Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
			Program Goa	ıl:			
	The Goal of the program is: To remain engaged in the F reducing infant mortality (MDG4), improving maternal l	•		•	_		
	OBJECTIVE ONE: SAFE MOTHERHOOD						
	Objective: To institutionalise a safe motherhood program						
	To support the Fiji MOH to Institutionalise a Safe Mother	hood Program at Decent	ralized Levels.				
	Operational Costs	<u> </u>	I	In Dec	¢24.000	2 000 /	1
	Travel			Jan - Dec		2,000 / month	
	Workshops and Meetings			Jan - Dec		\$500 / month	_
	Materials Objective Specific Operating Costs			Jan - Dec Jan - Dec		\$350 / month \$500 / month	
	Objective Specific Operating Costs Local Personnel Costs			Jan - Dec	\$0,000	\$500 / month	
	TSO - CPG		I	Jan - Apr	\$9,000		1
	TSO - Facilities			Jan - Jun	\$13,500		
	Output 1.1: Increased Antenatal Coverage - An increasi					est tuius aatau	
	Output 1.1. Increased Antenatal Coverage - An increasi	ng number of women for	utiliely presenting	ior iirst ante-nata	r check-up [ANC] in the in	st trimester.	
	Activities:						
1.1.1	One Media campaign per quarter to deliver a message	Four media campaign	мон, иснр,	Mar, Jun,Sep,	\$100.000	MOH, NCHP, Media	
1.1.1	that incorporates early booking, promoting birth preparation and complication readiness planning.	conducted.	Media Outlets	Dec Dec	\$100,000	Outlets	Outcome 1.1.1
1.1.2	Develop and trial a 'modified' early booking kit, to include blood (spot) test for Syphilis and Anaemia for nursing stations and health Centres.	Early booking Kit developed. One pilot per division (at subdivision level) completed	мон	Jan - Jun	\$80,000	MOH, Purchasing Company	Outcome 1.1.1
	Output 1.2: Increase in Sub Divisional Hospitals Classifi	ed as Mother Safe Hospi	tals.				!
	Activities:						
1.2.1	Develop accreditation criteria for 'mother safe' facility, based on WHO 12 point Checklist	Fiji Accreditation Criteria for 'mothersafe' facility developed.	MOH, WHO	May - Jul	\$5,000	Contract	
1.2.2	Audit all SDH against the WHO 12 point checklist for 'mother safe' facility status.	Audit completed in all SDHs.	мон, wно	May - Jul	\$20,000	Contract	Output 1.2.4
1.2.3	Support 4 EmOC workshops (1 training per division x 20 people and 1 National (40).	Four divisional workshops conducted.	MOH, Obs CSN	Jan - Dec	\$60,000		Output 1.2.2
1.2.4	Support 5 SDH's (As prioritised by National CSN)	to address the 7 signal fo	I unctions for Emer	gency Obstetric Car	re (as a component of a 'N	lother Safe' Facility) . Star	ting with:

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
1.2.4.1	Setting up of Post Miscarriage Services	Working Committee on PAS established.	МОН	Jan - Feb	\$2,000.00		
	Developing a National Training package for SDH Doctors to provide Post Miscarriage Services	National Training Package for Doctors on PAS developed.	МОН	Jan - Feb	\$10,000.00		Output 1.2.2
	Purchasing of Manual Vacuum Aspirators for each of the 5 SDH	Five Manual Vacuum Aspirators purchased.	MOH, FPS	Jan - April	\$20,000	MOH, FPS, Purchasing Company.	Output 1.2.3
1.2.4.4	Supporting the delivery of the training package.	PAS Training Package printed and distributed.	МОН	Feb - April	\$20,000		Output 1.2.2
	Output 1.3: Higher proportion of deliveries being carrie	d out in SDH or higher le	vel institutions.				
	Activities:						
	Carry out recommendations of Gap Survey (i.e. survey of gaps in specific areas of MCH and obstetric services as SDH's completed in 2011)	мон		Jan - Dec	\$100,000		Output 1.2.3
	Support development, printing and distribution of Obs. CPG:	MOH, CSN Obs.		Jan - April	\$50,000		Output 1.2.5
	Awareness and training on CPG Obstetric Emergencies at subdivisional level.	МОН		March - Oct	\$20,000	CSN Obs	Output 1.2.5
	Output 1.4: Increased Contraceptive Prevalence						
	Activities:						
	Develop a training package for Family planning for nurses at sub divisional levels (which includes Jadelle implant training)	FP Training Package for Nurses developed.	МОН	3 months	\$50,000		Output 1.2.1
	Support distribution, awareness and training of FP Training Package for Nurses	proportion of SDH Nurses training on FP Training Package	МОН	July - November	\$20,000	training package at 1.4.1 being developed.	Output 1.2.1
	Media campaign to educate teenagers about safe sex, contraception, prevention HIV/AIDS.	Four divisional media campaign conducted.	MOH, Peer Educators	Jan - Dec	\$40,000		
	Output: 1.5 Capacity building and training of health care	professionals to ensure	the whole spect	rum of continuum o	f care.		
	Activities:						
	Support training for Assessors for Baby Friendly Hospital Initiative (BFHI) to be conducted by the National Nutrition Centre (for 2 staff per subdivision x 20 sub divisions + 5 staff from each divisional hospital)	3 Divisional Training conducted Fifty-five Assessors completed training.	MOH NFNC	Jan - Sept	\$60,000	MOH NFNC	Output 1.2.1
1.5.2	Monitoring component for the above	Monitoring tool developed.	MOH NFNC UNICEF	May - July	\$2,000		Output 1.2.2

