

GOVERNMENT OF TONGA



MINISTRY OF HEALTH

CORPORATE PLAN 2008/09-2011/12



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Annexes

Annex A: Table of Strategies, Targets and Key Performance Indicators

1. Table of Acronyms

CDO	Chief Dental Officer
CMO, PH	Chief Medical Officer, Public Health
CMO, CS	Chief Medical Officer Clinical Services
CNO	Chief Nursing Officer
KPI	Key Performance Indicator
KRA	Key Result Area
MID	Managers in charge of the Outer Island Districts
MOH	Ministry of Health
MS	Medical Superintendent
PHA	Principal Health Administrator
PHPO	Principal Health Planning Officer
SDP	Strategic Development Plan
ICT	Information and Communication Technology

2. Foreword by the Deputy Prime Minister and Minister of Health

The Ministry of Health is responsible for the provision of preventive and curative health services for a country population of 103,183¹. Our workforce of 685 personnel, consisting of 58 clinicians, 302 nurses and 325 technical and administrative support staff, is responsible for the delivery of these services.

The Government of Tonga provides the majority of the Ministry of Health's recurrent budget. The total recurrent allocation for the Ministry for the last financial year was TOP\$17,760,981.00, which represented 7.5% of the government's total budget. Estimated expenditure per head of population is increasing and for the last financial year was TOP\$172. Our donor partners supplement the Ministry's source of funds and, as reported in the latest National Health Account Studies, this was by approximately 34.3% of the total health expenditure for 2005/06.

Over the past three years we have experienced major infrastructural development and achieved some significant milestones. Implementation of the Master Plan for Vaiola Hospital continued and involved the construction of new facilities for Mental Health, the Diabetic Clinic, Isolation, Surgical, Medical, Paediatric, and Obstetric wards, the Operating Theatre, Intensive Care Unit, Laboratory, CSSD and Radiology Department. Major renovations were also made to Ngu and Niu'ui Hospitals, and new staff quarters were constructed for both. Electronic communications were also developed and facilities and equipment were simultaneously improved to support health care services.

The theme of this Corporate Plan is aligned with that of the National Strategic Development Plan number 8: "Looking at the future, building on the past": Through implementation of the Corporate Plan we will build on our past achievements and address our shortcomings in order to achieve the national goal "To improve the Health Standards".

Non-Communicable Diseases are our greatest current and future challenge. The emergence of new deadly transmittable diseases remains a Global concern. To combat these we must collaborate effectively with our stakeholders, international partners, and the public in order to prevent and fight these diseases so that our nation's health prevails.

I have every confidence in the commitment and capability of my staff to achieve our goals and it is our obligation to the people of Tonga that we do so in a friendly and professional manner, respecting our cultural and religious values.

We should expect great challenges in the coming years but, with God's guidance, we will succeed.

Dr. Viliami Ta'u Tangi
Deputy Prime Minister and Minister for Health

¹ According to the Government Census of 2006

3. Message from the Chief Executive Officer

It was a great privilege for me to work together with Ministry of Health staff, our stakeholders and international partners in the sector wide consultation exercise that we undertook to formulate this Corporate Plan. Such an approach has built new and stronger relationships, which are necessary for us to successfully implement the plan. I wish to acknowledge and thank all of you for your invaluable contributions.

We are, as always, immensely grateful to the Government of Australia through AusAID for the support and assistance that they provided with development of this Corporate Plan.

This Corporate Plan was developed following two rounds of consultation with Ministry of Health personnel and our external stakeholders and additional consultation with key personnel. From August until October 2008 a total of 21 workshops were held throughout the kingdom with 299 Ministry of Health personnel and 72 stakeholders attending.

I should like to highlight some major improvements that have been made to this Corporate Plan. Unlike previous Corporate Plans, which was lengthy and incorporated operational goals and strategies, this Corporate Plan focuses on the 'Corporate' level priorities for the period 2008/09 – 2011/12. The end result is a Corporate Plan which provides a clear path to resolving the major challenges affecting and threatening the health of our nation. It aims to provide direction for Ministry of Health personnel and our stakeholders to plan future activities and resources to ensure that we work together to achieve our Mission and Vision, as well as the national goal of improving health standards.

Over the coming 4 years the Ministry will focus its resources on implementing the strategies and achieving the strategic goals in this Corporate Plan. Whilst doing so we will not, however, lose sight of the importance of the other activities that we, as a Ministry, undertake in the delivery of preventive and curative health services. Our commitment to the implementation of these activities must be maintained if we are to provide the range and quality of health services needed to achieve our mission and vision.

I am confident that through the implementation of this Corporate Plan we will achieve major milestones in overcoming our weaknesses and improving the health of the nation.

