MINISTRY of HEALTH & MEDICAL SERVICES

*Shaping Fiji's Health*

# ANNUAL CORPORATE PLAN 2016/2017

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# 1. Minister's Foreword

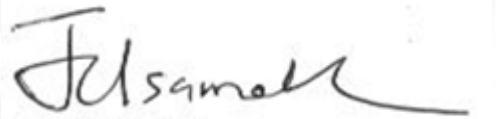
The Ministry's National Strategic Plan (NSP) 2016-2020 is currently being operationalized this year through the Annual Corporate Plan (ACP) 2016. It is anticipated that this ACP 2016/2017 will further assist in effectively implementing the Ministry's mission of empowering the people of Fiji to take ownership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

The NSP 2016-2020 is based on the above vision and mission which is adequately aligned to the Sustainable Development Goal (SDG), of "ensuring healthy lives and promoting well-being for all at all ages". The ACP 2016/2017, objectives and indicators are therefore also aligned to the SDG's. People need to be empowered to take care of their health including their, physical and mental health and well-being.

We are therefore promoting the Wellness Approach to health i.e. working towards keeping healthy people healthy whilst improving accessibility to quality healthcare for all. We fully support the objective of "leaving no one behind" by adequately responding to the health needs of the people of Fiji. The Ministry will fully utilise the budget we have been given to deliver quality health services in 2016/2017.

The Ministry has made progress in 2015 and will work towards sustaining this whilst focusing on further improving service delivery; this will be supported through health systems strengthening initiatives. There was some set-back during the earlier part of 2016 due to the aftermath of the Tropical Cyclone Winston, but the Ministry has managed to get back to normal operations as well as work towards further improving service delivery.

The Ministry will be further advocating the "Wellness Approach to Health" and will work towards incorporating "Health in all Policies" as health is a "cross-cutting" issue and a collaborative approach is needed to achieve our goal of a healthy population.



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

## 2. Permanent Secretary's Statement

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

The Ministry has faced some challenges during the first half of 2016 due to the aftermath of Tropical Cyclone Winston, and it was imperative to realistically review our progress so far before developing the ACP 2016/2017.The Ministry will continue focusing on continuously improving service delivery under broad priority areas such as Non-Communicable Diseases, Maternal & Child Health and Communicable Diseases including environmental health and disaster preparedness.

We will build on the progress made in terms of health indicators over the years in the above areas. Service delivery will be further supported through expanding primary health care services, improving continuum of care and improving quality and safety standards at health facilities.

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

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

I would like to thank everyone involved in the development of the ACP 2016/2017.

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

## 3. Abbreviations

| | |
|---|---|
| AMU | Asset Management Unit |
| CD | Communicable Disease |
| CPR | Contraceptive Prevalence Rate |
| CSN | Clinical Service Network |
| DFPBS | Director Fiji Pharmaceutical and Biomedical Services |
| DHIRA | Director Health Information Research and Analysis |
| DHR | Director Human Resources |
| DMO | Divisional Medical Officer |
| DNS | Director Nursing Services |
| DPPDU | Director Planning and Policy Development Unit |
| DSAF | Deputy Secretary Administration and Finance |
| DSLO | Disaster Support Liaising Officer |
| DSHS | Deputy Secretary Hospital Services |
| DSPH | Deputy Secretary for Public Health |
| EH | Environment Health |
| FH | Family Health |
| FHSSP | Fiji Health Sector Support Program |
| FPBS | Fiji Pharmaceutical & Biomedical Services |
| GNI | Gross National Income |
| HI | Health Inspector |
| HIU | Health Information Unit |
| HIV | Human Immunodeficiency Virus |
| ICU | Intensive Care Unit |
| IMCI | Integrated Management of Child illness |
| M&E | Monitoring & Evaluation |
| MH | Mental Health |
| mhGAP | Mental Health Gap Action Programme |
| MoHMS | Ministry of Health and Medical Services |
| MS | Medical Superintendent |
| NAs | National Advisors |
| NA CD | National Advisor Communicable Disease |
| NA EH | National Advisor Environmental Health |
| NA FH | National Advisor Family Health |
| NA MH | National Advisor Mental Health |
| NA NCD | National Advisor Non Communicable Diseases |
| NA Nut | National Advisor Nutrition |
| NA OH | National Advisor Oral Health |
| NCD | Non Communicable Diseases |
| OH | Oral Health |
| PAO NHA | Principal Accounts Officer National Health Accounts |
| RHD | Rheumatic Heart Diseases |
| SDGs | Sustainable Development Goals |
| SDMO | Sub Divisional Medical Officer |
| STI | Sexual Transmitted Infection |
| TB | Tuberculosis |

# 4. Corporate Profile

## 4.1 Guiding Principles

### Vision
A healthy population

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

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

## General Principles

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

## Role and Function of the Ministry

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

The Ministry of Health and Medical Services commits to ensure accessible, equitable and affordable health services to all citizens of Fiji without discrimination.

### a. Hospital Services

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

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

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

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

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

Hospital Services is the focal point for Ministry of Health and Medical Services to liaise with other NGO groups such as the Fiji Cancer Society, Kidney Foundation of Fiji and the St. John Ambulance. Hospital Services has become the coordinating link for the provision of specialized services offered by the aforementioned groups.
Services that have been outsourced for better results and provision of efficient services to the customers are the Ambulance Services, Hospital Cleaning and Security Services and Colonial War Memorial and Lautoka Hospital's Mortuary services.

### b. Public Health Services

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

#### Wellness Centre

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

#### Family Health

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

#### Communicable Diseases (CD)

Some of the core functions of Communicable Disease program are:

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

#### Environmental Health (EH)

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

### Dietetics and Nutrition

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

### Oral Health

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

## c. Regulatory Functions

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

### Legislated Regulatory Bodies

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

## d. Policy Functions

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

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

## e. Support Services Functions

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

There are seven (7) units under the Division of Administration and Finance that implement, monitor and evaluate the support services of the Ministry.
The role of the Finance Accounts Unit is to monitor that goods and services are efficiently delivered on time as per the agreed budget.

The Asset Management Unit provides support for physical assets such as vehicle fleet, boats, Board of Survey, Infrastructure maintenance, Capital projects and Capital Purchases.
The Human Resources (OHS/IR) role is to meet legislative requirements and provide advice and monitoring for a safe and healthy workplace for all staff, patients and visitors within any MoHMS facility. It also monitors and responds to issues relating to industrial or workplace relations particularly in cases of disciplinary proceedings.

Human Resources (Personnel) Unit is responsible for managing processes relating to leave entitlements, resignations, retirements, certificate of service, transfers and allowance, extension of relieving appointments, secondment, Annual Performance Assessment and reactivation of salary.
The role of Human Resources, Post Processing Unit (PPU) is to manage and ensure that a functional workforce is maintained within the Ministry. It manages all areas of engagement of new staff and tracking of current staff to fill vacancies.