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
1.5.3	Support for re-printing training Manuals for BFHI	BFHI Training Manuals Printed.	MOH, NFNC	Jan - Feb	\$15,000	MOH NFNC	Output 1.2.2
	Support existing MOH nurses to undertake Midwifery training using a MOH/FHSSP cost sharing model (FNU 35 places, Sangam 10 places)	20 Nurses admitted to Midwifery Course.	MOH, FNU, SANGAM	April - Dec	\$45,000	MOH, FNU, SANGAM	Output 1.2.2
1.5.5	Work with Obstetric CSN to draft MOU for FNU/MOH partnership for Nursing and Midwifery training.	MOU developed and endorsed.	MOH, FNU, SANGAM	April - July	\$2,000	MOH, FNU, SANGAM	Output 1.2.2
	Obstetric support program that includes attachments from Sub Divisional hospitals and Nursing Posts to Divisional Hospitals, inter divisional hospital exchanges and midwifery outreach activities (including CME, partogram & Auditing activities.) Specifically with the purpose of maintaining skills among midwives and doctors	Five staff per division completed clinical up skilling attachment. Two midwives outreach per division conducted.	мон	Feb - Dec	\$60,000	мон	Output 1.2.2
1.5.7	Support for monitoring the above activities	Monitoring tool designed.		Feb - Dec	\$2,000	МоН	Output 1.2.2
	Support the nationalizing of 'visual inspection with acetic acid' (VIA) – to be further discussed as currently there is a pilot project (finishes in March 2012) in place This is a complimentary service to the Pap Smear program.		MOH, CSN Obs	April - Dec	\$50,000	MOH, FNA,	
	TOTAL FOR OBJECTIVE ONE				\$895,700		

Operational Costs			
Travel	Jan - Dec	\$10,000 \$830 / m	onth
Workshops and Meetings	Jan - Dec	\$10,000 \$830 / m	onth
Materials	Jan - Dec	\$10,000 \$830 / m	onth
Objective Specific Operating Costs	Jan - Dec	\$6,000 \$500 / m	onth
Local Personnel Costs			
Infant and Child Health TSO - WHS	Jan - Dec	\$30,000	
Infant and Child Health TSO - CEHS	Jan - Dec	\$30,000	
Infant and Child Health TSO - NHS	Jan - Dec	\$28,500	
Objective: To institutionalise a 'healthy child' program throughout Fiji			
To support the Fiji MOH to institutionalise a 'healthy child' program tl	hroughout Fiji		
Output 2.1: EPI Program strengthening - Systems in place to maintai	n Expanded Program of Immunisation (EPI) rates gr	eater than 90%	
Activities:			

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference	
2.1.1.1	New vaccine introduction	New vaccines are introduced	WHO, UNICEF, JICA, PIPS, MoH	Jun	\$40,000	Identification of an acceptable sustainable financing solution	Outcome 2.1.1	
2.1.1.2	Child Health Week	Vaccination of 1000 vaccine defaulters	WHO, UNICEF, JICA, PIPS, MoH, NZAID	Jun	\$90,000		Outcome 2.1.1	-
2.1.1.3	Support to Basic 3 day EPI training	Training of all nurses new to EPI competed in all 3 divisions	МоН	Jun	\$40,000		Outcome 2.1.1	
	Support to Demographic Health Survey (EPI coverage survey)	Coverage data available	WHO, UNICEF, JICA, PIPS, MoH	Sep	\$150,000	Planned to be integrated with DHS, however methodology needs to be comparable to previous coverage survey	Outcome 2.1.1	To be covered out of Unallocated Fund
2.1.1.5	Micro planning workshops	3 workshop conducted	МоН	Jun	\$15,000		Outcome 2.1.1	
2.1.1.6	PIPS workshop	Workshop attended and linages with partners maintained	WHO, UNICEF, JICA, PIPS, MoH	Sep	\$10,000	Workshop is held in 2012	Outcome 2.1.1	
	Public Health Association of Australia Immunisation Conference & linkages with PHAA established with PHA Fiji established	Conference attended Linkages with PHAA established and sub PHA of Fiji developed	РНАА	Jun	\$25,000		Outcome 2.1.1	
	VPD Surveillance Officer to establish system [MoH to take over funding in 2013]	VPD surveillance system established	Mataika House, WHO, MoH	Dec	\$25,000	Mataika House must take the lead and MoH to take over funding on 2013		To be covered out of Unallocated Fund
	Output 2.2: IMIC Training leads to more secondary paec carried out at SDH level or below	liatric care at Sub-Divisio	onal level - Compre	ehensive training i	n IMCI leading to more se	condary level paediatric	care being safely	
	Activities:							1
2.2.1	Expand and/or reinforce the Integrated Management of	Childhood Illnesses (IMC	I) training program	1				
	Development of standardised IMCI policies and procedures for nurses [?include in nurses scope of practice]	IMCI protocol included in SOP	МоН	Dec	\$10,000	SOP completed in 2012	Outcome 2.1.1	