My contribution to the development of this Corporate Plan is among the last activities that I will undertake in my role as Director of Health before I retire. I will not be with you to assist with implementation of the Plan, however, I will eagerly watch your progress and achievements. I wish all Ministry of Health personnel the best and every success in your journey over the coming years.

Respectfully,

Dr. Litili 'Ofanoa
Director of Health

4. Introduction

This is the fourth Corporate Plan for the Ministry of Health, Kingdom of Tonga. Through the consultation process a number of consistent themes emerged and there was broad agreement on where the Ministry should concentrate its efforts over the next 4 years in order to address the current and future health issues facing the nation and the Ministry of Health. These are expressed in this Corporate Plan as a number of Key Result Areas (priorities) and goals and these will set the direction for the Ministry for the period 2008/09 – 2011/12.

5. Function of the Ministry of Health

The Ministry of Health is responsible for the delivery of preventive and curative health services in the country. In doing so the Ministry's core business involves the:

- Provision of health services within the Kingdom of Tonga.
- Provision of policy advice to the Minister of Health.
- Negotiating, management and monitoring of funds allocated by government and donor agencies.
- Administration of health legislation.
- Collection, management and dissemination of health information.

6. Laws and Acts Governing the Ministry of Health

In implementing its services and activities the Ministry is governed by the following Acts:

- Therapeutics Goods Act 2001
- Pharmacy Act 2001
- Nurses Act 2001
- Medical and Dental Practice Act 2001
- Health Practitioners Act 2001
- Mental Health Act 2001
- Tobacco Act 2001
- Drugs and Poisons (Amendment Act 2001)
- Public Health Act 2005
- Health Services Act 1991
- Garbage Act 1945
- Health Promotion Act 2007

7. Organisational Structure

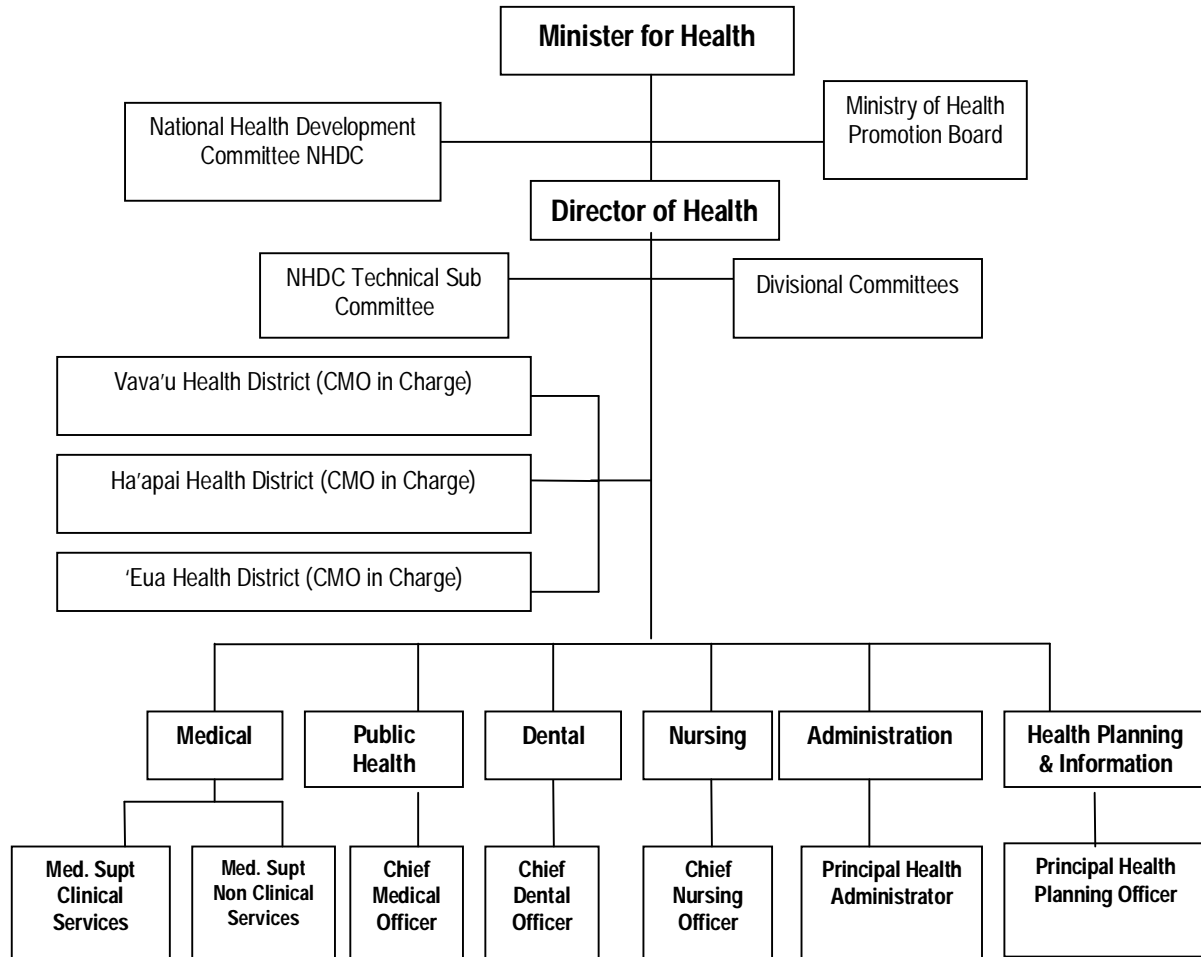
In delivering its services to the public, the Ministry is divided into six functional divisions:

