



Government of Jamaica

MINISTRY OF HEALTH

Strategic Business Plan

2015 – 2018

2014: December



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A handwritten signature in black ink, appearing to read 'K. Harvey'.

Dr. Kevin Harvey
Permanent Secretary
Ministry of Health

December 22, 2014

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HONOURABLE MINISTER'S MESSAGE

The Government of Jamaica is determined to improve the health status of the Jamaican population and the wellbeing of every citizen. This will be done by providing greater access to health services and programmes and ensuring that these services are enhanced, despite the challenges brought on by the socio-economic constraints now facing the country. Other recent challenges include threat of the Ebola Virus, as well as an outbreak of the Chikungunya Virus. The Ministry has tripled its manpower and other resources in tackling these challenges. Emphasis is also placed on customer care, through the development of a Customer Service Policy.

The Strategic Business Plan (2015-2018), is consonant with the National Development Plan Vision 2030, which sets out the framework for meeting our national and international goals in health care. The inclusion of a Strategy Map and Balanced Scorecard reflect commitment to our key goals and priorities.

The programmes and projects of this Ministry reflect the Government's priorities for the health sector. The emphasis on providing universal access to health care at the primary level has been one of the strategic policy priorities, which has been reflected in improvements to service delivery. To support this venture, national consultations have been held regarding the universal health coverage. Jamaica has signed on to the regional Universal Health Coverage (UHC) strategies and awaits a high-level dialogue with relevant stakeholders to begin operationalization of the framework for the UHC. This includes continued work on health financing initiatives looking at various financial options including a national insurance plan for Jamaica.

In this regard, most of the Centres of Excellence have completed their physical infrastructure upgrades. There has also been a continuation of infrastructural works at health centres across the island to improve the primary health care network. The development and finalization of a Primary Health Care Policy will provide further direction and coordination to the Ministry's effort to improve primary health care, the first point of contact to the health system.

Secondary care has also been addressed with improvement to the Accident and Emergency Departments of selected hospitals; enhancing operating theatres and increasing bed capacity. The Government of Jamaica's Health Card has been introduced as a mechanism for improving access, and for monitoring service delivery. To date, more than 430,000 individuals island-wide have been registered and the distribution of cards has commenced. The building of a children's hospital in the West remains a priority of Government and will enhance care and treatment for children in the Western and Central Parishes of Jamaica.

The passage and implementation of the Public Health (Tobacco Control) Regulations 2013, with local and international stakeholder support, is part of the Ministry's overall thrust to tackle non-communicable diseases. The Ministry has begun the monitoring process, thus acceding to the higher framework Implementation of Convention Articles.

In keeping with the national health policy and the Medium-Term Socio-Economic Policy Framework (2012-2015), the Ministry continues to develop a specific framework for public-private partnership within which the private sector can participate. These activities will be further buttressed by our commitment to the Government's Strategic Priority for Human Capital Development, and our targets that are set out under the priority health programmes and projects

In the context of the Government's overall accountability framework, the Strategic Business Plan is a further step in improving governance and quality leadership. The Ministry endorses this approach, as one of its strategic policy priorities, and looks forward to achieving the goals and targets set out in this Plan.



Honourable Minister of Health
Dr. Fenton Ferguson

PERMANENT SECRETARY'S MESSAGE

The Ministry of Health is committed to providing quality health care and improved access to health services for the Jamaican population. The priority policies, programmes and projects are in line with its mission as we seek to attain national and international health goals, as part of our commitment which complements the Post-2015 Development Agenda.

Part of such commitment also is the implementation of a Gift Policy and its related standard and operating procedures. In addition, the Ministry has established

- (1) a Risk Management Committee to ensure the proper framework for Risk Management;
- (2) the Primary Health Care Renewal Policy;
- (3) the reorganization of Heads of Agency meeting to improve business facilitation, risk management customer service and other issues.

The Ministry has also, placed emphasis on accountability with compliance checklist for governance.

The latest revision to the Strategic Business Plan (2015-2018), with the inclusion of the Strategy Map and Balanced Scorecard, is a further refinement of the strategic planning process, and will require the Ministry to continue to monitor and evaluate its progress to achieve these goals, as well as to improve the assessment and management of risks.

In this period (2015-2018), spanning three fiscal years, the Ministry will strive to improve Primary Health Care services by providing more diagnostic services at selected facilities, as well as ensuring adequate human and material resource levels.

The health programmes will place emphasis on health promotion (both at the national and community levels); reduction in child and maternal mortality and morbidity; reduction in chronic non-communicable diseases and cancer care. Other key priorities include integration of elements of the HIV/AIDS/STI programmes into primary health care delivery systems; further health systems strengthening to include improved surveillance systems, emergency care, the management of mental health and substance abuse (including tobacco).


The initiatives set out in the Strategic Business Plan will support these efforts through projects/programmes and policies to reduce maternal and child mortality, expand child health services, a renewal of primary health care, improved biomedical services, the improvement of infrastructure including operating theatres. The Ministry will strengthen its collaboration with other stakeholder Ministries, Departments and Agencies to improve environmental health, as part of its risk mitigation strategy to reduce transmission of communicable and vector-borne diseases.

The Ministry will, in collaboration with other key ministries and key stakeholders, build the core capacities stipulated by the World Health Organization to become compliant with the International Health Regulations (2005).

The monitoring, evaluation and standard-setting functions will be streamlined and improved to ensure the attainment of critical health goals and targets and overall improvement in the quality of service, and equitable access thereof.

Support from local and international partners over the short to medium-term will be critical to facilitate the achievement of these objectives.

Many of the programme and project areas will require significant investments. In this regard, the Ministry will detail and costs these interventions and anticipates the required support to enhance the achievements of the goals and targets as set out in this Strategic Business Plan for the Medium-Term 2015-2018.



Dr. Kevin Harvey
Permanent Secretary

ACCOUNTABILITY STATEMENT

This Strategic Business Plan for the next three years, commencing April 1, 2015 was prepared under my direction in accordance with the policy directives outlined by the Government of Jamaica, and the authority delegated to me under Section 16 of the Financial Administration and Audit (FAA) Act. This Plan outlines the Ministry's strategies that contribute to the achievement of the Government's agenda, and specifically, the planned policies, programmes and projects for which appropriate monitoring and evaluation mechanisms, and risk management are being deployed to ensure timely and cost-effective implementation.

The Ministry's priorities outlined in this Strategic Business Plan were identified in the context of the Government's medium-term priorities and fiscal targets. The Ministry is committed to achieving the planned results laid out in this document.



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Permanent Secretary
Ministry of Health

1. EXECUTIVE SUMMARY

1.1 Overview

Within the public sector, health services are delivered through a network of primary, secondary and tertiary healthcare facilities comprising of twenty-five (25) hospitals, of which twenty-three (23) are classified in the A, B, C and specialist in accordance with bed capacity and the services offered. The remaining two are quasi-public sector hospitals that operate within a private sector health care market. Primary health-care services are provided through a network of three hundred and seventeen (317) health centres located island-wide.

Under the National Health Services Act of 1997, the public health sector institutions are administered through four (4) Regional Health Authorities that serve the 14 parishes as follows:

- North East - Portland, St. Mary, St. Ann
- Western - Trelawny, St. James, Hanover, Westmoreland
- Southern - St. Elizabeth, Manchester, Clarendon
- South East - St. Catherine, Kingston, St. Andrew, St. Thomas

The Ministry of Health is responsible for ensuring that health services are adequate and that they are delivered effectively and efficiently in accordance with prescribed standards and regulations. Health service delivery is guided by a determination of the health needs of the population and it involves an analysis of these health needs, the development of policies and programmes to address these needs, advocating for desired levels of funding for these programmes, and ensuring that the programmes are delivered in the most cost effective manner. This evidence-based approach to health service delivery guides the various preventative and curative health programmes of the Ministry of Health, and enables the said Ministry to monitor the country’s health status proactively. The evidence-based approach enables the entity to advise Central Government on health policies. This involves facilitating the enactment of health legislation; formulating, designing, and implementing health strategies and monitoring and evaluating programmes designed to protect and enhance the health status of Jamaicans.

The Ministry envisages a health system that is client-centred, guaranteeing access to quality health care for every person in the population including the vulnerable and disabled, at reasonable delivery costs. Efforts are made to provide information and to educate the populace; to facilitate individuals taking responsibility for their own health; to enable these individuals to make informed decisions and adopt healthy lifestyle and habits.

The Ministry’s strategies include identifying and giving special attention to health programmes that are of high level priority such as those reflected in the Millennium Development Goals and the National Development Plan – Vision 2030.

1.2 Ministry’s Strategic Policy Priorities

The strategic policy priorities of the Ministry of Health are to

- 1. enhance health sector governance (leadership, management and accountability);
- 2. ensure access to healthcare services;
- 3. provide quality assurance in the delivery of health services to the population;
- 4. reduce injury, disability and premature deaths from preventable illness, and to lessen the severity of the impact of non-preventable ones.

The Ministry’s priority programmes and projects are aligned to the National Development Plan - Vision 2030 and the Medium-Term Socio-Economic Policy Framework 2012-2015, which are linked to the 10 National Strategies, four Goals and 15 Outcomes of the National Development Plan. The priority areas are also structured under the World Health Organization’s six (6) building blocks. These are as follows:

Priority Areas of the Ministry of Health	
1. SERVICE DELIVERY	
<i>Areas of focus include among others:</i> <ul style="list-style-type: none">◆ PHC renewal including Centres of Excellence◆ Cancer care system of excellence◆ Non Communicable Disease with emphasis on tobacco, alcohol and food and nutrition◆ Maternal, Child and Adolescent Health<ul style="list-style-type: none">○ Child and Adolescent Hospital in the Western Region◆ HIV/ AIDS/TB and Infectious Diseases<ul style="list-style-type: none">○ Chikungunya Virus <ul style="list-style-type: none">○ Ebola Virus○ H1N1◆ Infection Control and Prevention<ul style="list-style-type: none">○ Medical Waste Management○ Sewage Treatment◆ Secondary Health Care capacity enhancement with special focus on Accident and Emergency◆ Rehabilitation and maintenance of hospital equipment including X-Rays and CTs.◆ Disaster management	
2. HEALTH WORK FORCE	3. HEALTH INFORMATION SYSTEM
<ul style="list-style-type: none">◆ Human Resource in Health<ul style="list-style-type: none">○ Cadre rationalization○ Recruitment○ Training○ HR assessment	<ul style="list-style-type: none">◆ Disease Surveillance◆ ePAS◆ Electronic Medical Records◆ Laboratory Information System◆ GoJ Health Card
4. ACCESS TO ESSENTIAL MEDICINES	5. FINANCING
<ul style="list-style-type: none">◆ VEN List◆ Pharmacy takeover◆ Procurement and supplies chain management including software◆ NHF individual benefits programme	<i>Focusing on financing options such as:</i> <ul style="list-style-type: none">◆ Drug registration and re-registration◆ Collection of fees from environmental health services to hotels◆ Public-private partnerships including donations and health foundations
6. GOVERNANCE	
<ul style="list-style-type: none">◆ International Health Regulation	<ul style="list-style-type: none">◆ Policy, Legislation and Regulations such as:<ul style="list-style-type: none">○ Mental Health Act○ Customer Service Policy○ Gift Policy

Strategic Objectives

The strategic objectives of the Ministry are as follows:

1. To strengthen customer service
2. To improve health care delivery by providing quality health care and utilize best practice approaches
3. To improve absorptive capacity for donor funds and effectively access and utilize such funds for key programmes and projects.
4. To improve access to specialised health services including vulnerable groups
5. To improve adherence with GoJ's legislation, regulation, policies, guidelines and procedures including audit programme
6. To evaluate policy, programme and project results against expenditure, and improve the procurement process by aligning plans to budget.
7. To implement the Performance Monitoring and Evaluation System (PMES)
8. To implement systems to effectively measure performance and improve accountability (PMAS), including recruit, retain and develop a competent cadre of professionals (needs-basis)
9. To identify and remove system weaknesses to respond to and/or address emerging threats, thus enable effective management of clinical risks.
10. To strengthen and expand public-private partnerships
11. To improve evidence-based planning through research
12. To standardize equipment and facility specification and use.
13. To improve quality of health information
14. To improve access to appropriate technology in health: diagnostic services, treatment, and information.

1.3 Policy, Programme and Projects that Support Government Strategic Priorities

The following priorities of the Ministry of Health support the strategic priorities of Government.

Government Strategic Priority: Human Capital Development

1. Primary Health Care Renewal, including Centres of Excellence.

The Government of Jamaica is aware of the strategic value of health to the transformation of the Jamaican society and the critical role health must play in reconstructing the social landscape of the country. Since the health system figures predominantly in reversing the cycle of poverty, access to quality services from the primary level, especially for the most vulnerable is atop the development agenda. Part of the Primary Health Care Renewal process is facilitated by the refurbishing of four specially selected health centres in each Region. These are referred to as the Centres of Excellence which will address infrastructure, equipment and furnishing, pharmacy, human resource and aesthetics. The project will be done in phases and \$100M was approved for Phase 1, funding to be provided by the National Health Fund (NHF).

2. Cancer Care Systems of Excellence

The main cause of death in Jamaica is attributable to non-communicable diseases (42%), communicable diseases (37%), and Injuries (21%). Within the non-communicable disease burden in Jamaica, cancer is the fourth leading cause of death among males, and fifth among females. Annually Jamaica's prevalence for cervical cancer and breast cancer has an estimated incidence rate, and mortality rate of 31.2 and 12.1 per 100,000, respectively. Against this background, the Ministry of Health is committed toward reducing the incidence and prevalence of cancers in Jamaica. Consequently, a National Strategy and Action Plan for the Prevention and Control of Cancer in Jamaica was developed through stakeholder consultations and directed by a National Cancer Technical Working group. The Strategy and Plan is a component of a National Strategic Plan for Non-communicable Diseases.

3. Child and Adolescent Hospital in Western Jamaica

This specialist hospital will provide services to minors under the age of 18 years. The construction of the hospital will be carried out by way of bi-lateral arrangements. This facility will be housed on the grounds of the Cornwall Regional Hospital.

4. Non-Communicable Diseases

Non-communicable diseases (NCDs) have emerged as the leading cause of morbidity and mortality globally and are considered a threat to global development. In recognition of this global threat the World Health Organization (WHO) has recommended that NCDs be given priority consideration and that member states develop a national policy framework for the prevention and control of major NCDs and their risk factors.

In Jamaica, NCDs have emerged as the leading cause of morbidity and mortality for at least three decades. Data from the Statistical Institute of Jamaica (STATIN) show that for 2009, diseases of the circulatory system, neoplasms, endocrine and metabolic diseases and disease of the respiratory system accounted for approximately 60% of death among men and 75% of deaths among women. Recent national surveys have also documented that there is a high prevalence of NCD risk factors among Jamaicans.

