivery of quality health services across our health service divisions.

## 4.0 Aim

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The intent of the Annual Operational Plan (AOP) 2023-2024 is still based on the operationalization of the Strategic Plan (SP) 2020-2025 broader priorities. This is supported through a renewed focus on strengthening processes at all levels of the healthcare system and overall health systems strengthening.

The need for innovative approaches and supporting governance structures to address changing demands in service delivery needs has been an important consideration in developing key outputs and activities. The specific strategic focus for this year is on addressing operational needs through health systems strengthening with a particular focus on upgrading health infrastructure, addressing human resource issues, and strengthening structures to more effectively address existing and emerging health priorities.

The Ministry's overall focus for 2022-2023 is summarized under the broader key areas outlined below. The major focus for this year is on addressing key health systems issues, to better support service delivery across our health service divisions. There is a renewed emphasis on strengthening partnerships and looking at innovative options for service delivery.

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.
- Addressing human resource gaps in identified areas

## 5.0 2023-2024 Budget Highlights

The total proposed budget for the Ministry in 2023-2024 is **\$453.7m**, comprising **\$388.6m** for operating expenditure,

**\$39.6 m** for capital expenditure and VAT of **\$25.5m**. The 2022-2023 budget will be attributed to the following initiatives:

### Budget Summary Table

Ministry Budget summary FY2023-2024

Budget Category	Summary (\$m)	Initiatives
Operating	388,562,400	<ul style="list-style-type: none"><li>• An increase in service delivery outcomes through strengthening of patient services and continuum of care.</li><li>• Improved access to services by strengthening clinical services, including outreach services. There is an overall focus on quality and value of services.</li><li>• Improved productivity and effectiveness of our health system; with a special focus on strengthening workforce and supply chain processes</li></ul>
Capital	39,579,000	<ul style="list-style-type: none"><li>• MHMS infrastructure is maintained to meet operational and population needs in compliance with all relevant health service standards</li></ul>
VAT	25,544,000	
Total	453,685,400	

## 5.1 AOP Activities linked 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**

<b>Output 1.1.1: Preventative programmes targeting risk factors implemented</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget \$</b>
1.1.1.1 Establish healthy settings	Divisions Wellness	115,000
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 Wellness	345,000
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	Wellness Divisions Health Protection (EHU)	402,500
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 RIDAMIT (HIU)	
1.1.1.10 Implementation of food and nutrition security programme	Wellness	230,000
1.1.1.11 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	Divisions Health Protection	632,500

<b>Output 1.1.2: Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.1.2.1. Submission of monthly CHW reports	Divisions Nursing	3,450,000
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	529,000

	Divisions	
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	92,000
1.1.3.2. Conduct community profiling	Divisions	
1.1.3.3. Public awareness campaign on LTDs through radio, TV ads and talkback shows	Communications Officer Divisions	
1.1.3.4. Contextualized communication based on targeted population		
1.1.3.5. Prevention and control of LTDs	Divisions	
1.1.3.6. Training of clinicians on early diagnosis, treatment and referral for LTDs	Hospitals Health Protection	
1.1.3.7. Implement Tuberculosis control activities to achieve strategic targets	Tamavua/ Twomey Hospital	402,500
1.1.3.8. Report new HIV cases	Family Health CSN – Obstetrics and Gynecology Paediatric	230,000
1.1.3.9. Early diagnosis and treatment for all HIV patients	Family Health Divisions	
1.1.3.10. Early diagnosis and treatment of STIs	Family Health Divisions Hospitals	
1.1.3.11. Early Diagnosis and treatment of Hepatitis B	Family Health Divisions Hospitals	
1.1.3.12. Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	Divisions Health Protection	
1.1.3.13. Prevention and control of vaccine preventable disease	Divisions Health Protection	
1.1.3.14. Implementation of COVID 19 activities through IMT	IMT Health Protection Divisions	



**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**

<b>Output 1.2.1: Improved maternal and neonatal health services, with an increased focus on health risk assessments</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
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	460,000
1.2.1.6. Audit of health facilities for Mental Health Gap Action Plan adherence		

<b>Output 1.2.2: Strengthened immunisation services and NCDs screening at maternal and child health clinics</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.2.1. Conduct childhood vaccination programme	Hospitals Divisions Family Health	287,500
1.2.2.2. Development of MCH policy for Fiji	Family Health	
1.2.2.3. Conduct training on MCH policy/training manual	Family Health	
1.2.2.4. NCD kits available in MCH clinics for screening of mothers	Divisions Wellness	

<b>Output 1.2.3: Improved breastfeeding and nutrition for children</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.3.1. Facilitate Internal and External Assessment and Reaccreditation processes on Baby Friendly Hospital Initiative (BFHI)	Hospitals Divisions Wellness	23,000
1.2.3.2. Strengthen infant and young child feeding (IYCF)	Family Health	

<b>Output 1.2.4: Strengthen Early Childhood Development (ECD)</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.4.1. Implementation of an ECD multisectoral policy.	Family Health	

<b>Output 1.2.5: Improved prevention, detection and diagnosis of childhood illnesses</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.5.1 Management of Rheumatic Heart Disease(RHD) cases at all health care levels	Divisions Wellness Hospitals Family Health	230,000
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	57,500
1.2.5.4 Implementation of dietetics and nutrition programme	Family Health	
1.2.5.5 Maintain functional IMCI activities at all health facilities	Divisions Family Health	402,500
1.2.5.6 Provision of TOT and refresher for IMCI at all level	Divisions Family Health	
1.2.5.7 Conduct internal audit for IMCI clinics Bi-annually at Sub divisional Level	Divisions Subdivisions	
1.2.5.8 Conduct external audit for IMCI clinics Annually at National Level	Family Health	

<b>Output 1.2.6: Strengthened adolescent health services</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.6.1. Review AHS training manual	Family Health	230,000
1.2.6.2. Conduct relevant AHS trainings		

<b>Output 1.2.7: Strengthened breast and cervical cancer prevention, screening and diagnosis</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.2.7.1. Conduct cervical cancer screening at health facilities and in communities	Divisions Family Health	287,500

### 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]	477,250
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]	230,000
1.3.1.7. Tobacco free settings established in communities	Divisions Health Protection [EHU]	230,000

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	2,013,833
1.3.2.2 Implementation of remote cold chain temperature monitoring at all EPI stations	Family Health Divisions Hospitals	
1.3.2.3 Development, digitalization and implementation of the supportive supervision tool for EPI	Family Health Divisions	

1.3.2.4 Accelerate vaccination efforts to Targeted population	Family Health Divisions	
1.3.2.5 Administration of booster dose to vulnerable priority groups in the communities	Divisions Hospitals	

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

<b>Output 1.4.1: Strengthen role of Fiji Emergency Medical Assistance Team (FEMAT) including disaster preparedness, management and resilience</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
1.4.1.1. Deploy FEMAT to support essential service delivery in areas of need	FEMAT	

<b>Output 1.4.2: Improvement in disaster preparedness and response to climate change effects</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
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	575,000
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	345,000
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 specialist curative services	Hospitals Divisions	281,750
2.2.1.2. Utilization of telehealth services	Hospitals Divisions RIDAM (Information Technology)	
2.2.1.3. Conduct clinical outreach utilising FEMAT	Hospitals Divisions	
2.2.1.4. Rehabilitation programme including outreach for rehabilitation	Tamavua/ Twomey Hospital	439,034

Output 2.2.2: Strengthen clinical management of priority NCDs		
Activities	Responsible	Budget
2.2.2.1. Conduct Package of Essential Noncommunicable disease (PEN) interventions	Divisions Wellness	14,026,450
2.2.2.2. Delivery of inpatient care services for NCD related admissions	Hospitals	

