Annex 1: Technical Facilitators report against program objectives

Objective 1: Safe Motherhood

Objective 1: to institute a Safe Motherhood program at Divisional and Sub-Divisional levels.	
Output 1.1: an increasing number of women routinely presenting for first ante-natal check-up (ANC) in the first trimester.	
Activities	**Achievements**
1.1.1 Facilitate Campaign Support for Safe Motherhood	Key messages have been delivered through the national television channel (TV One), radio and LED video displays. In addition 2, 000 posters, 50 sets of 17 charts and 10,000 pamphlets are now printed ready for distribution to divisional and subdivisional health institutions by January 2012. All these materials have the common theme, *that all mothers deserve a healthy pregnancy* thus the message is: a) Book early and attend regular ante-natal clinic visits b) Fathers to be more supportive to their wives during pregnancy, labor and delivery.
1.1.2 Work with CSNs (Obstetrics and Public Health) on training package for birth preparedness planning and complications readiness.	A TSO to support BPP/CRP Birth Preparedness and Complications Readiness Plan Training Package for staff at community level commenced work in mid-September. The package focuses on the shared responsibilities by the community, the family and the woman in the BP/CR Matrix. First trial of the BPP/CRP Training Package was given to community health workers (CHWs) in the Naitasiri sub-division at a three-day workshop on safe motherhood facilitated by FHSSP. Topics covered included: a. Reasons for early bookings at the ante-natal clinic b. Preparations of a birth plan with local nurse, family and community members c. Danger signs to look out for during pregnancy and be able to recognize them d. Family planning, nutrition and breastfeeding. Second trial of the BPP/CRP Training Package was conducted by midwives from CWM Hospital to 20 community health nurses and selected CHW in the Kadavu subdivision. The final draft is currently with the Obstetrics and Gynaecology CSN chair and it is expected that a standardised best practice training package will be endorsed by the Obstetrics and Gynaecology CSN in the first quarter of 2012.
Output 1.2 Increased proportion of SDH registered as ' mother safe' with the MoH	
1.2.1 Support MoH on the Reproductive Health Strategic	The MoH Reproductive Health Policy was launched in September, there has been no activity to progress the Strategic Plan this will occur in 2012.

<table>
<tr><td>Plan.</td><td></td></tr>
<tr><td>1.2.2 Facilitate preparation and introduction of clear protocols and guidelines, including ones for emergency deliveries at NSs and HCs and for timely referral
of higher risk pregnancies to divisional hospitals.</td><td>Obstetrics and Gynaecology CSN endorsed the initial draft protocols and CPGs for sub-divisional obstetric emergencies in September. Protocols include:
a. Types of vaginal bleeding in early pregnancy.
b. Types of vaginal bleeding in later pregnancy and labor.
c. Types of vaginal bleeding after child birth.
d. Fever during pregnancy, labor and postpartum.
e. Rise in Blood Pressure in pregnancy.
Work on the remaining obstetric CPGs will follow in the new year.
This on-going project (FHSIP-FHSSP) from the last two years is about to be realised. Now on its third and final draft stage, the first edition of the CPG for the Obstetrics and Gynaecology Division of the MoH has been well supported by members of the Obstetrics and Gynaecology CSN and is expected to be printed in early 2012. The draft contains twenty-four guidelines in the management of obstetric emergencies at the sub divisional level.</td></tr>
<tr><td>1.2.3 Pocket manual for emergency protocols at subdivisional levels: printed and distributed.</td><td>A TSO was contracted from mid-September to support this work which is progressing well. The finalisation of this manual is dependent on the final draft being endorsed by the Obstetrics and Gynaecology CSN and possibly the NHEC, this is expected sometime in early 2012. Once endorsed the manual can be printed and distributed.</td></tr>
<tr><td>1.2.4 Facilitate midwives outreach visits to subdivisions to respond to birthing complications.</td><td>Facilitated a two-day midwives visit from the CWM Hospital to Naitasiri subdivision known for its difficult geography and difficult access by land and sea. Conducted a refresher in-service training to 78 staff (breakdown of attendance in the table below). The in-service program was the first since Vunidawa Hospital attained its Baby Friendly status in 2002.
<table>
<tr><th>Designation</th><th>Male</th><th>Female</th><th>Total</th></tr>
<tr><td>Community health workers</td><td>4</td><td>66</td><td>70</td></tr>
<tr><td>Community health nurses</td><td>1</td><td>4</td><td>5</td></tr>
<tr><td>Hospital nurses</td><td>1</td><td>2</td><td>3</td></tr>
<tr><td>TOTALS</td><td>6</td><td>72</td><td>78</td></tr>
</table>
FHSSP supported the midwives outreach program to Kadavu subdivision in the Eastern Health Services Division. A refresher course on partogram, birth preparedness, and, complications readiness was delivered at Vunisea to hospital and community health nurses, 20 participants in total.</td></tr>
<tr><td>1.2.5 Support SDH Staff for</td><td>Facilitated a three-day national workshop for nurse mentors. All except for the mentor on Lakeba in the Eastern Health Services</td></tr>
</table>

short-term clinical attachment at Divisional Hospitals.	Division were able to attend. This was the first meeting since they were recruited for the program. The group consists of mature retired and re-employed nurses and has been identified as those needing some assistance to mentor and coach new and young nurses in the different clinical areas with an emphasis on safe motherhood. A total of 20 mentors attended the workshop. All are females and are from both the community health and the hospital. It is worth noting that between these participants, they collectively share a little over 700 years of nursing experiences. The main objective of the workshop was to *inform and equip mentors on the essential knowledge and skills on Safe Motherhood Initiative Program and other pertinent components of their roles and functions.* The mentors will support attachment programs by nurses from the subdivisions into the maternity services unit at the divisional hospitals. Between October and November, FHSSP funded seven nurses for a two week clinical attachment program at the Colonial War Memorial Hospital and Lautoka Hospital they included: • One Senior Sister • Three community health workers and • Four hospital nurses. This group were from the sub divisional and nursing station levels in the Central, Eastern and Western Health Services divisions. The nurse mentors who had just completed a three-day workshop organised to help them identify and clarify tasks they can contribute to in safe motherhood - featured very strongly in the supervision and support of these nurses. Specific objectives for these clinical attachment focused on developing nurses confidence and competency in the following procedures and skills: a. Good antenatal care. b. Partograph. c. Management of the woman during labour and delivery. d. Care of mother and newborn during the immediate post delivery period. e. Family planning. Comments received from a participant from Levuka Hospital in the Eastern Health Services Division: "*I thank the facilitators for giving me the opportunity eight years after graduating; I again have the time to work at the maternity unit at CWM. It was a catch up for me. I want to go back and teach my colleagues on all that I have gained particularly partograph and, the criteria of polycose mothers*." From Loma Nursing Station in the Western Health Services Division came these comments: "*I found the attachment very useful as I have gained more knowledge on how to look after pregnant mothers. I will try and improve my ante natal clinic and also assess and attend to laboring mothers more appropriately and accordingly*."
Output 1.3: Higher proportion of deliveries being carried out in SDH or higher level institutions.	