5. Food and Nutrition

Food and nutrition is recognised as a critical component in maintaining a healthy and stable population. The focus of the Ministry of Health with regard to this priority area is to ensure the promotion and acceptance of proper nutritional behaviour amongst the Jamaican population.

6. Adolescent Health

The Adolescent Health Programme aims to address issues of reproductive health through policy, strategic planning and research, and ensure healthy lifestyle of adolescents. Training of health care workers on sensitive matters relating to adolescent service, treatment and care, is also conducted.

7. Programme of Maternal and Child Health

Jamaica has been allocated a €22 Million top-up of its 10th European Development Fund (EDF) resources as a result of the Mid-Term Review exercise to support Jamaica's attainment of the Millennium Development Goals 4 (Reduce Child Mortality) and 5 (Improve Maternal Health). The specific objectives are: To improve the quality of the health services in both hospitals and Primary Health Care Centres dealing with child and maternal health care (High Dependency Units); to improve the quality of vital statistics events and health information so as to facilitate policy and programming; to improve the knowledge and practices of the population regarding maternal and child health; to strengthen the institutional capacity of the MOH and Regional Health Authorities (RHAs).

8. Disease Surveillance and Disaster Management

The Emergency, Disaster Management and Special Services Branches (EDMSS) provides appropriate medical and health response pre- and post- emergency and disaster; provides advisory for medical and health programmes for the Ministry, other Ministries and agencies and international partners; represents membership on the National Disaster Committee (NDC) and Executive (NDE).

9. HIV and AIDS

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are critical disease burdens on the Jamaican health sector. The trend of the HIV/ AIDS epidemic is considered generalized, with a prevalence of 1.7%. This percentage represents approximately 32,000 persons of whom it is anticipated that 50% do not know their status. However there are concentrated epidemics in the most at risk populations (MARPs) with approximately 32% prevalence among men having sex with men MSM and 5% in the sex worker (SW) population approximately 10,000 persons or just fewer than 70% of those in need of treatment are receiving antiretroviral drugs (ARVs).

10. International Health Regulations

International Health Regulation Programme to build the core capacities of Jamaica to prevent or minimise incidents of public health emergencies of national and international concern.

11. Health Financing Programme

This project seeks to ensure that while Jamaica is addressing its macroeconomic and fiscal challenges, that it promotes policy dialogue on options and best practices in developing health financing systems that support moving towards universal health coverage (UHC) and identifying the main difficulties to guarantee the sustainability of this coverage.

12. The Introduction of a National Government of Jamaica Health Card

A national health card that will be made available to all residents will use the Tax Registration Number (TRN) as its reference data base and will operate on the National Health Fund's electronic and operational platform.

13. Health Information Systems

The Health Information Systems Programme aims to implement the National Strategic Plan for Health Information. The key components address issues of access, data quality and reliability, amending relevant legislation, development of an electronic patient record and collaborating with key national and international stakeholders to improve the health information system in Jamaica.

14. Mental Health Programme

The Mental Health Programme/Policy Initiative promotes good mental health, prevention of mental disorders and the provision of a comprehensive range of services for all patients affected by mental disorders across the lifespan.

15. Human Resource Development

The Human Resource Development Programme's (HRD) is to recruit, retain and develop a competent cadre of professional to aide in the strengthening of health care delivery through capacity building, and training programmes for professional development.

16. Medical Waste Management

The Waste Management Unit provides services to healthcare facilities to ensure proper waste management and disposal. The Unit manages Jamaica’s first non-incineration automated medical waste plant that utilises steam sterilisation and shredding technology which negates the adverse effects of burning medical waste.

17. Sewage Treatment

The MOH has embarked on a project to rehabilitate or implement new sewage treatment system at its health facilities island wide so as to be in compliance with regulatory requirements. Fourteen institutions were identified for immediate attention. The project will be done in two phases.

Phase 1

Phase 1 address seven institutions, with two institutions having one solution. These institutions are:

- 1. Princess Margaret Hospital, new plant using the Scientific Research Council (SRC), BST Technology
- 2. Savanna-la-mar Hospital, new plant, using the Scientific Research Council (SRC), BST Technology
- 3. Noel Homes Hospital and Lucea Health Centre using the Scientific Research Council (SRC) BST Technology
- 4. Ulster Spring Health Centre using the Scientific Research Council (SRC) BST Technology
- 5. Percy Junior Hospital using the Scientific Research Council (SRC) BST Technology
- 6. Fellowship Health Centre using the Scientific Research Council (SRC) BST Technology

Phase 2

Phase two is classified as mechanical plants. The plants are identified below and the respective Regions have been authorized to identify consultants to assist with their rehabilitation.

- 1. St. Ann’s Bay Hospital
- 2. Annotto Bay Hospital
- 3. Black River Hospital
- 4. Falmouth Hospital
- 5. May Pen Hospital
- 6. Mandeville Hospital
- 7. Portland Health Department (Solution already implemented)

18. Strengthening Secondary Health Care

Strengthen secondary health care delivery by upgrading the physical infrastructure of key regional and other selected health facilities to enhance accessibility, utilisation and improvement in patient outcomes.

19. Rehabilitation of Hospital Equipment

Rehabilitation of hospital equipment will be facilitating by obtaining technical assistance from the Cuban government for the rehabilitation and preventative maintenance of medical equipment in the Ministry of Health facilities. Local competence will also be developed through knowledge-transfer during the repair process.

1.4 Strategies

1 Citizen-focused service

The Ministry has established a Steering Committee to develop a Customer Service Policy which will guide the Ministry, its Agencies and Departments. The Committee has representatives from stakeholder groups including professional associations, Councils, Regional Health Authorities and the Combined Disabilities Association. In the development of the Policy, consultations will be held with various stakeholders in the public health service. The objective of the Customer Service Policy is to develop customer-oriented service at all of the Ministry's operations.

The Ministry has also established a Public/Private Partnership (PPP) Committee to provide the framework for engagement in partnerships as well as identifying priority areas. As the focal point, the Committee will have the responsibility to liaise with the Ministry of Finance and the Development Bank of Jamaica with regards to the national list of PPP Projects, as well as oversee local PPP arrangements. The Heads of Agencies report mechanism has been revised and now incorporates business facilitation to ensure focus on creating a business-friendly environment and to allow for ease of doing business with the Government. The Ministry will also do a review of its business processing activities and its turnaround times.

2. Stewardship

Stewardship of the Ministry revolves around how effective, efficient and economical management utilizes and allocates resources. The Ministry has developed provisional Value for Money (VFM) indicators with a view to have an annex based on indicators for specific projects. Two projects will be evaluated using the VFM indicators for 2014/2015. A Bio-medical Maintenance Policy will be developed and a key requirement of the policy is to develop an Asset Management Database for bio-medical equipment. There will also be the acquisition of equipment maintenance software to support the initiative to improving the useful life/longevity of bio-medical equipment. The Ministry of Health will operationalise the revised Gift Policy (September 2014) through the development of a Standard Operating Procedure (SOP), which will guide the management of donated gifts. Internal consultations will be held to finalize the SOP for the Gift Policy. The Policy will be posted on the Ministry's website.

3. Human Resource

The Ministry's Human Resource strategy will focus on a number of critical areas:

1. Improving staff cadre for health care delivery through the training of medical and non-medical staff
2. Reviewing the required competencies for the health workforce and establishing and implementing a human resource strategic plan
3. Establishing a system to manage the impact of migration of critical health care personnel
4. Providing cadre rationalization in order to establish an adequate number of human resources throughout the health sector.

These strategies will support the major policy and programme initiatives in the public health sector.

4. Information Systems and Technology

The Information Systems and Technology Strategy has been guided by the National Health Information Plan which has had wide cross-sector participation. Key elements of the plan involve the development of electronic health records and patient administration system and the roll out of information technology (IT) infrastructure at major service delivery points. A high-level team is in place to coordinate and manage the implementation process. A pilot of the electronic health information system for patient registration is being undertaken at the four Primary Care Centres of Excellence and the four Regional Hospitals on a phased basis. This started in September 2014.

5. Risk Management

The Ministry has established a Risk Management Committee. The work of the Committee as outlined in the Terms of Reference (ToR) is as follows:

- Review the existing arrangements for Risk Management in the Ministry and its entities;
- Provide advice, support and guidance to further the development and implementation of Risk Management systems;
- Monitor the progress for the implementation of risk systems implementation;
- Institute a risk-based approach to the Policy framework;

- Ensure that risk management strategies are included in the relevant documents for the Ministry and agencies especially in the Strategic Business Plan.

Work has already begun in sensitizing the agencies and departments. Risk Management has also been included on the revised Head of Agency meeting agenda.

The Ministry in response to the challenge of the Chikungunya Virus and the threat of the Ebola Virus Disease (EVD) has joined with National and International partners to develop a Plan of Action. Protocols have been developed for the management of Ebola and guidelines disseminated to the operators of funeral homes. In addition, training continues throughout the regions. Assistance has also been received from the private sector and international partners to acquire equipment and gear vital to the management of EVD.

6. Monitoring and Evaluation

The monitoring and evaluation strategy is based on the Performance Monitoring and Evaluation System (PMES). The priority policies, programmes, and projects have already been identified. Monitoring and Evaluation plans have been developed for some with others in train. The Ministry received assistance from CARPHA in training Ministry, Agency and the Regional Health Authorities (RHAs) personnel in applying Monitoring and Evaluation methodology.

7. Procurement

The Procurement Strategy will continue to focus on essential goods and services required to strengthen health care delivery and project and programme implementation. The Procurement Plan will focus on key programmes and projects which will achieve this objective. Procurement of critical equipment for health care delivery and the standardization of specifications for equipment will also be part of this process. Framework Agreements will be developed with key service providers with a view to benefitting from economies of scales and economies of scopes. The streamlining of the procurement process will also be undertaken to ensure more timely acquisition of essential items.

8. Accountability

The Accountability Framework established under the Financial Administration and Audit Act (FAA) and Public Bodies Management and Accountability Act (PBMA) are guiding the Ministry's and its agencies operations. The quarterly performance reporting to the Cabinet Office on the Operational Plan and reporting on the progress of the Medium-Term Socio-Economic Framework and the Vision 2030, fall within this parameter. In addition to this, the Ministry has developed Service Level Agreements (SLAs) with the Regional Health Authorities and is in the process of finalizing a Service Level Agreement with the University Hospital of the West Indies. This will be followed by reviews to ensure that Agreements are followed. Operational policies are also being developed to guide the health sector and to outline the obligations of the Ministry and its stakeholders. A Compliance Checklist (Governance and Management) for Ministry's Agencies and Department has been developed. This Checklist identifies key governance requirements and offers a mechanism for monitoring and securing compliance.

9. Policies Programmes formulation and implementation strategies

A number of strategies will be used to strengthen the Ministry's capabilities in these areas. The key will be forming partnerships with Local and Regional Universities and Agencies that can provide training but more critically participate in a research agenda which will inform policies and programmes. The Research Agenda is to be finalized by the 2015/2016 financial year. Another approach will be collaboration with other Ministries to share expertise and learn best practices.

10. Stakeholder Management

The Ministry remains committed to the policy formulation process which requires wide stakeholder participation before final completion of a policy. This process has been adopted in all current policies and legislation being developed and revised by the Ministry. Public consultations have been used on key policy options; island-wide public consultations were undertaken on health financing. High-level consultation and the naming of a commission are the next steps in this process. Key partners (Non-Governmental and Governmental) are engaged in examining and supporting major health programmes. The Health Thematic Working Group provides another forum for stakeholders in the health sector to be involved in the discussion of policies, plans and programmes in keeping with the Medium Term Socio-Economic Framework.

11. Environmental Protection Strategies

Ongoing environmental scanning will be done to assess the threats to the strategies that the Ministry will undertake. High risks factors identified will be managed according to the level and probability of the threat to the Ministry's strategies.

1.5 Ministry's Performance Measurement Framework

Figure 2
Strategy Map (3-5 years)