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

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

### f. Health Information Research and Analysis Division

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

## 4.2 Functions of the Permanent Secretary

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

(a) responsible to the Minister of Health and Medical Services for the efficient, effective and economical management of the Ministry of Health and Medical Services ;

(b) have the authority to appoint, remove and institute disciplinary action against all staff of the Ministry of Health and Medical Services with the agreement of the Minister; to determine all matters pertaining to the employment of all staff of the Ministry of Health and Medical Services , with the agreement of the Minister, including:

i. terms and conditions of employment;

ii. qualification requirements for appointment and the process to be followed for appointment which must be open, transparent and competitive selection based on merit;

iii. salaries, benefits and allowances payable in accordance with the approved budget;

iv. total establishment or the total number of staff that are required to be appointed in accordance with the approved budget

## 4.3 Legislative Framework

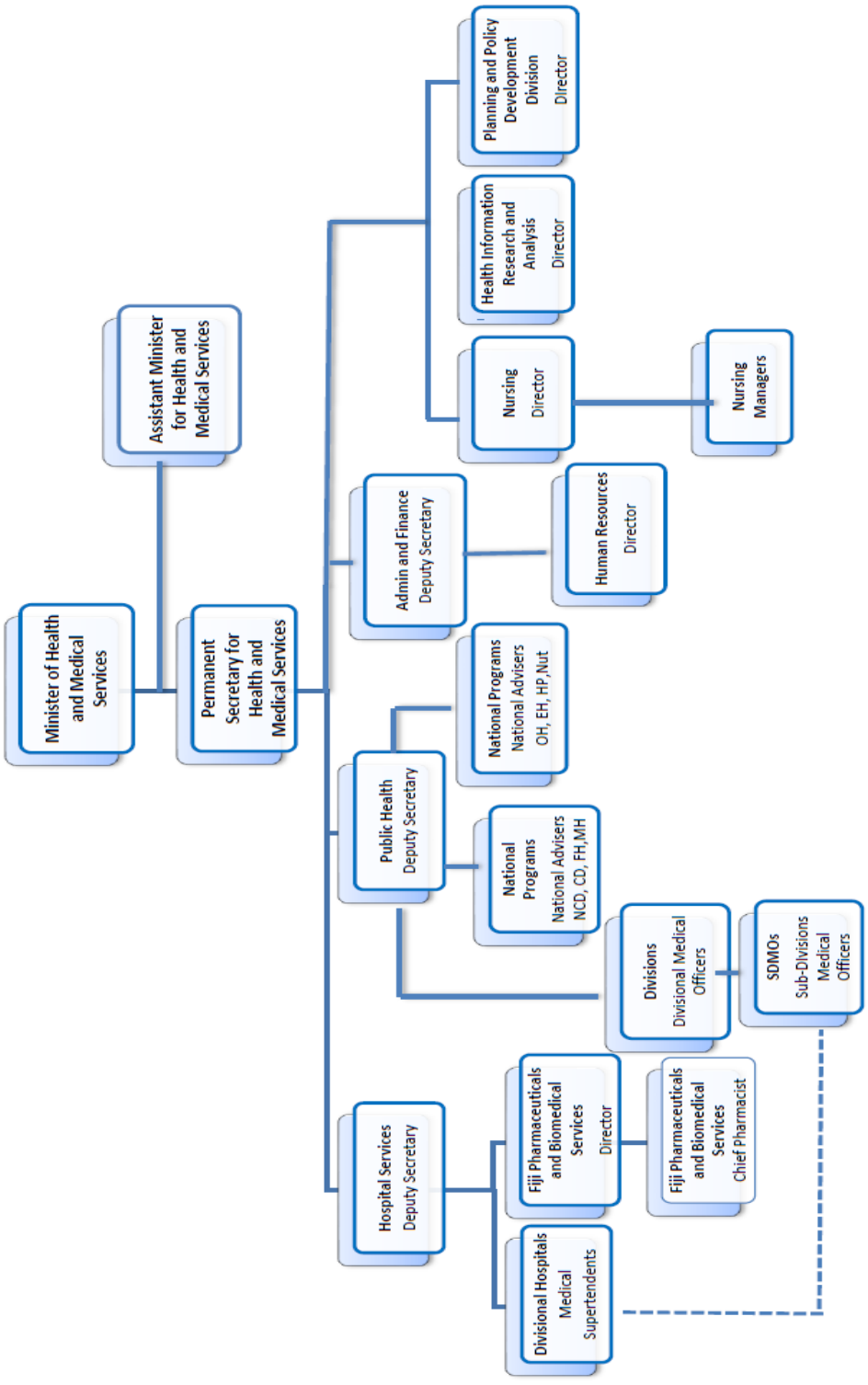
The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

**Table A: Legislative Framework**

| No | Description |
|---|---|
| 1 | Constitution of the Republic of Fiji 2013 |
| 2 | Fiji National Provident Fund Decree 2011 |
| 3 | Fiji Procurement Act 2010 |
| 4 | Financial Administration Decree 2009 |
| 5 | Financial Instructions 2005 |
| 6 | Financial Management Act 2004 |
| 7 | Financial Manual 2014 |
| 8 | Occupational Health and Safety at Work Act 1996 |
| 9 | Ambulance Services Decree 2010 |
| 10 | Allied Health Practitioners Decree 2011 |
| 11 | Animals (Control of Experiments) Act (Cap.161) |
| 12 | Burial and Cremation Act (Cap.117) |
| 13 | Child Welfare Decree 2010 |
| 14 | Child Welfare (Amendment) Decree 2013 |
| 15 | Food Safety Act 2003 |
| 16 | HIV/AIDS Decree 2011 |
| 16 | HIV/AIDS (Amendment) Decree 2011 |
| 17 | Illicit Drugs Control Act 2004 |
| 18 | Marketing Controls (Food for Infants and Children) Regulation 2010 |
| 19 | Medical Imaging Technologist Decree 2009 |
| 20 | Medical and Dental Practitioner Decree 2010 |
| 21 | Medical and Dental Practitioners (Amendment) Decree 2014 |
| 22 | Medical Assistants Act (Cap.113) |
| 23 | Medicinal Products Decree 2011 |
| 24 | Mental Health Decree 2010 |
| 25 | Nurses Decree 2011 |
| 26 | Pharmacy Profession Decree 2011 |
| 27 | Private Hospitals Act (Cap. 256A) |
| 29 | *Public Health Act (Cap. 111) |
| 31 | Public Hospitals & Dispensaries Act (Cap 110) |
| 32 | Public Hospitals & Dispensaries (Amendment) Regulations 2012 |
| 33 | Optometrist and Dispensing Optician Decree 2012 |
| 34 | *Quarantine Act (Cap. 112) |
| 35 | Quarantine (Amendment) Decree 2010 |
| 36 | Radiation Health Decree 2009 |
| 37 | Tobacco Control Decree 2010 |
| 38 | Tobacco Control Regulation 2012 |
| 39 | The Food Safety Regulation 2009 |
| 40 | The Food Establishment Grading Regulation 2011 |

**currently under review*

## 5. Organisation Structure



## 6. Linkage of SDGs and Ministry Outcomes

Table 1: Linkage of Outcomes with SDGs Targeted Outcomes

| Key Pillar(s) | Targeted Outcome (Goal/Policy Objective – SDG) | Outcome Performance Indicators or Measures (Key Performance Indicators - SDG) | Ministry of Health and Medical Services Outputs |
|---|---|---|---|
| **Improving Health Service Delivery** | Provide quality preventive, curative and rehabilitative health services responding to the needs of the Fijian population including vulnerable groups such as children, adolescents, pregnant women, elderly, those with disabilities and the disadvantaged | Premature mortality less than 70 years due to NCDs | Priority Area 1 : Non Communicable Disease |
| | | Prevalence of overweight/obesity in primary school children | Priority Area 1 : Non Communicable Disease |
| | | Prevalence of tobacco use amongst adults age 18+ years | Priority Area 1 : Non Communicable Disease |
| | | Alcohol per capita consumption aged 15 years and older | Priority Area 1 : Non Communicable Disease |
| | | Death rate due to road traffic injuries | Priority Area 1 : Non Communicable Disease |
| | | Cervical cancer screening coverage rate | Priority Area 1 : Non Communicable Disease |
| | | Suicide rate per 100,000 population | Priority Area 1 : Non Communicable Disease |
| | | Maternal mortality ratio reduced to less than 70 per 100,000. | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Percentage of pregnant women who receive ANC in their first trimester | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Percentage of pregnant women with at least 4 ANC visits at term | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Child mortality rate under 5 years maintained at 25 per 1000 live Births (SDG). | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Neonatal mortality rate as low as 12 per 1,000 live births | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Percentage of childhood vaccination coverage rate for all antigens | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Incidence of HIV infection (# of new cases) | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Percentage of 1 year-old children immunized against measles | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Number of admissions for Severe Acute Malnutrition | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Contraceptive prevalence rate among population of child bearing age | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Adolescent birth rate per 1,000 girls aged 10 to 19 | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Proportion of births attended by skilled health personal | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Prevalence of stunting and wasting in children under 5 years of age | Priority Area 2: Maternal, infant, child and adolescent health |
| | | Percentage of infants who are exclusively breast fed at 6 | Priority Area 2: Maternal, infant, child and adolescent health |