1.3.1 Plan upgrade of facilities for maternity services based on gaps and needs identified from role delineation report health workforce review and EmONC Survey.	A review of the sub-divisional hospitals basic emergency obstetric and neonate care (EmONC) was completed in December and has been submitted to the MoH National Adviser-Family Health. This review includes the assessment of four sub-divisional hospitals identified in the EmONC Survey (2009) and the Obstetric and Gynaecolgy CSN. Included in the review are: • Levuka Hospital in the Eastern Health Services Division • Nadi Hospital in the Western Health Services Division • Savusavu Hospital in the Northern Health Services Division and • Nausori Maternity Unit in the Central Health Services Division. Recommendations include: • Strengthening HR and mentorship • Improvements to infrastructure, sterilization and waste disposal • Procurement of equipment. FHSSP will support the recommendations as detailed in the 2012 Work Plan.
1.3.2 Purchase 4 CTG machines (1 per division) for SDH	All procurement processes are completed and eight CTG machines have been delivered to FPBS awaiting distribution early in 2012. Biomedical and operator training has also been funded by FHSSP as part of the procurement.
1.3.3 Support CSN O&G to conduct training on partogram	The partogram training by midwives is part of the outreach program to sub-divisions, this is also a skill for sub divisional nurses to master on clinical attachments in the divisional hospitals. Partogram continues to be an important tool in the management of labour.
Output 1.4: Contraceptive prevalence rate increased and improved awareness on family planning	
1.4.1 KAPS survey on WHS RH/FP Program.	This small survey was originally planned to audit the Western Health SRHMP course which was conducted in 2010. Because of limited time, and because UNFPA conducts regular monitoring with the project contacts at the operational level and convenes Executive Management meetings to review the progress of the project, it was decided that this rapid audit will only look at certain aspects of the **processes** of the course. 19 participants have completed the course. The clinical component required the students to do attachments to selected clinical settings including: • Antenatal Clinic • Family planning Clinic • Labour Ward and • Maternal and Child Health Clinic. It is believed that this activity will fulfil the course objectives of acquiring some specialised reproductive health competencies in these areas.

	Overview of findings: • Selection process—It was observed that MoH was instrumental in the selection of participants to FSMed. We can only hope that the participants will be placed in positions/posts that will allow them to use their FP/RH knowledge and skills. • Sustainability of knowledge and skills learnt—100 per cent of participants have used the knowledge and skills gained from the course. • Clinical attachment—70 per cent had three weeks clinical attachment at Lautoka Hospital, 10 per cent had two months clinical attachment and 20 per cent had four weeks attachment. It is not understood why the clinical attachment of the participants were of varying lengths. • All respondents were able to consolidate classroom learning into the clinical areas of attachment but one of the major concerns was the short clinical attachment time allocated. A copy of the report with the recommendations has been forwarded to National Adviser-Family Health and is available on request.
1.4.2 Strengthen counselling skills in family planning at all levels.	A needs analysis to assess family planning knowledge and counselling skills of frontline staff is complete, this was part of the KAPS survey. With the findings of the audit of the reproductive health course in the Western Health Services Division, a major concern raised is the inclusion of the skills learnt in the nursing scope for example jadelle implant by nurses. Because of the need at the sub divisional level, it is recommended that nursing supervisors from where the participants have come from must ensure that the participants' IWP reflect activities that will promote sharing/ transfer of, and, use of knowledge and skills gained from the SRHMP Training to staff in that sub divisions. This will also promote consolidation of knowledge and skills learnt from the course.
1.4.3 Improve family planning awareness.	Findings from rapid assessment of IEC and family planning materials available for NAFH, NCHP and FHSSP are as follows: • Findings on Safe motherhood IEC: Reports received indicate the barest minimum on IEC materials related to maternal health, ante natal care, pregnancy, labor and delivery. There were however those related to nutrition, family planning, child health, immunization and other NCD materials. • The most significant aspect about available IECs is that they have been printed by other donor agencies – mostly UNFPA, WHO and Marie Stopes. • It is therefore recommended that extra effort must be made by MOH through its Obstetrics and Gynaecology CSN and the NCHP to strategically plan, draft, audit, finalise, print and distribute safe motherhood IEC materials to support a comprehensive and aggressive campaign to promote safe motherhood and reduce maternal mortality and morbidity. • Findings and recommendations on family planning materials: in sub-divisional hospitals, the majority of family planning work is shared by the ward nurses and sister in-charge. In health centres, the MCH or zone nurses carry out family planning activities. This is because there is either no position for a family planning nurse, or the post is vacant.

	• At least three contraceptive methods (pills, injectable and male condoms) are readily available. However, at the time of the audit, a number of stations were without supply of depo-provera due to it being out of stock at FPBS which is awaiting supply from UNFPA. To meet service needs, nurses and supervisors now borrow from each other within the subdivision. Jadelle is also out of stock from FPBS. • Bookings for Jadelle, tubal ligation and vasectomy are done by the MCH clinics and the clients await the availability of the doctor(s) from the divisional hospital to conduct the procedures. • A number of health institutions lack basic equipment essential for the initial assessment and follow-up of family planning clients for example, sphygmomanometers, stethoscopes, torches and adult scale. Copy of report has been forwarded to MOH NAFH and a copy available on request.
1.4.4 Support FP staff training at subdivisional levels.	FHSSP funded a three-day family planning workshop for nurses in the Kadavu sub-division. A total of 18 participants attended: eight participants travelled from outer nursing stations and health centers, while ten participants were from Vunisea Hospital and health centre. Staff on duty attended voluntarily as able. Resource personnel for the training travelled from the Oxfam Clinic in Suva. Objectives of the training included: I. To inform and equip nurses on the essential knowledge and skills in FP. II. To re-challenge nurses on innovative ideas to improve FP coverage. III. To assist nurses in delivery of correct FP information to clients. Evaluation reports of the training note the usefulness of all topics covered. Further training in pap smear is requested, FHSSP will support in 2012. Acknowledgement of FHSSP support in the purchase of a laser printer for the community health nurses' who previously had no printer. This printer was used for some of the workshop materials . Again the nurse mentors at Vunisea were instrumental in making the training possible after attending the national mentors' workshop facilitated by FHSSP. In the Western Health Services Division, FHSSP funded a similar three-day FP workshop for 22 sub-divisional nurses. The outstanding output of this workshop was that the FP coverage took a giant leap forwards with all the women who came for IUCD insertion. It was the same with the women who came for Pap smear. This was indicative of the demand for FP by community women in Lautoka, the community health nurses should take up this challenge. The workshop was a great success with participants gaining increased knowledge on current FP consumables and skills in pap smear collection. FHSSP funded and facilitated the following FP training: • Community awareness training in three different locations in the Nausori area. These were resourced by Oxfam Clinic staff, participants included church leaders and youths.