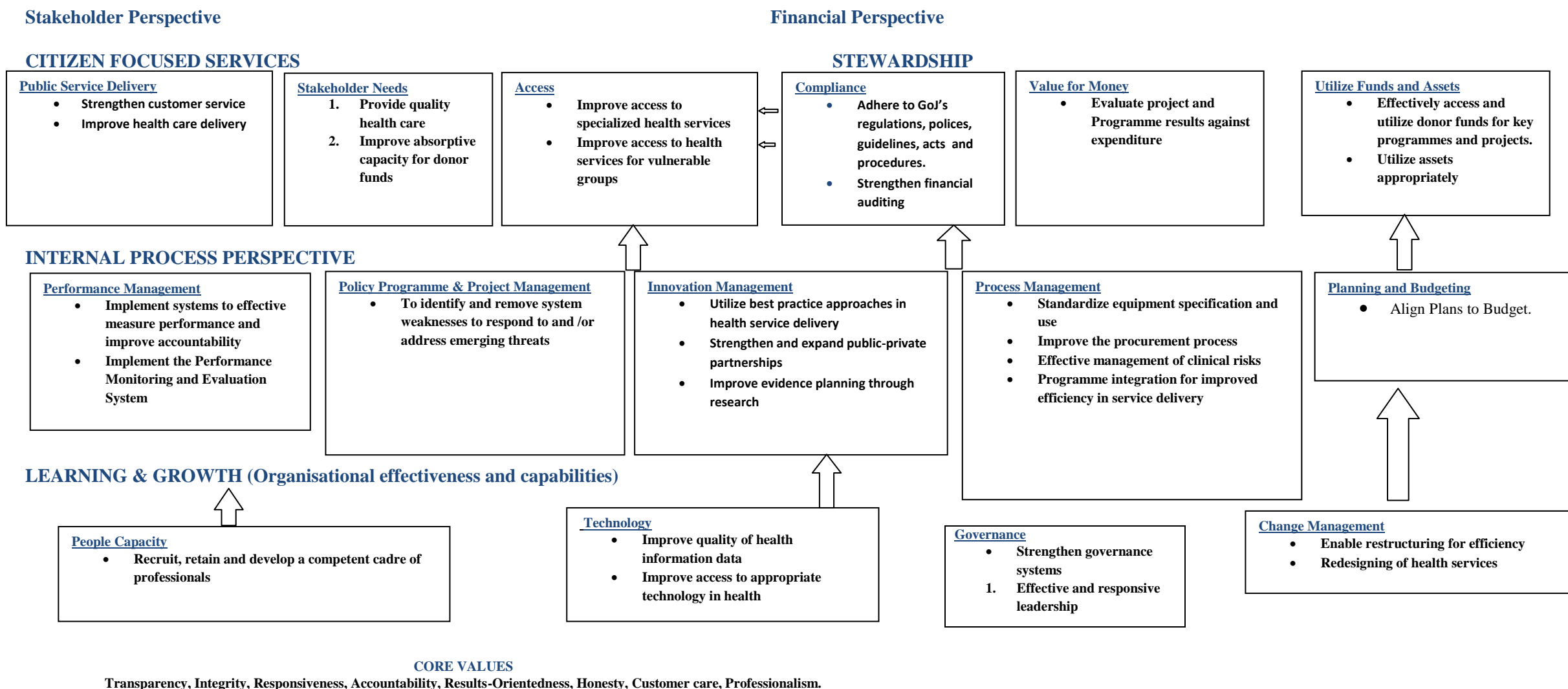


Figure 3

Linking the Strategy Map to the Balance Scorecard and Action Plan

Strategy Map		Balanced Scorecard		Action Plan	
Perspective	Objectives	Measure (Performance Indicators)	Target	Initiatives	Medium-Term Budget(\$)
STAKEHOLDER					
Public Service Delivery	To strengthen customer service	Revised complaints mechanism to meet ISO standards (documentation) by 2015/2016	100%	Improve complaints mechanism and measure client satisfaction.	
		National surveys conducted by 2015/2016	100%	Conduct national customer survey	
	To improve health care delivery	Reduction in turnaround time for diagnostic studies for cancer patients by 2015/2016	<3 months	Cancer care (system of excellence)	
		% pharmacy services transferred to NHF by 2016/2017	90%	Transfer of pharmacy services	
		#HDU established island-wide (Neonatal and Maternal) by 2016/2017	11 HDU	HDU established	
Stakeholder Needs	To provide quality health care	# Quality Assurance Committee established	All Regions by 2015	Establish Quality Assurance Committees	
				Revision of the MoH Quality Assurance Strategic Plan	
		# D&T Committees functioning by 2015/2016.	75%	Re-establish D&T Committees in hospitals.	
		% MoH non-financial audits conducted	50%	Conduct MoH's non-financial audits as scheduled.	
	To provide quality health care	% responsiveness by Regions	100%	Generate non-compliance reports by RHAs.	
	To improve absorptive capacity for donor funds.	Biannual meeting with donors 2014/2015	Commence 2014/2015	Improve planning and feedback with donor partners.	

Strategy Map		Balanced Scorecard		Action Plan	
Perspective	Objectives	Measure (Performance Indicators)	Target	Initiatives	Medium-Term Budget(\$)
Access	To improve access to specialized health services	Unit operational by 2015/2016	100%	Re-establishment of Nuclear Medicine Unit at UHWI in partnership with the International Atomic Energy Agency	
Access continues	To improve access to health services for vulnerable groups	# health staff trained in sign language by 2016/2017	20 persons	Train staff for sign language (level one)	
		# sensitisations workshops by 2015/2016	2 sessions	Sensitize staff to the needs of the disabled and aged clientele.	
		Establish project for health facilities providing access by 2015/2016	Completed	Improve access to health facilities for the physically challenged.	
FINANCIAL					
Compliance	To improve adherence with GoJ’s legislation, regulation, policies, guidelines and procedures.	% adherence	50% by 2016	Develop checklist for measuring adherence.	
	To strengthen and maintain existing audit programme	# audits conducted	10 audits annually	Increase the # audits conducted.	
		% audit reports with a way forward plan	80%	Improve the review of audit reports and develop the way forward plan.	
Value for Money	To evaluate projects and programme results against expenditure.	# projects evaluated using VFM indicators starting in 2014/2015	2 per annum.	Develop useful VFM performance indicators.	
		Costing of RHA Service Level Agreement	70%	Improve the costing of programmes.	
Utilize funds and assets	To effectively access and utilize donor funds for key programme and projects.	Identify areas that can be projectized annually.	Commenced 2014/2015	Identify areas that can be projectized for funding.	
		# persons trained	2 per project	Strengthen absorptive capacity, working with local and	

Strategy Map		Balanced Scorecard		Action Plan	
Perspective	Objectives	Measure (Performance Indicators)	Target	Initiatives	Medium-Term Budget(\$)
	To utilize assets appropriately.	Asset management database developed (biomedical) by 2016/2017	Completed	international development partners. Improve the process to inventorize, and maintain assets.	
INTERNAL PROCESSES					
Performance Management	To implement the Performance Monitoring and Evaluation System (PMES)	% priority programmes and projects evaluated 2015/2016.	10%	Implement PMES (Monitoring and Evaluation mechanism)	
		% divisions that have logic framework plans by 2015/2016	80%		
		Development of Monitoring and Evaluation Core Group by 2015/2016	Completed	Improve monitoring and evaluation processes.	
		% targets met for MTSEF by 2015/2016	80%	Implement MTSEF	
	To implement systems to effectively measure performance and improve accountability (PMAS)	PMAS implemented in the Ministry by 2015/2016.	100%	Implement PMAS	
Policy, programme and project management	To identify and remove system weaknesses to respond to and/or address emerging threats.	% report received within 24 hours for Class 1 Notifiable Diseases	80%	Improvement surveillance system	
		% revision of MWM Policy developed and completed by 2015/2016	100%	Revise/Update MWM Policy	
		% increase in billable claims to insurance companies	20%	Establish GoJ Health Cards	
		# registries established	3	Establishment of cancer and diseases registries	
		# priority programmes having Strategic Plans developed by 2016.	8	Development of strategic plans for 8 health priority programmes.	
Innovative Management	To utilize best practice approaches in health service delivery	% agreed areas for adoption of best practice in 2016/2017.	100%	Identify and utilize best practice approach towards improving health services.	

Strategy Map		Balanced Scorecard		Action Plan	
Perspective	Objectives	Measure (Performance Indicators)	Target	Initiatives	Medium-Term Budget(\$)
	To improve evidence-based planning through research	Prioritize Research Agenda – developed by 2015/2016	Completed	Prioritize research areas and partner with key stakeholders.	
		Concept papers with evidence of quality research standards by 2015/2016.	75%	Strengthen the development of concept papers.	
Process Management	To standardize equipment and facility specification and use.	Development of standards for building health facilities by 2015/2016.	Completed	Development of standards for building health facilities	
		Development of standardize equipment list (bio-medical) by 2015/2016)	Completed	Development of standardize equipment lists to type and specification (Bio-medical)	
	To improve the procurement process.	Audit of Procurement Units in the Ministry and Agencies by 2014/2015	100%	Auditing of Procurement Units	
	To enable effective management of clinical risks	Adherence (Level 1) to Infection Control Manual	80%	Adherence to Infection Control Manuals in hospitals	
	To enable programme integration for improved efficiency in service delivery (linkage system)	% compliance with referrals by 2015/2016	20%	Implement Referral System related to Centres of Excellence	
Planning and Budgeting	To align plans to budget.	% completion of costing analysis	100%	Cost selected strategic plans	
LEADERSHIP AND GROWTH					
People Capacity	To recruit, retain and develop a competent cadre of professionals (needs-basis)	% staff recruited using recruitment standards	100%	Improve recruitment process	
				Ensure proper job-fit	
		Develop Manpower Plan by 2015/2016	Completed	Align training to health sector needs	
Governance	To enable effective and responsive leadership	% managers trained by 2016	80%	Leadership training/orientation for key managers	
		# governance arrangements reviewed	To be	Review and consolidate existing	

Strategy Map		Balanced Scorecard		Action Plan	
Perspective	Objectives	Measure (Performance Indicators)	Target	Initiatives	Medium-Term Budget(\$)
		by 2015/2016	decided	governance arrangements (HoA meetings, <i>inter alia</i>).	
		% Hospital Management Committees and Parish Management Committees appointed	100%	Hospital Management Committees and Parish Management Committees appointed	

1.6 Ministry’s Alignment of Priority Policies/Programmes/Projects

The Ministry’s medium term priority policies/programmes/projects are set out in the following table.

Vision 2030 National Goals	Vision 2030 National Outcomes	National Strategies (Sectoral Paper, Modernisation Document, Manifesto)	Ministry’s Priority Policies/Programmes/Projects	Key Actions for the Medium Term
#1: Jamaicans are empowered to achieve their fullest potential	#1: A Healthy and Stable Population	#1-2: Strengthen disease surveillance, mitigation, risk reduction and the responsiveness of the health system	1. Service Delivery: Primary Health Care Renewal, including Centres of Excellence 2. Service Delivery: Child and Adolescent Hospital in Western Jamaica 3. Service Delivery: Disaster Management & Health Information System: Disease Surveillance 4. Service Delivery: Maternal, Child and Adolescent Health 5. Service Delivery: HIV/AIDS, TB and other Infectious Diseases	1. Refurbishment of health centres and completion of Centres of Excellence 2. Establish interministerial group and finalise facility design and costing 3. Implementation of Safe Hospital Programme 4. Establishment of neonatal and maternal units at selected hospitals 5. Delivery of services (testing, intervention activities, training)
		#1-3: Strengthen the Health Promotion Approach	6. Service Delivery: Cancer Care System of Excellence 7. Service Delivery: Maternal, Child and Adolescent Health 8. Service Delivery: NCDs with emphasis on tobacco, alcohol, food & nutrition, & physical activity	6. Implement Cancer Control Programme 7. Implement NCD Strategic Plan 8. Implement National Infant and Young Child Feeding Policy and Food-Based Dietary Guidelines Establish Adolescent-Friendly Centre (Teen Hub)
		#1-4: Strengthen and emphasise the Primary Health Care Approach	9. Service Delivery: Secondary Health Care capacity enhancement with special focus on Accident & Emergency	9. Infrastructural upgrades at key regional and health care facilities
		#1-5: Provide and maintain an adequate Health Infrastructure to ensure efficient and cost-effective service delivery	10. Service Delivery: Rehabilitation and maintenance of hospital equipment including X-Rays and CTs	10. Service delivery (preventative maintenance of equipment, procurement of spare parts, training)

Vision 2030 National Goals	Vision 2030 National Outcomes	National Strategies (Sectoral Paper, Modernisation Document, Manifesto)	Ministry’s Priority Policies/Programmes/Projects	Key Actions for the Medium Term
		#1-6: Establish and implement a Sustainable Mechanism for Supporting Human Resources	11. Health Work Force: Human Resource in Health	11. Implementation of Manpower Plan
		#1-7: Establish Effective Governance Mechanisms for Health Care Delivery	12. Health Financing 13. Governance: International Health Regulations 14. Health Information System	12. Develop Health Financing Plan within the ambit of universal health coverage 13. Assessment of Ports of Entry 14. Implementation of ePAS system Implementation and utilization of the GoJ Health Card
		#1-9: Strengthen the linkages between Health and the Environment	15. Service Delivery: Infection Control and Prevention	16. Establishment of medical waste storage facilities at selected health care facilities Implement sewage treatment solution at public health care facilities

1.7 Targets

The implementation of Ministry and Departmental strategies will lead to the delivery of the sectoral outcomes against the sectoral performance indicators and a number of high-level targets which have been set. These are set out in the following table and show the progress the Ministry plans to make towards its overall goal.

Sector Outcomes	Outcome Indicators	Current Performance (2013-2014)	Three-year Sectoral Targets 2014-2017
A healthy and stable population	Rate reduced - Maternal mortality	83.1/100,000 (2012)	<65/100,000 live births
	Rate reduced - infant mortality	17.4/1000 (2011 STATIN)	15/1,000 live births
	Rate reduced – child mortality (<5 years old).	19.1/1000 (2011 STATIN)	15/1,000 live births
	% improvement in exclusive breastfeeding rates at 6 weeks.	50.7%	50% in exclusive breastfeeding rate.
	Quality and delivery of the Community Mental Health Services improved.	Concept Paper for Mental Health Policy completed.	- Recommendation for amended legislation submitted to CPC.
		Mental Health Strategic Plan (2014-2019) finalised.	- Mental Health Policy and Mental Health Strategic Plan completed.
		Mental Health and Psychosocial Support Plan for Disaster completed and submitted for integration into the National Health Plan for Disaster.	Mental Health and Psychosocial Support Plan for Disaster completed and integrated into the National Health Plan for Disaster.
A healthy and stable population.	% enhancement of vector control and treatment against Malaria.	No endemic malaria cases reported during the period.	Jamaica recertified as Malaria-free.
	% reduction in mortality rate for NCD % reduction in morbidity due to NCDs	Survey to be conducted.	- 2% reduction in projected mortality rate for NCDs p.a.
	% reduction in hospital admissions for NCDs	Data not available	- 10% reduction in hospital admissions
	- % reduction in prevalence of NCDs - % increase in physical activity level - % reduction in prevalence of current smokers of tobacco - % reduction in the prevalence of current daily smokers of tobacco.	Data not available	- 2% reduction in prevalence of NCDs - 10% reduction in physical activity level - 5% reduction in prevalence of current smokers of tobacco 5% reduction in daily smokers of tobacco.
	Level of improvement in oral health: - 10% access (0-18 year olds) to dental health services per annum.	Access increased by 10%	30% increase in access for the 0-18 age cohort.
	- % audits of dental clinics	On target, 8% of dental clinics audited.	8% of dental clinics per quarter.
		10%	60% adverse reporting.

Sector Outcomes	Outcome Indicators	Current Performance (2013-2014)	Three-year Sectoral Targets 2014-2017
	Oral Health Act updated.	In progress	Comprehensive policy-legislative dialogue and action in updating of the Oral Health Act.
	Integrated Oral Disease Prevention (IOPD) Module in Primary Health Care utilized.	On target. Capacity building and knowledge transfer activities completed.	Essential dental health services in selected Primary Care facilities.

1.8 Medium Term Expenditure Summary

The financial implications of implementing the programmes, projects and policy initiatives and achieving Ministry performance targets over the period of this Business Plan are set out in the following table. It briefly outlines the estimates of expenditure for the current year and budgetary projections for the next two years, thereby facilitating a more detailed forecasting analysis for a three-year period. A more detailed display of the financial figures for the various programmes, including that of the three previous years is shown on in the *Medium Term Financial Implications (Summary)* section, which is relevant for the purpose of comparison.

Medium Term Expenditure Summary, 2015/2016 – 2017/2018

Items	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16	Estimates of Expenditure 16/17*	Estimates of Expenditure 17/18*
	J\$000	J\$000	J\$000
Total Recurrent	35,492,163.0	37,266,771.0	39,875,445.0
less Appropriation In Aid	200,352.0	200,352.0	200,352.0
Net Total Recurrent	35,291,811.0	37,066,419.0	39,675,093.0
Capital A	1,273,500.0	1,273,500.0	1,273,500.0
Less Appropriation In Aid	1,273,500.0	1,273,500.0	1,273,500.0
Net Capital A Budget	0.0	0.0	0.0
Capital B	909,150.0	920,891.0	\$ 938,150.0
Total Funding Requirement	\$37,474,461.0	\$ 39,260,810.0	\$41,886,743.0
*Projections based on annual increment @ 2.5% of compensation figure for 2015/2016, all other estimates remain constant. A 5% total increase for 2016/2017 and a 7% increase for 2017/2018.			