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
	Train IMCI supervisors [SDHS/SDMO/DHS] to provide essential supervision, assessment and provision of appropriate equipment	IMCI supervisors trained	MoH, UNICEF, WHO	Sep	\$20,000	Paediatric department being able to develop a modified IMCI course for supervisors	Outcome 2.2.3
	Identify divisional IMCI champions to take over the training	IMCI training is coordinated by divisional public health	МоН	Dec	\$0	Divisions recognise need to lead the IMCI training	Outcome 2.2.3
2.2.1.4	IMCI facilitators training	Additional 20 IMCI facilitators trained, IMCI successfully being carried out without dependency on CWMH	MoH, UNICEF, WHO	Dec	\$25,000		Outcome 2.2.3
2.2.1.5	IMCI training	Training conducted, IMCI trained staff in each sub division	MoH, UNICEF, WHO	Dec	\$40,000		Outcome 2.2.3
2.2.1.6	IMCI attachments	Attachments conducted in each division	MoH, UNICEF, WHO	Dec	\$25,000	MoH identifies staff who require attachment and can release them from their station for the attachment	Outcome 2.2.3
	Output 2.3: Capacity building and training of health car	e professionals to ensure	whole of spectru	m of continuum of	care		
	Activities:	1	T	1 1		I	
	CSN Paediatrics to meetings Nutrition	CSN meets IYCF TOT conducted in each division	MoH, UNICEF, WHO	Sep Oct	\$15,000 \$80,000	Nutrition department able to deliver the training	Outcome 2.2.3
	Oral Health	capacity building workshop conducted	МоН	Apr	\$20,000	Oral health team able to deliver the training	Outcome 2.2.3
	Child Health Specialist Nurses	10 Nurses certified at child health specialists	МоН	Dec	\$18,000	Specialty to be recognised as a specialist discipline	Outcome 2.2.3
2.3.5	PLS & APLS training	Training completed	МоН	Dec	\$60,000	APLS will require an instructor from Aust	Outcome 2.2.3
2.3.6	Pocket Book training	Pocket book training conducted and reaches every sub division	МоН	Dec	\$30,000	Paediatric department availability	Outcome 2.2.3
2.3.7	Malnutrition	Reduction in hospitalised malnutrition cases	MoH, UNICEF, WHO	Dec	\$20,000	Study results available	

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
	Output 2.4: Reduce peri-natal mortality - Child health to	o be more focused on red	ducing peri-natal	mortality.			
	Activities:						
2.4.1	Review guidelines and protocols, working with the paediatric team at CWMH to identify and document all existing policies & CPG	Neonatal Guidelines and protocols reviewed and best guidelines identified	MoH, Paed Department	Dec	\$5,000		Outcome 2.2.2
2.4.2	Equipment procurement [based on requirements found from 2011 audit]. Funding to be rolled over from 2011.	Decentralised levels are better equipped to treat paediatric clients	MoH, Paed Department	Dec	\$315,000	Equipment priorities identified by Paed CSN	Outcome 2.2.1
2.4.3	Neonatal attachments	Attachments conducted in each division	MoH, Paed Department	Dec	\$15,000	Divisions identify those that require attachments	Outcome 2.2.3
	TOTAL FOR OBJECTIVE TWO				\$1,042,500		
	OBJECTIVE 3: Diabetes						
	Facilitator Costs						
	Travel			Jan - Dec		\$20,80 / month	
	Workshops & Meetings			Jan - Dec	\$6,000	\$500 / month	
	Materials			Jan - Dec	\$5,040	\$420 / month	
	Objective Specific Operating Costs		•	Jan - Dec	\$6,000	\$500 / month	
	Local Personnel Costs						
	TSO - NCD Tool Kit, SOPD & TNA - North			Jan - Dec	\$21,600		
	TSO - NCD Tool Kit, SOPD & TNA - West			Jan - Dec	\$21,600		
	TSO - NCD Tool Kit, SOPD & TNA - Central / Eastern			Jan - Dec	\$21,600		
	TSO travel & other expenses			Jan - Dec	\$5,000		
	Objective: To strengthen Diabetes and Hypertension pre	vention and managemen	it at decentralized	d levels			
	Output 3.1: Population Screening - Improving the detec	tion of undiagnosed DM	& HT cases throu	ugh population scre	ening. Implementing SNA	AP preventive activities	
	Activities:						
3.1.1	Auditing of NCD Tool Kits, SOPDs & training needs in eight (8) other SDH and Health Centres	Number of facilities audited	MOH Staff at SDH & HCs	Jan - Dec	\$65,000		Outcome 3.1.
3.1.2	Support the development and implementation of the proposals for upgrade	Number of facilities fully upgraded	MOH Staff at SDH & HCs	Jan - Dec	\$120,000	Timely development & submission of proposals by SD & HC	Outcome 3.1
3.1.3	Purchasing & replacing equipment in the NCD Tool Kits in all audited facilities	No of facilities with fully operational NCD T/Ks	MOH Staff at SDH & HCs	Jan - Dec	\$100,000	Timely acquisition of equipment (most imported from	Outcome 3.1

overseas)