	• Adolescent health and awareness on reproductive health issues to 250 youth campers from three divisions held in Vatukoula. This was resourced by the Outreach Team of the Tavua sub-division. • FP and safe motherhood at the 'tikina level' with representatives from five villages. This was resourced by MOH and FHSSP staff. Evaluation reports received from the training indicated the need for more training especially to young parents and youths. A request came from the communities to support the establishment of safe motherhood support groups, this should to be taken up with the local sub-divisional health team.
Output 1.5: Capacity building and training of health care professionals to ensure the whole spectrum of continuum of care.	
1.5.1 Concept of safe motherhood promoted among MoH staff.	FHSSP supported one national training on Advance Life Support Obstetrics (ALSO). The Obstetrics and Gynaecology CSN record with sincerity their appreciation to FHSSP for funding yet again the annual ALSO\EmONC training which was officially opened by the Director FHSSP. The objectives of the workshop were: I. Up skill our health workers to deal with emergency obstetrics cases, II. Strengthen network building among the obstetric care providers in Fiji III. Strengthen the drill sessions and upgrade neonatal audit For the first time a large number of 54 nurses and doctors were able to attend the training: 19 facilitators and 35 for the ALSO Drill skills. The increase in facilitators will hopefully mean a more aggressive program on ALSO up skilling in the divisions and subdivisions using the equipment purchased for the purpose by FHSSP.
1.5.2 Facilitate/support pap smear training and IUCD Insertion/Jaidell	FHSSP funded and partly facilitated the annual Nurse Practitioners' and Nurse Supervisors Conference during which one whole day was devoted to clinical up skilling at the Oxfam Clinic. There were 67 participants who were Nurse Practitioners and Nurse Supervisors. The same concern was raised here that jadelle implant procedure be included in the nurses' scope of practice.
1.5.3 Support small research to gauge effectiveness of 'Early Morning Rounds'	Focus group discussions were held in three divisions (Central, Western and Northern) down to sub-divisional levels with the view to audit the 'early morning handover round' via telephone. The audit focused on the process of implementation rather than on the effectiveness of the program. Overall the program is sound as it provides a second opinion on case management and can detect anomalies that may be missed by the resident doctor. From the divisional hospital, the handover provides the opportunity to keep track of service activities in the sub-divisional hospitals allowing case discussions with the doctors if there is a need to transfer a patient. This process helps to avoid unnecessary transfers by advising on case management on a daily basis. The midwives have much to gain as they take the lead role in this handover, promoting consistent updating of knowledge and skills and promoting professional conduct in obstetric and midwifery amongst nurses in the divisional and sub-divisional hospitals. The

	audit report is with the National Adviser-Family Health and a copy is available on request. FHSSP funded the annual meeting of the Fiji Midwifery Society where participants from Western and Central divisions meet at the Pasifika House in Suva. This year's meeting theme was to *encourage Fiji midwives to conduct local research and be able to present results/research papers to be published*. Encouragingly midwives presentations included: • partograph audit results and • trial of BPP/CRP Training package to community health workers. Both areas that need to be supported and improved amongst nurses in the subdivisions.
1.5.4 Purchase 2 sets of training models for "drill stations."	FHSSP has completed procurement and delivery will occur in early 2012.

Objective 2: Healthy Child Program

Objective 2: to support the Fiji MoH to institutionalise a 'healthy child' program throughout Fiji	
Output 2.1 EPI Program strengthening	
Activities	**Achievements**
2.1.1.1 Review the MoH corporate plan & EPI Strategic Plan 2007-2011 to determine where MoH is in achieving their targets.	This activity was modified at the request of the National Advisor-Family Health who requested we focus on the finalisation of the Child Health Policy. The draft policy developed by FHSIP was sent for comment in November. The Paediatric CSN is finalising the policy.
2.1.1.2 Conduct a situational analysis of the EPI program including EPI coverage rates for 2010 & 2011 and make recommendations for the strategic plan.	Coverage rates have been collated for the first three quarters in 2011. The data was collated directly from the each of 19 sub-divisions nationally. Coverage shows: • MR1 is 81.5% (target for first 3 quarters would be 75%) and • DTP1-3 is 85%-78% (again target of first 3 quarters is 75%). However despite the high coverage it must be noted that denominator issues persist. Collation of all the sub-divisional target populations shows 16,513 infants are being targeting for the EPI in 2011, this is based on the previous year's births. However actual births in 2010 were 22,089— an increase of almost 3000 from the previous year. The only way to really assess coverage will be through an immunisation coverage survey which is planned for 2012. It can be assumed however that coverage is reasonably high as there has not been a measles outbreak since 2006, and laboratory confirmed cases reported in 2011 have not lead to any epidemiologically linked cases despite a large measles outbreak occurring in Auckland.
2.1.1.3 Seventh Pacific Immunisation Program Strengthening Workshop and Workshop on Lessons Learnt from pandemic Influenza A (H1N1) Vaccine deployment and Vaccination, 22 to 27 August 2011, Nadi, Fiji	During August FHSSP supported the Deputy Secretary Public Health, the National EPI Coordinator and the Technical Facilitator Infant & Child Health, FHSSP to attend the Seventh Pacific Immunisation Program Strengthening Workshop and, the Workshop on Lessons Learnt from pandemic Influenza A (H1N1) Vaccine deployment and Vaccination from 22-27 August 2011. The six day workshop focused on the following objectives: 1. To review technical updates, share information on national immunisation program status, identify major obstacles and agreed upon action points in regard to routine immunisation systems, achieving and sustaining targeted disease goals, achieving and sustaining high quality program monitoring and vaccine preventable disease (VPD) surveillance. 2. To strengthen linkages for successful implementation strategies based on the 20th technical Advisory Group on Immunisation and Vaccine Preventable Diseases in the Western Pacific Region preliminary conclusions and recommendations. 3. Provide input and possibly endorse a Joint UNICEF-WHO Strategic Plan for Immunisation in the Pacific.