- Administration
- Health Planning and Information
- Public Health
- Medical
- Nursing
- Dental

In terms of geographic management, the Kingdom of Tonga is divided into four health districts, namely Tongatapu, Vava'u Ha'apai and 'Eua. The Tongatapu Health District and the Ministry of Health are also responsible for services in the two Niuva's.

Divisional heads and Medical Officers in charge of the Outer Island Districts are responsible to the Director of Health for the implementation of strategies in the Corporate Plan relevant to their division / district to achieve the Ministry's Mission and Vision.

An overview of the Ministry of Health's organisational structure is shown in the diagram below.



Inpatient
Out-patient
Pharmaceutical
Dietary
ENT
Ophthalmology
X-ray
Laboratory
National Diabetic Centre
Physiotherapy

Laundry
Seamstress
Hospital Ground
Domestic
Communication
Maintenance
Catering
Hospital Security
CSSD

Reproductive Health
Community Health
Health Education
Environmental Health

Curative
Public Health

Reproductive Health
Nursing Education
Hospital Nursing

Accounts
Transport
Human Resource
Administration
NHA

Health Planning
Medical Records
Health Information
Project Planning
Research & Evaluation
Information Technology

8. Overview of Health Indicators

The table below shows the health indicators against which we measure, monitor and report our performance. We will continue to measure and monitor our performance against these indicators to enable us to compare the health of our nation against international standards and determinants.

Health Indicator(s) for Tonga 2003 – 2007

	INDICATOR	2007	2006	2005	2004	2003
1	Estimated Population ('000)	103.3	102.4	102.3	101.8	101.4
2	Annual Population growth	0.3	0.3	0.3	0.3	0.3
3	Percentage of Population less than 14 years Percentage of population 65 years and over	35** 6**	35** 6**	35** 6**	36** 6**	36** 5.9**
4	Percentage of urban population	36	36	36	36	36
5	Rate of natural increase	21.3	21.5	20.4	17.7	20.2
6	Crude Birth Rate	26.5	26.5	25.7	23.8	26.2
7	Crude Death Rate	5.2	5.0	5.3	6.1	5.8
8	Maternal Mortality Rate (per 100,000)	36.5	110.5	227.8	82.3*	0
9	Life Expectancy at Birth (combined) Life Expectancy (Male) Life Expectancy (Female)	70 72	70 72	70 72	70 72	70 72
10	Infant Mortality Rate	11.7	10.7	11.8	15.7	12.8
11	Perinatal Mortality Rate (per 1,000 live births)	13.0	13.1	10.8	10.3	13.2
12	Total Health expenditure ('000) Per Capita As a percentage of total recurrent budget	17761 172 7.5	20170 196 10.4***	17021 170*** 11.6***	13521 133*** 10.2***	11765 116*** 10.3***
13	Health workforce Medical Officers at post Health Officers at post Nursing and Midwifery at post	58 17 302	57 20*** 325***	45 21 362***	41 20 315***	42 21 342***
14	Percentage of population with safe water supply	98	97.5	97	94	97
15	Percentage of household with adequate sanitary facilities	99.6	97.2	97	90	94
16	Immunization coverage	99.6	99.1	99.5	99.6	98.5
17	Percentage of pregnant women immunized with tetanus toxoid 2	97.6	97.2	95.7	92	93
18	Percentage of population with access to appropriate health care services with regular supply of essential drugs within one hours walk	100	100	100	100	100
19	Percentage of infants attended by trained personnel	100	100	100	100	100
20	Percentage of married couples practicing contraception	27.7	23.9	19.7	23	22.1
21	Percentage of pregnant women attending ante natal care	98.7	99	99	99	98.7
22	Percentage of deliveries conducted by trained personnel	98	98	96.1	98	97
23	Total Fertility Rate	3.7	4.1	3.4	3.8	3.4

* Maternal Mortality Rate has been calculated using standard formula (per 100,000 live births).