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
	Screening of 'at risk' population commenced in identified sites & developing registers to record SNAP Interventions	No of facilities implementing screening & SNAP registers	MOH Staff at HCs & NS	Jan - Dec	\$20,000	Timely development & submission of proposals by SD & HC. Availability of HCW for screening	Outcome 3.1.2
3.1.5	Reviewing the Green Prescription	Reviewed by August 2012	MOH Staff at SDH, HCs & NSs	August	\$5,000	Availability of participants/ facilitators	Outcome 3.1.2
	Focused population screening during World Health Day (April) & World Diabetes Day (Nov)	No of sites conducting screening	MOH Staff at SDH, HCs & NSs	April & Nov	\$30,000	Availability of HCW	Outcome 3.1.2
3.1.7	Healthy Eating & Physical Activity programs	No of sites conducting this program	MOH Staff at NCHP & Div Level	Jan - Dec	\$20,000	Availability of HCW	Outcome 3.1.2
	Support training in & distribution of NCD Tool Kits & related Educational Materials in identified sites	No of sites fully operational	MOH Staff at SDH & HCs	Jan - Dec	\$20,000	Availability of participants/ facilitators	Outcome 3.1.2
	Collaborating with major stakeholders to support NCD prevention activities (e.g. HPS)	Meetings attended & support provided	WHO, SPC, community groups	Jan - Dec	\$5,000	Details of collaboration not clear at present	Outcome 3.1.2
	Supporting NCD Screening activities & SNAP intervention at workplaces	Meetings attended & support provided	MOH , NCHP, WP OHS Com	Jan - Dec	\$15,000	Number of requests received & type of support needed	Outcome 3.1.2
3.1.11	NCD Awareness Programs (Print and media)	Number of programs conducted	MOH, NCHP, NCD	Apr, Nov	\$75,000	Number of requests received & type of support needed	Outcome 3.1.2
	Output 3.2: Personal Diabetes Record Book - Introducin	g a personal Diabetes ca	re record booklet	to ensure continu	um of care for patients wh	no have a variety of servio	e providers.
3.2.1	Activities: Distribution of PDRB to all identified sites. Records kept of distribution to all identified sites and re-prints.	Distribution lists showing progress quarterly	MOH Staff at SDH & HCs	Quarterly	\$15,000	Adequate HCW conducting clinics. Adequate handing over when HCW change.	Outcome 3.1.3
3.2.2	Monitoring & Audit Tool in place.	Tool developed	MOH Staff at SDH & HCs	Quarterly	\$1,000		Outcome 3.1.3
	Output 3.3: Establish Quality Diabetes centres at Sub-di & HC levels. Improving facilities for more advanced diak	•				omplications at Diabetes	(NCD) HUBs, SDH
	Activities:						
	More facilities, in all divisions, identified for auditing and upgrade	List agreed to in the first Div Plus meeting	DMOs & SDMOs	Mar	\$500	Agreement by MOH Executive staff	Outcome 3.1.4