	4. To identify the challenges, successes and lessons learnt from pandemic influenza A(H1N1) vaccine and develop the action plans. The workshop was attended by immunisation program managers from 20 Pacific Island countries who presented updates about their programs as well as importantly sharing information about immunisation programs between countries. The FHSSP Technical Facilitator-Infant and Child Health presented on the first day of the workshop about the planned new vaccine introduction in Fiji. The presentation highlighted the commitment the MoH in Fiji has to introducing three new vaccines for children in 2012. The workshop also aimed at identifying the challenges, successes and lessons learned from the pandemic influenza A(H1N1) vaccination programs. The pandemic influenza A(H1N1) vaccine was donated to the many of the Pacific Island countries by Australian Government. This workshop learned of the success Fiji experienced by administering over 90 per cent of the donated vaccine in 2010, reaching those most vulnerable to complications from the pandemic influenza virus.
New Vaccine Introduction	FHSSP supported the MoH in the finalization of the tender documents for the new vaccines that was advertised in August 2011. The tender bids are currently being reviewed and negotiations for the prices offered are currently underway. The tender will be finalised by January 2012.
Output 2.2: Comprehensive training in integrated management of childhood illnesses (IMCI) leading to more secondary paediatric care at sub-divisional level	
2.2.1.1 Review MoH Strategic Plan and 2011 Corporate Plan to determine how close MOH is to achieving the corporate plan output; Provision of Primary Health Care, strategy of introducing IMCI protocol to minimum of two health facilities per division/quarter. This review will be conducted through a review of available documents and interviews with key staff at national, divisional and sub divisional levels will require travel to the divisions.	During 2011 FHSSP audited all facilities to develop a data base of all IMCI trained nurses. Review of the data shows every division and sub-division has IMCI trained nurses. There are a total of 406 IMCI trained nurses across Fiji. Nurses can either be trained as part of the undergraduate curriculum or as part of an IMCI training package. However, confusion exists over whether nurses who receive IMCI training as part of their undergraduate curriculum are certified to use IMCI protocol to assess and treat children, as they may not have achieved core practical competencies. Ensuring all nurses who are IMCI trained are competent will be a priority in 2012. The audit showed there are 406 IMCI trained nationally. Of these trained nurses: • 46 per cent reported seeing paediatric cases on a daily basis • 21 per on a weekly basis • 1 per cent on a monthly basis • No data available for 17 per cent .

2.2.2.2 All nursing supervisors to undergo IMCI training (DHS, SDHS). Training must ensure IMCI trained nurses are working in paediatric settings and have appropriate equipment and medications.	The Paediatric CSN recommended IMCI facilitators training be conducted as a priority in 2011 to address the critical shortage of IMCI trainers nationally and to reduce the dependence on the paediatric department to conduct the training. A facilitators training was supported by FHSSP and conducted in November 2011 that successfully trained 14 IMCI facilitators from the Western and Northern divisions. This facilitators training was immediately followed by an IMCI training that reached 29 participants from the Western Division. The 2012 work plan will focus on ensuring all supervisors have completed IMCI training utilising the IMCI e-training course. This will enable supervisors to conduct the training during times that do not impact on their existing workloads.
2.2.2.3 IMCI training to be conducted in North and West	FHSSP has supported IMCI training in 2011 with 49 participants trained in the Western and Northern divisions.
Output 2.3 Capacity building and training of health care professionals to ensure whole of spectrum of continuum of care	
2.3.1 CSN Paediatrics to meet and review 2011 achievements of paediatrics work plan and prioritise remaining activities for 2011	The Paediatric CSN meeting, held in September 2011 provided a forum for all health professionals involved in paediatric throughout the country to meet and discuss key issues pertaining to Child Health. FHSSP funded the two-day meeting that deliberated over a range of issues including the recent child health review, child health policy and received updates from key paediatric sub-specialties. Over 25 participants gained enormous benefit from hearing from a range of paediatric specialists throughout the forum As a result the Paediatric CSN agreed on a set of 25 resolutions, the following summary highlights areas FHSSP can directly support in 2012: • Development of an IMCI trained personnel register • Ensuring nursing are supervisors IMCI trained and include facilitator and supervisory skills training • Support the MCH Card design and content review process • Support the MoH initiative to ensure that all women of child-bearing age take folate supplements as a preventative measure against neural tube defects (safe motherhood) • All children presenting to divisional hospitals with malnutrition be reported to the Divisional Medical Officer for follow up and monitoring by the public health team • All recommended training plans be collated into one master plan for 2012 • Priority be given for the purchase of equipment necessary to manage airway, breathing and circulation in paediatric patients in all health facilities • Support the development of a malnutrition study group incorporating Paediatric CSN members from each division, Fiji

	National University, Division of Public Health and the MoH • Request support for identification of an Australian Volunteer to conduct NICU/PICU training based at CWMH for a period of 12 months.
2.3.2 Pilot project for IMCI trained nurses to undertake attachments at CWMH and Nausori paediatric units to update their skills	Initial discussions were undertaken with Divisional Health Sister Central and placements have been conducted in the Suva area. The plan to roll these attachments out to the Central Division as a whole did not occur. The last months of 2011 saw many competing priorities including a mass drug administration program consequently making it difficult to take nurses away from their work stations. However the importance of continuing attachments was again highlighted at the FHSSP 2012 work plan meeting. Nurses who graduate from the Fiji School of Nursing complete the theory for IMCI training in their undergraduate program. However until they have completed a one week attachment to a paediatric unit and certain competencies are achieved they are not certified to carry out the IMCI protocol in their work stations. These attachments will increase the number of IMCI certified nurse's working in remote areas. Important lessons learned in 2011 will be considered when rolling out this activity in 2012.
2.3.3 Revise Child health Card	The Maternal Child Health card (MCH) review is progressing well. The card content was reviewed and approved during the Paediatric CSN meeting. The agreed content of the card includes a mother and nurse friendly table clearly showing if all clinic visits are up to date. Importantly, interactive health information charts for nurses and parents to discuss child development and key infant milestones has been incorporated into the document. The lay out of the card is being led by a United States Peace Crop Volunteer who is currently placed with the MoH. This volunteer has a very strong design background and consequently the lay out of the card is being developed in a very user friendly manner The card is close to completion and piloting of the final version with parents and health staff will be conducted in 2012. A current version of the document is at the end of this annex. An important consideration for the MCH card is the durability and long term sustainability of the paper it is printed on. Research into other countries MCH cards has shown that some developing nations are utilising durable paper substrates that are waterproof and will last many years. FHSSP has carried out field testing exposing these durable paper substrates and normal paper to environmental exposures (ie, rain, food and handling). This research has demonstrated the paper currently used for the MCH card quickly becomes seriously degraded; however the paper substrates are durable enough to offer long term sustainability to the card
2.3.4 Investigate the steps to incorporate oral health checks for all children in Fiji in	The revised MCH card includes an age based time line that has key pictorial oral health messages aimed at parents. This time line is designed to be interactive and used as talking points between the nurses and parents to discuss key oral health milestones.