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	1,955,000

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

Output 2.3.1: Provision of standardized clinical services		
Activities	Responsible	Budget
2.3.1.1. Conduct IPC training for identified staff	Hospitals Divisions Patient Safety and Quality Nursing	

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 Patient Safety and Quality	
2.3.2.2. Establish national hospital acquired infection surveillance and response(control)		
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 Case Analysis (RCA) recommendations	Patient Safety and Quality	
2.3.2.6. Hospital identified infections from High risk organisms	Hospitals Divisions Patient Safety and Quality	

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. Establishment of Clinical Governance Command Center	Hospitals	
2.3.3.4. Establish Clinical Governance committee at each facility	Divisions Hospitals Patient Safety and Quality	
2.3.3.5. Implementation of staff safety on patient safety culture	Divisions Hospitals Patient Safety and Quality	

2.3.3.6. SDCC fully established and functional.	Divisions	
2.3.3.7. Initiate improvement of quality and safety standards at health facilities	Subdivisions	
2.3.3.8. Establish QI team at each facility	Divisions Hospitals FPBS HQ Programmes	
2.3.3.9. QI meetings conducted fortnightly	Hospitals Divisions Subdivisions	
2.3.3.10. Determine and prioritize potential areas for improvement	Hospitals Divisions Subdivisions	
2.3.3.11. Development of Outpatient Customer Escalated Engagement Plan at facility level	Hospitals Divisions Subdivisions	
2.3.3.12. Create awareness on 5S- KAIZEN	Patient Safety and Quality	
2.3.3.13. Establishment of bed block management system in the divisional hospital	Hospitals Patient Safety and Quality	

## 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 recognized 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 FPBS FCDC HQ	
3.1.1.2. Review HR Business processes and implement recommendations	Divisions 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	Human Resources Divisions Hospitals FPBS HQ	242,525,384
3.1.2.2. Efficient processing of vacant positions	Human Resources	
3.1.2.3. Processes established to address vacancies created by sudden resignations	Human Resources Divisions Hospitals FPBS HQ	
3.1.2.4. Submission of monthly P2P report to HQ	Human	



	Resources Divisions Hospitals FPBS HQ	
3.1.2.5. Tracking system established to identify and promptly fill vacancies	Human Resource Divisions Subdivisions	
3.1.2.6. Identify additional staff needs to enhance service delivery	Human Resource Divisions Subdivisions	
3.1.2.7. Review and align allied health establishment (Medical Imaging Technologist, Laboratory, Pharmacy, Health Inspectors)	Human Resources	
3.1.2.8. Review of HR needs at all Cost Centers.	Hospitals Divisions Human Resource Finance	
3.1.2.9. Review overtime based data and evidence to develop effective strategies	Cost Centres	
3.1.2.10. Performance assessment conducted in compliance with Transition Performance Management Guidelines	Human Resources Divisions Hospitals FPBS HQ	
3.1.2.11. Transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	Human Resources Divisions Hospitals FPBS HQ Nursing	
3.1.2.12. Analysis of exit questionnaire and report submitted	Human Resource	

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 <i>NTPC Grants Scheme 5</i> within the required timeframe	Human Resources Divisions Hospitals FPBS	1,646,498
3.1.3.2. Facilitate learning and development opportunities for all staff		

	HQ	
3.1.3.3. Coordinate and facilitate Continuing Professional Development[CPD] of Registered Nurses/Midwives and Nurse Practitioners	Nursing	126,500
3.1.3.4. Monitor compliance to Occupational Health & Safety	Divisions Hospitals Human Resources Finance and Asset Management	28,750

**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	68,932,872
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	89,700
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	20,530,988
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	52,396,847
3.3.3.2. Regular budget monitoring	Finance and Asset Management	
3.3.3.3. Conduct mid-term budget review	Finance and Asset Management	

3.3.3.4. Efficient processing of monthly allowance for CHW's	Finance CNMO Divisions	
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#### 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	19,606,810
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	Finance and Asset Management	
3.4.1.4. Utilization of minor works budget	Asset Management Unit Hospitals Divisions	3,450,000
3.4.1.5. Develop prioritized action plan based on needs for minor works and submit to AMU	Divisions Subdivisions	
3.4.1.6. Efficient processing of PO for minor works	Asset Management Unit	
3.4.1.7. Updating/ stocktaking health facilities to match functions	Cost Centres	
3.4.1.8. Submission of Monthly vehicle returns to AMU	Hospitals Divisions FPBS Asset Management Unit	
3.4.1.9. Updated fleet status report	Divisions Subdivisions	
3.4.1.10. Establish vehicle maintenance tracking system	Divisions Asset Management Unit	
3.4.1.11. 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	1,131,920
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	80,500
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. Facilitate health information and data management committee meeting		

Output 3.5.3: Strengthen research and innovation to support health systems strengthening		
Activities	Responsible	Budget
3.5.3.1 Increase awareness and training on operational research	Research, Innovation, Data Analysis and Management	11,500

### 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**

<b>Output 3.7.1: Strengthened partnerships with external stakeholders</b>		
<b>Activities</b>	<b>Responsible</b>	<b>Budget</b>
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	6,084,223
3.7.1.3. Strengthen process for donor engagement		
3.7.1.4. Board of Visitors (BOV's) tracking system in-placed.		

## 6.0 Outputs and Targeted Performance

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### 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.

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 overall strategy of integrated approach to public health and strengthening the continuum of care for patients will be further strengthened with more specific focus on primary health care and strengthening service delivery at all levels. There is renewed emphasis on Non-communicable diseases and ongoing focus on risk factor reduction across the NCD and Communicable Disease areas.

This Plan has outlined a number of activities under the respective areas; the achievement in these areas will be impacted by changing demands across and within the broader priority areas.

#### **Delivery of clinical services**

There will be a dual and integrated approach to service delivery with a focus on expanding reach and coverage, the facility based service delivery will continue to be strengthened supported by decentralization of services that will ensure that coverage is expanded in areas of need.

Decentralization of services from the main divisional hospitals has been a major strategy in strengthening service delivery at secondary and primary levels and ensuring services are provided closer to where people live. This is an area that will be further strengthened based on the service delivery needs and strengthened community engagement. More services are also being decentralized and operated through special outpatient departments (SOPDs) and general outpatient department (GOPDs) that are supported through community based partners.


#### **Health Systems Issues**

**Building back better and stronger remains a key initiative for health systems strengthening across our health service divisions**, we will continue to focus on strengthening existing systems, aligned to our service delivery priorities and changing demands.

System capacities in the areas of human resources (clinical workforce), infrastructure, medical products and technology as well as digital health, will continue to be strengthened and developed further. The governance systems will be further strengthened through expanding the functionality of Divisional Command Centers (DCC) and Sub-divisional Command Centers (SDCC).