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
3.3.2	Minimum standards for providing quality diabetes management services established.	Draft standard in place	Diabetes CSN	Jun	\$5,000	Agreement by Diabetes CSN & MOH Executive staff	Outcome 3.1.4
3.3.2.1	Ensuring updated registers of people with DM & HT at SDH & HC SOPDs	No of sites with registers	MOH Staff at SDH & HCs	Jan - Dec	\$500		Outcome 3.1.4
3.3.3	Appropriate training conducted with appropriate tools for documentation and reporting.	3 per quarter	Diabetes CSN	Jan - Dec	\$20,000	Availability of facilitators/ trainers mainly specialist clinicians	Outcome 3.1.4
3.3.4	Needs assessment for other resource materials conducted	Assessment tool / template developed	SD & HC Staff of MOH	June	\$5,000		Outcome 3.1.4
3.3.5	Purchase SNAKE screening equipment & consumables	Proof of agreed list & purchase	Diabetes CSN	Jun	\$50,000	Need Diabetes CSN to agree to a minimum standard for equipment	Outcome 3.1.4
3.3.6	Support an Audit of NCD Care services at Divisional Hospital SOPDs	Audit tool developed	Diabetes CSN	Aug	\$5,000	Need Medical CSN to partner with maybe FNU	Outcome 3.2.1
3.3.7	Support quarterly meetings of the Diabetes CSN	Schedule of Meetings agreed to	Diabetes CSN	Mar, Jun, Sep, Dec	\$20,000	Availability of the clinicians	Outcome 3.2.2
	NCD HUBs as specialist referral centres for the divisions Activities:	5.					
3.4.1	Support the Implementation of the roles,						
	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC	Draft proposal developed	Medical CSN	Mar	\$50,000	Availability of the HR component from MOH before the other components can be implemented	
3.4.2	responsibilities and functions of the NDC & The NCD		Medical CSN Diabetes CSN	Apr	\$50,000 \$20,000	component from MOH before the other components can be	
	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC	developed Draft Capacity Building				component from MOH before the other components can be	
3.4.3	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC Support appropriate capacity building	developed Draft Capacity Building proposal developed	Diabetes CSN	Apr	\$20,000	component from MOH before the other components can be	
3.4.3	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC Support appropriate capacity building Purchase appropriate equipment & consumables. Strengthen Outreach services through planning and	Draft Capacity Building proposal developed Draft list developed Draft Plan for outreach	Diabetes CSN Diabetes CSN	Apr	\$20,000	component from MOH before the other components can be	
3.4.3	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC Support appropriate capacity building Purchase appropriate equipment & consumables. Strengthen Outreach services through planning and possible transport options.	Draft Capacity Building proposal developed Draft list developed Draft Plan for outreach developed Audit tool developed	Diabetes CSN Diabetes CSN Diabetes CSN Medical CSN	Apr May Jun	\$20,000 \$50,000 \$50,000 \$10,000	component from MOH before the other components can be implemented	ely & provide
3.4.3	responsibilities and functions of the NDC & The NCD HUBs as endorsed by NHEC Support appropriate capacity building Purchase appropriate equipment & consumables. Strengthen Outreach services through planning and possible transport options. Audit and develop appropriate resource materials Output: 3.5: Capacity Building and Training -Training &	Draft Capacity Building proposal developed Draft list developed Draft Plan for outreach developed Audit tool developed	Diabetes CSN Diabetes CSN Diabetes CSN Medical CSN	Apr May Jun	\$20,000 \$50,000 \$50,000 \$10,000	component from MOH before the other components can be implemented	ely & provide

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
	Support other identified training such as Podiatry, Clin attachments	Draft plan	Diabetes CSN	Jun, Dec	\$40,000	Timely submission from appropriate MOH Staff, TSOs at divisional level will be very helpful.	
	Purchasing other identified training & educational tools e.g. Food Models, Charts	Proposed List available	DMOs & SDMOs	Mar	\$20,000	Timely submission from appropriate MOH Staff	
	Curriculum Development / Dip in Diabetes Management		FSMed / MoH	Jun		Consultation with FNU, SPC, WHO	
	Purchase accredited training from training institutes such as WHO, SPC, FNU,	Proposed List available	DMOs & SDMOs	Mar	\$20,000	Timely submission from appropriate MOH Staff. Development of curriculum.	
	TOTAL FOR OBJECTIVE THREE				\$1,023,840		