2. PLANS AND PRIORITIES

2.1 Portfolio Areas

The Ministry is responsible for monitoring the country’s health status in keeping with its mission of ensuring the provision of accessible quality health services and the promotion of healthy lifestyles among Jamaicans. The portfolio responsibilities of the Ministry include matters relating to primary, secondary and tertiary health service delivery, and by extension, public health and safety, environmental health, including disease surveillance. In areas relating to the administration of health service delivery, portfolio areas of responsibilities include advising Central Government on health policies in keeping with the vision of the Ministry and encompass formulating strategies; designing, implementing, monitoring and evaluating programmes aimed at safeguarding the health of Jamaicans. It also includes building a comprehensive public education programme designed to improve health and wellness among Jamaicans.

These health services are provided by the following divisions, departments, agencies and councils as follows:

- 1. Executive Direction and Management
- 2. Financial Management and Accounting
- 3. Human Resource Management
- 4. Policy, Planning and Development
- 5. Technical Services
- 6. Standards and Regulation
- 7. National Laboratory Services
- 8. St. Joseph’s Hospital
- 9. University Hospital of the West Indies.
- 10. Bellevue Hospital
- 11. Government Chemist
- 12. National Council on Drug Abuse
- 13. National Family Planning Board
- 14. Regional Health Authorities
- 15. Registrar General’s Department
- 16. National Health Fund
- 17. Pesticide Control Authority
- 18. Professions Supplementary to Medicine
- 19. Dental Council
- 20. Medical Council
- 21. Nursing Council
- 22. Pharmacy Council

2.2 Vision, Mission and Mandate

Vision

The vision of the Ministry of Health is for “*Healthy people, healthy environment*”.

Mission and/or Mandate

The mission of the Ministry of the Health is “*to ensure the provision of accessible quality health services and to promote healthy lifestyles*”.

2.3 Strategic Outcomes

The strategic outcomes of the Ministry are:

1. An effective system for disease surveillance, mitigation, risk reduction and responsiveness to disease threats
2. A culture of responsibility for wellness in the Jamaican population
3. The primary health care approach is fully strengthened and emphasized
4. The national food policy is supported
5. The quality of health infrastructure is high and works efficiently
6. Decision-making is supported by national health information system
7. Staffing needs are adequately addressed
8. The level and quality of outputs of staff are high
9. The health sector is effectively governed
10. The health system is adequately financed

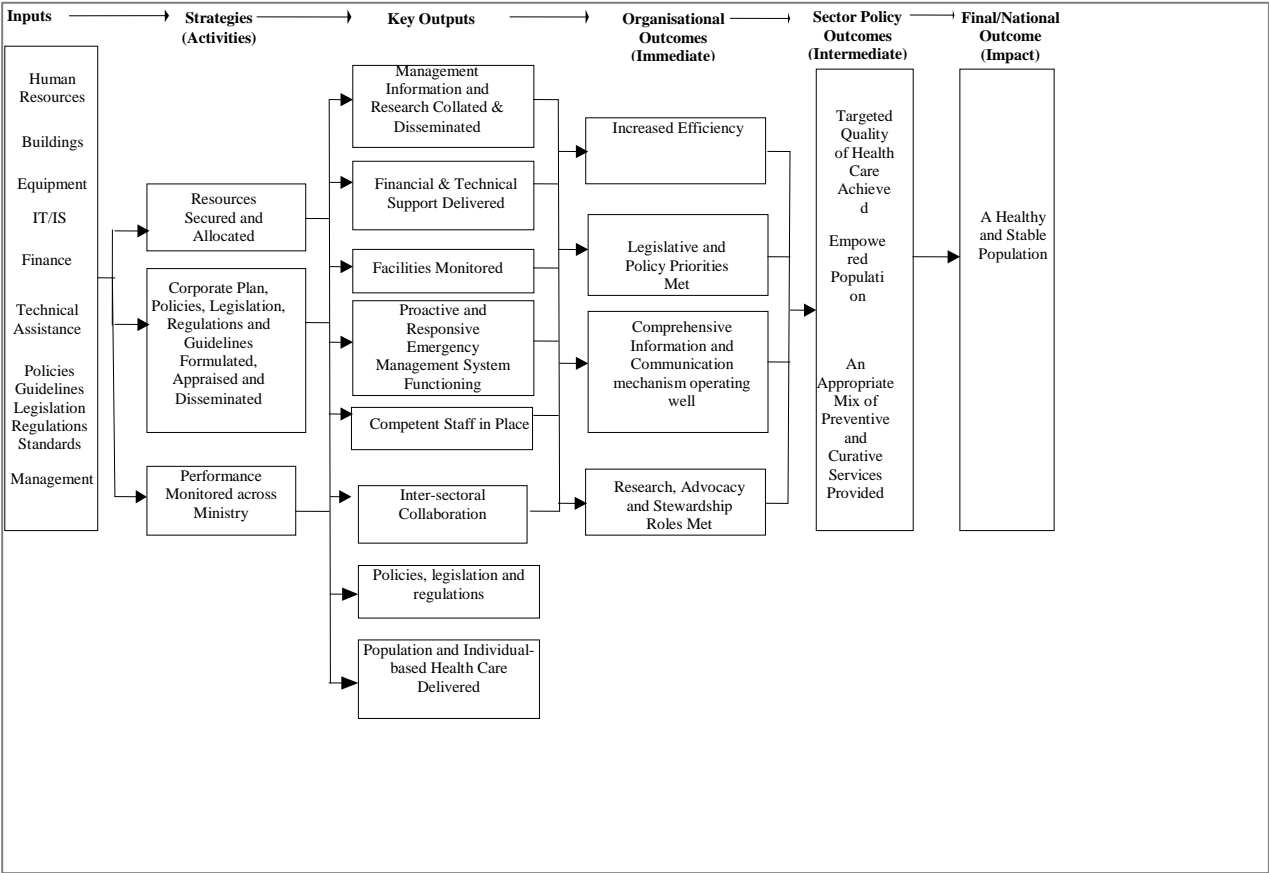
2.4 Key Results Mapping

One strategy is to ensure that the vision of the Ministry is realized and that the strategic outcomes are achieved in accordance with the Results Mapping which forms part of the Strategic Business Plan of the Ministry.

The key results mapping attempt to establish the link between the inputs and the final national outcome. The inputs in Figure 1 represent the key requirements for the Ministry of Health to deliver services. These inputs, among others, include Human Resource, Building, Information Technology/Information System, Finance, Legislation, Regulation and Management. The strategies were arrived at on the basis of adopting the aspects of the National Plan which are the portfolio responsibility of the Ministry of Health. It is aimed to guide the process for the achievement of the national outcome. On the point of the key outputs capture the key targets over a three-year period. These include performance monitoring across the Ministry, management information and research collated and disseminated, *inter alia*.

Based on the planned key outputs, these will enable the Ministry to attain increased efficiency, significant improvement in legislative and policy priorities, comprehensive information and communication mechanism and strengthen research, advocacy and stewardship roles. With regard to sector policy outcomes, this follows that having attained our organizational outcomes, it will lead to the attainment of the sector outcome and overall the national outcome.

Figure 1
Results Mapping



2.5 Situation Analysis

Under the auspices of the Vision 2030 National Development Plan and with the guidance of this Strategic Business Plan, the MOH is charged with adopting strategies to promote health and healthy lifestyles; strengthening primary care service delivery and; forging partnerships between civil society and the public and private sectors to improve governance, management, and outcomes in the sector.

In order to achieve this mandate, the MOH must engage in introspection of its internal processes and structure while also scanning the health sector's environment (social, ecological, economic). This is to ensure alertness, responsiveness and relevance. In relation to the responsibility to meeting the health needs of the population, the Ministry must possess the readiness to restructure the health system, always cognisant of the determinants of health, and must provide the services as cost-effectively as possible, given its fiscal responsibility.

Historically, Jamaica has always exhibited symptoms of under-financing, manifested in lacking maintenance of capital assets, inadequate supplies and insufficient staffing. Despite the financial stress, the country has not experienced any real reversal of earlier health gains. Instead the country is amongst a handful of countries to implemented significant social health protection measures over the last decade. It has also embarked on a fundamental rehabilitation of its capital-base and is also developing its workforce.

On May 1, 2013 the IMF approved a 932.3M USD four-year extended fund facility arrangement to support Jamaica's comprehensive economic reform agenda. The Ministry of Health is integral to the success of the programme and has committed to doing certain specific amendments aimed at reducing inefficiency. Among the specifics commitments made by the Ministry are:

1. expansion of the benefit coverage of the National Health Fund (NHF) through a review of the list of NCDs and pharmaceutical drugs
2. revitalization of Primary Health Care (PHC) by establishing regional centres of excellence and improving health centres island-wide.
3. the establishment of a referral system to reduce unnecessary costs at the secondary and tertiary level
4. the strengthening of the billing mechanism to maximize revenue from payments by private insurance companies
5. the addressing of inefficiencies in drugs procurement and distribution
6. the development of a mechanism to institute 24-hour per day service delivery

Based on the latest review, the Ministry has been making satisfactory progress relative to these commitments.

The Ministry's public health and emergency response machinery was severely tested in the 2014/2015 fiscal year with the outbreak of the Chikungunya Virus. The post-response analysis revealed some areas of weakness that are reflected in the body of the SWOT.

This SWOT analysis examines the stewardship of assets, personnel and material resources, issues of system structure, delivery mechanism and the integration of stakeholders (most notably its clients). The analysis will operate at the organisational and community level while specific risks and challenges will be addressed in the subsequent risk management section.

More specifically, it will examine the following questions: What has MOH managed to do well despite/irrespective-of the appreciable resource deficits (strengths)? In what areas did the organisation underperform given the productivity and applicability potential (weaknesses)? What external activities or occurrences will be to the advantage of the Ministry in executing programmes and plans (opportunity)? What external activities or occurrences outside of the Ministry's control will impact negatively on the discharge of the Ministry's duties and functions (threat)?

Strengths

- Deeply entrenched primary care system and renewed emphasis on Primary Health Care Renewal and the ongoing work to rehabilitate health centres.
- Positive leadership

- Strong emphasis on public health
- System for monitoring and regulating the public health sector
- The MoH continues to benefit from a cadre of educated, well qualified, experienced and dedicated personnel
- Improved access to drugs and increased benefits within the pharmaceutical programme owing to the restructuring of pharmaceutical management system
- Improved financial support for Capital products High- level commitment to universal health coverage
- Integrated network of departments and agencies with a common dedication to health system strengthening
- High level health and development objectives entrenched and tightly aligned to the Ministry's priority programmes
- Strong culture of positive partnerships with several International Development Partners

Weaknesses

- Weak link between project planning and project implementation
- Gaps between policies and programme delivery
- Weak transition of evidence-informed/ research into policy
- Weak enforcement and accountability
- Gap in using research findings to inform policy formulation, monitoring and evaluation
- The Ministry's modernization process is yet to be completed
- Lack of a comprehensive manpower plan
- Lack of integrated health information system
- Outdated staff cadre (Insufficient utilisation of cost accounting system)
- Underfunded public health sector
- Inability to develop a sustainable remuneration mechanism
- Poor lifecycle management for Assets and Equipment
- Long waiting times for key services
- Low staff morale
- Limited oversight and regulation of the private health sector
- Health committees relating to quality control at the operational level are non-functional
- Inability to define package of services in the health sector
- Challenges in effectively placing staff where the actual gaps exist

Opportunities

- Technical support and financing from key international donor agencies, thus enabling diverse health financing options
- Public-private partnership
- Increase awareness of health care services
- The GoJ improved treasury management
- An integrated approach to health and development
- International movement for health as a right
- Government's commitment to restructuring the public sector
- Increasingly greater funding opportunities for chronic disease projects
- Greater public interest in health/healthy lifestyle
- Health Tourism
- IMF conditionalities require greater emphasis on fiscal responsibility

Threats

- Reliance on external funding agencies to facilitate the priority programmes of the Ministry and its agencies.
- Road traffic accidents

- Increase in crime, violence and injuries
- New and re-emerging communicable diseases
- Emerging multi-drug resistance of some pathogens
- Incongruities between some government policies and health objectives
- The absence of strong multi-sectoral collaboration
- Retrenchment of donor support
- Knowledge not consistent with healthy lifestyle practices
- Low public sector remuneration
- The impact of the emerging economies on demand and supply for health workers
- Increase in the life expectancy and the aging population
- Natural disasters and Climate Change
- Increase in litigation
- Porous borders

Conclusions from SWOT Analysis

The SWOT Analysis clearly identifies opportunities for the Ministry to pursue while highlighting threats which could further challenge the public health system's ability to deliver the quality of service required to address health needs.

The Ministry in response to identified threats, especially new and emerging communicable diseases has to strengthen its Risk Management Framework and develop strategies to include its partners and stakeholders in mitigating and where possible sharing the impact of the negative burden on the public health system, having recognized that the opportunity to engage other Ministries, Non-Governmental Organization (NGO) and the Private Sector cannot be wasted.

Local and international best practices will be adopted to ensure the raising of standards, the improvement of infrastructure and a more cost-effective and efficient approach to deliver health care in keeping with the expectations of the Jamaican population.

2.6 Ministry's Current Performance

Current performance against Ministry performance indicators and targets, expressed as last year's actual results and this year's expected results, are set out in the following table.