** Calculated based on the assumption fertility rates will decrease and life expectancy will increase overtime.

*** Amended from statistic published in 2001, 2005 and 2007 Annual Report.

Source: Annual Report 2007

9. Our Mission and Vision

Our mission and vision statements were reviewed as part of the consultation process to ensure that they still accurately reflected our core purpose and long term goal and gave our personnel a clear sense of direction and purpose. As a result of the consultation process the mission and vision statements were amended. Our revised mission and vision statements are provided below:

Our Mission

To support and improve the health of the nation by providing quality, effective and sustainable health services and being accountable for the health outcomes.

Our Vision

By 2020, we are the healthiest nation compared with our Pacific neighbours as judged by international determinants.

10. Our Core Values

The Ministry of Health and its staff are committed to achieving our Mission and Vision. To this end, in 1999 the Ministry adopted a number of core values. These remain true today and can be seen in our policies and procedure and the way in which managers and staff carry out their role and responsibilities. In addition, a further core value of 'Partnerships in Health' was also identified during the consultation process.

Our Core Values are:

- Commitment to quality care
- Professionalism and accountability
- Care and compassion
- Commitment to staff training and development
- Partnership in health

11. Strategic Key Result Areas and Goals for 2008/09 to 2011/12

Six Key Result Areas for the Ministry of Health were identified through the consultation process for the period 2008/9 – 2011/12. The 6 KRAs are:

- KRA 1: Build capability and effectiveness in preventive health services to fight the NCD epidemic and communicable diseases.
- KRA 2: Improve the efficiency and effectiveness of curative health service delivery
- KRA 3: Provision of Services in the Outer Island Districts & Community Health Centres
- KRA 4: Build Staff Commitment and Development
- KRA 5: Improve Customer Service
- KRA 6: Continue to improve the Ministry Infrastructure and ICT

For each of the KRAs a strategic goal was identified. These are provided in the table below.

Ministry of Health Key Result Areas and Strategic Goals

KRA 1: Build capability and effectiveness in preventive health services to fight the NCD epidemic and communicable diseases.
Goal: We will fight the NCD epidemic and communicable diseases using effective preventative health measures, being good role models and developing public participation and commitment.
KRA 2: Improve the efficiency and effectiveness of curative health service delivery
Goal: We will deliver the range and quality of services to meet the basic health requirements
KRA 3: Provision of Services in the Outer Island Districts & Community Health Centres
Goal: We will provide appropriate services to all the Outer Island Districts and community health centres through effective resourcing. Specialized services will be provided through regular programmed visits.
KRA 4: Build Staff Commitment and Development
Goal: We will build staff commitment and development by demonstrating to staff that they are valued.
KRA 5: Improve Customer Service
Goal: We will deliver our services in a professional and friendly manner
KRA 6: Continue to improve the Ministry Infrastructure and ICT
Goal: We will continue to improve the standard of existing facilities and ICT, and construct new facilities and introduce new ICT where needed.

12. Strategies, Targets & Key Performance Indicators

As part of the consultation process strategies and targets to achieve our strategic goals were identified. These, together with the Key Performance Indicators (KPIs) for each, are documented at annex A.

13. Implementation of the Corporate Plan

The Corporate Plan will be implemented over the coming 4 years. This will be done by assigning responsibility for implementation of the strategies to relevant Ministry of Health personnel, incorporating the strategies in the relevant Annual Management Plans (AMPs), through the effective allocation of resources, and collaboration with our partners and stakeholders.

Divisional Heads and Managers in charge of the Outer Island District are responsible for ensuring the success implementation of strategies and achievement of the targets identified.

14. Performance Monitoring and Evaluation

We will monitor and evaluate implementation of the Corporate Plan using the KPIs included in the table at annex A, as well as a number of performance management systems including:

- The Ministry of Health's Balanced Scorecard
- Executive Performance Appraisal System
- Quarterly Reporting System
- Ministry of Health Annual Report

The Ministry of Health's Balanced Scorecard incorporates the KPIs and targets from the Corporate Plan for each of the KRAs. The Balanced Scorecard links directly into the Executive Performance Appraisal system to ensure that the relevant manager is accountable for the outcomes in the KRAs. The reporting system ensures that actual performance is measured, monitored and reported at all levels of the

Ministry on a quarterly basis to ensure targets are achieved. Organisational performance is reported annually in the Ministry's Annual Report.

Divisional Heads and Managers in charge of the Outer Island Districts are responsible for ensuring that implementation of the strategies is monitored and reported as required.

15. Linkages

The diagram below illustrates the linkages between the GOT's Strategic Development Plans and the Ministry of Health's Corporate Plan and performance management systems.