OBJECTIVE 4: COMMUNITY HEALTH WORKER NETWORK	,							
OBJECTIVE 4: COMMONITY HEALTH WORKER NETWORK	\ 	l	l	1				
	vork of village/communit	y health workers ('	VHW/CHW) as the	e first point of contact with	the health system for pe	ople at		
community level								
Output 4.1: Revitalisation of V/CHW Training - An effective system of trained and resourced VHW/CHW who are able to promote public health practices and health seeking								
provide basic first aid, and effectively refer patients to t	the next level of health se	ervices						
Facilitator Costs								
Travel			Jan - Dec	\$24,000	2,000 / month			
Workshops & Meetings			Jan - Dec	\$6,000	\$500 / month			
Materials			Jan - Dec	\$4,200	\$350 / month			
Objective Specific Operating Costs (stationary, cars phon	es (?) etc)	•	Jan - Dec	\$6,000	\$500 / month			
Local Personnel Costs								
TSO - Training Package			Jan - March	\$50,000				
Activities:								
Support MOH in further strengthening of the CHW	Training package	MOH, JICA (NBT)	Jan - Mar	\$50,000	Timing of endorsement	Outcome 4.1.1		
training package including tool kits and M&E	translated, printed and				of training manual.			
framework. (A local contractor will be recruited to	distributed to the							
undertake the translation and current TSO will conduct	training of trainers							
TOT after endorsement of the manual)								
Facilitate the procurement of tool kits	Tool kits procured and	мон	Nov	\$300,000	Non inclusion of clinical	Outcome 4.2.1		
•	available for use		- '	7.200,000	set for CWM.			
	Objective: To revitalise an effective and sustainable networmunity level Output 4.1: Revitalisation of V/CHW Training - An effective provide basic first aid, and effectively refer patients to the state of the sta	Community level Output 4.1: Revitalisation of V/CHW Training - An effective system of trained an provide basic first aid, and effectively refer patients to the next level of health sees to the next	Objective: To revitalise an effective and sustainable network of village/community health workers (community level Output 4.1: Revitalisation of V/CHW Training - An effective system of trained and resourced VHW, provide basic first aid, and effectively refer patients to the next level of health services Facilitator Costs Travel Workshops & Meetings Materials Objective Specific Operating Costs (stationary, cars phones (?) etc) Local Personnel Costs TSO - Training Package Activities: Support MOH in further strengthening of the CHW training package including tool kits and M&E framework. (A local contractor will be recruited to undertake the translation and current TSO will conduct TOT after endorsement of the manual) Facilitate the procurement of tool kits Tool kits procured and MOH	Objective: To revitalise an effective and sustainable network of village/community health workers (VHW/CHW) as the community level Output 4.1: Revitalisation of V/CHW Training - An effective system of trained and resourced VHW/CHW who are ab provide basic first aid, and effectively refer patients to the next level of health services Facilitator Costs Travel Jan - Dec Workshops & Meetings Materials Objective Specific Operating Costs (stationary, cars phones (?) etc) Jan - Dec Local Personnel Costs TSO - Training Package Jan - March Activities: Support MOH in further strengthening of the CHW training package including tool kits and M&E framework. (A local contractor will be recruited to undertake the translation and current TSO will conduct TOT after endorsement of the manual) Facilitate the procurement of tool kits Tool kits procured and MOH Nov	Objective: To revitalise an effective and sustainable network of village/community health workers (VHW/CHW) as the first point of contact with community level Output 4.1: Revitalisation of V/CHW Training - An effective system of trained and resourced VHW/CHW who are able to promote public health provide basic first aid, and effectively refer patients to the next level of health services Facilitator Costs Travel Jan - Dec \$4,000 Morkshops & Meetings Materials Jan - Dec \$6,000 Materials Jan - Dec \$4,200 Objective Specific Operating Costs (stationary, cars phones (?) etc) Jan - Dec \$6,000 Activities: TSO - Training Package Jan - March \$50,000 Activities: Support MOH in further strengthening of the CHW training package including tool kits and M&E framework. (A local contractor will be recruited to undertake the translation and current TSO will conduct TOT after endorsement of the manual) Facilitate the procurement of tool kits Tool kits procured and MOH MOH Nov \$300,000	Objective: To revitalise an effective and sustainable network of village/community health workers (VHW/CHW) as the first point of contact with the health system for percommunity level Output 4.1: Revitalisation of V/CHW Training - An effective system of trained and resourced VHW/CHW who are able to promote public health practices and health seprovide basic first aid, and effectively refer patients to the next level of health services Facilitator Costs Travel Jan - Dec \$24,000 2,000 / month Jan - Dec \$4,000 \$500 / month Morkshops & Meetings Jan - Dec \$4,000 \$500 / month Jan - Dec \$56,000 \$500 / month Decal Personnel Costs TSO - Training Package TSO - Training Package Jan - March \$50,000 \$500 / month Training package including tool kits and M&E training package including tool kits and M&E framework. (A local contractor will be recruited to undertake the translation and current TSO will conduct TOT after endorsement of the manual) Tool kits procured and MOH MOH Nov \$300,000 Non inclusion of clinical		