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

Budget: \$11,932,583

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget (\$)
 <b>1.1 Reduce communicable and non-communicable disease prevalence, especially for vulnerable groups</b>	1.1.1 Preventative programmes targeting risk factors implemented	1.1.1.1 Establish healthy settings	<b>i1.</b> # of healthy settings established	>20	Divisions Wellness	End of 4th Quarter	115,000
		1.1.1.2 Conduct Health Promoting School audits in collaboration with Ministry of Education Heritage and Arts (MEHA)	<b>i2.</b> # of schools accredited through the HPS programme	>100	Divisions Wellness	End of 4th Quarter	
		1.1.1.3 Conduct health promotion activities	<b>i3.</b> % 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	<b>i4.</b> % of targeted age group made dentally fit	>50 %	Divisions Wellness	End of 4th Quarter	345,000
		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	402,500
		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 RIDAMIT (HIU)	Monthly	
		1.1.1.10 Implementation of food and nutrition security programme	i8. % of targeted activities conducted	80%	Wellness (NFNC)	End of 4th Quarter	230,000
		1.1.1.11 Conduct and enhance control and elimination activities for prioritized Communicable Diseases (CD) focusing on reduction to eliminate	i9. Incidence of Typhoid per 100,000	<30	Divisions Health Protection	End of 4th Quarter	632,500
			i10. Incidence of Leptospirosis per 100,000	<200		End of 4th Quarter	
			i11. Incidence of Dengue per 100,000	<350		End of 4th Quarter	
			i12. Prevalence of lymphatic filariasis	<1%		End of 4th Quarter	



			<b>i13.</b> 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 multidisciplin ary teams	1.1.2.1  Submission of monthly CHW reports	<b>i14.</b> % of active CHWs	80%	Divisions Nursing	End of 4th Quarter	3,450,000
		1.1.2.2 Roll out community engagement training with CHW	<b>i15.</b> % of scheduled trainings conducted	100 %	Divisions Nursing	End of 4th Quarter	
		1.1.2.3 Provisi on of integrated outreach services to the communities	<b>i16.</b> % coverage of scheduled outreach visits to the communities	>80 %	Hospitals Divisions	End of 4th Quarter	529,000
		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 Monito r seasonal LTD outbreaks and conduct community surveillance accordingly	<b>i17.</b> % of total LTD cases investigated and preventative measures implemented	>80 %	Divisions	End of 4th Quarter	92,000
		1.1.3.2 Conduc t community profiling					

		1.1.3.3 Public awareness campaign on LTDs through radio, TV ads and talkback shows	i18. # of public awareness campaigns conducted	>10	Communications Officer Divisions	End of 4 <sup>th</sup> quarter		
		1.1.3.4 Contextualized communication based on targeted population						
		1.1.3.5 Prevention and control of LTDs	i19. Case fatality rate for Dengue	<0.5 %	End of 4th Quarter	Divisions Hospitals Health Protection		
		1.1.3.6 Training of clinicians on early diagnosis, treatment and referral for LTDs	i20. Case fatality rate for Leptospirosis	<4%				
			i21. Case fatality rate for Typhoid	<1%				
			1.1.3.7 Implement Tuberculosis control activities to achieve strategic targets	i22. Tuberculosis treatment success rate	>80 %	Tamavua/ Twomey Hospital		End of 4th Quarter
		i23. Incidence of tuberculosis per 100,000 population	40	Tamavua/ Twomey Hospital	End of 4th Quarter			
		1.1.3.8 Report new HIV cases	i24. # of new Paediatric HIV cases reported	<15	Family Health CSN – Obstetrics and Gynecology Paediatric	End of 4th Quarter		230,000
			i25. # of new adult HIV cases reported	<300	Family Health Divisions			


		1.1.3.9 Early diagnosis and treatment for all HIV patients	i26. % of HIV patients on Antiretroviral (ARV) treatment	>80 %	Family Health Divisions	End of 4th Quarter	
			i27. % of HIV patients who are virally suppressed	>50 %			
		1.1.3.10 Early diagnosis and treatment of STIs	i28. # of congenital syphilis cases reported	<50	Family Health Divisions Hospitals	Quarterly	
			i29. # of syphilis cases reported	<100			
			i30. # of gonorrhea cases reported	<100			
		1.1.3.11 Early Diagnosis and treatment of Hepatitis B	i31. % of chronic hepatitis B patients on treatment	>80 %	Family Health Divisions Hospitals	End of 4th Quarter	
		1.1.3.12 Maintain and expand Early Warning, Alert and Response System (EWARS) at divisional and national level	i32. % completeness of EWARS surveillance report	>90 %	Divisions Health Protection	Weekly	
			i33. % timeliness of EWARS surveillance report	>80 %			
		1.1.3.13 Prevention and control of vaccine preventable disease	i34. Discarded non-measles rate	≥2 per 100,000 population	Divisions Health Protection	End of 4th Quarter	

		1.1.3.14 Implementation of COVID 19 activities	i35. % implementat ion of COVID 19 related planned activities	100 %	IMT Health Protection Divisions	Quarterly	
Outcome	Output	Activities	KPI	Targ et	Responsible	Timeframe	Budget (\$)
 <b>1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through prevention measures</b>	1.2.1 Impro ved maternal and neonatal health services, with an increased focus on health risk assessments	1.2.1.1 Bookin g access available at nursing stations and health centres levels	i36. % of pregnant women who receive antenatal care in their first trimester	35%	Divisions Hospitals	End of 4th Quarter	
		1.2.1.2	i37. % of women attending postnatal clinic after 1 week of delivery	80% for 1 wee k	Hospitals Divisions CSN -Obstetrics and Gynaecology	End of 4th Quarter	
		1.2.1.3 Strengt hen Postnatal Clinic Services					
		1.2.1.4 Postnat al checklist to be administered at all levels of care (down to nursing station)	i38. % of women attending postnatal clinic after 6 weeks of delivery	60% for 6 wee ks	Divisions	End of 4th Quarter	
		1.2.1.5 Detect, diagnose and refer high-risk cases early	i39. % of high risk maternal cases referred	>90 %	Hospitals Divisions CSN -Obstetrics and Gynaecology	End of 4th Quarter	
		1.2.1.6 Mental Health Gap Action Plan (mhGAP) capacity building and supervisory visits	i40. % of health facilities adhering to Mental Health Gap	>20 %	Divisions Wellness	End of 4th Quarter	460,000

		1.2.1.7 Audit of health facilities for Mental Health Gap Action Plan adherence	Action Plan Intervention				
	1.2.2 Strengthened immunisation services and NCDs screening at maternal and child health clinics	1.2.2.1 Conduct childhood vaccination programme	<b>i41.</b> Childhood vaccination coverage rate for all antigens	>95 %	Hospitals Divisions Family Health	End of 4th Quarter	287,500
		1.2.2.2 Development of MCH policy for Fiji	<b>i42.</b> Policy developed and endorsed for implementation	Policy in place	Family Health	End of 4th Quarter	
		1.2.2.3 Conduct training on MCH policy/training manual	<b>i43.</b> # of healthcare workers trained in MCH clinics	>20 %	Divisions Family Health	End of 4th Quarter	
		1.2.2.4 NCD kits available in MCH clinics for screening of mothers	<b>i44.</b> NCD kit in place	1 per MCH clinic	Divisions Wellness	End of 1st 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)	<b>i45.</b> % 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	23,000
		1.2.3.2 Strengthen infant and young	<b>i46.</b> % of children being exclusively	80%	Hospitals Divisions Wellness	End of 4th Quarter	


		child feeding (IYCF)	breastfed at 6 months				
	1.2.4 Strengthen Early Childhood Development (ECD)	1.2.4.1 Implementation of an ECD multisectoral policy	i47. Multisectoral ECD policy Implemented	>25	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	i48. % of acute rheumatic fever and rheumatic heart disease patients receiving ≥ 80% of secondary antibiotic prophylaxis	>50 %	Divisions Wellness Hospitals Family Health	End of 4th Quarter	230,000
		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	i49. # of Severe Acute Malnutrition admissions	<95	Hospitals Divisions Wellness	End of 4th Quarter	57,500
		1.2.5.4 Implementation of dietetics and nutrition programme	i50. % of targeted activities conducted	80%	Wellness (NFNC) Hospitals	End of 4th Quarter	
		1.2.5.5 Maintain functional IMCI activities at all health facilities	i51. % of health facilities adhering to IMCI guideline	50%	Divisions Family Health	End of 4th Quarter	402,500