Priority Policy	Programme/ Project & Budget No.	Performance Indicators	Target 14/15 (April to September)	Actual Result 14/15 (April to September)	Target 15/16	Expected Result 15/16
Service Delivery	Primary Health Care Renewal, including Centres of Excellence	Phase 2 completed	Complete Phase 2 of Santa Cruz Health Centre (SRHA)	Achieved		
		Phase 2 completed	Complete Phase 2 of Darliston Cruz Health Centre (WRHA)	Not achieved	Continue Phase 2 of Darliston Cruz Health Centre (WRHA)	Completed
		Phase 1 and 2 completed	Complete Phase 2 of Isaac Barrant Health Centre (SERHA)	Not achieved	Commence Phase 2 of Isaac Barrant Health Centre (SERHA)	Completed
		Phase 1 and 2 completed	Complete Phase 1 and 2 of Claremont Health Centre (NERHA)	Achieved		
	Cancer care system of excellence	National Cancer Registry established and evaluated	Evaluate a National Cancer Registry	Not achieved. Establishment of registry ongoing	Complete establishment of National Cancer Registry	National Cancer Registry established
	NCDs with emphasis on tobacco, alcohol, food and nutrition & physical activity	Procurement commenced	Initiate procurement of Linear Accelerators.	Tender of Linear Accelerators reviewed.	Continue procurement of linear accelerators	Procurement process continued
		Infant and Young Child Feeding Policy finalized Health workers sensitized	Approval by Parliament for public consultation on Infant and Young Child Feeding Policy (IYCF).	Policy tabled in Houses of Parliament as a Green Paper. Public Consultation held during observance of National Breastfeeding Week	Re-submit IYCF Policy and Action Plan for Cabinet approval Sensitize health workers on policy	Policy finalized Health workers sensitized

Priority Policy	Programme/ Project & Budget No.	Performance Indicators	Target 14/15 (April to September)	Actual Result 14/15 (April to September)	Target 15/16	Expected Result 15/16
		Food-Based Dietary Guideline for Jamaica developed and disseminated Validation conducted	Finalize Food-Based Dietary Guideline for Jamaica Launch guidelines and implement social marketing campaign	Not achieved. Validation delayed due to funding and Chikungunya outbreak	Develop and launch social marketing campaign to disseminate guideline information to the population	Guideline disseminated
		Health and nutrition fully integrated into the National Food and Nutrition Security Policy	Support the implementation of the FNS Action Plan Support consultations as necessary.	FAO initiated discussions with the Unit to explore the possibility of partnering with Govt. of Chile based on request of MOAF for assistance with implementation of activities outlined in the FNS Action Plan.		
Governance	Mental Health	Protocol completed and submitted for sign off	Protocol for Management of Mental Disorders completed and submitted for sign off	Achieved		
		Protocol disseminated	Disseminate protocol for use of restraints and seclusion	Achieved. General and mental health workers trained in protocol		
		Protocol approved # operators of mental health facilities trained in protocol	Secure approval for Protocol and Guidelines for Private Mental Health Facilities Train operators of mental health facilities in Protocol	Achieved Achieved		

Priority Policy	Programme/ Project & Budget No.	Performance Indicators	Target 14/15 (April to September)	Actual Result 14/15 (April to September)	Target 15/16	Expected Result 15/16
Service Delivery	Maternal, Child & Adolescent Health	Implementation plan developed.	Strategies to reduce suicidal behaviours and improve management of suicide developed	A task force was set up to discuss implementation of strategies to prevent suicidal behaviours and improve management of attempted suicide based findings and recommendations.	Develop and implement of Suicide Prevention Programme	Suicide Prevention Programme in operation
		Tender documents and designs of civil works	Establishment of Technical Assistance Team Launch tender for design of civil works	Team established Tenders launched for HDUs for VJH and Mandeville Regional Hospitals	Launch tenders for all design and supervision of the 11 HDUs	Tender documents and designs of civil works
		Documented final proposal and Ethical Approval letters Data collection completed	In collaboration with UHWI revise as necessary, proposal for the study on causes of prematurity.	The process of ethical approval is far advanced.	Collaborate on field study and data collection on causes of prematurity	Data collection completed
		Concept paper for Voluntary Counselling and Testing (VCT) Policy for HIV/STIs for minors aged <16 years developed. Policy guideline developed	Policy dialogue at the Adolescent Policy Working Group Committee level.	Achieved	Develop policy guideline and secure Cabinet approval	Policy guideline developed and disseminated
Governance		Child Diversion Policy	Child Diversion Policy developed.	Achieved		
Disease Surveillance	National Surveillance Unit	Tuberculosis National Strategic Plan finalised, disseminated and implemented	Implement key activities from the Tuberculosis National Strategic Plan	Not achieved.		

Priority Policy	Programme/ Project & Budget No.	Performance Indicators	Target 14/15 (April to September)	Actual Result 14/15 (April to September)	Target 15/16	Expected Result 15/16
Health Information Systems	Health Information Systems	ICT infrastructure meets documented standards.	Procure and install ICT network and end user devices.	Achieved	Implement ICT infrastructure at approved sites for WAN connection across the MOH, the RHAs and its other agencies	ICT infrastructure implemented
		#public health centres with ePAS implemented # public hospitals with ePAS implemented	Implementation of electronic Patient Administration System (ePAS) at 8 pilot sites	1 out of 8 sites piloted.	Commence implementation of ePAS for public hospitals and health centres.	ePAS implemented
Service Delivery	Infection Control and Prevention	# facilities provided with medical waste management services	Render services to 30 facilities on a monthly basis	Partially achieved	Render services to 30 facilities on a monthly basis	Waste management services provided
		Maintenance contracts established for each equipment	Procure maintenance or replacement contracts for equipment at treatment facility	Achieved	Procure maintenance or replacement contracts for equipment at treatment facility	Maintenance or replacement contracts established
Health Work Force	Human Resources in Health	#Training & Development Plan	Develop Training & Development Plan	1 Training Plan Developed – NHF 183 and the draft for NHF 26 was submitted.		
Service Delivery	Secondary Health Care capacity enhancement with special focus on Accident & Emergency	# A&E Departments expanded	Expand Accident and Emergency (A&E) Department at Princess Margaret Hospital and Percy Junor Hospital	Not achieved	Expand Accident and Emergency (A&E) Department at Princess Margaret Hospital and Percy Junor Hospital	A&E departments expanded
		A&E Department expanded	Develop Blueprint for expansion of Black River Hospital	Achieved	Develop implementation plan Expand A&E Department of Black River Hospital	A&E department expanded

2.7 Priority Policies, Programmes and Projects (2015 – 2018)

The realisation of Government's priorities and strategic outcomes of programmes, projects and policy initiatives require the Ministry to shift its current level of performance to the planned targets and outputs outlined below:

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES							
Service Delivery	Primary Health Care Renewal, including Centres of Excellence	Complete upgrades to the four Centres of Excellence	Upgraded health centres	Phase 2 completed	Complete Phase 2 of Darliston Cruz Health Centre (WRHA)		
				Phase 2 completed	Complete Phase 2 of Isaac Barrant Health Centre (SERHA)		
		Refurbish public health centres	Refurbished Health centres	# health centres refurbished	Refurbish health centres	Refurbish health centres	Refurbish health centres
	Cancer care system of excellence	Expand range of cancer care services through use of different care regimes (nuclear medicine)	Nuclear Medicine Programme	Nuclear Medicine Programme established	Implement recommendations of International Atomic Energy Agency (IAEA)	Re-establish Nuclear Medicine Programme in the public sector	Re-establish Nuclear Medicine Programme in the public sector

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Strengthen cancer treatment services by upgrading radiological services for cancer diagnosis at Regional Hospitals and Bustamante Hospital for Children	Reconditioned cobalt machines	# cobalt machines reconditioned	Recondition cobalt machines		
Service Delivery	Cancer care system of excellence	Strengthen cancer treatment services by upgrading radiological services for cancer diagnosis at Regional Hospitals and Bustamante Hospital for Children	Radiological services	#linear accelerators in operation	Finalise procurement process for linear accelerator including obtaining total financing.	Procure and install linear accelerators Explore/form public private partnerships for management of linear accelerator service/operations Conduct training in linear accelerator services/operation	
		Implement National Cancer Registry.	National Cancer Registry	National Cancer Registry established	Establish National Cancer Registry		

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Service Delivery	NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	Implement regulations and institutionalize cessation of tobacco use programmes	Reduction in smoking prevalence	Regulations implemented. # persons accessing smoking cessation programmes	Implement regulations and institutionalize cessation of tobacco use programmes	Institutionalize cessation of tobacco use programmes	Institutionalize cessation of tobacco use programmes
		Provide assistance to secondary health care facilities in achieving Baby- Friendly status	Accredited Baby- Friendly Hospitals	# hospitals accredited as Baby-Friendly # health care workers trained.	Facilitate accreditation of hospitals and build capacity of health care staff	Facilitate accreditation of hospitals and build capacity of health care staff	Facilitate accreditation of hospitals and build capacity of health care staff
		Promote healthy eating and increased physical activity in the population through implementation and dissemination of the Food-Based Dietary Guidelines	Social marketing campaign for Food- Based Dietary Guidelines in effect	Social marketing campaign launched	Develop and launch social marketing campaign to disseminate guideline information to the population	Continue social marketing campaign	
		Develop a National Health Promotion and Education Plan for NCDs and CDs	National Health Promotion and Education Plan for NCDs and CDs	National Health Promotion and Education Plan for NCDs and CDs drafted	Develop National Health Promotion and Education Plan for NCDs and CDs	Implement National Health Promotion and Education Plan for NCDs and CDs	

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Service Delivery	Maternal , Child & Adolescent Health	Provide and maintain an adequate health infrastructure to ensure efficient and cost-effective service delivery	11 functional High Dependency Units (HDU) (5 maternal, 6 neonatal) in 6 Regional and specialist hospitals	# HDUs operational	Establishment of 1 neonatal HDU at Mandeville Hospital	Establishment of 3 neonatal and 3 maternal HDUs at Spanish Town, BCH, VJH and Mandeville hospitals	Establishment of 2 neonatal and 2 maternal HDUs.

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Health Work Force & Service Delivery		Establish and implement a sustainable mechanism for human resources	Capacity building of health care workers (Total budget €1.6M)	# doctors, nurses and allied health professionals trained	Train 15 nurses each in critical care, neonatal nursing and paediatric nursing. Train 4 paediatricians in neonatology	Train 15 nurses each in critical care, neonatal nursing and paediatric nursing Continue training of 4 paediatricians in neonatology Train OBGYNs in maternal-foetal medicine and Emergency Obstetric care Training of clinicians in obstetric ultrasound diagnoses Training of clinicians, nurses and CHAs in Primary care in maternal and child health issues care	Train 15 nurses each in critical care, neonatal nursing and paediatric nursing Complete of training of doctors in OBGYN, Anaesthetics, critical care

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Service Delivery	Disaster Management	Implement Safe Hospital Programme	Safe Hospital	Safe hospital indices developed # Work-plans for retrofitting hospitals developed	Conduct Safe Hospital assessments in 10 hospitals		
	HIV/AIDS, TB and Infectious Diseases	Reduce the transmission of new HIV infections and mitigate the impact of HIV	Reduced morbidity and mortality related to HIV/AIDS	# PHDP interventions held # PLHIV reached	Biannual Positive Health, Dignity and Prevention (PHDP) interventions for people living with HIV (PLHIV) most at risk	Biannual PHDP interventions for PLHIV most at risk	Biannual PHDP interventions for PLHIV most at risk
			Antiretroviral combination therapy	# men, women and children receiving antiretroviral combination therapy	Provide antiretroviral combination therapy (according to national guidelines) to men, women and children with advanced HIV	Provide antiretroviral combination therapy (according to national guidelines) to men, women and children with advanced HIV	Provide antiretroviral combination therapy (according to national guidelines) to men, women and children with advanced HIV
Governance	International Health Regulations (IHR)	Prevent, protect against and control the international spread of disease	Assessment Report	# assessments of Ports of Entry	Conduct assessments of Ports of Entry	Conduct assessments of Ports of Entry	Conduct assessments of Ports of Entry
Health Financing	Health Financing	Foster a multidisciplinary and multisectoral approach to address health financing challenges	Report	Stakeholder workshop held	Develop comprehensive report on Health Financing Options and submit to Cabinet	Commence implementation of Health Financing strategies (subject to Cabinet approval)	

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Re-introduce collection of fees from private patients and patients with insurance	Fee adjustment	Adjusted user fees implemented	Implement adjusted user fee schedule in public health care facilities		
Health Information System	Government of Jamaica Health Card	Improve efficiencies in resource utilization by clients and re-establish billing mechanisms for private health insurance	GoJ Health Card Monitoring Report	Phase 2 and 3 implemented Monitoring tool developed Monitoring done	Commence implementation of Phase 2 and 3 of the GoJ Health Card	Develop monitoring tool for card Use tool to monitor usage of the card and its impact (delivery and efficiency) on the health system	
Health Information Systems	Health Information Systems	Expand the effective use of information technology to improve the quality, availability and continuity of healthcare, and to improve the quality and timeliness of health information for decision-making.	Public hospitals and health centres with ePAS	#public health centres with ePAS implemented # public hospitals with ePAS implemented	Implement the new national electronic Patient Administration System (ePAS) for public hospitals and health centres.	Implement ePAS for public hospitals and health centres	Implement ePAS for public hospitals and health centres

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Establish a secure and shared electronic health record with universal access to health data for each patient through national Patient Administration System (ePAS).	Shared electronic patient records.	# of targeted facilities utilizing ePAS System	12 targeted sites. JMD 275M	15 targeted sites JMD 350M	
		Define, plan and implement the legislative, regulatory and policy changes required to support an effective and ethical national health information and e-Health system	National Privacy Programme	National Privacy Programme developed		Develop framework for National Privacy Programme.	

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Health Work Force	Human Resource in Health	Review the required competences for the health workforce and establish and implement a human resources strategic plan to ensure a sustainable supply of skills and competencies for the sector.	Strategic Plan of Human Resource Development	# of stakeholder consultations held. A Human Resource Strategic Plan Established and implemented.	Host stakeholder consultations. First draft of HR Strategic Plan	Draft of HR Strategic Plan reviewed Finalize Plan	Implement HR Strategic Plan
		Improve the staff cadre for health services through training non-medical staff.	Capacity building	# professionals trained	Conduct training of non-medical staff	Conduct training of non-medical staff	Conduct training of non-medical staff
		Collaborate with external partners to develop continued training programmes for oncology.	Capacity building	# of training programmes in Oncology delivered. # of professionals trained in Oncology.	Agreement in place. Delivery of 1 oncology programme to train 10 professionals.	Delivery of 1 oncology programme to train 10 professionals in oncology.	Delivery of 1 oncology programme to train 10 professionals in oncology.
		Collaborate with internal and external partners to develop continued training programmes for neonatology.	Cobalt machines reconditioned	# of training programmes in Neonatology. # of professionals trained in Neonatology.	Agreement in place. Delivery of 1 neonatology programme to train 20.	Delivery of 1 neonatology programme to train 20.	Delivery of 1 neonatology programme to train 20.