| Key Pillar(s) | Targeted Outcome (Goal/Policy Objective – SDG) | Outcome Performance Indicators or Measures (Key Performance Indicators - SDG) | Ministry of Health and Medical Services Outputs |
|---|---|---|---|
| | | months | |
| | | Neglected Tropical Disease (NTD) incidence rate | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Incidence of TB | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Percentage of rural Local Authority communities with Water Safety Management Plans | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Hepatitis B incidence per 100,000 population | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Average Capability Level (CL) for all International Health Regulation (IHR) core capacity requirements at Ports of Entry | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | Improve the performance of the health system in meeting the needs of the population, including effectiveness, efficiency, equitable access, accountability, and sustainability | Ratio of health professionals to population (MDs, nurse midwives, nurses) | Priority Area 5: Human Resource |
| | | Percentage of children under 5 whose births have been registered with civil authority, disaggregated by age | Priority Area 6: Evidence- based policy, planning, implementation and assessment |
| | | Number of facilities with essential medicines in stock (proxy indicator for tracer products) | Priority Area 7: Medical products, equipment and infrastructure |
| | | Percentage of population with access to affordable essential drugs and commodities on a sustainable basis | Priority Area 7: Medical products, equipment and infrastructure |
| | | General government expenditure on health as a proportion of general government expenditure (GGHE/GGE) | Priority Area 8: Sustainable Financing |
| **Ensuring Effective, Enlightened and Accountable Leadership** | **Gender Equality** | Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels | Priority Area 6: Evidence-based policy, planning, implementation and assessment |
| | **Social Inclusion** | Ratio of household out-of-pocket (OOP) payments for health relative to current health expenditure (CHE) | Priority Area 8: Sustainable Financing |

| Key Pillar(s) | Targeted Outcome (Goal/Policy Objective – SDG) | Outcome Performance Indicators or Measures (Key Performance Indicators - SDG) | Ministry of Health and Medical Services Outputs |
|---|---|---|---|
| Enhancing Public sector efficiency, performance effectiveness and service delivery | Public Sector Reforms | To extend the opening hours at health centres, hospitals and government pharmacies to provide Fijians with better and more convenient medical services. | Priority Area 7: Medical products, equipment and infrastructure |
| Reducing Poverty | Poverty Reduction | Provide free all medicine prescribed by a doctor and currently under price control for all Fijians who earn less than $20,000 a year. This includes medicines for Non Communicable Diseases. | Priority Area 7: Medical products, equipment and infrastructure |
| | | Provide land and funding to Fiji National University to establish a world class Tertiary Hospital in Lautoka to be run in collaboration with the university's Medical College. This Hospital will provide advanced medical and surgical procedures to Fijians, available overseas, free medical procedures for retirees and household earning less than $20,000. | Priority Area 7: Medical products, equipment and infrastructure |
| Climate Change | Climate Change | Percentage of population using safely managed water services, by urban/rural | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |
| | | Access to clean sufficient water, and protection from water borne illnesses | Priority Area 3: CD, EH, and health emergency preparedness, response & resilience |

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

### Table 2: Outcomes, Strategies and Key Performance Indicators

| **Priority Area 1:** NCDs, including nutrition, mental health, and injuries<br>**Budget:** $59,071,451 | | | | |
|---|---|---|---|---|
| **General Objective** | **Responsibility** | **Indicators** | **Baseline(Year)** | **2016/2017 Target** |
| 1.1: To promote population health and reduce premature morbidity and mortality due to NCDs as part of a whole-of-society approach to wellness and well-being | NA NCD<br>Medical CSN | **g1.** Premature mortality due to NCDs | 68.2 % (2014)<br>(less than age 70) | 63.5 % |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 1.1.1 Reduce key lifestyle risk factors among the population | NA NCD<br>NFNC<br>NA DN<br>NA OH | **i1.** Prevalence of overweight/obesity in primary school children | 19% (2013) | 13.4% |
| | | **i2.** # of 8 year old(Year 3) made dentally fit | TBC 2016 | 10% |
| | | **i3.** # of wellness setting based at community level | TBC 2016 | 16 Wellness Settings at Community level(4 per division) |
| 1.1.2 Early detection, risk assessment, behaviour change counselling, clinical management, and rehabilitation for targeted NCDs | NA NCD<br>CSN Surgical<br>CSN O&G<br>FHSSP | **i4.** Amputation rate for diabetic foot sepsis (lower limb) | 17% (2015) | 15.6% |
| | | **i5.** Average % adherence to minimum standards for implementation of the Package of Essential NCD Services (PEN) among SOPDs at Health Centres | 0% (2014) | 24% |
| | | **i6.** Cervical cancer screening coverage rate | 6% (2015) | >11% |
| 1.1.3 Integrate mental health services within primary health care in all facilities | NA NCD<br>NA MH<br>MS St. Giles<br>DNS<br>DSPH<br>DSHS | **i7.** Suicide rate per 100,000 population | 9.8 (2013) | <9 |
| | | **i8.** # of cases of intentional self-harm, not including suicide | 203 (2014) | 182 |
| | | **i9.** Re-admission rate for mental illness within 28 days of discharge | 77.3 (2015) | <70 |
| | | **i10.** % of health facilities adhering to the mhGAP Intervention Guide | 0% (2014) | 18% |
| 1.1.4 Improve national reporting on injuries due to violence, domestic abuse and traffic accidents | DSHS<br>DHIRA | **i11.** Consistency of national reporting on all injuries. | Not established | Annual report circulated |

| **Priority Area 2:** Maternal, infant, child and adolescent health<br>**Budget:** $34,048,128 | | | | |
|---|---|---|---|---|
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.1: Timely, safe, appropriate and effective health services before, during, and after childbirth | NA FH Obstetrics CSN | **g2.** Number of maternal deaths | 6(2015) | <8 |
| | | **g3.** Perinatal mortality rate per 1,000 total births | 12.7 (2015) | <12 |
| | | **g4.** Prevalence of anaemia in pregnancy at booking | 32.4% (2015) | 28.8% |
| | | **g5.** % of live births with low birth weight | 4.9% (2015) | <5% |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.1.1 Increase antenatal care coverage with an emphasis on early booking | NA FH Obstetrics CSN | **i12.** % of pregnant women who receive ANC in their first trimester | 21.8% (2015) | 31.8% |
| | | **i13.** % of pregnant women with at least 4 ANC visits at term | 48.2% (2014) | 52% |
| 2.1.2 Improve obstetric care with a focus on adherence to key clinical practice standards | NA FH Obstetrics CSN FHSSP | **i14.** Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in divisional hospitals | 61% (2015) | 65% |
| | | **i15.** Average % adherence to Mother Safe Hospital Initiative (MSHI) standards in subdivisional hospitals | 51% (2015) | 54.8% |
| 2.1.3 Expand coverage of postnatal care services for mothers and newborns | NA FH Obstetrics CSN | **i16.** % of women attending postnatal clinic 1 week after delivery (includes mothers check-up at MCH) | TBC 2016 | 58% |
| | | **i17.** % of women attending postnatal clinic after 6 weeks of delivery | 65.2% (2015) | >66% |
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.2: All infants and children have access to quality preventive and curative paediatric and nutritional services | Paediatric CSN | **g6.** Infant mortality rate per 1,000 live births | 12.6 (2015) | <12 |
| | | **g7.** Under 5 mortality rate per 1,000 live births | 16.6 (2015) | <15.2 |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.2.1 Expand neonatal and infant healthcare, including community risk detection and referral | Paediatric CSN | **i18.** Neonatal mortality rate per 1,000 live births | 6.8 (2015) | <6.6 |
| | | **i19.** % of infant deaths that occur outside of facilities | 30% (2012) | 24% |
| 2.2.2 Maintain high level of coverage for | NA FH FHSSP | **i20.** Childhood vaccination coverage rate for all | 90% (2014) | ≥90% |