		1.2.5.6 Provisi on of TOT and refresher for IMCI at all level	<b>i52.</b> # of trained IMCI supervisors / auditors  <b>i53.</b> % of trained IMCI officers at all Health facilities	40  40%	Divisions Family Health	End of 4th Quarter  End of 4th Quarter	
		1.2.5.7 Conduc t internal audit for IMCI clinics Bi-annually at Subdivisional Level	<b>i54.</b> # of functional standardized IMCI clinics	>60 %	Divisions Subdivisions	End of 4th Quarter	
		1.2.5.8 Conduc t external audit for IMCI clinics Annually at National Level	<b>i55.</b> # of functional standardized IMCI clinics	>60 %		End of 4th Quarter	
	1.2.6 Strengthene d adolescent health services	1.2.6.1 Review AHS training manual	<b>i56.</b> % of planned AHS activities implemented	100 %	Family Health	End of 4th Quarter	230,000
		1.2.6.2 Conduc t relevant AHS trainings					
	1.2.7 Strengthene d breast and cervical cancer prevention, screening and diagnosis	1.2.7.1 Conduc t cervical cancer screening at health facilities and in communities	<b>i57.</b> Cervical cancer screening coverage	>20 %	Divisions Family Health	End of 4th Quarter	287,500

Outcome	Output	Activities	KPI	Targ et	Responsible	Timeframe	Budget
 <b>1.3 Safeguard against environmental threats and public health emergencies</b>	1.3.1  Improvemen t in the effectiveness of environment al health service delivery	1.3.1.1  Development and implementation of Drinking Water Safety plan (DWSP) in communities	<b>i58.</b> % of rural sanitary district communities with improved Drinking Water Safety Plans	>50 %	Divisions Health Protection [EHU]	End of 4th Quarter	477,250
		1.3.1.2  Development and Implementation of Water, Sanitation and Hygiene (WASH) facilities in the communities within the 4 health divisions	<b>i59.</b> # 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 Auditin g of drinking water standards in villages / settlements	<b>i60.</b> # of water samples taken for water quality testing	10 per Divis ion	Divisions Health Protection [EHU]	End of 4th Quarter	
		1.3.1.5 Conduc t surveillance, prevention and control of vector born disease through Integrated Vector Management (IVM) program	<b>i61.</b> % 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 establishment grading	i62. % of food establishments meeting GHP requirements	85%	Health Protection [EHU]	End of 4th Quarter	230,000
			i63. % of high risk foods issued with health certificate for exports and health permit for imported foods	>95 %			
		1.3.1.7 Tobacco free settings established in communities	i64. # of communities declared Tobacco free setting (TFS)	9	Divisions Health Protection [EHU]	End of 4th Quarter	230,000
	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	2,013,833
		1.3.2.2 Implementation of remote cold chain temperature monitoring at all EPI stations	i66. All EPI stations installed with remote cold chain temperature monitoring	100 %	Family Health Divisions Hospitals	End of 4th Quarter	
		1.3.2.3 Development, digitalization and implementation of the supportive supervision tool for EPI	i67. Supportive supervision tool developed  i68. Supportive supervision	SS tool developed and digitalized	Family Health Divisions  Family Health Divisions	1 <sup>st</sup> Quarter  2 <sup>nd</sup> Quarter	


			tool digitalized				
		1.3.2.4 Accelerate vaccination efforts to Targeted population	<b>i69.</b> Vaccination of Covid-19 Pediatric Children  <b>i70.</b> Typhoid Vaccination in the Northern Division	40%  >80 %	Family Health Divisions  Family Health Divisions	End of 3rd Quarter  End of 1st Quarter	
		1.3.2.5 Administration of booster dose to vulnerable priority groups in the communities	<b>i71.</b> % of vulnerable population administered booster dose	>80 %	Divisions Hospitals	Quarterly	
Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget (\$)
 <b>1.4 Strengthen population-wide resilience to the climate crisis</b>	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	<b>i72.</b> # of FEMAT deployment to areas of need	>1	FEMAT	End of 4th Quarter	575,000
	1.4.2 Improvement in disaster preparedness and	1.4.2.1 Conduct assessment of healthcare facilities for Climate Resilience and	<b>i73.</b> % of HCFs assessed under the	20%	Health Protection (EHU)  HECC	End of 4th Quarter	

	response to climate change effects	Environmental Sustainability (CRESHCF)	CRESHCF Guidelines				
		1.4.2.2 Prepare concept proposals for prioritized vulnerable HCFs					

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

Budget: 17,047,234

Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget (\$)
 <p><b>2.1 Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups</b></p>	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	<b>i74.</b> Average % adherence to Mother Newborn Safe Hospital Initiative (MNSHI) standards in divisional and sub divisional hospitals	>60%	Hospitals Divisions CSN - Obstetrics and Gynecology Family Health	End of 4th Quarter	345,000
		2.1.1.2 Conduct biannual internal audits of sub divisional hospitals for MNSHI compliance					
 <p><b>2.2 Strengthen and decentralise effective clinical services, including rehabilitation,</b></p>	2.2.1 Increase access to effective treatment and specialist services	2.2.1.1 Decentralization of curative services from the Divisional hospitals	<b>i75.</b> % of targeted specialized services decentralized	100%	Hospitals	End of 4th Quarter	281,750
		2.2.1.2 Utilization of telehealth services	<b>i76.</b> # of services offered through telehealth	>1	Hospitals Divisions RIDAM (Information Technology)	End of 4th Quarter	

to meet the needs of the population		2.2.1.3 Conduct clinical outreach utilising FEMAT	<b>i77.</b> # 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	<b>i78.</b> % coverage of scheduled rehabilitation outreach visits	80%	Tamavua / Twomey Hospital	End of 4th Quarter	439,034
	2.2.2 Strengthen clinical management of priority NCDs	2.2.2.1 Conduct Package of Essential Noncommunicable disease (PEN) interventions	<b>i79.</b> 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	<b>i80.</b> Unplanned readmission within 28 days of discharge	<10%	Hospitals	End of 4th Quarter	14,026,450
	2.2.3 Efficient and effective referral system	2.2.3.1 Efficient management of overseas medical referral applications	<b>i81.</b> Average time for processing overseas medical referrals	<4 weeks	Overseas Medical Referral	End of 4th Quarter	1,955,000
 <b>2.3</b> <b>Continuously improve</b>	2.3.1 Provision of standardized clinical services	2.3.1.1 Conduct IPC training for identified staff	<b>i82.</b> % of identified staff trained	>80%	Hospitals Divisions Patient Safety and Quality Nursing	End of 4th Quarter	

patient safety, and the quality and value of services	2.3.2 Improved patient safety and reduced variation of care	2.3.2.1 Strengthen Infection Prevention and Control practice in all health service facilities	<b>i83.</b> Proportion of moments appropriately completed (using the 5 moments of Hand Hygiene Audit)	≥60%	Hospitals Patient Safety and Quality	End of 4th Quarter	
		2.3.2.2 Establish national hospital acquired infection surveillance and response(control)	<b>i84.</b> Surgical site infection : -Laparotomies -Open Reduction Internal Fixation -Caesarean	<5%	Hospitals Patient Safety and Quality	End of 4th Quarter	
			<b>i85.</b> Reduction in Hospital acquired infection	<20%	Hospitals Patient Safety and Quality	End of 4th Quarter	
		2.3.2.3 Conduct Infection Prevention and Control internal audits	<b>i86.</b> % adherence to IPC Policies and standards	>80%	Hospitals Divisions	End of 4th Quarter	
		2.3.2.4 Strengthen National Patient Safety Response in all health facilities	<b>i87.</b> % of Unusual Occurrence Reports (UOR) resolved within timeframe - Minor- 7-10days -Major – 28-35days	>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	<b>i88.</b> Proportion of Sentinel events with a completed RCA in 45 days	100%	Hospitals Divisions Patient Safety and Quality	End of 4th Quarter	
			<b>i89.</b> Proportion of RCA recommendation	80%	Hospitals Divisions Patient Safety	End of 4th Quarter	