**MINISTRY OF HEALTH CORPORATE PLAN 2008/09-2011/12
KRAs AND GOALS WITH STRATEGIES, TARGETS AND KPIS**

KRA 1: Build capability and effectiveness in preventive health services to fight the NCD epidemic and communicable diseases.		
Goal: We will fight the NCD epidemic and communicable diseases using effective preventative health measures, being good role models and developing public participation and commitment.		
Strategies	Targets	KPIs
1. Secure funding to implement all existing NCD plans/programmes with emphasis on the priority areas identified in the "National Strategic Plan to Control NCD in Tonga".	<ul style="list-style-type: none"> All NCD plans/programmes to be funded by July 2010 A strategic plan that focuses on the prevention of adverse effects of alcohol and violence is developed and approved by December 2009 	<ul style="list-style-type: none"> % of plans/programmes funded by July 2010 % of targets in the NCD strategic plan achieved. Strategic plan on the prevention of injury and violence as well as adverse effects of alcohol is developed and implemented by December 2009.
2. Expand the screening programme for risk behaviours conducive to developing NCDs with emphasis on children and other high risk population.	<ul style="list-style-type: none"> Screening programme covers the children and high risk population by the end of 2012 	<ul style="list-style-type: none"> Increase in the number of schools that utilise nutritional strategies to improve children's diet Percentage of children and high risk population screened
3. Improve the effectiveness of stakeholder collaboration through greater contribution and commitment.	<ul style="list-style-type: none"> 20% increase in completion of joint initiatives by July 2010. Existing laws enforced by 2011 	<ul style="list-style-type: none"> Number of joint initiatives completed Number of existing laws enforced by target date
4. Lobby government to introduce legislation to combat the NCD epidemic.	<ul style="list-style-type: none"> New legislation to be implemented by July 2011 	<ul style="list-style-type: none"> New legislation enacted
5. Review existing preventative health programmes and implement recommendations to improve their effectiveness.	<ul style="list-style-type: none"> Review to be completed by December 2009. Endorsed recommendations to be implemented by June 2011 	<ul style="list-style-type: none"> Activity completion report Number of recommendations implemented by due date
6. Develop and implement voluntary health programmes for all MOH personnel	<ul style="list-style-type: none"> Baseline data to be obtained by December 2009 Programmes to be developed and implementation to commence by July 2010 	<ul style="list-style-type: none"> Baseline data obtained by target date Programme developed and implementation commenced by target date
7. Involve the community in preventative health activities	<ul style="list-style-type: none"> Community counterparts to be identified and trained by December 2009 Counterparts competently undertaking activities by July 2010 20% increase in public participation 	<ul style="list-style-type: none"> Number of counterparts identified and trained Activities undertaken by community counterparts Public participation in community activities

	by December 2011	
8. Strengthen capacity to respond to infectious diseases.	<ul style="list-style-type: none"> Mitigation, preparedness and response plans to potential pandemic influenza threat reviewed and tested on a regular basis from December 2009. Finalize and implement the National Strategic Plan for HIV/AIDS/STI 2009-2013. Strengthen National DOTS strategy Continuous procurement of anti-TB drug 	<ul style="list-style-type: none"> % of new public health staff trained on principles of Infection Control Reviewed response plan to pandemic influenza is endorsed by the NHDC and National Emergency Management Committee by December 2009. Incidence of HIV / AIDS / STI per annum Detection of new sputum smear positive TB cases Cure rate of TB cases
9. Strengthen immunization and reproductive health services	<ul style="list-style-type: none"> Maintain >95% immunization coverage Maintain at <10 infant mortality rate per 1000 live births through Post natal care and follow up of children until 5 years old Maintain at ≤78 maternal mortality rate through strengthening Antenatal services to ensure Mothers plan for hospital delivery Maintain at ≤15 perinatal mortality rate by 1000 live births through strengthening Antenatal services in Clinics other than Vaiola 	<ul style="list-style-type: none"> Population coverage EPI Infant Mortality Rate per 1000 live births Maternal mortality rate Perinatal Mortality Rate by 1000 live births
KRA 2: Improve the efficiency and effectiveness of curative health service delivery		
Goal: We will deliver the range and quality of services to meet the basic health requirements		
Strategies	Targets	KPIs
10. Undertake a review of existing services through analysis and research and expand services to ensure basic health requirements are met	<ul style="list-style-type: none"> Review to be completed by June 2009 Recommendations to be based on Best Practice Endorsed recommendations to be implemented by July 2011 	<ul style="list-style-type: none"> Activity completion report % of recommendations that are based on Best practice % services provided compared to services required
11. All managers to attend and graduate from the "Health managers making a difference" management development programme	<ul style="list-style-type: none"> All existing managers who have not attended the programme to attend by December 2010 All new managers to attend the programme within 6 months of appointment 	<ul style="list-style-type: none"> % of managers who have "graduated" from the programme.
12. Develop and implement succession planning for all key positions	<ul style="list-style-type: none"> Develop Succession Plan by December 2009 Commence implementation of the plan by January 2010 	<ul style="list-style-type: none"> Succession Plan developed by target date Scholarship requests, postings, and training opportunity decisions made using Succession Plan from January 2010
13. Update and implement	<ul style="list-style-type: none"> Update the Training Needs Plan 	<ul style="list-style-type: none"> Training Needs Plan updated