| | | | | |
|---|---|---|---|---|
| immunization services including new antigens | | antigens | | |
| 2.2.3 Reduction of malnutrition through breastfeeding promotion and nutritional support | NA DN<br>Paediatric CSN<br>NFNC | **i21.** # of admissions for Severe Acute Malnutrition | 124 (2015) | 100 |
| | | **i22.** % of children at well-baby clinics below standard growth rates | TBC 2016 | 20% |
| | | **i23.** % of children being exclusively breastfed at 6 months | Pop:56% (2015) | Pop: 61% |
| | | **i24.** % of divisional and sub-divisional hospitals reaccredited as meeting Baby Friendly Hospital Initiative (BFHI) standards | Not Available | Divisional – 1/3<br>Sub divisional – 7/16 |
| 2.2.4 Improve prevention and management of childhood illness, including emergency care | NA NCD<br>NA FH<br>Paediatric CSN<br>RHD prevention and control program<br>FHSSP | **i25.** % of primary school students screened for rheumatic heart disease | 27.3% (2015) | 32% |
| | | **i26.** Average % adherence to IMCI guidelines in health facilities | TBC 2016 | >50% |
| | | **i27.** Average % adherence to WHO Pocket book of hospital care for children guidelines in subdivisional hospitals | 47% (2014) | 55.4% |
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.3: Expand services to address the needs of adolescents and youth | NA FH<br>Obstetrics CSN | **g8.** Adolescent birth rate per 1,000 girls aged 10 to 19 | 15.1% (2015) | 15.9% |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 2.3.1 Expand provision of preventive and clinical services to include 13-19 year olds | NA FH<br>NA NCD | **i28.** Number of secondary schools classified as Health Promoting Schools | 18 | 26 |
| | | **i29.** HPV vaccination coverage rate among Class 8 girls | 92.2% (2014) | 93.4% |
| 2.3.2 Expand availability and coverage of Youth-Friendly Health Services targeting youth ages 15-24 | NA FH | **i30.** # of Youth-Friendly centres meeting the minimum Youth-Friendly Health Services (YFHS) standards | 3 (2014) | 5 |
| | | **i31.** Contraceptive prevalence rate (CPR) amongst population of child bearing age | 38.3% (2015) | >40% |
| **Priority Area 3:** Communicable disease, environmental health, and health emergency preparedness, response & | | | | |

| | | | | |
|---|---|---|---|---|
| resilience<br><br>**Budget:** $30,561,271 | | | | |
| **General Objective 3.1**: Multi-sectoral risk management and resilience for communicable diseases, health emergencies, and climate change | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 3.1.1 Improve effectiveness of environmental risk reduction for communicable diseases | NA EH<br>NA CD | **i32.** # and % of rural Local Authority communities with Water Safety Management Plans | 35 of 5,300 (0.7%) (2014) | 64 of 5,300 [1.2%] |
| | | **i33.** % of restaurants within rural Local Authorities graded A, B, or C for food safety standards | 70% (2014) | ≥60% |
| | | **i34.** % of high risk communities in rural Local Authority areas meeting vector surveillance standards | 83% (2014) | ≥87% |
| | | **i35.** % of rural Local Authorities adequately enforcing legislation related to pollution control (Garbage by-Laws) | 2/16 (12.5%) | ≥15% |
| 3.1.2 Enhance national health emergency and disaster preparedness, management and resilience | DSLO<br>NA EH<br>NA CD<br>AMU | **i36.** # of targeted subdivisions and hospitals meeting minimum standards for disaster preparedness and response | 3 divisional hospitals<br>16 subdivisional hospitals | 3 divisional hospitals<br>2 specialist hospitals<br>16 subdivisional hospitals |
| | | **i37.** Avg. Capability Level (CL) for all International Health Regulation (IHR) core capacity requirements at Ports of Entry | TBC 2016 | ≥CL0.5 |
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 3.2: Improved case detection and coordinated response for communicable diseases | NA CD<br>MS Tamavua<br>National TB Control Officer<br>NA FH<br>DMOs | **g9.** Case fatality rate for leptospirosis | 12.5% (2014) | 9.6% |
| | | **g10.** Case fatality rate for typhoid | 3.5% (2014) | 2.5% |
| | | **g11.** Case fatality rate for dengue fever | 0.8% (2014) | 0.7% |
| | | **g12.** Total number of confirmed HIV cases | 610 (2014) | ≤724 |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 3.2.1 Strengthen CD surveillance through integration of reporting processes and systems | NA CD | **i38.** Average % of routine reports received on time from the National Notifiable Disease Surveillance System | 97% (2014) | 97.4% |
| | | **i39.** Average % of routine | 80% (2014) | 90% |

| | | | | |
|---|---|---|---|---|
| | | syndromic surveillance reports received on time | | |
| | | **i40.** Average % of routine hospital-based active surveillance reports received on time | 100% (2014) | 100% |
| | | **i41.** Average % of routine laboratory confirmed surveillance reports received on time | 39% (2014) | 57% |
| | | **i42.** % timeliness and completeness of IB-VPD surveillance reports, including zero-reports and sample collection | 30% (2014) | 53% |
| | | **i43.** % timeliness and completeness of RV surveillance reports, including zero-reports and sample collection | 50% (2014) | 61% |
| 3.2.2 Improved prevention, case detection, and treatment of targeted communicable diseases<br><br>**Emphasis Area:**<br><br>Trachoma<br>Leptospirosis Typhoid<br>Dengue<br>Leprosy TB<br>HIV | NA CD<br>MS Tamavua<br>DMOs<br>NA FH<br>National TB Control Officer | **i44.** Incidence of leptospirosis per 100,000 population | 17.16 (2015) | 15 |
| | | **i45.** Total number of confirmed Paediatric HIV cases. | 9 (2015) | <4 |
| | | **i46.** Incidence of typhoid per 100,000 population | 34.4 (2013-2015) | <32 |
| | | **i47.** Typhoid admission ratio (# admissions/# confirmed cases) | 0.41 (2015) | ≤0.40 |
| | | **i48.** Incidence of dengue fever per 100,000 population | 246 (2013-2015) | 80 |
| | | **i49.** Incidence of leprosy per 100,000 population | 0.2 per 100,000 population (2015) | <1 per 100,000 |
| | | **i50.** Prevalence of lymphatic filiariasis | >1% (2014) | <1% |
| | | **i51.** Incidence of measles per 100,000 population | 0 (2015) | 0 |
| | | **i52.** Case Notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases | 39 (2014) | 48 |
| | | **i53.** Incidence of tuberculosis per 100,000 population | 67 (2014) | 65 |

| | | | | |
|---|---|---|---|---|
| | | **i54.** Tuberculosis treatment success rate | 86% (2014 cohort) | 87% |
| | | **i55.** Tuberculosis mortality rate per 100,000 population | 4.7 (2014) | 4.1 |
| | | **i56.** Number of new cases of HIV | 64 (2014) | 51 |
| **Priority Area 4:** Primary health care, with an emphasis on continuum of care and improved quality and safety<br>**Budget:** $20,223,768 | | | | |
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 4.1 Strengthen primary care and improve continuum of care for patients | DS HS<br>DMOs<br>MSs<br>DHIRA | **g13.** Number of outpatient department visits per 10,000 population per year | TBC 2016 | TBC in 2016 |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 4.1.1 Improve accessibility of primary health care services in urban, rural and remote areas | DS HS<br>DS PH<br>DMOs | **i57.** # of targeted government health facilities with extended operating hours daily, disaggregated by type and division | Central- 7/7 HC (Maintain)<br>Western – 1/5 SD (2015) | Central- 7/7 HC (Maintain)<br>Western – 2/5 SD<br>Northern- 1 |
| 4.1.2 Extend primary care service coverage through effective partnerships with communities | DNS<br>FHSSP | **i58.** # and % of active community health workers trained in CHW Core Competencies | 830 [53%] (2014) | 1230 [78%] |
| | | **i59.** Ratio of zone nurses to population (1:5000 population) | TBC 2016 | 30% of Nursing catchment with over 5,000 pop. |
| **General Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 4.2 Continuous monitoring and improvement of quality standards<br>**Emphasis Area:** 5S, TQM, KAIZEN | DS HS<br>MS | **g14.** Intensive care unit hand hygiene rate | >90% (2015) | ≥90% |
| | | **g15.** Surgical site infection rate for Caesarian section in divisional hospitals (proxy indicator for infection control) | 3.57%- CWMH<br>4.74% - Lautoka Hosp.<br>4.85%- Labasa Hosp.<br>(2015) | 8.4% |
| | | **g16.** Acute myocardial infarction (AMI) in-hospital mortality rate (proxy indicator for service quality | 9.2% (2015) | <9% |
| | | **g17.** Unplanned readmission rate within 28 days of discharge (proxy indicator for service quality) | 1.3%- CWMH<br>1.93%- Labasa Hosp.<br>0.63%- Lautoka Hosp.<br>(2015) | <10% |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 4.2.1 Establish a systematic quality improvement process in all government | MS<br>DMO<br>SDMO<br>Lab Supert. | **i60.** % of public hospitals and health centres audited at least annually against IMCI guidelines | 0% (2014) | 32% |