			s completed in 3 months		and Quality		
		2.3.2.6 Hospital identified infections from High risk organisms	<b>i90.</b> Proportion of blood culture positive High Risk Organisms reported to IPC (MRO/MRSA/ESBL/CRO/SAB)	100%	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	2.3.3.1	Improve customer services and clinical service delivery at all health facilities	<b>i91.</b> % of inpatients and outpatients filling customer feedback survey	>5%	Hospitals Divisions Patient Safety and Quality Nursing	End of 4th Quarter	
	2.3.3.2	Efficient management of customer complaints through #157	<b>i92.</b> % of customer complaints resolved within predetermined resolution timeframes: - Minor 7-10 days - Major 28-35 days	≥80%	Divisions Hospitals Patient Safety and Quality	End of 4th Quarter	
	2.3.3.3	Establishment of Clinical Governance Command Center	<b>i93.</b> % of Clinical Governance Command Centers as fully functional	100%	Divisions Hospitals Patient Safety and Quality	6 monthly	
	2.3.3.4	Establish Clinical Governance committee at each facility	% of health facilities with active CG committees	>90%	Divisions Hospitals Patient Safety and Quality	End of 4th Quarter	
	2.3.3.5	Implementation of staff safety on	<b>i94.</b> % of staff completing survey	45%	Divisions Hospitals Patient Safety	End of 4th Quarter	

		patient safety culture			and Quality		
		2.3.3.6 SDCC fully established and functional.	<b>i95.</b> % of SDCC assessed as fully functional	100%	Divisions	End of 4th Quarter	
		2.3.3.7 Initiate improvement of quality and safety standards at health facilities	<b>i96.</b> # of quality improvement initiatives implemented	2 per facility	Divisions Hospitals FPBS HQ Programmes	End of 4th Quarter	
		2.3.3.8 Establish QI team at each facility	<b>i97.</b> % of health facilities with active QI team	100%	Hospitals Divisions Subdivisions	End of 4th Quarter	
		2.3.3.9 QI meetings conducted fortnightly	<b>i98.</b> % of QI meetings conducted	100%	Hospitals Divisions Subdivisions	Fortnightly	
		2.3.3.10 Determine and prioritize potential areas for improvement	<b>i99.</b> # of quality improvement activities conducted	>5	Hospitals Divisions Subdivisions	End of 4th Quarter	
		2.3.3.11 Development of Outpatient Customer Escalated Engagement Plan at facility level					
		2.3.3.12 Create awareness on 5S- KAIZEN	<b>i100.</b> 0% of scheduled training conducted	100%	Patient Safety and Quality	End of 4th Quarter	
		2.3.3.13 Establishment of bed block management system in the divisional hospital	<b>i101.</b> Bed block management system established	100%	Hospitals Patient Safety and Quality	End of 1st Quarter	



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


Budget: \$424,705,582


Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget (\$)
 <b>3.1 Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued</b>	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 delivery of services	<b>i102.</b> % of human resources policies and plans realigned and maintained	100%	Human Resources Divisions Hospitals FPBS Fiji CDC HQ	End of 4th Quarter	
		3.1.1.2 Review HR Business processes and implement recommendations	<b>i103.</b> % of recommendations implemented	100%	Human Resources	End of 4th Quarter	
		3.1.1.3 Process in place to address harassment and bullying at work	<b>i104.</b> 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	3.1.2.1 Timely recruitment and selection of staff to ensure all health facilities are adequately resourced	<b>i105.</b> Recruitment and selection process completed in accordance with OMRS policy, guidelines and	>85%	Human Resources Divisions Hospitals FPBS HQ Nursing	End of 4th Quarter	242,525,384


	engaged workforce		Job Evaluation & Remuneration Guideline				
		3.1.2.2 Efficient processing of vacant positions	<b>i106.</b> Vacant positions filled through EOI or advertisement	>80%		Monthly	
		3.1.2.3 Processes established to address vacancies created by sudden resignations	<b>i107.</b> Ratio of vacancies to establishment for nursing cadres	<10%		Quarterly	
		3.1.2.4 Submission of monthly P2P report to HQ	<b>i108.</b> Timely submission of monthly P2P reports	1 per month	Divisions Hospitals FPBS	Monthly	
		3.1.2.5 Tracking system established to identify and promptly fill vacancies	<b>i109.</b> Tracking system established	100%	Divisions Subdivisions	Monthly	
		3.1.2.6 Identify additional staff needs to enhance service delivery	<b>i110.</b> List of staff needs identified for surge capacity	List available by cadre	Human Resource Divisions Subdivisions	Ongoing	
		3.1.2.7 Review and align allied health establishment (Medical Imaging Technologist, Laboratory, Pharmacy,	<b>i111.</b> Allied health worker establishment updated	100%	Human Resources	End of 4th Quarter	

		Health Inspectors)					
		3.1.2.8 Review of HR needs at all Cost Centres.	<b>i112.</b> Submission made for additional enrolled nurse and medical orderly positions by Cost Centres	100%	Hospitals Divisions Human Resource Finance	End of 4th Quarter	
			<b>i113.</b> Submission made for additional corporate positions	100%			
			<b>i114.</b> Review of HR establishment in all Cost Centres (re-evaluate and revalue)	100%			
			<b>i115.</b> Submission made for additional allied health positions by Cost Centres	100%			
		3.1.2.9 Review overtime based data and evidence to develop effective strategies	<b>i116.</b> Trend analysis conducted at Cost Centre level	100%	Cost Centres	End of 4th Quarter	
		3.1.2.10 Performance assessment conducted in compliance with Transition Performance	<b>i117.</b> Performance assessment completed and submitted by the respective due dates	>80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	

		Management Guidelines					
		3.1.2.11 Transfer of staff effected to address staff shortage and to ensure efficient and effective health service delivery	<b>i118.</b> Staff transfer are processed in accordance with staff transfer guidelines	100%	Human Resources Divisions Hospitals FPBS HQ Nursing	End of 4th Quarter	
		3.1.2.12 Analysis of exit questionnaire and report submitted	<b>i119.</b> 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 <i>NTPC Grants Scheme 5</i> within the required timeframe	<b>i120.</b> Timely payment of NTPC Levy and submission of Grant Claims to NTPC	80%	Human Resources Divisions Hospitals FPBS HQ	End of 4th Quarter	1,646,498
		3.1.3.2 Facilitate learning and development opportunities for all staff	<b>i121.</b> % 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	
			<b>i122.</b> % of staff attend the required training	>80%	Human Resources Divisions Hospitals	Quarterly reports	