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Determine skills mix required, and apply task shifting of human resources for maximum efficiencies with relation to DM Doctors, and specialist nurses..	Action Plan	Level of Action Plan implemented.	Collaborate with relevant stakeholders to determine priority areas. Finalize priority areas.	Develop Action Plan. Implement Action Plan.	Implement Action Plan.
		Establish the performance based monitoring system (PMAS)	PMAS. Action Plan Capacity building	100% of MOH staff sensitized. Action plan developed and implemented.	Conduct re-sensitization of 50% of Staff. Develop Action Plan. Implementation of Pilot.	Continued sensitization of remain staff. Evaluate the success of pilot project. Implementation of Action Plan.	Continued implementation of Action Plan.
Health Work Force	Human Resource in Health	Establish a system to manage the impact of migration of critical health care personnel in collaboration with MOFP.	Report (Migration Study) Policy	Report on Research Findings from Migration Studies. Policy drafted and implemented to mitigate against migration.	Submission of findings to Cabinet.	Develop Policy to Mitigate against Migration.	Policy Implementation.

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		To provide cadre rationalization for adequate numbers of human resources throughout the health sector.	Cadre Rationalization Concept Paper.	# of consultations held between MOH/MOFP on Concept Paper. Concept Paper approved. Implementation of Cadre Rationalization Project	Consultations held between MOH & MOFP re Concept Paper. Approval secured for Concept Paper.	High level stakeholders sensitized. Implement MOFP decision.	Ongoing implementation.
		Identify and recruit Cuban specialist nurses.	Qualified Cuban nurses	Adequate number of staffing to provide specialist care.	Identify gaps to determine the number of specialist needed.	Implement MOH's 5 year specialist training plan aimed at reducing foreign nationals in specialist areas.	Adjust the intake of foreign nationals as we increase the intake of local specialist.
Service Delivery	Infection Control and Prevention	Provide medical waste services to health care facilities	Services provided	# health care services serviced	Provide services to 30 health care facilities on a monthly basis	Provide services to 30 health care facilities on a monthly basis	Provide services to 30 health care facilities on a monthly basis
			Treated Medical waste	Tonnes of medical waste treated	Treat 260 tonnes of medical waste	Treat 260 tonnes of medical waste	Treat 260 tonnes of medical waste
		Improve health care facilities storage capacity for medical waste	Medical waste storage facilities	# health care facilities with medical waste storage facilities	Establish medical waste storage facilities at selected health care facilities		

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Rehabilitation and maintenance of hospital equipment	Effect repair and/or service to at least seventy percent of all equipment within inventory	Refurbished equipment	70% of equipment serviced and/or repaired	Repair and/or service at least 70% of equipment within inventory		
		Improve the local knowledge base for at least three engineers and four technicians	Capacity building	# engineers trained # technicians trained	Train 3 engineers and 4 technicians		
	Secondary Health Care capacity with special focus on Accident and Emergency	Retrofit all cold rooms at the NPHL	New improved cold rooms equipment	Project proposal prepared and submitted for approval Equipment procured and installed Infrastructural work completed	Prepare project proposal and secure approval from NHF	Procure equipment Commence infrastructure work	Install equipment

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Procure new x-ray, and film processing and to improve physical infrastructure and radiological equipment	New X-ray and Film processing machines in operation. Improved infrastructure for housing equipment.	Project proposal prepared and submitted for approval Equipment procured and installed Infrastructural work completed	Prepare project proposal and secure approval from NHF	Procure equipment (new x-ray, and film processing) Commence infrastructure work	Install equipment
MAJOR PROJECTS							
Service Delivery	Maternal, Child & Adolescent Health	Establish a child and adolescent hospital in Western Jamaica to improve health care for that age cohort	Child and Adolescent Hospital in Western Jamaica	Development model established Partnerships established Permit and approval granted	Establish development model Identify potential partners Obtain permit and approval Initiate project		
		Establish Teen-Hub in the Half Way Tree Transportation Centre	Teen Hub.	Teen Hub established.	Establish Teen- Hub in the Half Way Tree Transportation Centre		

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Service Delivery	Infection Control and Prevention	Rehabilitate or implement new sewage treatment systems at health facilities to ensure compliance with regulatory requirements.	Operational Sewage treatment systems	# sewage treatment systems operational	Complete implementation of Revised to Six Solution (Phase 1) in 6 selected public health facilities Source professional services for 5 mechanical plants and submit project proposal to NHF	Commence implementation of mechanical sewage plants (Phase 2)	
	Secondary Health Care capacity enhancement with special focus on Accident & Emergency	Improve infrastructure and equipment to enable quality delivery of secondary health care	Expanded A&E Department at selected facilities	A&E Department expanded	Expand Accident and Emergency (A&E) Department at Princess Margaret Hospital and Percy Junor Hospital		
			Linstead Hospital upgraded	# facilities upgraded	Expand Accident and Emergency Department, refurbish Administrative block and build Pharmacy building at Linstead Hospital		
			Renovated A&E Department	A&E Department expanded	Develop implementation plan Expand A&E Department of Black River Hospital		

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR INITIATIVES (LEGISLATIVE & POLICY)							
Governance	NCDs with emphasis on tobacco, alcohol and food and nutrition	Develop and implement policies geared at improving the population's nutritional status	National Infant and Young Child Feeding Policy Nutrition component of the Health Promoting School Policy	National Infant and Young Child Feeding Policy finalized and disseminated Nutrition component of the Health Promoting School Policy developed	Finalize and disseminate the National Infant and Young Child Feeding Policy	Develop Nutrition component of the Health Promoting School Policy	
		Establish a policy for mandatory physical activity up to tertiary level institution in collaboration with the Ministry of Education.	Draft policy for mandatory physical activity up to tertiary level.	Policy for mandatory physical activity up to tertiary level drafted.	Establish Joint Technical Working Group with Ministry of Education Draft Policy		
	Maternal, Child & Adolescent Health	Define policies and plans relating to the provision of Family Planning Services to minors.	VCCT Policy	Policy developed Policy implemented	Develop draft Voluntary Counselling and Testing (VCT) Policy for HIV/STIs for minors aged <16 years	Continue development of policy	Policy finalized and approved by Cabinet and implemented

Policy Priority	Programme/ Project & Budget No. and Policy Initiatives	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Develop policy for health care workers to deliver reproductive health service to minors	Policy	Policy developed	Develop policy to protect health care providers and other prescribed persons (eg. Guidance Counsellors, Social Workers, Pharmacists, etc) from prosecution in delivering reproductive health services to minors in the best interest of the child.		
Governance	Mental Health	Review and revise the Mental Health National Policy	Mental Health Policy and Strategic Plan	Mental Health Policy and Strategic Plan finalized and disseminated	Finalize and disseminate Mental Health Policy and Strategic Plan		
		Finalise revisions on the Mental Health Legislation	Revised Mental Health legislation	Mental Health legislation revised and updated in keeping with international human rights standards	Complete recommended revision of Mental Health Legislation		

3. MEDIUM TERM FINANCIAL IMPLICATIONS

The following Table 6 represents the medium-term financial implications for the Ministry.

Table 6 Ministry of Health’s Medium Term Budget

Item and programme		14/15	15/16	16/17*	17/18*
		Revised Estimates	Projected Expenditure	Projected Expenditure	Projected Expenditure
		J\$000	J\$000	J\$000	J\$000
327	Prevention and control of Drug Abuse	\$ 92,250.0	\$ 92,250.0	\$ 96,863.0	\$ 103,643.0
01	General Administration				
	Direction and management	\$ 79,083.0	\$ 80,478.0	\$ 84,502.0	\$ 90,417.0
	Financial Management & Accounting Services	\$ 158,110.0	\$ 159,291.0	\$ 167,256.0	\$ 178,963.0
	HR Management and other support Services	\$ 330,487.0	\$ 333,927.0	\$ 350,623.0	\$ 375,167.0
	Internal Audit	\$ 33,389.0	\$ 33,978.0	\$ 35,677.0	\$ 38,174.0
02	Planning & Development				
	Direction and Administration	\$ 42,752.0	\$ 43,542.0	\$45,719.0	\$ 48,919.0
	Technical Services Planning	\$ 27,702.0	\$ 28,271.0	\$ 9,684.0	\$ 31,762.0
	Health Systems Improvements	\$ 15,950.0	\$ 16,233.0	\$ 17,045.0	\$ 18,238.0
	Project Planning & Implementation	\$ 15,876.0	\$ 16,154.0	\$ 16,962.0	\$ 18,149.0
	Waste Management	\$ 64,380.0	\$ 64,900.0	\$ 68,145.0	\$ 72,915.0
	HIV/AIDS Control Programme	\$171,606.0	\$ 174,830.0	\$ 183,572.0	\$ 196,422.0
	Health Promotion & Protection	\$ 151,448.0	\$ 154,235.0	\$ 161,947.0	\$ 173,283.0
	Health Services Planning and Integration	\$184,109.0	\$ 185,984.0	\$ 195,283.0	\$ 208,953.0
04	Standards and Regulations				
	Grants to Public Bodies	\$ 22,000.0	\$ 22,000.00	\$ 23,100.00	\$ 24,717.0
	Developing and Monitoring Standards and Regulations	\$ 68,585.0	\$ 69,875.00	\$ 73,368.0	\$ 78,505.0
22	Training of Health Professionals				
	Training of Nurses-Kingston School of Nursing	\$ 66,543.0	\$ 67,730.0	\$ 71,1170	\$ 76,095.0
	Training of Nurses-Cornwall School of Nursing	\$ 24,723.0	\$ 25,134.0	\$ 26,391.0	\$28,238.0
	Training of Nurse Anaesthetists	\$33,125.0	\$ 33,758.0	\$ 35,446.0	\$ 37,927.0
	Doctor of medicine Programme	\$ 157,039.0	\$ 160,370.0	\$ 168,389.0	\$ 180,176.0
004	Regional and International Cooperation				
006	Regional Organizations	\$76,000.0	\$ 76,000.0	\$ 79,800.0	\$ 85,386.0
008	International Organizations	\$ 21,000.0	\$ 21,000.0	\$ 22,050.00	\$ 23,594.0

Item and programme		14/15	15/16	16/17*	17/18*
		Revised Estimates	Projected Expenditure	Projected Expenditure	Projected Expenditure
		J\$000	J\$000	J\$000	J\$000
005	Disaster Management				
	Emergency Medical Services	\$ 48,456.0	\$ 48,616.0	\$ 51,047.0	\$ 54,620.0
250	Early Childhood Development				
	Effective Preventative Health Care	\$17,500.0	\$ 17,500.0	\$ 18,375.0	\$19,661.0
277	Health Services Support				
	Grant to Private Bodies	\$6,000.0	\$ 6,000.0	\$6,300.00	\$ 6,741.0
	Grant to Private Individuals	\$ 15,000.0	\$ 15,000.0	\$ 15,750.00	\$ 16,853.0
	Health Facilities Maintenance	\$ 49,701.0	\$ 50,314.0	\$ 52,830.0	\$ 56,528.0
	National Laboratory Services	\$ 638,567.0	\$ 647,900.0	\$ 680,295.0	\$ 727,916.0
278	Family Planning				
	Administration	\$ 72,366.0	\$ 72,366.0	\$ 75,984.0	\$ 81,303.0
	Information, Education and Communication	\$ 14,563.0	\$ 14,563.0	\$ 15,291.0	\$ 16,362.0
	Training	\$ 8,033.0	\$ 8,033.0	\$ 8,435.0	\$ 9,025.0
	Evaluation and Research	\$ 11,953.0	\$ 11,953.0	\$ 12,551.0	\$ 13,429.0
280	Health Service Delivery				
20	South East Regional Health Authority				
	Direction and Administration	\$ 193,865.0	\$ 197,124.00	\$ 206,980.0	\$ 221,469.0
	Maintenance of building and Equipment	\$ 20,000.0	\$ 20,000.0	\$ 21,000.0	\$ 22,470.0
	Delivery of Health Services	\$ 10,603,723.0	\$10,815,128.0	\$11,355,884.0	\$ 12,150,796.0
	Pharmaceutical and Medical supplies	\$ 1,584,200.0	\$1,584,200.0	\$ 1,663,410.0	\$1,779,849.0
21	North East Regional Health Authority				
	Direction and Administration	\$ 153,557.0	\$ 156,332.0	\$ 164,149.0	\$175,639.0
	Maintenance of building and Equipment	\$ 20,000.0	\$ 20,000.0	\$ 21,000.0	\$ 22,470.0
	Delivery of Health Services	\$ 3,460,404.0	\$ 3,532,713.0	\$3,709,349.0	\$3,969,003.0
	Pharmaceutical and Medical supplies	\$550,070.0	\$ 550,070.0	\$ 577,574.0	\$ 618,004.0
22	Western Regional Health Authority				
	Direction and Administration	\$ 134,030.0	\$136,405.0	\$ 143,225.0	\$ 153,251.0
	Maintenance of building and Equipment	\$ 20,000.0	\$ 20,000.0	\$ 21,000.00	\$ 22,470.0
	Delivery of Health Services	\$ 4,858,798.0	\$ 4,956,471.0	\$ 5,204,295.0	\$ 5,568,595.0

Item and programme		14/15	15/16	16/17*	17/18*
		Revised Estimates	Projected Expenditure	Projected Expenditure	Projected Expenditure
		J\$000	J\$000	J\$000	J\$000
	Pharmaceutical and Medical supplies	\$ 965,524.0	\$ 965,524.0	\$ 1,013,800.0	\$1,084,766.0
23	Southern Regional Health Authority				
	Direction and Administration	\$ 192,295.0	\$ 196,191.0	\$206,001.0	\$ 220,421.0
	Maintenance of building and Equipment	\$ 20,000.0	\$ 20,000.0	\$ 21,000.00	\$ 22,700.0
	Delivery of Health Services	\$4,482,411.0	\$ 4,575,088.0	\$ 4,803,842.0	\$ 5,140,111.0
	Pharmaceutical and Medical supplies	\$ 905,115.0	\$ 905,115.0	\$ 950,371.0	\$ 1,016,897.0
24	University Hospital of the West Indies	\$ 3,801,277.0	\$ 3,801,277.0	\$ 3,991,341.0	\$ 4,270,735.0
27	St. Joseph's Hospital	\$ 239,352.0	\$ 239,352.0	\$ 251,320.0	\$ 268,912.0
28	Jamaica/Cuba Eye Care Programme	\$ 48,356.0	\$ 48,988.0	\$ 51,437.0	\$ 55,038.0
	Total Recurrent	\$34,971,273.0	\$35,492,163.0	\$37, 266,771.0	\$39,875,445.0
	less Appropriation In Aid	\$ 200,352.0	\$ 200,352.0	\$ 200,352.0	\$ 200,352.0
	Net Total Recurrent	\$34,770,921.0	\$35,291,811.0	\$37,066,419.0	\$ 39,675,093.0
	Capital A	\$ 1,273,500.0	\$ 1,273,500.0	\$1,273,500.0	\$1,273,500.0
	Less Appropriation In Aid	\$ 1,273,500.0	\$ 1,273,500.0	\$1,273,500.0	\$1,273,500.0
	Net Capital A Budget	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
	Capital B	\$ 903,423.0	\$ 909,150.0	\$ 920,891.0	\$ 938,150.0
	Total Funding Requirement	\$36,947,844.0	\$37,474,461.0	\$39,260,810.0	\$ 41,886,743.0
	Capital A				
05	Family Services				
	Prevention and Control of Drug Abuse	\$ 0.0	\$ 0.0	\$ 0.00	\$ 0.0
	Health Affairs and Services	\$1,273,500.0	\$ 1,273,500.0	\$ 1,273,500.0	\$1,273,500.0
	Other Social and Community Services	\$0.0	\$0.0	\$0.0	\$0.0
	Total Budget Capital A	\$ 1,273,,500.0	\$ 1,273,500.0	\$ 1,273,500.0	\$1,273,500.0
	Less appropriation In Aid	\$ 1,273,,500.0	\$ 1,273,500.0	\$ 1,273,500.0	\$ 1,273,500.0
	Net total Capital A	\$ 0.0	\$ 0.0	\$ 0.00	\$0.0
07	Capital B				
	Health Services Support	\$ 903,423.0	\$ 909,150.0	\$920,891.0	\$ 938,150.0
277	Agencies of the Ministry of Health				
	RGD and Island Records Office				
	Recurrent Expenditure	\$ 753,519.0	\$ 765,037.0	\$803,289.0	\$ 859,519.0