| | | | | |
|---|---|---|---|---|
| health facilities | | **i61.** Average compliance rate of Laboratories based on the Laboratory Quality Management System (LQMS) | ≥75% (2015) | 80% |
| | | **i62.** % of SOPDs audited at least annually against Diabetes Management Guidelines | 0% (2014) | 32% |
| | | **i63.** Average Patient satisfaction survey rating, disaggregated by facility | 87% - Labasa Hosp.<br>72% - Lautoka Hosp. (2015) | 86% |
| **Priority Area 5:** Productive, motivated health workforce with a focus on patient rights and customer satisfaction<br>**Budget:** $99,271,100 | | | | |
| **General Objective 5.1:** Motivated, qualified, customer-focused health workforce that is responsive to population health needs | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 5.1.1 Assess workforce needs for all MoHMS cadres and facilities on an annual basis | DHR<br>DNS<br>NA OH<br>DS PH<br>DS HS<br>DSAF | **i64.** Ratio of doctors per 10,000 population | 8.2 (2015) | 8.7 |
| | | **i65.** Ratio of nurses per 10,000 population | 30.7 (2015) | 32.6 |
| | | **i66.** Ratio of midwives per 10,000 population | 3.5 (2015) | 4 |
| | | **i67.** Ratio of allied health workers per 10,000 population by cadre | Physio- 0.4<br>Dieticians- 0.8<br>Lab – 1.9<br>HI- 1.4<br>Radiology: 0.98<br>Pharmacy:1<br>Biomed: 0.22 | Physio- 0.4<br>Dieticians- 0.8<br>Lab – 1.9<br>HI- 1.4<br>Radiology:0.98<br>Pharmacy:1<br>Biomed: 0.22 |
| | | **i68.** Ratio of dentists and dental therapists per 10,000 population | 1.9 (2015) | 1.9 |
| | | **i69.** Workload Indicator of Staffing Needs (WISN) assessment completed/updated annually | 1st WISN done in 2014 | WISN updated annually |
| 5.1.2 Efficiently recruit and deploy qualified health workers based on service need | DHR | **i70.** Average recruitment time | >16wks (2013) | <12 wks |
| | | **i71.** Ratio of vacancies to establishment for nursing cadres | 5.7% (2015) | <4% |
| 5.1.3 Promote a healthy, safe, and | DHR<br>DSAF | **i72.** # of divisional facilities in compliance with | 4/6 [67%] (2015) | 5/6 [83%] |

| | | | | |
|---|---|---|---|---|
| supportive work environment to improve workforce satisfaction | DS PH<br>DS HS | Occupational Health & Safety requirements for certification | | |
| | | **i73.** # of subdivisional facilities in compliance with Occupational Health & Safety requirements for certification | 3/19 [16%] (2015) | 5/19 [26%] |
| | | **i74.** % of regulated clinical workforce with annual practicing licence | TBC 2016 | 100 % (2020) |
| | | **i75.** Workforce attrition rate, by cadre | 1.9% nurses<br>2.6% doctors<br>(2014) | <2% nurses<br><5% doctors |
| **Priority Area 6:** Evidence-based policy, planning, implementation and assessment<br>**Budget:** $695,000 | | | | |
| **General Objective 6.1:** Planning and budgeting are based on sound evidence and consider cost-effectiveness | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 6.1.1 Establish and apply standards for evidence-based policy and planning | DPPDU | **i76.** # of national policies developed and endorsed | 9 (2015) | 8 |
| | | **i77.** Policy and Planning sub-score within Policy, Planning and Budgeting Index | Develop in 2016 | PPBI developed |
| | | **i78.** Gender Mainstreaming Implementation plan (GMIP) | Develop in 2016 | GMIP developed |
| | ESU | **i79.** # of Cabinet papers submitted by MoHMS | 11 (2015) | 15 |
| **General Objective 6.2:** Health information systems provide relevant, accurate information to the right people at the right time | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline(Year)** | **2016/2017 Target** |
| 6.2.1 Expand coverage of electronic patient management information systems in facilities | DHIRA | **i80.** # and % of hospitals using a fully functional PATISplus system | 7 [13%] (2015) | 19 [83%] 23 total (3 DH, 2 SH, 18 SDH) Target: 19/23 Excludes: Lakeba, Lomaloma, Ba, Rotuma |
| | | **i81.** Average % of admissions recorded in PATISplus system | 30% (2014) | >60% |
| | | **i82.** Average % of discharges recorded in PATISplus system | 94% (2014) | >90% |
| | | **i83.** Average % of births recorded in PATISplus system | 6% (2014) | 75% ~(15,000/20,000) |

| | | | | |
|---|---|---|---|---|
| 6.2.2 Improve consistency of key national health data and statistics with partner institutions | DHIRA<br>HIU | **i84.** % of MoHMS mortality records coded and submitted to the Fiji Bureau of Statistics | 0% (2014) | 100% |
| **General Objective 6.3:** Results-based monitoring & evaluation as a driver for organizational decision-making and behaviour change | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 6.3.1 Establish unit-level M&E standards to improve performance and accountability | DHIRA | **i85.** % of MoHMS national-level indicators that have complete, accurate metadata | 69% (2015)<br>33% (2016) | 100% |
| 6.3.2 Integrate surveys and applied research into MoHMS annual planning cycle | DHIRA | **i86.** Targeted research plan to fill in key MoHMS knowledge gaps, prepared and updated annually | Develop plan in 2015 | Update annually |
| **Priority Area 7:** Medicinal products, equipment & infrastructure<br>**Budget:** $94,482 | | | | |
| **General Objective 7.1:** Quality medicinal products are rationally used and readily accessible to the public | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 7.1.1 Establish functional supply chain management system to improve medicinal product availability | DFPBS | **i87.** # of targeted facilities that stock 100% of tracer products at time of reporting (over 3 months period) | 33%(2013) | 50% |
| | | **i88.** Stock wastage due to expiry as a % of the medicines budget | <3% (2014) | <3% |
| 7.1.2 Standardize the quality of imported and distributed medicinal products | DFPBS | **i89.** % of imported medicinal products recorded in the Fiji Medicinal Products Register | 0% (2014) | 40% |
| 7.1.3 Regular evaluation of medicinal products use | DFPBS | **i90.** Assessment rating for rational use of medicines | TBC 2016 | 3 Audits |
| **General Objective 7.2:** Ensure availability of essential biomedical equipment at facilities | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 7.2.1 Maintenance plans to improve functionality and longevity of biomedical equipment | DFPBS | **i91.** Average % of core medical equipment that is functional | TBC 2016 | ≥75% |