the Training Needs Plan for all key posts	<p>annually by March each year</p> <ul style="list-style-type: none"> • Implement the Training Needs Plan annually 	<p>annually by target date</p> <ul style="list-style-type: none"> • % of Training Needs met
14. Reduce waiting times in the Outpatient Department	<ul style="list-style-type: none"> • Obtain baseline data by March 2009 • Achieve current benchmark waiting times by December 2009 • Increase the use of community health centres clinics by 50% by July 2010 	<ul style="list-style-type: none"> • Baseline data obtained • % of people attended to within the recommended benchmark waiting time in place. • % increase in use of health centres and clinics
15. Disaster Management Plan to be practised on a biannual basis	<ul style="list-style-type: none"> • Practice to be carried out and activity report completed on a biannual basis with effect from January 2009 • Endorsed recommendations to be implemented by the agreed date 	<ul style="list-style-type: none"> • Activity report tabled before NHDC on a biannual basis from January 2009 • % of endorsed recommendations implemented by due date
16. Standard Treatment Guidelines to be reviewed and implementation fully completed	<ul style="list-style-type: none"> • Review to be completed by December 2009 • Reviewed Standard Treatment Guidelines to be fully implemented by June 2010 	<ul style="list-style-type: none"> • Activity report completed by due date • % increase in the utilization of health centres by the public • Unplanned readmission rate per month is <5% • % reduction in inappropriate use of antibiotic • % increase in terminal cases that have access to palliative care
17. Expand clinical services to meet the needs of vulnerable groups of people such as the physically and mentally disabled in the community.	<ul style="list-style-type: none"> • Management plan for people suffering from chronic mental and physical illnesses/disorders in the community is in Section's AMP and is supported appropriately by July 2010 	<ul style="list-style-type: none"> • %of targets achieved according to plan
18. Strengthen the maintenance programmes for hospital equipment.	<ul style="list-style-type: none"> • Maintenance schedules for all essential equipment are monitored on a monthly basis • Maintenance contracts for essential equipment are established where needed by July 2009 • Staff training needs and risk analysis done on an annual basis from June 2009 • Budget provided for maintenance programme from July 2009 	<ul style="list-style-type: none"> • % of essential equipment operational • Number of staff trained to maintain equipment • Funds allocated for maintenance of equipment in MOH budget
19. Strengthen risk management capability of all clinical sections.	<ul style="list-style-type: none"> • All sections to identify, analyse and evaluate all risks relevant to their specific section and develop risk management strategies by June 2009 • At least 80% of feasible risk 	<ul style="list-style-type: none"> • % of AMPs including a section specifically for identification of risk and how they will be managed • % of feasible risk management strategies supported by the

	management strategies are supported by the MOH per annum	MOH
20. Strengthen capacity to respond to infectious diseases.	<ul style="list-style-type: none"> Secondary prevention strategies for rheumatic heart disease follow a well established "rheumatic heart disease control plan" by July 2009 	<ul style="list-style-type: none"> "Rheumatic heart disease control plan" drafted and endorsed by the NHDC by June 2009 and implemented by July 2009.
21. The quality of services in each Section is monitored / evaluated on a regular basis and corrective action is taken to address them where relevant.	<ul style="list-style-type: none"> Targets in each section's AMP are met (in accordance with Balanced Scorecard Indicators) DMF in children for dentistry is 2 at 12 years old Maternal mortality rate is <74/100,000 live births Infant mortality rate is < 12/1000 live births Performance of laboratory services is in accordance with Internal and External Quality assurance programmes (Turnaround time for services are according to each service's acceptable benchmark) Obtain acceptable benchmark for each service by July 2009 Corrective actions supported and under-taken according to recommendations of the Monitoring and Evaluation exercises 	<ul style="list-style-type: none"> % of targets achieved per quarter DMF in children Maternal mortality rate Infant mortality rate Performance of laboratory services Turnaround time for services % corrective actions supported and under-taken according to recommendations of the Monitoring and Evaluation exercises
KRA 3: Provision of Services in the Outer Island Districts & Community Health Centres		
Goal: We will provide appropriate services to all the Outer Island Districts and community health centres through effective resourcing. Specialized services will be provided through regular programmed visits.		
Strategies	Targets	KPIs
22. Establish a Single Point of Contact (SPOC) in the MOH and develop and implement a communication strategy for each of the outer island districts and community health centres.	<ul style="list-style-type: none"> SPOC to be established by January 2009 Communication Strategy to be developed and implemented by June 2009 	<ul style="list-style-type: none"> SPOC established and responsibilities included in their Job Description and Performance Agreement Communication Strategy implemented
23. Single point of contacts and senior managers to visit the outer island districts and community health centres on a biannual basis.	<ul style="list-style-type: none"> Programme of visits developed and implementation commenced by January 2009 Guideline to evaluate the impact of visits established by July 2009 and used to monitor all visits 	<ul style="list-style-type: none"> Programme of scheduled visits Number of scheduled visits undertaken compared to programmed visits Guideline developed Visits and their impact reported in quarterly report
24. Develop and implement succession planning for all key positions in the	<ul style="list-style-type: none"> Develop Succession Plans by December 2009 	<ul style="list-style-type: none"> Succession Plans endorsed by NHDC