Output 4.2: In Activities: 4.2.1.1 Provide support establishment comminutes a setting, 1 non- 4.2.2 Provide support promotion act groups. Areas community, H issues, water sestablished an approach) Output 4.3: Au Activities: 4.3.1 Training of tra Output 4.4: St Activities: 4.4.1 Training of support is support in the support in the support is support in the support in the support is support in the support in the support is support in the support in the support in the support is support in the support	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
Activities: 2.1.1 Provide support establishment comminutes a setting, 1 non- 2.1.2 Training in cor 4.2.2 Provide support promotion act groups. Areas community, Hissues, water sestablished an approach) Output 4.3: An Activities: 4.3.1 Training of training of training of support sup	oartnership with key stakeholders at Divisional level	Number of actively engaged key stakeholders in the revitalisation process increase	MOH, GOF, NGOs, FSM, FSN, JICA, WHO, USAID, Peace Corp, Town Councils and etc	Jun	\$60,000	Stakeholder engagement.	
2.1.1 Provide support establishment comminutes a setting, 1 non- 2.1.2 Training in cor 4.2.2 Provide support promotion act groups. Areas community, Hissues, water sestablished an approach) Output 4.3: All Activities: 4.3.1 Training of tra 4.3.2 Roll out of CH' Output 4.4: Stables Activities: 4.4.1 Training of support and support activities: 4.4.2 Monitoring of	ncreases community ownership of and eng	agement in Primary Hea	lth Care				1
establishment comminutes a setting, 1 non- 2.1.2 Training in cor 4.2.2 Provide support promotion act groups. Areas community, H issues, water s established ar approach) Output 4.3: Ai Activities: 4.3.1 Training of tra 4.3.2 Roll out of CH Output 4.4: St Activities: 4.4.1 Training of support in the set of the set o							
4.2.2 Provide support promotion act groups. Areas community, Hissues, water sestablished an approach) Output 4.3: All Activities: 4.3.1 Training of tra Output 4.4: Standard Activities: 4.4.1 Training of support Activities: 4.4.2 Monitoring of	oort to DMO North in facilitating the nt of health status baseline of four as part of training of trainers (1 peri-urban n-indigenous remote setting)	Proportion of Community Profile established	MOH, Ministry of Itaukei, Town Councils and the community	Feb - Dec	\$25,000	TF with support	Outcome 4.2.4
promotion act groups. Areas community, H issues, water sestablished an approach) Output 4.3: Al Activities: 4.3.1 Training of tra Output 4.4: St Activities: 4.4.1 Training of su 4.4.2 Monitoring of	ommunity health action plan		Community Level	Feb - Dec	\$25,000	TF with support	Outcome 4.2.5
Activities: 4.3.1 Training of tra 4.3.2 Roll out of CH' Output 4.4: St Activities: 4.4.1 Training of sup 4.4.2 Monitoring of	port to the implementation of health ctivities and set up of community support is of support inlcude smoke free HIV awareness, traditionally sensitive r supply upgraded, backyard garden and etc (Strengthen water sanitation waste	Number of health promotion activities implemented	МоН	March - Dec	\$60,000	Divisional business plans	Outcome 4.2.5
4.3.1 Training of tra 4.3.2 Roll out of CH Output 4.4: St Activities: 4.4.1 Training of sup 4.4.2 Monitoring of	An increase in the number of VHW/CHW tra	l ained - Effectively trained	d VHW/CHW who	are able to meet the	e health needs of their re	espective rural and urba	n communities
Output 4.4: St Activities: 4.4.1 Training of sup 4.4.2 Monitoring of				 			
Output 4.4: St Activities: 4.4.1 Training of sup 4.4.2 Monitoring of	rainers	Number of trained CHW trainers, Number of subdivision with trained CHW trainers	МОН	Feb - March	\$70,000		Outcome 4.1.1
Activities: 4.4.1 Training of sup 4.4.2 Monitoring of	HW training	Proportion of CHW trained and resourced	MOH, JICA	March - October	\$300,000		Outcome 4.1.1
Activities: 4.4.1 Training of sup 4.4.2 Monitoring of	Strengthening supervisors capacity in M&E	of CHW program		<u> </u>			ļ
4.4.2 Monitoring of		· .					
	upervisors		MoH, JICA	March - July	\$50,000	Based on JICA timing	Outcome 4.2.2
TOTA	of CHW activities		MoH, JICA	July - Dec	\$10,000	Based on 4.5.1	Outcome 4.2.2
l	TAL FOR OBJECTIVE FOUR				\$1,040,200		
OBJECTIVE FIX	IVE: Targeted systems strengthening						

ode	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
5	To strengthen key components of the health system to s	upport decentralised serv	vice delivery.	•			•
	Output 5.1: Functional Public Health Information System	m (PHIS) PHIS provides	timely, complete	and accurate info	mation for all Fijians that	is being used to measure	public health
	Facilitator Costs						
	Travel			Jan - Dec	1 /	2,000 / month	
	Workshops & Meetings			Jan - Dec	\$6,000	\$500 / month	
	Materials			Jan - Dec	\$4,200	\$350 / month	
	Objective Specific Operating Costs (stationary, cars phon	es (?) etc)		Jan - Dec	\$6,000	\$500 / month	
	Local Personnel Costs						
	TSO - CSN/CPG Co-ordination M&E			Jan - Dec	\$28,000		
	Technical Assistance						
	LTA Monitoring and Planning			Jan - Dec	\$250,000		
	PHIS STA			Jan - Dec	\$80,000		
			I		· ·		
	OUTPUT 5.1 FUNCTIONAL PUBLIC HEALTH INFORMATIO	N SYSTEM [PHIS]					
E 1	The Public Health information System provides complete		formation to stake	holders to be use	d to moscuro public hoalt	h outcomes and plan futi	uro activitios a
3.1	Central and decentralized levels.	e, timery, and accurate im	iorniation to stake	inoluers to be use	a to measure public heart	ir outcomes and plan ruti	are activities a
	Activities						
5.1.1	Revision of all forms and manuals to ensure they collect	Revised tools endorsed	MOH (HIU) &	Jan – Jun	\$63,500	MoH to establish project	Outcome 5.1
	information needed to report performance indicators.	by the NHIC	GMU			governance and arrange	
	Print and distribute manuals.	,				consultations with all	
						stakeholders	
5.1.2	Develop data collation and reporting at tools at	Data collation tools in	MOH – Divisional	Apr - Dec	\$78,000	MoH to arrange	Outcome 5.1
3.1.2	Divisional, sub-divisional levels, national levels.	place and providing	Level	, .p. 200	φ. ο,σσσ	consultations to	0 4100
	Including reporting templates at all levels	reports locally and data	Level			determine desired	
	including reporting templates at all levels	to national level				functionality at	
		to fiational level				Divisional level	
F 4 2	Conduct to discount delication and analysis and an	D	ENILL MOLL	Jul - Dec	ć7.000		Outcome 5.1
5.1.3	Conduct training in data collection and analysis and use	Proportion of facilities	FNU,MOH,	Jui - Dec	\$7,000	MoH to identify staff to	Outcome 5.1
	[presentation skills]	with trained staff in	Global Fund			be trained and provide	
		new process and tools				logistics support for	
						training	
5.1.4	Support Development of Data & Indicators Dictionary	Data & Indicators	FNU, MOH and	Jul - Dec	\$5,000	MOH to release staff	Outcome 5.1
		dictionary developed	Global Fund			time to work on these	
						dictionaries	
5.2	Output 5.2: OPERATIONAL RESEARCH PROVIDES INFORI	MATION TO SUPPORT EV	IDENCED -BASED	POLICY AND PLAN	NING OF HEALTH SERVICE	S IN THE URBAN AND PE	RIURBAN ARI
5.2.1	Commission initial analysis of scope, key issues, health o	utcomes and health syste	em impacts of urba	ın and peri urban r	nigration.Develop options	for addressing identified	impacts and
	needs. Develop mechanisms for monitoring health status	s of informal settlement of	communities.{Deve	elop MoH capacity	and build links to local ar	d regional institutions.	
	Activities						
2.1.1	Strengthen long term MoH research capacity through	(i)Support plan	мон,	Jan –Jun	\$20,000	MOH & FNU (CMNHS)	Outcome 5.1
	courses and partnering/mentoring with FNU CMNHS	endorsed by MoH	FNU(CMNHS)				
	Research Unit. Locally engaged TA through FNU.	(ii)mentoring	, ,				ĺ
		relationship formally					
ı							•
		established					