Item and programme		14/15	15/16	16/17*	17/18*
		Revised Estimates	Projected Expenditure	Projected Expenditure	Projected Expenditure
		J\$000	J\$000	J\$000	J\$000
	Less Appropriation In Aid	\$ 753,519.0	\$765,037.0	\$803,289.0	\$ 859,519.0
	Net Total Recurrent Budget	\$ 0.0	\$ 0.00	\$ 0.00	\$0.0
280	Bellevue Hospital	\$ 1,174,686.0	\$1,195,522.0	\$ 1,255,298.0	\$1,343,169.0
277	Government Chemist	\$ 28,479.0	\$ 28,937.0	\$ 30,384.0	\$32,511.0

***Estimated Annual Increment of 2.5% for Compensation of Employees in 2015/2016, all other figures remain same. 2016/2017 total figures increase by 5% while 2017/2018 figures estimated at 7%.**

**** Ministry of Finance and Planning**

4. HUMAN RESOURCES CAPACITY PLAN

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Ministry of Health	470			
Southern Regional Health Authority	2,617	2,700	2,763	2,819
North East Regional Health Authority	2,118	2,218	2,259	2,267
Western Regional Health Authority	3,023	3,700	4,070	4,477
South East Regional Health Authority	5,430	5,812	5,842	5,880
Pesticide Control Authority	11	11	13	13
Registrar General’s Department	350	361	354	348
National Council on Drug Abuse	44	46	46	46
Bellevue Hospital	640	640	640	640
National Health Fund	298	453	656	656
National Family Planning Board	73	53	53	53
University Hospital of the West Indies	2,064			
National Public Health Laboratory/National Blood Transfusion Services	217			
Government Chemist	17	18	19	19

5. DEPARTMENTS AND AGENCIES BUSINESS PLAN SUMMARIES

The Ministry plans to implement its overall strategies to meet its performance targets for the current and projected two years through the plans/programmes/policy initiatives outlined below for the respective Regional Health Authorities, Agencies and Departments.

5.1 SOUTHERN REGIONAL HEALTH AUTHORITY (SRHA)

Southern Regional Health Authority (SRHA) is the second largest of all Regional Health Authorities, comprising the parishes of Manchester, Clarendon, and St. Elizabeth. The Region has an estimated population of over 600,000 persons. Health care is delivered through six (6) hospitals with a total of 648 beds - (2 Type B, 3 Type C and 1 community hospital); one rural maternity centre and seventy eight (78) health centres.

5.1.1 Vision, Mission and Mandate

Vision

The Southern Regional Health Authority (SRHA) vision statement is “*Healthy people through healthy lifestyle, clean and safe environment*”.

Mission

The mission statement of SRHA is to “*Ensure access to a sustainable, responsive and effective health system that is customer focused, stakeholder driven, and facilitates the health and well-being of residents of Clarendon, Manchester and St. Elizabeth*”.

5.1.2 Strategic Outcomes

The strategic outcomes of the Southern Regional Health Authority which are derived from the Mandate of the Ministry of Health (MOH) are:

1. An effective system for disease surveillance, mitigation, risk reduction and responsiveness to disease threats
2. A culture of responsibility for wellness in the population served (Health Education & Promotion)
3. The primary health care approach is fully strengthened and emphasized
4. The national food policy is supported
5. The quality of health infrastructure is high and works efficiently
6. Decision-making is supported by the introduction and implementation of the national health information system
7. Staffing needs are adequately addressed
8. The level and quality of outputs of staff are high
9. The Health Care delivery system is effectively managed
10. The system for health care delivery is adequately financed

5.1.3 Strategic Plans and Priority Programmes (2015-2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
	Build capacity for a multidisciplinary approach to health care for clients with CNCDS	Increase in the # of clients seen by the multi-disciplinary team.	Improvement in # of clients seen by the multidisciplinary team	Utilize CDP as a prompt to order lab tests and refer clients to other services e.g. dental, nutrition, eye clinic	Utilize CDP as a prompt to order lab tests and refer clients to other services e.g. dental, nutrition, eye clinic	Utilize CDP as a prompt to order lab tests and refer clients to other services e.g. dental, nutrition, eye clinic
	Monitoring of class one notifications for early detection and control of class one and other conditions that becomes a threat to public health and safety	Class one conditions monitored	# class one conditions monitored	100%	100%	100%
	Management of Outbreaks	Outbreaks managed	# outbreaks notified within specified timeframe # outbreaks investigations completed within specified timeframe # outbreak reports completed within specified timeframe	95%	95%	95%

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Monitoring and audits of sentinel sites and Hospital Active Surveillance sites to ensure prompt reporting and investigations of diseases that are of surveillance importance	sentinel audits conducted HAS sites audits conducted investigations done within specified time	# sentinel audits conducted #HAS sites audits conducted # investigations done within specified time	4 audits 1 audit 70%	4 audits 1 audit 70%	4 audits 1 audit 70%
	Mortality surveillance of all hospitals in region	mortality surveillance reports	# mortality surveillance reports	10 per facility	10 per facility	10 per facility
	MONIA (maternity, operating theatre, neonatal unit A+E departments) auditing in health facilities	MONIA audits conducted audit reports submitted	# audits conducted # audit reports submitted	1 audit 1 report	1 audit 1 report	1 audit 1 report
Mental Health	Screening of children at school and in the child and adolescent mental health clinics	Early screening	Child and Adolescent Mental Health Team implemented # children screened	Implement Child and Adolescent Mental Health Team to assist with early screening	Implement Child and Adolescent Mental Health Team to assist with early screening	Implement Child and Adolescent Mental Health Team to assist with early screening
	Utilize depression screening tool from the MoH, Mental Health unit to conduct screening	Capacity building of health care workers Depression screening	# primary health care workers trained # secondary health care workers trained	Conduct training with primary and secondary health care workers on the use of depression screening tool – 3 workshops per parish	Conduct training with primary and secondary health care workers on the use of depression screening tool – 3 workshops per parish	Conduct training with primary and secondary health care workers on the use of depression screening tool – 3 workshops per parish

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Utilize data base to monitor drop out and cases discharged	Identification and visitation of dropouts	# of persons in compliance	Request computers for each parish in order to implement data base to identify drop outs (clients not seen within three months of last appointment)	Request computers for each parish in order to implement data base to identify drop outs (clients not seen within three months of last appointment)	Request computers for each parish in order to implement data base to identify drop outs (clients not seen within three months of last appointment)
Environmental Health	Coordination of Vector Control Programme in SRHA Larvicidal Interventions Adulticidal Interventions Community Education Stakeholders Partnership Surveillance Enforcement	Reduced no. of active vector breeding sites Aedes index at 5%	# of houses inspected # mosquito breeding sites located & treated % mosquito indices	Premises Inspections Source reduction Treatment of 100% of sites located Aerial spraying/fogging operation Health Education Enforcement actions	Premises Inspections Source reduction Treatment of 100% of sites located Aerial spraying/fogging operation Health Education Enforcement actions	Premises Inspections Source reduction Treatment of 100% of sites located Aerial spraying/fogging operation Health Education Enforcement actions
Maternal and Child Health	Facilitate the PROMAC programme	Maternal and neonatal HDUs	# HDUs operational	Facilitate and monitor the establishment of maternal and neonatal HDUs		
Preventative maintenance	Repair spare equipment to create redundancies throughout the region	Reduced downtime on bio-medical equipment (autoclaves etc.)	15% reduction in downtime on bio-medical equipment	Commence refurbishing of bio-medical equipment		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	To implement scheduled equipment maintenance	Scheduled maintenance of equipment.	% of equipment maintained on a scheduled basis.	General repairs and maintenance	General repairs and maintenance	
	To maintain service contracts	Service contracts	% Service contracts implemented for specialized equipment:	100% Implementation of service contracts for specialized equipment	100% Implementation of service contracts for specialized equipment	
	Strengthen the capacity for preventative maintenance	Capacity building of Bio-medical technicians and electricians	# local Bio-med Technician and electricians trained	On the job training of local Bio-med Technician and electricians	On the job training of local Bio-med Technician and electricians	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	<p>Buildings standards, facilities and accessories to be included in all refurbishing and new construction</p> <p>To sustain the Building and Infrastructure and enclose hospital complex to reduce the number of access points</p>	<p>Increased provision of accessories for the physically challenged</p> <p>Rectification of Roof Defects and Plumbing Systems.</p> <p>Reduced no. of access points at hospitals</p>	<p>100% Provision of ramps, rails and bathroom facilities in all new constructions and renovations</p> <p>100% rectification of Infrastructural repairs</p> <p>Erection of 40% grills and perimeter fences at hospitals and health centre</p>	<p>100% Provision of ramps, rails and bathroom facilities in all new constructions and renovations</p> <p>1) Roof Repairs:</p> <p>2)Plumbing Works:</p> <p>3)Maintenance:</p> <p>4)Electrical Upgrade</p> <p>Repair perimeter lights in hospitals and health centres</p> <p>Erection of grills and perimeter fences at hospitals and health centres</p>	<p>100% Provision of ramps, rails and bathroom facilities in all new constructions and renovations</p> <p>1) Roof Repairs:</p> <p>2)Plumbing Works:</p> <p>3)Maintenance:</p> <p>4)Electrical Upgrade</p> <p>Repair perimeter lights in hospitals and health centres</p> <p>Erection of grills and perimeter fences at hospitals and health centres</p>	
MAJOR PROJECTS						
Percy Junor	The expansion of	Expanded A&E	Expansion completed	Expand A&E Department of Percy Junor Hospital		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Hospital A&E Expansion and Equipment	the A&E, Percy Junor Hospital to improve patient care, patient privacy and overall functionally of the Dept.	Department		\$90,000,000.00	\$289,050,000.00	\$100,000,000.00
MPH Roof - Energy Efficiency Enhancement	Procure relevant roofing solution and energy solutions to improve energy efficiency at the May Pen Hospital	Roofing and energy solutions	Roofing specialists engaged Roofing and energy solutions implemented	Engage roofing specialists in selecting and implementing roofing solution Select and implement energy solution \$36,300,000.00		
Medical Gas Expansion	Increase efficient and timely access to medical gases and facilitate compliance with hospital safety protocol	Hospital wards with piped medical gases	# wards accessing piped medical gases	Provide piped medical gases to wards, A&E Depts. and other vital areas of the Mandeville Regional, May Pen, Percy Junor and Black River Hospitals \$35,000,000.00		
Radiology Upgrade – May Pen Hospital	To procure upgraded x-ray system for May Pen Hospital to facilitate computed radiography transmission	Upgraded X-Ray System	Modern X-ray system installed	Acquire efficient x-ray technology that replaces malfunctioning unit while moving the department away from costly film system \$ 50,000,000.00		

5.1.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	8,771,820	9,456,022	10,165,223
Capital A	416,400	767,910	883,096
Capital B	138,759	145,697	152,982
Appropriations in Aid	79,200	85,378	91,781
Total Funding Requirement	9,406,179	10,455,007	11,293,082

5.1.5 Human Resources Capacity Plan

Categories of Employees	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Total	2,617	2,700	2,763	2,819

5.2.1 NORTH EAST REGIONAL HEALTH AUTHORITY (NERHA)

The North East Health Region comprises the parishes of St. Ann, St. Mary and Portland with a geographical extension of 2637.1 square kilometres and a population of approximately 369,642. Primary health care is accessed from a total of two type 4, eight type 3, twenty-two type 2, thirty-eight type 1 and nine satellite health centres including two dental clinics and two community hospitals. Secondary health care is provided by two type B and two type C hospitals.

5.2.1 Vision, Mission and Mandate

Vision

“Healthy lifestyles, healthy environment...healthy people”.