collaboration with the Schools Health Promotion Program	Training for this oral health time line will be conducted when the MCH card is released in 2012.
2.3.5 Conduct APLS training	FHSSP supported Paediatric Life Support (PLS) training in September that reached 17 participants from three divisions. At the request of the Paediatric Department the Advanced Paediatric life Support (APLS) will be held in 2012.
2.3.6 Analysis of malnutrition cases 2010/2011 to identify to causes and how MoH can best direct resources to address this problem	The Paediatric CSN recognised the need to conduct a detailed study of hospitalised malnutrition cases in 2011 with the aim of recommending ways to best direct resources to reduce the increasing numbers of hospitalised cases reported nationally. A core team consisting of representatives from paediatric departments in each division, the National Nutrition Centre, FNU, FHSSP and MoH met to plan the initial steps for the study design, and it was agreed that a review of all paediatric inpatient admissions for 2011 be conducted to identify true numbers of malnutrition cases. Initial survey documents have been developed and are currently being piloted with all under five hospital admissions reviewed and data entered. The study questionnaire will be further revised and remaining data are collect for all under five hospital admissions in 2011. This study is being carried out with support from the Fiji School of Medicine who will assist the paediatric department with data analysis. In addition to the study FHSSP supported an Infant and Young Child Feeding (IYCF) training course in the Western Division to address the increasing cases of malnutrition. The five-day training program reached 21 nurses and dieticians from all sub-divisions in the Western Division. The IYCF training course not only promotes exclusive breast feeding and the importance of a balanced diet for children but also examines in detail the weaning period. FHSSP will increase support to IYCF training in 2012 ensuring there is a trained councillor in ever sub-division, to address the growing concerns about the increase in cases of malnutrition nationally. In 2011 there has been a dramatic rise in hospitalised cases of acute severe malnutrition. In response, FHSSP funded and provided technical expertise to a multi-sectoral meeting called by the MoH Paediatric Department to develop strategies to address the rising cases of hospitalised cases of acute severe malnutrition. The purpose of the meeting was to decide on strategies to address the problems associated with malnutrition. Over 40 representatives attended the meeting from the MoH including public health, clinical services, medicine, nursing, environmental health and nutrition from each division, Ministry of Women and Social Welfare, Ministry of i-Taukei Affairs, UNICEF, Save the Children and Fiji Health Sector Support Program. The recommendations from this report are highlighted in the body of the Annual Report.
2.3.7 WHO pocket book training for CHS & NHS	The WHO pocket book is endorsed as the standard treatment guideline for paediatric patients nationally. A total of five 3-day training courses have been supported by FHSSP in the Central and Northern divisions. The courses were run by the paediatric departments with FHSSP providing the funding. These 13 courses have reached a total of 92 nurses and doctors across the two

	divisions. To ensure curriculum standards remain high, all participants must score greater than 80 per cent on final exam.
Output 2.4: Reduce peri-natal mortality	
2.4.1 Review guidelines and protocols, working with the paediatric team at CWMH to identify and document all existing policies & CPG	The WHO pocket book has been endorsed as the standard treatment guideline for children in Fiji by the Paediatric CSN. FHSSP has supported a number of training courses promoting this treatment guideline nationally.
2.4.2 Audit against equipment standard for type and quantities of equipment required (conducted with safe motherhood)	The paediatric CSN meeting has recommended that priority be given to purchasing equipment necessary to manage airway, breathing and circulation in paediatric patients in all health facilities. Equipment audits have been carried out for all sub-divisional hospitals, health centres and nursing stations measured against the minimal equipment standards for these areas. Results will be collated to make recommendations for the procurement of equipment in 2012. In the interim period, a numbers of patient monitors and pulse oximeters have been requested by the paediatric department. Under spend from the FHSSP Objective 2 budget has been reallocated to the procurement of this equipment.
2.4.3 Strengthening the capacity of Mataika House to conduct vaccine preventable disease [VPD] surveillance	Collation of quotations and assessment of testing kit requirements are currently being conducted.

Objective 3: Non-communicable diseases-diabetes control

Objective 3: To improve prevention and management of diabetes and hypertension at decentralized levels.	
Output 3.1: Population Screening	
Activities	**Achievements**
3.3.1.1 Pilot Health facilities identified in various divisions	Eight pilot health facilities were identified by DMO's in each division during August. These facilities are as follows; • Four in the Western Health Services Division at Nadi, Ba, Sigatoka and Lautoka Hospital, also an NCD Hub for the division. • Two in the Northern Health Services Division at Savusavu and Labasa Hospital, also an NCD Hub for the division. • Two in the Central Health Services Division at Nausori Health Centre and the National Diabetes Centre, also an NCD Hub for the Central and Eastern divisions. Additional facilities were identified by the MOH senior executives in October and these were Raiwaqa Health Centre in the Suva sub-division and Levuka Hospital in the Eastern Health Services Division. All ten facilities have been audited for NCD Tool Kit completeness, SOPD upgrades and Training needs.
3.1.1.2 Assessment of needs and profiling initiated particularly for SNAKE intervention	The assessment of needs for the upgrade of services at SOPD pilot sites is underway and aims to enable the health care workers to provide the screening services for Skin, Nerves, Arteries, Kidneys and Eyes(SNAKE). A data collection tool has been developed for this purpose. Auditing of all ten facilities for upgrading diabetes and hypertension services are now complete and proposals for upgrades are being put together for costing. SNAKE services will be considered at a later phase when the basic management of NCDs especially Diabetes and Hypertension are implemented. Minimum standards for management will be developed first before SNAKE screening is implemented.
3.1.2 Assessing Training needs and Audit for NCD Tool Kits in the pilot health facilities.	The audit of NCD Tool Kits as well as the training needs in the ten pilot health facilities is completed and the process of matching the training needs with the training packages available as well as costing estimates are currently under way. This is done we should add some information about findings.
3.1.3 Support Community Awareness/mobilization programs during NCD Week	The inaugural NCD month for the MoH was held during the month of November 2011. This national month of awareness raising included a range of health promotion activities targeting NCD throughout the country. FHSSP was integral to the planning, preparation and implementation of this awareness month including the following activities: • What meetings • Number of radio talk back shows

	• Number of articles in newspapers • Number of workplace awareness sessions • Any other activities? Something about the success of the month, why it ended up being a month rather than a week. List of achievements through the month that FHSSP supported, any preliminary feedback, how will it be evaluated?? The objective of the Awareness program was to create awareness on major NCDs and four common risk factors for NCDs including: • Smoking—exposure to second-hand smoke especially for children, young adults and women • Nutrition—promotion of five servings of fruits and/or vegetables per day • Alcohol –hazards of Binge drinking and promotion of alternative activities • Physical inactivity—move for health – any activity is good for healthy living. Also contributed to the launch of the NCD month with the focus on Diabetes at Tavua sub-division where the school children participated in an oratory contest with Diabetes prevention as the main topic.
3.1.4 Identify and train champions in the WHS & NHS	This activity has been successfully completed as all the divisional and sub-divisional heads in the three divisions were trained as champions for supporting the population screening program using the NCD Tool Kits.
Output 3.2: Personal Diabetes Record Book (PDRB)	
3.2.1 Consultation meetings between stakeholders to develop a draft PDRB	The Technical Facilitator-Diabetes completed a thorough review of existing documents pertaining to the PDRB and conducted interviews with clinicians and public health colleagues. This review has led to the development of the first draft of the PDRB that is currently being circulated for comment.
3.2.2 Draft PDRB developed using existing booklets/cards as reference	This activity has successfully been completed as the fourth draft of the PDRB was endorsed in mid-November and 10,000 copies were printed at the end of November.
3.2.3 Draft PDRB pilot commenced	Copies of the PDRB are being distributed to all pilot areas and a feedback on the use of it will be noted within six months before more copies are printed. A record of the distribution is being kept and patients will be encouraged to use the PDRB as a continuum of care and appointment document.
Output 3.3: Establish quality diabetes centers at Sub-Divisional level	