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
5.3	Implementation of clinical services plan activities including improvement in capacity building	ng role delineation, clinic	al services networ	ks and short term c	linical attachment and su	upport Risk management	,Quality
	ACTIVITIES						
5.3.1	•	No of exchanges by type of health worker	МоН	Jan – Dec	\$15,000	CSn plans and release of officers by MOH	
5.3.2	Support CSN Workshop	Number CSN workshop conducted	МоН	Apr - Nov	\$15,000	10 CSN	
5.3.3	Health Symposium	Health Symposium held	FNU (CMNHS), MOH	Jun	\$60,000	FNU & MOH (Core share)	
5.3.4	Support capacity building for Health System Standard in	Infection Control, Risk Ma	anagement & CQI			,	
5.3.4.1	Attachment to John Hunter Hospital	1 officers completed attachment & completion report received	MOH –DSHS & PHSS. John Hunter & MoH	Jan – Dec	\$15,000	Availability of place at John Hunter	
5.3.4.2	Review of UOR Database	Reports received & actioned	MOH –DSHS & PHSS	Jan – Dec	\$5,000	PA HSS to coordinate	
5.3.4.3	RCA Infection Control Workshop/Training of risk management and quality improvement	Workshop conducted	MOH –DSHS & PHSS	Jan – Dec	\$15,000	Divisional risk managers	
	National QI/CSP Meeting	Meeting conducted	MOH –DSHS &	Mar - Sep	\$8,000		
5.4	Output 5.4: Support for MOH Planning Process						
	Activities		T.	1		l .	T.
5.4.1	Development of Oral Health strategic plan (taking into account current survey)	Plan endorsed by NHEC	MOH – DSPH, NAOH	Jan – Jun		Based on survey results of 2011.	Outcome 5.1.3
	Capacity building for senior staff in policy development, government writing.	a) Long term development plan developed and endorsed b) Number of senior staff attending training / secondment by type	MOH, FNU & PSC	Jan – Dec	\$10,000	LTA Planning and Monitoring to take lead role	Outcome 5.1.2
5.4.3	Annual Corporate Planning development support	ACP 2013 Endorsed	MOH – PPDA	Sep	\$20,000	MOH & PSC	
5.5	OUTPUT 5.5: SECTORAL CO-ORDINATION						
	Activities	- :	1	1	<u> </u>	1	1-
	Donor Co-ordination Meeting Divisional Meetings	2 meetings conducted 4 meetings per division	MOH (PPDA) MOH (PPDA) & Divisional Office (DSPH & DSHS)	Jan - Dec		MOH & Donor MOH & Divisional Office	Outcome 5.1.3 Outcome 5.1.3
5.5.3	Sub-Divisional Meeting	Documented reports from Sub-Divisional heads	Divisional Office & Sub –Divisional Office	Jan - Dec	\$10,000	MOH (DSPH & DSHS)	Outcome 5.1.3

Code	Program Description	Measure	Partners	Timeframe	Costs (FJD)	Dependencies/Notes	M&E Cross Reference
5.5.4		Development of the Program's Plan for 2013		Oct	\$15,000	MOH & AusAID	Outcome 5.1.3
	TOTAL FOR OBJECTIVEFIVE				\$814,700		
Total P	rogram				\$4,816,940		
Unalloc	ated Fund				\$1,724,138		
Total P	rogram including Unallocated Fun				\$6,541,078		

^{*}Note - the actitivies being funded from the Unallocated fund are highlighted in pink under their relevant Objective, however the allocation is actually taken into account under the UF line, NOT the total for the Objective.