| **General Objective 7.3:** Infrastructure planned based on service standards for operational and population needs | | | | |
|---|---|---|---|---|
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 7.3.1 New and existing facilities based on updated role delineation and service engineering standards | DPPDU<br>DSAF<br>DHR<br>AMU | **i92.** Develop comprehensive health services plan at the national level and for all four divisions | 2 Division Plans | 3 divisions |
| 7.3.2 Infrastructure & equipment maintenance plans for all facilities to ensure operational safety | DSAF<br>AMU | **i93.** % of total capital works budget allocated to maintenance | 9.6% (2015) | 8.9%* |
| **Priority Area 8:** Sustainable financing<br>**Budget:** $50,000 | | | | |
| **General Objective 8.1:** Improve financial sustainability, equity and efficiency | | | | |
| **Specific Objective** | **Responsibility** | **Indicators** | **Baseline (Year)** | **2016/2017 Target** |
| 8.1.1 Expand evidence base and analytical capacity for strategic health financing | DPPDU<br>PAO NHA<br>DSAF | **i94.** National Health Accounts (NHA) estimation completed annually to address strategic health financing policy questions | 2013-2014 NHA | 2015 NHA |
| 8.1.2 Develop an appropriate health financing strategy (model) | PAO NHA<br>PPDU | **i95.** Costed plan for health financing assessments to address key policy issues and updated annually | Develop plan in 2016 | Update annually |

**Extracted from 2016/2017 budget allocation*

## 8. Human Resources Deliverables

### Table 3: Human Resource Deliverables and Indicators

| HR DELIVERABLES | STRATEGIES | KEY PERFORMANCE INDICATORS (KPI) | TIMELINE | RESPONSIBLE DIVISION |
|---|---|---|---|---|
| **1: Human Resources Management and Development** | | | | |
| Appointment and Discipline | Monitoring and Review of Policy implementation and compliance | Policy Implementation<br><br>Appointment Report | Report submitted bi-annually<br><br>Report submitted bi-annually | Human Resource |
| | Compliance with Values and Code of Conduct | Disciplinary Report | Report submitted bi-annually | Human Resource |
| Staff Development | Alignment of Organizational and People objective; Formulation, implementation, monitoring and review | Strategic Workforce Plan – Review<br>Succession Plan - Review | 2 Plans reviewed and submitted by 31st October 2016 | Human Resource |
| | Effective HR Planning and Development | Implementation, monitoring and review report | Reports submitted bi-annually | Human Resource |
| | Learning and Development Plan (LDP) | Revised LDP | Revised LDP by 31st July 2017 | Human Resource Training |
| | | Training Policy | Due 31st July 2017 | |
| | | Training Plan | Due 31st July 2017 | |
| Human Resource Management | Compilation and standardisation of Human Resources Management Procedures | Review of HR Manual | Manual reviewed by 31st October 2016 | Human Resource |
| Terms and Conditions of Employment (TCE) | Report on changes in the TCE | No of policy developed in relation to TCE | Report submitted bi-annually | Human Resource |
| Salaries, benefits and allowances | Report on changes to salaries, benefits and allowances | No of policy developed in relation to salaries, benefits and allowances | Report submitted bi-annually | Human Resource |
| Staff Establishment | Report on the budgeted Staff Establishment | Staff Establishment Register (SER) | Submitted 31st July 2017 | Human Resource |
| | Report on variation to Staff Establishment | SE variation Report | Report submitted bi-annually | |
| **2: Organisational Management** | | | | |
| Training and TPAF Levy Grant Compliance | Effective administration of Training activities in accordance with TPAF levy and Grant Scheme and Training Policy | Submission of Agency payroll updates for TPAF Levy Payment | List of 1st payment by 31st October 2016<br>List for 2nd payment by 30th April 2017 | Training Accounts |
| Effective Planning & Accountability | Planning and Accountability<br><br>Framework Compliance Formulation, implementation, monitoring and reviewing of:<br><br>• Strategic Development Plan<br>• Annual Corporate Plan<br>• Annual Report | Strategic Development Plan | | Planning & Policy Development Unit |
| | | Annual Corporate Plan | Implementation of ACP from 1st August 2017<br><br>2017/2018 ACP draft – 30th June 2017 | |
| | | Draft un-audited 2016 Annual Report | Due October 2016 | Planning & Policy Development Unit<br>Accounts |
| | | 2016 Audited Annual Report | Due January 2017 | |

| | | | | |
|---|---|---|---|---|
| | Performance Review:<br>• Implementation of Agency Performance Review Procedure | Report on the Performance Review Procedure | Review Report submitted bi-annually | Planning & Policy Development Unit |
| **3: Productivity Management** | | | | |
| Implementation of the Service Excellence Framework | Advancing towards best in class organisations through the adoption of business excellence principles | • Compilation of MoHMS submission<br>• Participation of Officers in the SEA Evaluation Process<br>• Adoption of strategies for improvement | • Desktop submission by 26th January 2017<br>• Evaluators released according to MoHMS quota<br>• 40% of OFIs from Feedback<br>• Report attempted | Hospital Services |
| | 5S | • Adoption to 5S | • Implementation attempted | Human Resources |
| Effective Business Process Re-engineering | Documentation and review of business processes for improved performance substantially on key processes for consistent, high quality and cost effective services for customer satisfaction | Standard Operating Procedure | Documentation of BPR processes by 31st October 2016 | Human Resources |
| | | At least three (3) BPR implemented | BPR implemented by 31st July 2017 | Human Resources |
| Adherence to Service Level Agreements with ITC / GIRC | Strengthening of GIRC focal points and SLA compliance | Appointment of primary and secondary focal point | Appointments by 31st October 2016 | Health Information Unit |
| | | Compilation of SLA report | SLA compliance report bi-annually | |

## 9. Capital Projects for 2016/2017

Table 4: Capital Projects 2016/2017

| SEG: 8 | NAME OF PROJECT: Upgrade and Maintenance of Urban Hospitals and Institutional Quarters (R) | | | | | |
|---|---|---|---|---|---|---|
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 3 | 3 | 3 | 3 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 1 | 2 | 0 | 0 |
| | | (iii)number of Activities to be undertaken during the period | 10 | 10 | 10 | 10 |
| | | (iv)Projected Funding to be utilized during the period | 500,000 | 500,000 | 1,000,000 | 500,000 |
| TOTAL BUDGET | | | $ 2,500,000VEP | | | |

| SEG: 8 | NAME OF PROJECT: Extension of CWM Hospital Maternity Unit (R) | | | | | |
|---|---|---|---|---|---|---|
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 1 | 1 | 1 | 1 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 4 | - | - | 1 |
| | | (iii)Number of Activities to be undertaken during the period | 5 | 5 | 3 | 4 |
| | | (iv)Projected Funding to be utilized during the period | $208,000 | $131,000 | $1,112,000 | $1,549,000 |
| TOTAL BUDGET | | | $2,962,956VEP | | | |

| SEG: 8 | NAME OF PROJECT: Cyclone Rehabilitation - Health Facilities – R * | | | | | |
|---|---|---|---|---|---|---|
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 2 | 2 | - | - |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 3 | 3 | 3 | 3 |
| | | (iv)Projected Funding | $500,000 | $500,000 | $500,000 | $1,656,242 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | to be utilized during the period | | | | |
| **TOTAL BUDGET** | | | **$3,656,424VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: Navua Hospital - Boundary Fence (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 1 | 1 | 1 | 1 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 0 | 1 | - | - |
| | | (iii)number of Activities to be undertaken during the period | 8 | 5 | 5 | 5 |
| | | (iv)Projected Funding to be utilized during the period | $80,000 | $800,000 | $1,081,725 | $1,838,275 |
| **TOTAL BUDGET** | | | **$3,800,000VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: Construction of Low Risk Makoi Maternity Unit (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 3 | 1 | - | - |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 3 | 2 | - | 1 |
| | | (iv)Projected Funding to be utilized during the period | $1,153,581 | $1,153,581 | - | - |
| **TOTAL BUDGET** | | | **$2,307,162VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: Construction of New Ba Hospital (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 3 | 3 | - | - |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)Number of Activities to be undertaken during the period | 5 | 6 | - | - |
| | | (iv)Projected Funding to be | $6,677,896 | $6,667,896 | 0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | utilized during the period | | | | |
| **TOTAL BUDGET** | | | **$13,355,793VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: Keiyasi Health Centre Upgrade (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 3 | 3 | 3 | 3 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | 1 | - | - |
| | | (iii)number of Activities to be undertaken during the period | 4 | 5 | 7 | 3 |
| | | (iv)Projected Funding to be utilized during the period | $136,411 | $152,500 | $250,000 | $761,100 |
| **TOTAL BUDGET** | | | **$6,300,000 VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: Upgrade and Extension of Rotuma Hospital (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | - | 1 | - | 1 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 4 | 3 | 3 | 3 |
| | | (iv)Projected Funding to be utilized during the period | - | $1,000,000 | - | $1,000,000 |
| **TOTAL BUDGET** | | | **$2,000,000 VEP** | | | |