3.3.1.1. Pilot Health Facilities identified in each division and documentation of needs for resources initiated	This activity is complete. Ten sites were audited in total including:
	• Western Health Services Division
	  o Nadi Hospital
	  o Lautoka Hospital,
	  o Ba Mission Hospital
	  o Sigatoka Hospital
	• Central Health Services Division
	  o National Diabetic Centre
	  o Nausori Health Centre
	  o Raiwaqa Health Centre
	• Northern Health Services Division
	  o Labasa Hospital
	  o Savusavu Hospital
	• Eastern Health Services Division
	  o Levuka Hospital.
	Orders for equipment and consumables identified in the audit have been placed with suppliers for distribution in 2012.

3.3.2 Review draft Diabetes management guidelines /protocols from the NDC	A new CSN for diabetes was established in August that nominated a sub-committee to review the draft Diabetes Management Guidelines/protocols for primary health care settings. This committee has met three times since the CSN. The Diabetes CSN also discussed the PDRB predominantly surrounding what needs to be recorded and what purpose it will serve as well as defining the roles of the National Diabetes Centre (NDC) and the NCD Hubs. The Diabetes CSN has met twice to progress the Diabetes Management Guidelines (DMGs), however due to staffing constraints, the CSNs were unable to provide the necessary input within the time frame. The National CSN workshop also allocated time for reviewing the draft, but the constraints remain. The theme for the National CSN workshop held on 10-11 November was *CSNs role in the management of NCD crisis*. Many aspects of NCD especially diabetes management was discussed, participating CSNs were asked to document their input into the management of this crisis and some 20 resolutions emerged at end of the workshop. Technical Facilitator-Diabetes participated actively in the workshop which was supported by FHSSP.
Output 3.4: Strengthen the role of the National Diabetes Centre	
3.4.1 Roles, functions &	Revised roles, responsibilities, structure and functions of the National Diabetes Centre have been drafted in partnership with MoH and

responsibility of the NDC and NCD HUBS reviewed & redrafted including additional support to SDH & HCs.	the third draft is currently circulated for comments. It is also proposed by the MoH that the National Diabetes Centre serve as NCD Hub for Central and Eastern divisions. The fourth draft of the roles of the hubs was submitted for discussion to NHEC in November and a decision will be taken at the NHEC after further discussion with stakeholders. The physical structure of the NCD Hub at Lautoka Hospital compound is expected to be completed by the end of the year. Equipment list has been put together and quotations called for already. Consultations so far have included all the CSN networks, senior executive staff of the MOH, all DMOs, all MSs, President of the National Diabetes Foundation, private practitioner representatives and the members of the nursing, dietician and physiotherapist cadre.
Output: 3.5 Capacity building and training of health care professionals to ensure the whole spectrum of continuum of care.	
3.5.1 Working closely with WHO and SPC, identify Training packages & Training providers for various cadres of Health workers.	The initial training needs analysis for various cadres of health workers is currently underway with the aim of training courses for NCD prevention and management being developed, itemised and costed. A training plan will be put together for implementation next year. Hasn't this been done and is in Poonam's report??
3.5.2 Assess need for other IEC materials e.g. Food models for NHS.	The assessment of needs for IEC materials is continuously being developed. Food models for Northern Health Services Division are a priority, FHSSP has purchased and delivered these to the divisional dietician. A dieticians group together with NDC and NFNC is finalising the booklet, *Healthy Eating Guidelines in Diabetes* a revision of the booklet *Food and Diabetes* produced in 1998 by the NDC. The final draft has been submitted for printing in December and will be distributed next year
3.5.3 Input provided for the CHW Training Program	Some input has already been provided. A facilitators manual produced by SPC *Diabetes Everyone's Business*, is being assessed for suitability in training the community health workers in diabetes.
3.5.4 Support the development of the Mental Health Strategy 2012-2016	The planning committee has met twice and decided that due to many commitments and other constraints the Mental Health Strategic Plan workshop will now be conducted in January. The tentative dates for the workshop are 19-20 January. A draft program and list of participants is in circulation for discussion with major stakeholders. FHSSP will support the recruitment of a facilitator to lead the development of the Strategic Plan through the workshop.

Objective 4: Primary Health Care

Objective 4: *to revitalize an effective and sustainable network of village/community health workers (VHW/CHW) as the first point of contact with the health system for people at community level.*	
Output 4.1: Revitalisation of VHW/CHW training	
Activities	**Achievements**
4.1.1. Provide support to MOH in the review and further strengthening of an appropriate VHW/CHW training packages including an M/E framework and the necessary tools.	The following three documents have also been drafted with the MoH following the review of the CHW Training manual: 1. The CHW Guide 2. The CHW Reference Manual (Used by Nurses to teach CHWs) 3. The CHW Referral Guide (what to do in case of an emergency) Many existing IEC materials have been identified as useful and can be re-printed for CHW's use. Because of time constraints, and being a busy period for everyone, consultation on the manual with key stakeholders will be held in the first part of the New Year before it is submitted for endorsement by the MoH.
4.1.1. CHW Situation analysis with emphasis on targeting the vulnerable group.	FHSSP provided a TSO to complete a situation analysis of VHW/CHW training. That report is complete. Findings were presented to MoH representatives and FHSSP Team on 29 November. The draft report is currently being edited and will be circulated in the New Year. Important findings included: • CHW exists but not all are active. • Inconsistency in the length of time of initial training which can be from two to six weeks • Varying training sites, can be hospital or community based training • Lack of IEC material provided to CHWs to support their work. • Absence of working tools for example NCD toolkit to monitor wellness level for target group. • Lack of community support. The study also identifies the lack of documented standard policy/guideline for the CHW program that can guide the providers in the implementation of the program. The study has set a platform for the program to work from to allow us to measure the impact of FHSSP support in the revitalisation of the CHW Program.