outer island districts and community health centres	<ul style="list-style-type: none"> Commence implementation of plans by January 2010 	<ul style="list-style-type: none"> Scholarship requests, postings, and training opportunity decision made using Succession Plan
25. Develop and implement a job rotation plan for staffing the outer island districts	<ul style="list-style-type: none"> Job rotation plan developed for all relevant staff by June 2011 Implementation commenced from July 2011 	<ul style="list-style-type: none"> Job rotation plan in place for each outer island district Number of staff postings made using job rotation plan
26. Update and implement the Training Needs Plan for all key positions in the outer island districts and community health centres	<ul style="list-style-type: none"> Update the Training Needs Plan annually by March each year Implement the Training needs plan annually 	<ul style="list-style-type: none"> Training needs plan % of training needs completed
27. Undertake a review of services provided in the outer island districts and community health centres and expand services to ensure appropriate services are provided	<ul style="list-style-type: none"> Review to be completed by June 2010 Appropriate services to be provided to outer island districts and community health centres by July 2011 10% reduction in number of cases referred to Vaiola Hospital 	<ul style="list-style-type: none"> Activity completion report % services provided compared to services required Decrease in number of cases referred to Vaiola Hospital
28. Undertake a review of existing facilities and equipment and implement recommendations to ensure these support the provision of services in the outer island districts and community health centres.	<ul style="list-style-type: none"> Review completed by December 2009 Endorsed recommendations implemented by July 2012 	<ul style="list-style-type: none"> Activity completion report Recommended facilities and equipment compared to actual facilities and equipment
29. Develop and implement a programme for the regular provision of specialized services for the outer island districts	<ul style="list-style-type: none"> Programme developed by January 2010 Implementation of programme commenced from March 2010 	<ul style="list-style-type: none"> Programme for specialized services developed Specialized services provided to outer island districts
30. Disaster management plan to be developed for the outer island districts and practiced on a biannual basis	<ul style="list-style-type: none"> Plan developed by January 2010 Practice carried out and activity report completed on a quarterly basis with effect from March 2010 Endorsed recommendations implemented by the agreed date 	<ul style="list-style-type: none"> Disaster Management Plan endorsed by the NHDC Activity Report tabled before the NHDC on a quarterly basis % of recommendations implemented by due date
KRA 4: Build Staff Commitment and Development		
Goal: We will build staff commitment and development by demonstrating to staff that they are valued.		
Strategies	Targets	KPIs
31. Undertaken a workforce analysis study to establish the number of staff required in the Ministry of Health to provide the range and quality of services required and implemented endorsed recommendations	<ul style="list-style-type: none"> Study to be completed by December 2009 Endorsed recommendations to be implemented by July 2011 	<ul style="list-style-type: none"> Activity completion report Staff in post compared to recommended staffing

32. Implement the performance appraisal system for all managers and staff	<ul style="list-style-type: none"> • By July 2010 	<ul style="list-style-type: none"> • Performance Agreement held by HR department for all managers and staff
33. Job rotation plan developed and implemented for all relevant staff	<ul style="list-style-type: none"> • By July 2012 	<ul style="list-style-type: none"> • Job rotation plan held by each HOD and managers in charge of the outer island districts • Postings reflect plan
34. Career paths identified for all categories of staff	<ul style="list-style-type: none"> • By July 2012 	<ul style="list-style-type: none"> • Career paths held by HR Department
35. Fully implement the computerized Human Resource Management Information System (HRMIS) to assist workforce planning and resource allocation	<ul style="list-style-type: none"> • HRMIS fully implemented by June 2010 • Staff profiles developed for all staff by June 2010 • Strategic HR plan developed by June 2010 	<ul style="list-style-type: none"> • HRMIS fully operational • % of staff profiles held • Strategic HR plan endorsed by the NHDC
36. Training and development needs identified for all staff as part of the performance appraisal system	<ul style="list-style-type: none"> • On an annual basis by July 2010 	<ul style="list-style-type: none"> • Training and Development (T&D) Plan for all staff held by the HR department
37. Internal training and development needs met for all staff	<ul style="list-style-type: none"> • By 2011 	<ul style="list-style-type: none"> • Updated T&D Plan
38. Training and development opportunities prioritized and allocated based on business need and merit & decision published internally	<ul style="list-style-type: none"> • By March 2009 	<ul style="list-style-type: none"> • Recommendations of the Training and Development committee • Decisions of the Selection committee for training • Results of training & development opportunities published internally in the MOH
39. Consolidate internal capacity in financial management and budgeting in order to ensure appropriate and transparent resource allocation and management	<ul style="list-style-type: none"> • Budget and staff proposal prepared in accordance with guidelines • Budget and staff proposal reflect the resources needed to achieve the objectives in the AMPs • Operating and salary expenditure at or below budget allocation 	<ul style="list-style-type: none"> • % programme managers participating in development of the budget and staff proposal • % of objectives achieved in the AMPs • Expenditure compared to budget allocation
40. In conjunction with other relevant departments, review and enforce the bond requirements of returning scholars.	<ul style="list-style-type: none"> • Number of scholars fulfilling the bond requirements increased by 50% in 2011 	<ul style="list-style-type: none"> • Number of scholars returning
41. Develop and submit a proposal to PSC recommending appropriate remuneration for staff on maximum increment.	<ul style="list-style-type: none"> • Proposal developed and submitted by December 2009 	<ul style="list-style-type: none"> • Proposal submitted
42. Develop and implement an internal policy for	<ul style="list-style-type: none"> • By December 2009 	<ul style="list-style-type: none"> • Number of staff rewarded for