| **SEG: 8** | **NAME OF PROJECT: New Naulu Health Centre (R)** | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 3 | 3 | 3 | 3 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 4 | 3 | 3 | 3 |
| | | (iv)Projected Funding to be utilized during the period | $1,542,300 | $1,227,000 | $1,230,700 | $110,000 |
| **TOTAL BUDGET** | | | **$4,110,417VEP** | | | |

| SEG: 8 | NAME OF PROJECT: Maintenance of Health Centres and Nursing Stations | | | | | |
|---|---|---|---|---|---|---|
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 5 | 6 | 6 | 6 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 2 | 1 | - | - |
| | | (iii)number of Activities to be undertaken during the period | 8 | 8 | 8 | 8 |
| | | (iv)Projected Funding to be utilized during the period | $500,000 | $500,000 | $500,000 | $500,000 |
| TOTAL BUDGET | | | $2,000,000VEP | | | |

Capital Purchase

| SEG: 9 | NAME OF PROJECT: Purchase of Equipment for Urban Hospitals | | | | | |
|---|---|---|---|---|---|---|
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 5 | 5 | 5 | 5 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 10 | 10 | 8 | 8 |
| | | (iv)Projected Funding to be utilized during the period | $200,000 | $200,000 | $200,000 | $200,000 |
| TOTAL BUDGET | | | $800,000VEP | | | |
| | | | | | | |
| SEG: 9 | NAME OF PROJECT: Equipment for Health Centres and Nursing Stations | | | | | |
| STRATEGIES | STRATEGIES | KEY PERFORMANCE INDICATORS | TIMELINE | | | |
| | | | Q1 | Q2 | Q3 | Q4 |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | 5 | 5 | 5 | 5 |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | - | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 10 | 10 | 8 | 10 |
| | | (iv)Projected Funding to be utilized during the period | $250,000 | $250,000 | $250,000 | $250,000 |
| TOTAL BUDGET | | | $1,000,000VEP | | | |
| | | | | | | |
| SEG: 9 | NAME OF PROJECT: Dental Equipment - Urban Hospitals and Sub Divisional Hospitals | | | | | |
| STRATEGIES | STRATEGIES | KEY PERFORMANCE | TIMELINE | | | |

| | | INDICATORS | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|---|
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | N/A | N/A | N/A | N/A |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 1 | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 10 | 3 | 3 | - |
| | | (iv)Projected Funding to be utilized during the period | $240,000 | - | $260,000 | - |
| **TOTAL BUDGET** | | | **$500,000VEP** | | | |

| SEG: 9 | NAME OF PROJECT: Biomedical Equipment for Urban Hospital | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | N/A | N/A | N/A | N/A |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 1 | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 15 | 7 | - | - |
| | | (iv)Projected Funding to be utilized during the period | $2,300,000 | $100,000 | $2,600,000 | - |
| **TOTAL BUDGET** | | | **$5,000,000VEP** | | | |

| SEG: 9 | NAME OF PROJECT: ICT Infrastructure and Network | | | | | |
|---|---|---|---|---|---|---|
| **STRATEGIES** | **STRATEGIES** | **KEY PERFORMANCE INDICATORS** | **TIMELINE** | | | |
| | | | **Q1** | **Q2** | **Q3** | **Q4** |
| Project Management | Adherence to Key Administrative Processes involved in Project Management | (i)Number of RIE's to be submitted according to RIE Checklist | N/A | N/A | N/A | N/A |
| Project Implementation | Implementation against work programme | (ii)Number of Tender to be submitted according to standard time period by the Fiji Procurement Office | 1 | - | - | - |
| | | (iii)number of Activities to be undertaken during the period | 7 | 3 | - | - |
| | | (iv)Projected Funding to be utilized during the period | $330,000 | $20,000 | - | - |
| **TOTAL BUDGET** | | | **$350,000VEP** | | | |

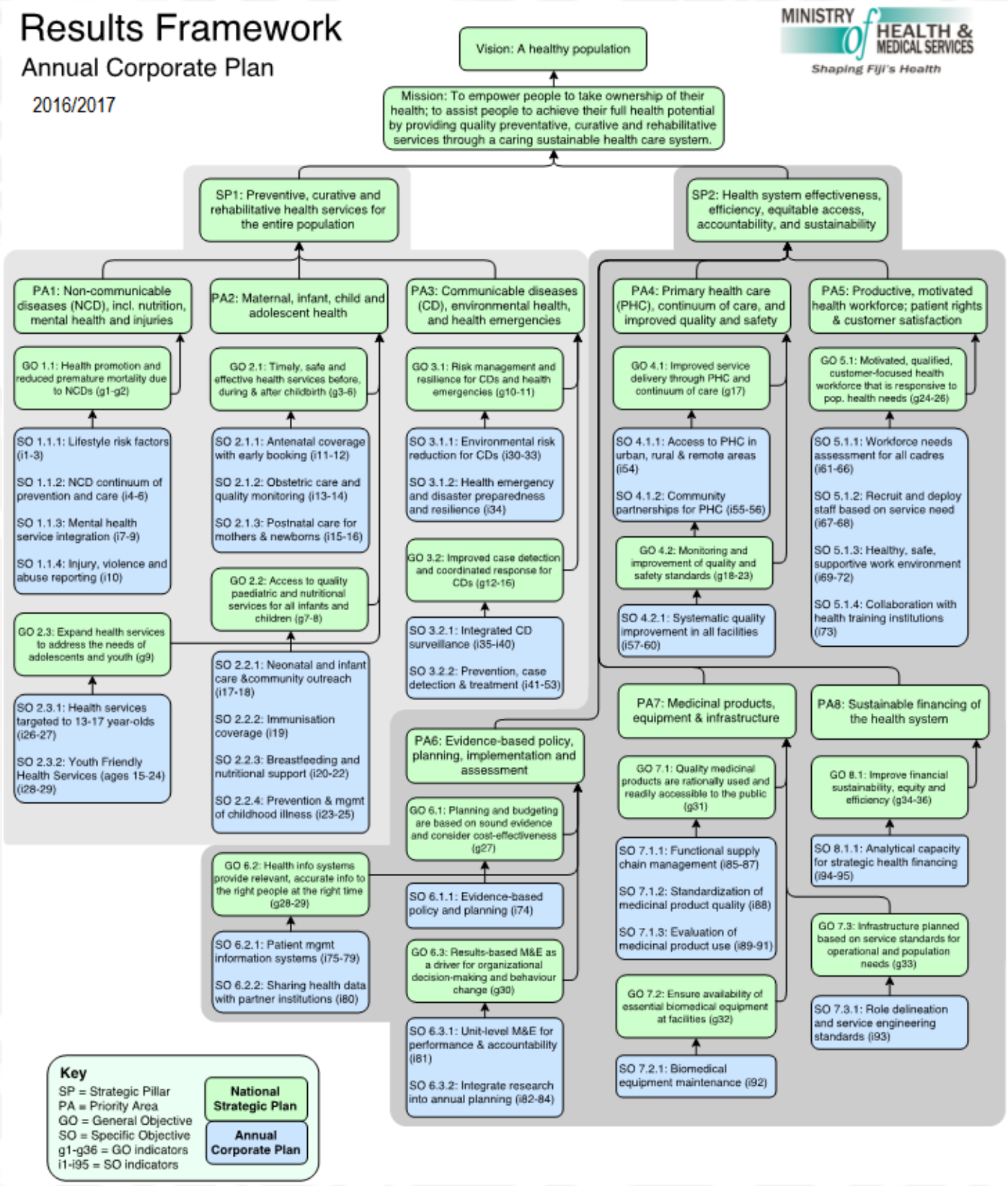
**Note – The management and implementation of projects under the Cyclone Rehabilitation - Health Facilities funds will be in consultation with Construction Implementation Unit (CIU) of Ministry of Economy (MoE)*