4.1.1.1. Facilitate the procurement of 50 tool kits	No Toolkits was procured during this period. The decision was made to wait to procure toolkits after the MoH endorses the CHW training manual to ensure toolkits will support the training to be delivered.
4.1.1.2. Facilitate the finalisation of the Training package, and print.	This activity will be conducted in 2012.
4.1.2. Provide support to MOH in the planning of the revitalisation of the primary health care services in consultation with other	FHSSP has supported a range of activities to for key stakeholders including: 1. Two awareness sessions (Aug/Sept) in the Northern Division during the Divisional Development Board chaired by the Commissioner Northern, every Government department is represented as advisors to the Board. 2. Following on from these awareness sessions, MoH staff conducted similar sessions for all stakeholders from the sub-divisions to prepare them for the roll out of the program in 2012 as well as seek their support in the implementation of this program. There is plan to hold this meeting in early November and to be funded by FHSSP. 3. A Steering Committee chaired by DSPH to oversee the progress of this initiative was established in August. Meetings have been held on an ad hoc basis but results have been achieved as highlighted below. The Steering Committee concept needs to be strengthened when the program starts in 2012. 4. Consultations with Ministry of I Taukei, Suva Town Councils, Social Welfare, and Save The Children Fund to determine their level of support in the community in as far as health issues are concerned. Outcomes of the consultations are to be tabled at next Steering Committee meeting. The result was the identification of the level of support of other ministries and non-governmental organization and working through those opportunities to strengthen our planned activities for 2012. The Ministry of Indigenous Affairs had the most to offer and to gain as well because of their formal set-up. Save the children projects in the community is also an area of opportunity that MOH can access in the new year to strengthen PHC in the more challenged areas like the urban communities through their early childhood education project. 5. Linkages have also been made with the USA Peace Corp in Fiji, many of their volunteers are already based in the community and working on health programs at community level. A draft project paper is being prepared by Peace Corp management as a result of the consultation process which will be discussed in early January 2012 in preparation for the arrival of the new batch of volunteers. The recent typhoid outbreak and the presence of Dengue fever were important reminders of the need for primary prevention at community level. FHSSP used these examples when addressing key stakeholders at three events that FHSSP supported: 1. A stakeholder's seminar for Northern Division held 10-11 November. A representative from the National office attended. 2. A stakeholders meeting for municipality officers, and civil servants from other ministries in the Northern Division held 6-9 December. Although the turnout was not as expected, some prominent officers in senior positions such as the Divisional Planning Officer attended, they will take the message back to the Provincial Developed Board members (community

	representatives) in which all heads of government ministries attend as advisors. 3. As a result of the above, a national meeting of the Roko Tui (Provincial Heads) was held at Nadave, 19-23 Dec, FHSSP provided funds to support attendees accommodation. MOH and FHSSP presented on health issues affecting the community for one day of the five-day program. The findings of the CHW program situation analysis were presented, highlighting the lack of support of the community to the CHW and the importance of re-activating inactive Community Health Committees which play an important role in supporting the CHW. At the end of the day's presentation a large number of participants had requested for the same presentation to be conducted at their various sub divisions in 2012. After the meeting, MOI officials from the Western Division have been actively participating in the Typhoid Campaign at the affected sites.
Output 4.2: Increased community ownership of, and engagement in, primary health care	
4.2.1. Provide support to DMO in facilitating the establishment of health status baseline of four communities one of which will be from a peri-urban setting, one from a non-formal setting.	Health status baseline data were established in two formal setting communities in the Northern Division funded by MOH in August and September. Report submitted to FHSSP. They have yet to conduct one in a peri-urban non-formal setting. No report of community baseline information was received during this period. However, this will be a big part of the training activities in the new year. Essential baseline information has yet to be established. Essential baseline information has yet to be established. However, this will be a big part of the training activities in the new year.
4.2.2. Provide support to the implementation of health promotion activities, eg smoke free community, water supply upgraded, backyard garden established, etc	FHSSP supported the following events over the reporting period: • The Primary Health Care concept was officially launched on November 24 at Lami Health Centre by the Permanent Secretary for Health. FHSSP funded the billboard to alert the Lami community of the health centre's work. In addition, FHSSP funded the refurbishment of the Lami health centre conference room with new tables, chairs, curtains, air conditioner and an overhead projector screen. The room is currently used for PHC training, staff demonstrations and meetings for key stakeholder in the Lami community. **ANY OTHER EVENTS ACTIVITIES TO INCLUDE HERE?**
4.2.3 Support the CHWs with proactive projects to counter potential health risks in the community	FHSSP supported the Western Division's typhoid emergency response campaign commencing November 18. **First phase of FHSSP support** • Loan of FHSSP vehicle including fuel costs and driver's wages. • Bottled water for staff consumption and soap for hand washing. • Allowances for staff (doctors, nurses and health inspectors) to carry out the followings: o Screening, treatment, prevention including spraying and health education on a range of topics including environment, hand washing, personal hygiene, ban of communal gathering and grog drinking, drinking safe water and food.

	Second phase of FHSSP support • The purchase of four machine operated sprayers and chemicals for use at Nanoko and Tuvavatu villages. After Nanoko has been sprayed, the sprayers will be distributed to the four divisions in preparation for any future disasters (cyclone, floods, and outbreak). **Third phase of FHSSP support** • As the year closed, FHSSP also agreed to support proposals to: o Improve the water supply to the two affected villages in Nadi. o Provide building materials for 60 toilets in the same two villages above. The total support for the Typhoid campaign in the Nadi Sub-division for both phases is approximately $114,000. Typhoid cases are also appearing in the Ra Sub-division FHSSP has also supported water projects for Namarai, Soa and Navolau villages. The total FHSSP support of $7441 was spent on materials, the community provides labour, sand and gravel and work is supervised by sub-divisional Health Inspectors.
Output 4.3: An increase in the number of VHW/CHW trained	
4.3.1. Roll out 2012 and onward.	Training will commence when the appropriate training package is established, toolkits procured, and gaps identified in the CHW program is addressed.