			programs and courses as per training needs.		FPBS HQ Nursing		
		3.1.3.3 Coordinate and facilitate Continuing Professional Development[C PD] of Registered Nurses/Midwives and Nurse Practitioners	<b>i123.</b> % of Registered Nurses/Midwives and Nurse Practitioners to attend the required trainings organized by the Fiji College of Nursing (FCN)	100%	Nursing	End of 4th Quarter	126,500
		3.1.3.4 Monitor compliance to Occupational Health & Safety	<b>i124.</b> % of facilities in compliance with Occupational Health & Safety requirements for certification	100%	Divisions Hospitals Human Resources Finance and Asset Management	End of 4th Quarter	28,750
<b>Outcome</b>	<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget (\$)</b>
 <b>3.2 Improve the efficiency of supply chain management and procurement</b>	3.2.1 Improved availability and accessibility to medical products	3.2.1.1 Maintain an effective supply chain management system	<b>i125.</b> Average % availability of tracer products in targeted facilities	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	68,932,872
		3.2.1.2 Rollout of supply chain management system	<b>i126.</b> Implementation of supply chain management system at targeted facilities	100%	Pharmaceutical and Biomedical Services	End of 4th Quarter	


ent systems, and maintenance of equipment		3.2.1.3 Reform of the Free Medicines Program	<b>i127.</b> 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	<b>i128.</b> Review recommendations implemented	>25%	Pharmaceutical and Biomedical Services	End of 4th Quarter	89,700
		3.2.2.2 Review and develop Pharmaceutical Sector Strategic Plan	<b>i129.</b> 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	<b>i130.</b> % of facilities having proper functional biomedical and dental equipment	>80%	Pharmaceutical and Biomedical Services	End of 4th Quarter	20,530,988
		3.2.3.2 Biomedical equipment aligned to service needs and new infrastructure development					
<b>Outcome</b>	<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget (\$)</b>
 <b>3.3 Implement more efficient financial processes</b>	3.3.2 Improved budget execution and financial performance	3.3.3.1 Collate budget execution data and rectify areas of high expenditure at facility level	<b>i131.</b> % execution of annual budget	>80%	Finance and Asset Management	End of 4th Quarter	52,396,847
		3.3.3.2 Regular budget monitoring	<b>i132.</b> Monthly reports on expenditure from Finance	Monthly report submitted	Finance and Asset Management	Monthly	


whilst reducing the financial hardship of the most vulnerable		3.3.3.3 Conduct mid-term budget review	<b>i133.</b> Review conducted	1	Finance and Asset Management	Annually	
		3.3.3.4 Efficient processing of monthly allowance for CHWs	<b>i134.</b> Timely remuneration of Community Health Workers	>90%	Finance Nursing Divisions	Monthly	
<b>Outcome</b>	<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget (\$)</b>
 <b>3.4 Ensure infrastructure is maintained to match service needs</b>	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	<b>i135.</b> % of health facilities upgraded as per requirement	>50%	Finance and Asset Management	End of 4th Quarter	19,606,810
		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	<b>i136.</b> Infrastructure audit conducted	1	Finance and Asset Management	End of 4th Quarter	
		3.4.1.4 Utilization of minor works budget	<b>i137.</b> % of minor works budget utilized	100%	Asset Management Unit Hospitals Divisions	End of 4th Quarter	3,450,000
		3.4.1.5 Develop prioritized action plan based on needs	<b>i138.</b> % completion of minor works plan	>80% completed	Divisions Subdivisions	Annually	

		for minor works and submit to AMU					
		3.4.1.6 Efficient processing of PO for minor works	<b>i139.</b> % of submission aligned to SOP	>80%	Asset Management Unit	End of 4th Quarter	
			<b>i140.</b> % of minor works submissions processed within 2 days	>90%	Asset Management Unit	End of 4th Quarter	
		3.4.1.7 Updating/ stocktaking health facilities to match functions	<b>i141.</b> Updated facility matrix/ updated maintenance plan available for all Cost Centres	100%	Cost Centres	End of 4th Quarter	
		3.4.1.8 Submission of Monthly vehicle returns to AMU	<b>i142.</b> Timely submission of vehicle returns	100%	Hospitals Divisions FPBS Asset Management Unit	Monthly	
		3.4.1.9 Updated fleet status report	<b>i143.</b> % of vehicles in working condition at any given time	>75%	Divisions Subdivisions	End of 4th Quarter	
		3.4.1.10 Establish vehicle maintenance tracking system	<b>i144.</b> Tracking system in place	1 per Division	Divisions Asset Management Unit	End of 4th Quarter	
		3.4.1.11 Strengthen regular Board of Survey (BOS)	<b>i145.</b> # 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 (\$)
 <b>3.5 Harness digital technologies to facilitate better health care for our patients</b>	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	<b>i146.</b> % of targeted govnet sites (health centres) using Health Information Systems	>90%	Information Technology	End of 4th Quarter	1,131,920
		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	<b>i147.</b> Average % of total discharges recorded in PATISplus system	90%	Hospitals RIDAMIT (HIU)	End of 4th Quarter	
		3.5.1.4 Improve birth data capture at divisional hospitals	<b>i148.</b> Average % of births recorded in PATISplus system	>75%	Hospitals RIDAM (HIU)	End of 4th Quarter	
	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	<b>i149.</b> Trainings conducted	2 Divisional trainings	Research, Innovation, Data Analysis and Management	End of 4th Quarter	80,500
		3.5.2.2 Conduct supervisory visits and data verification audit					
		3.5.2.3 Training for International Classification of	<b>i150.</b> # of training conducted	2 Divisional trainings	Research, Innovation, Data Analysis	End of 4th Quarter	

		Diseases(ICD) coding			and Management		
		3.5.2.4 Regular training for Medical Cause of Death Certificate					
		3.5.2.5 Facilitate health information and data management committee meeting	i151. # of meetings conducted	2 National meeting	Research, Innovation, Data Analysis and Management	End of 4th Quarter	
	3.5.3 Strengthen research and innovation to support health systems strengthening	3.5.3.1 Increase awareness and training on operational research	i152. Research training conducted	Training conducted in 3 Divisions (Central/ Western / Northern)	Research, Innovation, Data Analysis and Management	End of 4th Quarter	11,500
Outcome	Output	Activities	KPI	Target	Responsible	Timeframe	Budget
 <p><b>3.6 Continue to strengthen planning and governance throughout the MHMS</b></p>	3.6.1 Plans and policies reviewed and updated	3.6.1.1 Review identified existing policies	i153. # 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	i154. # of cabinet papers submitted to cabinet in accordance with standards	>10	Heads Executive Support	End of 4th Quarter	
<b>Outcome</b>	<b>Output</b>	<b>Activities</b>	<b>KPI</b>	<b>Target</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Budget (\$)</b>
 <b>3.7 Wide in our collaboration with partners for a more efficient, quality, innovative and productive health system</b>	3.7.1 Strengthened partnerships with external stakeholders	3.7.1.1 Effective utilization of donor funds	i155. % of allocated funds utilised	>90%	All Heads	End of 4th Quarter	
		3.7.1.2 Engagement of CSOs for effective delivery of identified services	i156. % utilisation of CSO grants	100%	Finance and Asset Management Heads	End of 4th Quarter	6,084,223
		3.7.1.3 Strengthen process for donor engagement	i157. Donor registration completed	100%			
			i158. # of DPC meetings conducted	4			
		3.7.1.4 Board of Visitors (BOV's) tracking system in-placed.	i159. Tracking system in place	100%			

## 7.0 Annexes

### 7.1 Capital Works

Strategic Priority	SE G No	Project	Planned Completion date	Total Budget	1 <sup>st</sup> QTR	2 <sup>nd</sup> QTR	3 <sup>rd</sup> QTR	4 <sup>th</sup> QTR
				\$	\$	\$	\$	\$