## 10. Ministry of Economy Deliverables and Indicators

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

| Ministry of Economy Deliverables | Strategies | Key Performance Indicators (KPI) | Timeline | Responsible Division |
|---|---|---|---|---|
| Planning & Management of Budget Compliance | Budget Request Formulation | Budget Request Submission | 3rd Quarter | Accounts<br>DPPDD<br>Heads of Departments |
| | Requests to Incur Expenditures (RIE) | Timely/ Efficient Management of RIE | As and when before closing of accounts in Finance Circular | Accounts |
| | Control of expenditure of public money | Budget Utilization Report | Bi-Annually | Accounts |
| Financial Performance Compliance | • Bank Lodgement Clearance<br>• TMA<br>• Trust<br>• RFA<br>• Salaries<br>• Wages<br>• IDC<br>• CFA<br>• SLG 84 | Monthly reconciliation | 15th of every month | Accounts |
| Agency Revenue Arrears Report | Collection of Arrears of Revenue | Quarterly Revenue Returns | Within one month after the end of each quarter | Accounts |
| Asset Management Report | Annual Stock take/Board of Survey | Physical Stock take Against Inventory | 31 August of the following year | Asset Management Unit |
| | | Board of Survey summary reports | Bi-Annual summary report | Asset Management Unit |
| | Vehicle Returns | Quarterly Vehicle Returns | 1st week after every quarter | Transport |
| | Fixed Asset Register | Quarterly Reconciliation Submission of Fixed Asset Register | Within one month after the end of each quarter | Asset Management Unit |
| Internal Audit Compliances | Implementation of Audit Report Recommendations | Number of agreed audit recommendations implemented | Bi-Annual Progress Report | Accounts<br>Internal Audit |
| Procurement Compliance Report | BI-Annual Reports to MOF | Reports Submitted on Procurement in line with Procurement Regulation 2010 | 2nd week after half yearly | Asset Management Unit<br>FPBS |

## 11. Results Framework



## 12. Donor Assistance Matrix 2016/2017

### Aid in Kind/Budget Funding

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

## 13. Glossary

| Term | Definition |
|---|---|
| Activity | An action or intervention undertaken to make progress toward one or more objectives; activities mobilize various inputs (e.g., money, labour, time, materials) to produce specific outputs<br><br>Example: *clinician training in obstetric care; vaccination campaign* |
| Evaluation | The systematic and unbiased assessment of the relevance, adequacy, progress, efficiency, effectiveness and/or impact of a program or intervention in relation to desired objectives |
| Evidence | Any form of knowledge, including, but not confined to research, of sufficient quality to inform decision |
| Health policy | A general statement of understanding to guide decision making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them |
| Health system | All the activities whose primary purpose is to promote, restore, and/or maintain health (WHO) |
| Health system building blocks | An analytical framework used by WHO to describe health systems, disaggregating them into 6 core components; leadership and governance (stewardship), service delivery, health workforce, health information system, medical products, vaccines and technologies and health system financing |
| Health system strengthening | An array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality and efficiency |
| Indicator | A variable that measures one aspect of an activity, strategy, or objective in order to assess progress or performance, often in comparison to pre-determined targets; may be quantitative or qualitative<br><br>A "SMART" indicator has the following characteristics (similar to objectives):<br><br>-Specific (i.e., clear and unambiguous)<br>-Measurable (i.e., observable; can be described against concrete criteria)<br>-Achievable (i.e., is expected to change as a result of your activities)<br>-Relevant (i.e., is meaningful and linked to the activity and desired outcome)<br>-Timely (i.e., yields information when it is needed/useful)<br><br>Example: *# of maternal deaths per 100,000 live births (MMR)* |
| Input | A quantified amount of resources put into a process, including money, labour, time, materials, etc. |
| Mission | Defines the fundamental purpose of an organisation or enterprise, succinctly describing why it exists and what it does to achieve its vision |
| Monitoring | The routine tracking and reporting of priority information about a program or intervention (including its inputs, outputs, and/or outcomes), often used to measure progress toward objectives |
| Objective | A statement of a specific desired future goal, state, or condition to be achieved, often within a set time frame<br><br>A "SMART" objective has the following characteristics (similar to indicators):<br><br>-Specific (i.e., clear and unambiguous)<br>-Measurable (i.e., observable; can be described against concrete criteria)<br>-Achievable (i.e., can be completed with given time frame and resources)<br>-Relevant (i.e., is linked to the overall desired goals or outcomes)<br>-Time-bound (i.e., includes a specific time frame for completion)<br><br>Example: *Reduce the maternal mortality ratio from 4.1.1 (1990) to 10.3 (2015) per 100,000 live births* |
| Operational plan | Focuses on effective management of resources with a short time framework, converting objectives into targets and activities and arrangements for monitoring implementation and resource usage |
| Outcomes | Aspects of health or of a health system that are intended to be influenced by programs or interventions undertaken. For people this may include changes in knowledge, attitudes, practices, and/or health status. For programs or systems, this may include changes in effectiveness, efficiency, equity, etc.<br><br>Examples: *Premature mortality due to NCDs; ICU hand hygiene rate* |

| Term | Definition |
|---|---|
| Outputs | Supply-side deliverables, including the events, products, capital goods or services that directly result from programs or interventions (e.g., by the Ministry of Health). Since outputs are generally within the control of the implementer to produce, they are often used to hold programs and teams accountable for implementing their activities as planned.<br><br>Examples: *# of clinicians trained; # of immunizations administered* |
| Resource planning | The estimation of resource input (human resources, medical devices, medical equipment, pharmaceuticals and facilities) necessary to provide expected resources |
| Stakeholder | An individual, group or an organisation that has an interest in the organisation and delivery of health care |
| Strategic plan | A formalised roadmap that describes how your organisation executes the chosen strategy. A plan spells out where an organisation is going over the next year or more and how it is going to get there.<br><br>A strategic plan is a management tool that serves the purpose of helping an organisation because of a plan focuses the energy, resources and time of everyone in the organisation in the same direction |
| Strategy | An overall approach or series of broad lines of action intended to achieve one or more objectives |
| Strategic planning | An organisational process of defining strategy, or direction and making decisions on allocating its resources to pursue this strategy. In order to determine the direction of organisations, it is necessary to understand its current positions and the possible avenues through which it can pursue a particular course of action.<br><br>Generally strategic planning deals with three key questions,<br><br>1) Where are we now?<br>2) Where would we like to be?<br>3) How are we going to get to where we would like to be? |
| Target | The desired value of an indicator at a specific point in time, expressed in measurable terms. A target is often included within an objective.<br><br>Example (*italics*): Reduce the maternal mortality ratio from 4.1.1 (1990) to *10.3 (2015) per 100,000 live births* |
| Values | Enduring, passionate and distinctive core beliefs. They are guiding principles that never change. Values are why we do and what we stand for. They are beliefs that guide the conduct, activities and goals of the organisation. Values are deeply held convictions, priorities and underlying assumptions which influence our attitudes and behaviours. They are intrinsic value and importance to those inside the organisation. Your core values are part of the strategic foundation |
| Vision | An inspirational statement that articulates main prioritised goals as well as values for what government wants to achieve for its population, both in public health and health care system terms |