Component 5: Targeted Health Systems Strengthening

Objective 5: To strengthen key components of the health system to support decentralized service delivery.	
Output 5.1.Functional Public Health Information system	
Activities	**Achievements**
5.1.1 Recommendations from the recent review of the Public Health Information System (PHIS) are prioritised.	During the reporting period, FHSSP achieved the following: • An STA PHIS completed two? inputs in October and November the outcomes of their input included: o A **workshop** for the stakeholders, to collate and articulate the data requirement, and o A plan for the PHIS redevelopment to take place in 2012. o This plan has been incorporated into the FHSSP work plan for 2012 o The STA report is available on request. • **Training on the use of Public Health data** for analysis held 11-13 October attended by seventeen participants from the MoH and four divisions. This training was supported using the budget earmarked for the **piloting of laptops** in rural areas which did not take place due to non-availability of laptops from the source. Dr Tim Adair from the HIS Knowledge Hub, School of Population Health, University of Queensland facilitated. **The purpose** of the workshop was to develop the knowledge and skills of public health officials and researchers to critically assess the quality of data they collect and utilise, and to learn how to compute indicators for use as evidence for health policy. • Importantly, application of knowledge gained from the course greatly assisted in the production of the third quarter feedback reports to stakeholders. These included analysis on NCDs, hospital data, PHIS, and TB data • **The Health Information Strategic Plan 2012-2014 is finalised** in November and has been costed. The FHSSP Technical Facilitator-Health Systems Strengthening and the FHSSP Technical Mentor contributed significantly to the development of the Plan.
5.2: Maternal & Child Health and diabetic health services are regularly monitored, audited and evaluated.	
5.2.1 Define scope of work, outcomes, interactions and interfaces with all other program areas.	Work on Monitoring and Evaluation Plans at national and divisional levels is at the very early stage of development in line with work on the 2012 Annual Corporate Plan and strengthening of the Planning, Policy Development and Analysis. Regular monitoring, auditing and evaluation of maternal, child health and diabetic services is considered as providing quality assurance and quality control support to Objectives 1,2 and 3 of the Program. Audits of services and facilities are initial activities implemented by the 3 components at different levels.

Output 5.3: Clinical Practice guidelines and protocols related to maternal child health and diabetes standardised, disseminated and used systematically throughout all service delivery areas	
5.3.1 Clinical Practice Guidelines related to Maternal and Child Health and diabetes are standardised.	Work on this activity continues, to progress CPGs the following CSNs have met: • Medical • Paediatrics and • Obstetrics and Gynaecology. The checklist for finalised CPGs is yet to be developed. A Diabetes Clinical Network has been formed and is currently reviewing the *Standard Treatment Guideline for Diabetes Mellitus 2nd edition* (2005).
Output 5.4 Operational research to support evidence-based planning of health services in urban/peri-urban areas.	
5.4.1 Support operational research on the effect of urban and peri-urban migration on health outcomes and health service delivery	This is yet to be discussed with senior managers in the MoH. There opportunities in the next few weeks when the Clinical Services Networks meet and at the Divisional plus meetings scheduled this week in the Northern Division and next week in the Western Division. The prioritisation of the sub-divisional health systems review report, earmarked for this quarter did not take place, the budget was reprogrammed to support other CSN activities. The research Unit of MoH is aware of the planned support for training in the area of operational research in 2012.
Output 5.5: Implementation of Clinical Services plan Activities	
5.5.1 Support MoH activities in clinical quality improvement and risk management	A TSO funded by FHSSP has been co-located in the Office of the Deputy Secretary Hospital Services to assist in the implementation of the Clinical Services Plan activities in the last quarter of 2011.These are : i. The National Clinical Services Network Worksop ii. Clinical Services Advisory Committee iii. National Quality Improvement Committee meeting followed by the heads of CSN extraordinary meeting. The agenda focussed on; drugs and consumables procurement; usage; and storage and distribution strengthening. iv. Risk management Business Planning. Support was given for The 9th National Clinical Services Network meeting which was held on 10-11 November. The theme of this meeting was *The Role of CSN in the NCD crisis* and 64 participants from the divisional hospitals and public health attended. Resolutions from the meeting included: • A presentation on Health Information Technology–Patient Information System[PATIS/LIS] redevelopment was done in the evening of the first day

	• A number of Clinical Services Networks were supported and met in this quarter. These included Surgery-Urology, Oral health and Pharmacy. • The Urology Unit of the Surgical CSN took the opportunity while conducting surgery in the west to familiarise their members on the new PATIS system and to create awareness on the need for quality data input. The Oral Health Network met on 1-2 December to review and critique their newly developed clinical services guideline. They also took the opportunity to review their 2011 business plan and targets and created awareness on their proposed 2012 oral health business plan and targets. The Pharmacy Network met on 16 December to discuss policies and practice standards across the three divisional hospitals in collaboration with FPBS including: • Identify and evaluate issues common to all three divisional hospital pharmacies and discuss appropriate intervention. • Forster support network for divisional hospital pharmacies in order to reduce direct reliance on FPBS to serve smaller hospitals. Clinical risk issues and in service training on management of clinical incidents and root cause analysis training were implemented at Levuka hospital, (Eastern Health Services Division) and Labasa in the Northern Health Services Division. A quality improvement workshop was held during December in the Western Health Services Division for 17 nurses to increase understanding on stipulated standards of care and safety.
Output 5.6: Sectoral Coordination and planning	
5.6.1 Support divisional public Health/clinical service coordination	Divisional Plus meetings were supported by the program as follows: • Third Quarter Divisional Plus for the Western and Northern Health Services divisions were conducted in October. • The Fourth Quarter Divisional Plus Meetings were held in the first week of December. • FHSSP provided an overview of the programs' objectives and focal areas of support for the year 2012. A rapid evaluation of the Divisional Plus meeting was conducted by the FHSSP Assist Technical Facilitator. Findings included: • Meeting Minutes to be circulated and followed up by the respective secretary who is documenting the minutes within two weeks after the completion of the Meeting. • All stakeholders (clinical and public health) need to be present or represented during the meeting, the presence of relevant NGOs is also essential. • All presenters need to visualize presentations during the meeting. • Representation from the National Level is crucial in these meetings. • Holding meetings at sub-divisional levels will have to vary in certain divisions due issues of accessibility. Western and Northern divisions expressed interest in holding meetings in their sub-divisions.

5.6.2 Support Coordination of development partners inputs in the health sector	A quick evaluation of the Divisional Plus meeting was conducted by the M&E Assist. Technical Facilitator through a questionnaire that was distributed to the participants to fill. Views expressed included: o Improvement in the preparation and organization of Meetings eg circulation of minutes before the meeting. o Venue of Meetings [consider rotation to sub-divisions o Reps from Div. Hospital and Public Health [ensure attendance o Representative from headquarters [requested to be present at the meeting This forum provides the opportunity for Clinical And Public health issues in the divisions to be discussed and addressed at their level and for NGOS to learn more of the operational issues that may be in a position to support.
Output 5.7: Support for MOH Planning Process	
5.7.1 Support for MoH Annual Corporate Planning Process	(i) Workshop for the Ministry of Health on Annual Corporate Plan [ACP] 2012 was conducted on 15-16th of September 2011 at the Lagoon in Deuba. Eighty [80] participants from Ministry of Health HQ, Divisional Offices and Hospitals. Representatives of development partners including UNDP, WHO, UNFPA, AusAID, JICA, GMU.The draft plan is being refined and should be finalised by the end of October. Budget: $17,000. (ii) Planning, Policy Development and Analysis Division is being supported through the recruitment of Long term Advisor to assist in the establishment of the Division and strengthen the monitoring and evaluation of MoH programs and policies. Recruitment is proceeding and it is hoped that the TA will be able to start before the end the year.