<b>Priority Area 3</b>	8	Upgrading and Maintenance of Urban Hospitals and Institutional Qtrs.-R	Jul-24	<b>1,872,400</b>	100,000	500,000	400,000	872,400
	8	Construction of Walkway-CWM Hospital-R	Jul-24	<b>1,000,000</b>	0	0	300,000	700,000
	8	Upgrade and Maintenance of Sub-Divisional Hospitals, Health Centres and Nursing Stations-R	Jul-24	<b>2,000,000</b>	50,000	150,000	1,000,000	800,000
	8	Refurbishment of Savusavu Hospital -R	Jul-24	<b>250,000</b>	0	50,000	100,000	100,000
	8	Upgrade of Labasa Hospital (Interior)-R	Jul-24	<b>5,000,000</b>	1,250,000	1,250,000	12,500,000	1,250,000
	8	Construction of New Rehabilitation Hospital-Tamavua-R	Jul-24	<b>1,500,000</b>	250,000	1,000,000	250,000	0
	8	Construction of New Rehabilitation Hospital-Tamavua-R	Jul-24	<b>1,500,000</b>	250,000	1,000,000	250,000	0
<b>Priority Area 3</b>	9	ICT Infrastructure and Networking	Jul-24	<b>816,564</b>	300,000	516,564	0	0
	9	Purchase of Equipment for Urban Hospitals	Jul-24	<b>2,700,000</b>	540,000	900,000	1,010,000	250,000
	9	Purchase of Equipment for Sub-Divisional Hospitals,	Jul-24	<b>1,322,000</b>	270,000	650,000	252,000	150,000

		health Centres and Nursing Stations						
	9	Dental Equipment Urban & Sub- divisional Hospital	Jul-24	<b>1,209,965</b>	403,322	403,322	403,321	0
	9	Biomedical Equipment Urban & Sub- divisional Hospital	Jul-24	<b>12,308,029</b>	4,102,676	4,102,676	4,102,677	0

## 7.2 Budget Cash Flow Forecast

Outcome	Output	Budget	Total	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> QTR.
<b>Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups</b>	Output 1.1.1 Preventative programmes targeting risk factors implemented	1,725,000		384,449	280,851	486,486	573,214
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	3,979,000		886,796	647,830	1,122,160	1,322,214
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	724,500		161,469	117,957	204,324	240,750
<b>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</b>	Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	460,000		102,520	74,894	129,729	152,857
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	287,500		64,075	46,809	81,081	95,536
	Output 1.2.3 Improved breastfeeding and nutrition for children	23,000		5,126	3,745	6,486	7,643
	Output 1.2.4 Strengthen Early Childhood Development (ECD)	0		0	0	0	0
	Output 1.2.5 Improved prevention, detection and diagnosis of childhood illnesses	690,000		153,780	112,340	194,594	229,286
	Output 1.2.6 Strengthened adolescent health services	230,000		51,260	37,447	64,865	76,429
	Output 1.2.7 Strengthened breast and cervical cancer prevention, screening and diagnosis	287,500		64,075	46,809	81,081	95,536

<b>Outcome 1.3 Safeguard against environmental threats and public health emergencies</b>	Output 1.3.1 Improvement in the effectiveness of environmental health service delivery	<b>937,250</b>	208,884	152,596	264,324	311,446
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies	<b>2,013,833</b>	448,821	327,877	567,942	669,193
<b>Outcome 1.4 Strengthen population-wide resilience to the climate crisis</b>	Output 1.4.1 Strengthened role of Fiji Emergency Medical Assistance Team(FEMAT)	<b>0</b>	0	0	0	0
	Output 1.4.2 Strengthen the collaborative approaches between relevant stakeholders for effective resource and information usage	<b>0</b>	0	0	0	0
	Output 1.4.3 Enhance disaster preparedness, management and resilience	<b>575,000</b>	128,150	93,617	162,162	191,071
<b>Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups</b>	Output 2.1.1 Increased access to maternal and child health services based on population needs	<b>345,000</b>	76,890	56,170	97,297	114,643
<b>Outcome 2.2 Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population</b>	Output 2.2.1 Increase access to effective treatment and specialist services	<b>720,784</b>	160,640	117,353	203,276	239,515
	Output 2.2.2 Strengthen clinical management of priority NCDs	<b>14,026,450</b>	3,126,060	2,283,678	3,955,749	4,660,963
	Output 2.2.3 Efficient and effective referral system	<b>1,955,000</b>	435,709	318,298	551,350	649,643
<b>Outcome 2.3 Continuously improve patient safety, and the quality and value of services</b>	Output 2.3.1 Provision of standardised clinical services	<b>0</b>	0	0	0	0
	Output 2.3.2 Improved patient safety and reduced variation of care	<b>0</b>	0	0	0	0
	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	<b>0</b>	0	0	0	0

<b>Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued</b>	Output 3.1.1 Implement plans and policies to manage the workforce and working environment	0	0	0	0	0
	Output 3.1.2 Attract, select, recruit, retain and empower the right people to create a diverse, inclusive and engaged workforce	4 242,525,38	54,051,383	39,486,102	68,397,167	80,590,733
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	1,675,248	373,361	272,751	472,454	556,682
<b>Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment</b>	Output 3.2.1 Improved availability and accessibility to medical products	68,932,872	15,362,998	11,223,115	19,440,493	22,906,265
	Output 3.2.2 Quality assurance processes for all medical supplies established	89,700	19,991	14,604	25,297	29,807
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	20,530,988	4,575,720	3,342,696	5,790,163	6,822,409
<b>Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable</b>	Output 3.3.1 Strengthened financial controls and processes at cost centres	0	0	0	0	0
	Output 3.3.2 Improved budget execution and financial performance	52,523,347	11,705,824	8,551,444	14,812,669	17,453,410
	Output 3.3.3 Improved procurement and contract management processes	0	0	0	0	0
	Output 3.3.4 Health financing strategy and the national health accounts developed	0	0	0	0	0



<b>Outcome 3.4. Ensure infrastructure is maintained to match service needs</b>	Output 3.4.1 Infrastructure upgraded based on needs	<b>23,056,810</b>	5,138,648	3,753,931	6,502,497	7,661,735
	Output 3.4.2 Affordable aesthetic solutions implemented	<b>0</b>	0	0	0	0
<b>Outcome 3.5 Harness digital technologies to facilitate better health care for our patients</b>	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	<b>1,131,920</b>	252,270	184,290	319,225	376,135
	Output 3.5.2 Training and support provided for using information systems	<b>80,500</b>	17,941	13,106	22,703	26,750
	Output 3.5.3 Strengthen research and innovation to support health systems strengthening	<b>11,500</b>	2,563	1,872	3,243	3,821
<b>Outcome 3.6 Continue to strengthen planning and governance throughout the MHMS</b>	Output 3.6.1 Plans and policies reviewed and updated	<b>0</b>	0	0	0	0
	Output 3.6.2 Governance structures improved across the MHMS	<b>0</b>	0	0	0	0
	Output 3.6.3 Effective MEL system established	<b>0</b>	0	0	0	0
<b>Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system</b>	Output 3.7.1 Strengthened collaboration with other line ministries	<b>0</b>	0	0	0	0
	Output 3.7.2 Strengthened partnerships with external stakeholders	<b>6,084,223</b>	1,355,985	990,586	1,715,877	2,021,776
<b>COVID-19 Emergency Response Project (World Bank)</b>		8,063,091	1,797,013	1,312,770	2,273,958	2,679,350
<b>TOTAL</b>		<b>0 453,685,40</b>	<b>101,112,398</b>	<b>73,865,538</b>	<b>127,948,652</b>	<b>150,758,812</b>