rewarding outstanding performance and achievements.		outstanding performance and achievements
43. Develop and implement a staff satisfaction survey and conduct exit interviews throughout the Ministry of Health.	<ul style="list-style-type: none"> Survey developed and baseline data obtained by December 2009 Survey conducted annually by end of September each year Endorsed strategies implemented within 6 months of completing survey Exit interviews conducted on all staff leaving the Ministry 	<ul style="list-style-type: none"> Baseline data obtained Survey conducted annually Number of exit interviews conducted
KRA 5: Improve Customer Service		
Goal: We will deliver our services in a professional and friendly manner		
Strategies	Targets	KPIs
44. All managers and staff to attend the internal customer service training workshop.	<ul style="list-style-type: none"> All managers and staff to attend the workshop if they have not already done so by December 2010 All new managers and staff to attend within 6 months of their appointment 	<ul style="list-style-type: none"> % of managers and staff attending workshop
45. Develop and implement Service Level Agreements (SLA) for each division and district.	<ul style="list-style-type: none"> By July 2010 	<ul style="list-style-type: none"> Number of Service Level Agreements in place
46. Develop and implement customer satisfaction surveys in each division and district of the Ministry of Health	<ul style="list-style-type: none"> Surveys developed and baseline data obtained by December 2009 Feedback obtained and acted on, on a quarterly basis 20% increase in customer satisfaction by December 2010 	<ul style="list-style-type: none"> Number of customer feedback systems in place Baseline data obtained Minutes of divisional and district management meetings Increase in customer satisfaction
47. Review customers information needs and implement endorsed recommendations to improve communication	<ul style="list-style-type: none"> Review conducted by June 2010 Improvements implemented by June 2011 	<ul style="list-style-type: none"> Activity completion report Number of improvements made by due date
KRA 6: Continue to improve the Ministry Infrastructure and ICT		
Goal: We will continue to improve the standard of existing facilities and ICT, and construct new facilities and introduce new ICT where needed.		
Strategies	Targets	KPIs
48. Update the Ministry's asset register to include all existing facilities and equipment	<ul style="list-style-type: none"> By December 2009 	<ul style="list-style-type: none"> Asset Register updated and completed
49. Complete all phases of the redevelopment of Vaiola Hospital	<ul style="list-style-type: none"> By 2011 	<ul style="list-style-type: none"> Activity completion report
50. Undertake a review of existing facilities, ICT and equipment and develop a	<ul style="list-style-type: none"> Completion report of the review prepared by December 2009 Completion of the National 	<ul style="list-style-type: none"> Completion report of existing ICT National Health Information

National Health Information Strategic Plan to guide the appropriate adoption of relevant technology to support health care services.	Health Information Strategic Plan prepared by December 2009	Strategic Plan developed
51. Develop and introduce relevant ICT initiatives which foster efficient and effective health care delivery, communications, timely and accurate information sharing, security and innovation.	<ul style="list-style-type: none"> • Introduction of both basic and advanced functionality of the intranet and e-library by December 2009 • Improve inter-island groups communication by 2010 	<ul style="list-style-type: none"> • Completion of intranet and e-library implementation • Utilization of inter-island communication
52. Introduce ICT initiatives to support electronic health records, improve quality of disease coding, confidentiality and affordable to be managed.	<ul style="list-style-type: none"> • Digitize inactive medical records by December 2010 • Upgrade to ICD 10 AM Version 6 by July 2009 	<ul style="list-style-type: none"> • Medical Records digitized • Complete adoption of ICD 10 AM version 6