## 7.3 Budget and Overheads

Outcome	Output	SEG1	SEG2	SEG3	SEG4	SEG5	SEG6	SEG7	SEG8	SEG9	SEG10	Total Budget
<b>Outcome 1.1. Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups</b>	Output 1.1.1 Preventative programmes targeting risk factors implemented		-	-	-	1,322,500	-	402,500	-		-	<b>1,725,000</b>
	Output 1.1.2 Strengthen the integrated approach to preventive initiatives in communities through multidisciplinary teams	-	-	-	-	-	-	3,979,000	-		-	<b>3,979,000</b>
	Output 1.1.3 Strengthen surveillance, case detection and diagnosis for CDs and NCDs	-	-	-	-	322,000	-	402,500	-		-	<b>724,500</b>
<b>Outcome 1.2 Improve the physical and mental well-being of all citizens, with particular focus on women, children and young people through</b>	Output 1.2.1 Improved maternal and neonatal health services, with an increased focus on health risk assessments	-	-	-	-	57,500	-	402,500	-	-		<b>460,000</b>

prevention measures												
	Output 1.2.2 Strengthened immunisation services and NCDs screening at MCH clinics	-	-	-	-	-	-	287,500				287,500
	Output 1.2.3 Improved breastfeeding and nutrition for children	-	-	-	-	-	-	23,000				23,000
	Output 1.2.4 Strengthen Early Childhood Development (ECD)											
	Output 1.2.5 Improved prevention, detection and diagnosis of childhood illnesses	-	-	-	-	230,000	-	460,000				690,000
	Output 1.2.6 Strengthened adolescent health services	-	-	-	-	-	-	230,000				230,000
	Output 1.2.7 Strengthened breast and cervical cancer prevention, screening and diagnosis	-	-	-	-	-	-	287,500				287,500

<b>Outcome 1.3 Safeguard against environmental threats and public health emergencies</b>	Output 1.3.1 Improvement in the effectiveness of environmental health service delivery	-	-	-	-	937,250	-	-	-	-	-	<b>937,250</b>
	Output 1.3.2 Strengthen preparedness and resilience to public health emergencies		-	-	-	115,000	-	1,898,833				<b>2,013,833</b>
<b>Outcome 1.4 Strengthen population- wide resilience to the climate crisis</b>	Output 1.4.1 Strengthened role of Fiji Emergency Medical Assistance Team(FEMAT)	-	-	-	-	-	-	-	-	-	-	-
	Output 1.4.2 Strengthen the collaborative approaches between relevant stakeholders for effective resource and information usage		-	-	-	-	-	-	-	-	-	-
	Output 1.4.3 Enhance disaster preparedness, management and resilience	-	-	-	-	575,000	-					<b>575,000</b>
<b>Outcome 2.1. Improve patient health outcomes, with a particular focus on services for women, children,</b>	Output 2.1.1 Increased access to maternal and child health services based on population needs	-	-	-	-	-	-	345,000	-	-	-	<b>345,000</b>

young people and vulnerable groups												
	0	-	-	-	-	-	-	-	-	-	-	-
<b>Outcome 2.2 Strengthen and decentralize effective clinical services, including rehabilitation, to meet the needs of the population</b>	Output 2.2.1 Increase access to effective treatment and specialist services	-	-	-	-	138,000	-	582,784	-	-	-	<b>720,784</b>
	Output 2.2.2 Strengthen clinical management of priority NCDs	-	-	460,000		10,951,450		115,000			2,500,000	<b>14,026,450</b>
	Output 2.2.3 Efficient and effective referral system	-	-	1,955,000	-	-	-	-	-	-	-	<b>1,955,000</b>
<b>Outcome 2.3 Continuously improve patient safety, and the quality and value of services</b>	Output 2.3.1 Provision of standardized clinical services	-	-	-	-	-	-	-	-	-	-	-
	Output 2.3.2 Improved patient safety and reduced variation of care	-	-	-	-	-	-	-	-	-	-	-

	Output 2.3.3 Improved quality and value of services by improving efficiency and reducing wastage	-	-	-	-	-	-	-	-	-	-	-
<b>Outcome 3.1. Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued</b>	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	221,415,371	21,110,013						-	-	-	242,525,384
	Output 3.1.3 Provide opportunities for professional development to achieve a more engaged, skilled and satisfied workforce	-	-	-	-	1,646,498	-	28,750	-	-	-	1,675,248
<b>Outcome 3.2. Improve the efficiency of supply chain management and procurement systems, and</b>	Output 3.2.1 Improved availability and assessability to medical products	-	-	-	-	68,932,872	-	-	-	-	-	68,932,872

maintenance of equipment												
	Output 3.2.2 Quality assurance processes for all medical supplies established	-	-	-	-	89,700	-	-	-	-	-	89,700
	Output 3.2.3 Improved functionality of biomedical & dental equipment in health facilities	-	-	-	4,985,295	-	-	-	-	15,545,693	-	20,530,988
<b>Outcome 3.3. Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable</b>	Output 3.3.1 Strengthened financial controls and processes at cost centres	-	-	-	-	-	-	-	-	-	-	-
	Output 3.3.2 Improved budget execution and financial performance	-	-	6,538,522	19,745,730	25,854,846	91,000	293,250	-	-	-	52,523,347
	Output 3.3.3 Improved procurement and contract management processes	-	-	-	-	-	-	-	-	-	-	-

	Output 3.3.4 Health financing strategy and the national health accounts developed	-	-	-	-	-	-	-	-	-	-	-
<b>Outcome 3.4. Ensure infrastructure is maintained to match service needs</b>	Output 3.4.1 Infrastructure upgraded based on needs	-	-	-	-	5,065,750	-	-	17,991,060		-	<b>23,056,810</b>
	Output 3.4.2 Affordable aesthetic solutions implemented	-	-	-	-	-	-	-	-	-	-	-
<b>Outcome 3.5 Harness digital technologies to facilitate better health care for our patients</b>	Output 3.5.1 Improved accessibility to and completeness of patient information (including specialist information)	-	-	-	-	1,131,920	-	-	-		-	<b>1,131,920</b>
	Output 3.5.2 Training and support provided for using information systems	-	-	-	-	-	-	80,500	-		-	<b>80,500</b>
	Output 3.5.3 Strengthen research and innovation to support health systems strengthening	-	-	-	-	-	-	11,500	-	-	-	<b>11,500</b>
<b>Outcome 3.6 Continue to strengthen planning and governance</b>	Output 3.6.1 Plans and policies reviewed and updated	-	-	-	-	-	-	-	-	-	-	-



throughout the MHMS												
	Output 3.6.2 Governance structures improved across the MHMS	-	-	-	-	-	-	-	-	-	-	-
	Output 3.6.3 Effective MEL system established	-	-	-	-	-	-	-	-	-	-	-
<b>Outcome 3.7. Widen our collaboration with partners for a more efficient, innovative and higher-quality health system</b>	Output 3.7.1 Strengthened collaboration with other line ministries	-	-	-	-	-	-	-	-	-	-	-
	Output 3.7.2 Strengthened partnerships with external stakeholders	-	-	-	-	-	6,000,000	84,223	-	-	-	6,084,223
<b>COVID-19 Emergency Response Project (World Bank)</b>	COVID-19 Emergency Response Project (World Bank)	-	-	-	-	-		963,091	-	-	7,100,000	8,063,091
												-
<b>TOTAL</b>		<b>221,415,371</b>	<b>21,110,013</b>	<b>8,953,522</b>	<b>24,731,025</b>	<b>117,370,285</b>	<b>6,091,000</b>	<b>10,877,431</b>	<b>17,991,060</b>	<b>15,545,693</b>	<b>9,600,000</b>	<b>453,685,400</b>

# Acronyms

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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 Death 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