Mission

The Mission of the North-East Regional Health Authority is, in partnership with other stakeholders, to *“promote the physical, mental, social and spiritual well-being and enhanced quality of life for the residents of St. Ann, St. Mary and Portland. This by empowering individuals and communities and ensuring access to adequate health care through the provision of cost effective, promotive, preventive, curative and rehabilitative services”.*

Strategic Outcomes

The strategic outcomes of the North East Regional Health Authority which are derived from the Mandate of the Ministry of Health (MoH) are:

- 1. An effective system for disease surveillance, mitigation, risk reduction and responsiveness to disease threats
- 2. A culture of responsibility for wellness in the population served (Health Education & Promotion)
- 3. The primary health care approach is fully strengthened and emphasized
- 4. The national food policy is supported
- 5. The quality of health infrastructure is high and works efficiently
- 6. Decision-making is supported by the introduction and implementation of the national health information system
- 7. Staffing needs are adequately addressed
- 8. The level and quality of outputs of staff are high
- 9. The Health Care delivery system is effectively managed
- 10. The system for health care delivery is adequately financed

5.2.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Expanded Programme on Immunization (EPI)	Maintain routine immunization clinics in health centres as well as BCG coverage in all 4 hospitals	Immunization Coverage	Immunization coverage by quarters and annually	95% annually 23.8% quarterly of target population 0-11 months and 12-23 months	95% annually 23.8% quarterly of target population 0-11 months and 12-23 months	100% annually 25% quarterly of target population 0-11 months and 12-23 months
Surveillance of Vaccine Preventable and other Class I Notifiable Communicable Diseases/events	Increase the proportion of notified Class I disease cases/events that are reported & investigated in a timely manner	Timely investigation & reporting of notifiable Class 1 disease cases/events	% timely reporting and investigations	Identification and investigation of 95% of notifiable diseases seen in the parishes.		
Sexual & Reproductive Health - HIV/AIDS/S TI prevention & control	Provider Initiated Testing and Counselling (PITC) for HIV among hospital admissions.	PITC testing and counselling	% PITC testing in admissions x monthly	100% of hospital admissions tested for HIV annually		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Sustain regional and Satellite HIV Treatment Centres with a comprehensive and integrated approach to Persons Living with HIV/AIDS and their families	Regional and satellite HIV Treatment centres	Proportion of estimated PLWHAs accessing any level of services at the HIV Treatment Centres	Increase the proportion of PLWHAs accessing care by 5% HIV treatment centres (4)and 2 satellite centres functional in each parish	Increase the proportion of PLWHAs accessing care by 5% HIV treatment centres (4)and 2 satellite centres functional in each parish	Increase the proportion of PLWHAs accessing care by 5% HIV treatment centres (4)and 2 satellite centres functional in each parish
Safe Motherhood	Provide high quality care to women of reproductive age: -Strengthened booking& referral system -Adequate Immunization against tetanus - Appropriate Hb, HIV, Syphilis testing and treatment	High quality care	↓ in Maternal Mortality rate	100/100,000 live births	100/100,000 live births	90/100,000 live births
			-%Tetanus immunization coverage	85%	90%	95%
			-% 1 st visits Hb, HIV & Syphilis testing	100%	100%	100%
			% treatment for Anaemia & Syphilis	100%	100%	100%
			% ARV prophylaxis	100%	100%	100%
Breastfeeding	Promotion/initiation of the Baby Friendly Hospital Initiative (BFHI) in all four hospitals	Certified Baby Friendly Hospitals	# Of hospitals achieving BFHI status.	At least one hospital to be certified as mother-baby friendly	Introduce one more hospital to the BFHI	Introduce one more hospital to the BFHI

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Cervical Cancer screening	Enhance cervical cancer screening in the target population (25-54Yrs.) over a 3 year period, while providing access to the requisite follow up services; and reduce missed opportunities for Pap smears via community awareness and outreach activities.	Screenings	# /% of pap smears done ↑ #/% of results received ↓ in turnaround time for pap smear results #/% of referrals for abnormal results receiving treatment	10% increase in pap smears done 10% increase Turnaround time 6-8 weeks 60% of referrals receiving treatment	10% increase in pap smears done Turnaround time 4-6 weeks 70% of referrals receiving treatment	10% increase in pap smears done Turnaround time 2-4 weeks 90% of referrals receiving treatment
Vector Control	Conduct Vector Control activities	Vector control activities	# home inspected Aedes Aegypti indices. # of Anopheles breeding sites inspected # of rodent control programme implemented # of Dengue cases, Leptospirosis cases GPS mapped	Maintain mosquito indices at <5% in sites with active breeding and at 0% in ports of entry Investigations and interventions for all cases of dengue, leptospirosis and other vector borne illnesses identified		
Water Quality	Monitoring of NWC, PC and private water supplies	Water supplies monitored	% inspection and sampling of NWC, PC and Private suppliers	100% of supplies inspected and sampled	100% of supplies inspected and sampled	100% of supplies inspected and sampled

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Sanitation, Institutional health, Environment al Health Promotion	Monitor the health of institutions through collaboration with relevant stakeholders	Monitoring report	% monitoring done	80% of ECIs inspected 80% of other institutions inspected	85% of ECI inspected 85% of other institutions inspected	90% of ECIs inspected 90% of other institutions inspected
Emergency Disaster Management, Special Events	Provision of safe, critical and readily available emergency transportation	Available emergency transportation	# of functional ambulances/ emergency transportation vehicle (ETVs) available.	Acquire and maintain a fleet of 13 ETVs for the region	Acquire and maintain a fleet of 13 ETVs for the region	Acquire and maintain a fleet of 13 ETVs for the region
Mental health	Strengthen capacity of mental health team in terms of Human resources	Recruitment	% human resource needs at post for Community Mental Health Officers, Psychologists, Mobile Team personnel, Social Workers	Incremental increase for each category identified	Incremental increase for each category identified	Incremental increase for each category identified
	Sustain improvements in Mental health indicators	Available drugs	% availability of drugs on VEN list for treatment	80% of drugs on VEN List available	85% of drugs on VEN List available	95% of drugs on VEN List available
	Improvements in laboratory and other diagnostics	Laboratory & other diagnostics	Upgrade of ABH Laboratory %Hospitals with functioning bio medical/ diagnostic equipment (Ultrasounds, CTG machines, X ray machines)	100% of hospitals with functioning diagnostics services and equipment	100% of hospitals with functioning diagnostics services and equipment	100% of hospitals with functioning diagnostics services and equipment

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Cadre rationalization	Improve the cadre of nursing, medical, Public Health Inspectors, medical technologists, MLAs, physiotherapists, pharmacy staff, dentists, social workers, dental nurses, dental assistants, health education and promotion officers/ CPEs/BCCOs, nutritionists, dieticians and CHAs at post	Increased cadre	Incremental improvements in cadre	Increase the cadre of listed staff by 30%	Increase the cadre of listed staff by 30%	Increase the cadre of listed staff by 30%
Specialist Services	Re-establish fully functional Pathology Department at the Regional Hospital with support to the Type C Hospitals	Fully functional Pathology Department	Fully functional pathology services	Hire a pathologist Determine individuals to be trained as cytologists	Hire a second pathologist	Maintain pathologists

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Health Education& Promotion	Promote healthy lifestyles among different target groups utilizing creative and low literacy approaches	Increased health literacy Risk assessment report	# of lifestyle surveys conducted # of risk assessments conducted # of health promotion interventions conducted # of high risk groups targeted	Increase by 10% the # of health promotion interventions among selected target groups	Increase by 5% the # of health promotion interventions among selected target groups	Increase by 5% the # of health promotion interventions among selected target groups
Chronic Non Communicab le & Lifestyle Diseases	Improvement in identification and management of persons with CNCDs and lifestyle diseases throughout the region	Screening	# screened # of type 3 and 4 health centres with active diabetes/ hypertension clinic # of clients controlled (Diabetes & hypertension) # of Men's Wellness clinics	Increased number of local screening/outreach interventions (public, private, collaborative)		
National Cancer Registry	Continue implementation of National Cancer Registry	Implementation of National Cancer Registry	% Data extraction done (2011-2013)	40% of data extracted	50% of data extracted	60% of data extracted

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Primary Health Care Renewal	Review & strengthen existing Primary Health care services to better meet the needs of the population	Primary Health care services	Incremental introduction of MOH's PHC Renewal framework Re- introduction of DHMTs	Begin incremental introduction of MOH's PHC renewal framework:- Operationalize Centre of Excellence(Claremont H/C) Establishment of DHMTs in parish	Continue incremental introduction of MOH's PHC renewal framework: Creating a framework for other Centres of Excellence in the Region DHMTs established and functioning in each parish	Establishment of other Centres of excellence DHMTs established and functioning in each parish
Health Information	Incorporate the MOH's National Health Information system (National HIS e-Health Strategic Plan)	Incorporated National Health Information System	Incremental implementation of National health information system	Implementation of ePAS at Centre of Excellence & SABRH Strengthening of ICT infrastructure for EDMIS & LIS, and Environmental health	Incremental implementation in other health facilities	Completion of implementation in other health facilities
MAJOR PROJECTS						
Rebuilding the Port Maria Health Centre	Improve physical infrastructure of and delivery of quality health care by health care facilities by rebuilding and equipping Port Maria Health Centre	Port Maria Health Centre	Infrastructural work completed Building furnished, equipped and staffed	Construction of 18000 sq ft building with laboratory, integrated medical records and staff accommodation		
				\$9,000,000.00	\$95,000,000.00	\$50,000,000.00
Construction of Runaway Bay Health Centre	Improve physical infrastructure of	Health centre	Infrastructural work completed	Construction of 3800sq ft building at Runaway Bay		
			Building furnished, equipped and staffed	\$3,000,000.00	\$65,000,000.00	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Expansion of Operating Theatre: Port Antonio Hospital	and delivery of quality health care by health care facilities	Expanded Operating Theatre	Infrastructural work completed Building furnished, equipped and staffed	Construction of additional Theatre Suite, Recovery Area, Nurses' Lounge and Doctor's Examination Room \$3,000,000.00	\$35,000,000.00	
Refurbish & Equip Dietary – St Ann's Bay Regional Hospital		Refurbished Dietary	Infrastructural work completed Building furnished, equipped and staffed	Removal and replacement of obsolete equipment, revised flow to meet Public Health and International standards \$8,000,000.00	\$90,000,000.00	\$90,000,000.00
Repairs to Health Centres in St. Ann, St. Mary & Portland		Refurbished/ren ovated health centres	# health centres refurbished/renovated	Refurbishing and renovation of thirteen (13) health facilities throughout the region to improve the Primary Care infrastructure \$29, 000,000.00		
Construction of Perimeter Wall – St. Ann's Bay Regional Hospital		Perimeter Wall	Perimeter wall completed	Construction of 850ft of reinforced block wall with relevant finishes to include razor wire for enhanced security \$15,000,000.00		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Central Air Conditioning for Out Patient – St. Ann’s Bay Regional Hospital		Installed central air and split units along with the relevant appurtenances	Installation of central air and split units along with the relevant appurtenances	Replace obsolete existing units with modern energy efficient central air conditioning for Out Patients Department and Medical Consultants’ offices \$11,500,000.00		
Piped Medical Gas and Appurtenances for old Female Medical Ward – St. Ann’s Bay Regional Hospital	Improve physical infrastructure of and delivery of quality health care by health care facilities	Medical air, oxygen and vacuum to individual beds on old ward	Completion of medical gas infrastructure as per scope to include alarms, humidifiers and outlets.	Provide medical air, oxygen and vacuum to individual beds on old ward \$2,000,000.00	\$14,000,000.00	
Construction of Waiting Area Annotto Bay Hospital		Refurbished area	Construction of timber roof and reinforced block wall expansion of existing building to include Examination Rooms	2000 sq ft expansion of existing Out Patients Department for improved waiting conditions for patients \$29,500,000.00		
New Laboratory – Annotto Bay Hospital		Laboratory	Infrastructural work completed Building furnished, equipped and staffed	Construction of 4,000 sq ft laboratory		
				\$4,000,000.00	\$60,000,000.00	

5.2.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	6,130,840	5,835,563	6,128,871
Capital A	114,000	359,000	150,000
Capital B	000	000	000
Appropriations in Aid	000	000	000
Total Funding Requirement	6,244,840	6,194,563	6,278,871

5.2.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement to Date	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Medical /Clinical	248	260	265	270
Administrative	194	205	207	210
Paramedic	177	198	207	207
Nursing	590	630	650	650
Support	909	925	930	930
Total	2,118	2,218	2,259	2,267

5.3 WESTERN REGIONAL HEALTH AUTHORITY (WRHA)

The Western Regional Health Authority incorporates the parishes of Hanover, Trelawny, Westmoreland and St. James and provides health services to an estimated 17.6% of the Jamaican population. Primary health care is provided through 80 health centres whilst secondary health care is offered through one type A and B hospital respectively and two type C hospitals.

5.3.1 Vision, Mission and Mandate

Vision

The Western Regional Health Authority (WRHA) vision is “*Healthy families living in healthy communities*”

Mission and/or Mandate

The mission of the WRHA is consistent with the objectives of the Ministry of Health:

- *To provide quality preventative curative and rehabilitative health care that is accessible, acceptable and reliable to the population of the region under its control.*
- *To provide and maintain facilities and conditions that will be conducive to the promotion of health.*
- *To attract, train, motivate and retain a high calibre of staff and to provide opportunities for the development of its employees to their fullest capabilities.*

5.3.2 Strategic Outcomes

The strategic outcomes of the Western Regional Health Authority which are derived from the Mandate of the Ministry of Health (MoH) are:

1. An effective system for disease surveillance, mitigation, risk reduction and responsiveness to disease threats
2. A culture of responsibility for wellness in the population served (Health Education & Promotion)
3. The primary health care approach is fully strengthened and emphasized
4. The national food policy is supported
5. The quality of health infrastructure is high and works efficiently
6. Decision-making is supported by the introduction and implementation of the national health information system
7. Staffing needs are adequately addressed
8. The level and quality of outputs of staff are high
9. The Health Care delivery system is effectively managed
10. The system for health care delivery is adequately financed

5.3.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Control of chronic non-communicable diseases (CNCDs)	Risk Reduction through Health Promotion Integrated Management	control of DM and HTN	<p># of persons/hits/sessions reached/done on/with new media</p> <p>#/% of pap smears done in 25-64 and 20- 49 year age group</p> <p>#/% of 1st pap smears done in 25-64 and 20-49 year age group</p> <p>% control of DM & HTN</p>	<p>At least 40,000 persons reached</p> <p>Conduct 5892 pap smears in women in the 20-64 year age group per quarter in region</p> <p>20% increase in 1st papsmear compared to previous period</p> <p>% DM control: 51%</p> <p>% HTN control: 58.5%</p>	<p>At least 40,000 persons reached</p> <p>Conduct 5892 pap smears in women in the 20-64 year age group per quarter in region</p> <p>20% increase in 1st papsmear compared to previous period</p> <p>% DM control: 51%</p> <p>% HTN control: 58.5%</p>	<p>At least 40,000 persons reached</p> <p>Conduct 5892 pap smears in women in the 20-64 year age group per quarter in region</p> <p>20% increase in 1st papsmear compared to previous period</p> <p>% DM control: 51%</p> <p>% HTN control: 58.5%</p>
Immunization	Risk Reduction through Health Promotion & Health Education	Immunization coverage	#/% of infants and children in target populations fully immunized	At least 95% coverage for all antigens annually		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Maternal and Child Health	Risk Reduction through Health Promotion & Health Education Integrated Management	Screening Treatment	% screening done and reports received % antenatal women treated for syphilis in pregnancy % antenatal women treated for anaemia in pregnancy	Screen 100% of women for syphilis and anaemia annually Provide treatment for syphilis and anaemia in pregnancy		
Family Planning	Risk Reduction through Health Promotion & Health Education Integrated Management	Acceptance of family planning methods	% postnatal clients accepting family planning % adolescent postnatal clients accepting family planning Increase in dual method uptake Increase in the number of women using long term contraceptive methods Depo	82% acceptance 82% acceptance 5% increase 5% increase	82% acceptance 82% acceptance 5% increase 5% increase	82% acceptance 82% acceptance 5% increase 5% increase
Child and Adolescent Mental Health	Establish a Regional Child and Adolescent Friendly Facility in St. James	Regional Child and Adolescent Friendly Facility	Facility established # children seen with behavioural problems	Establish a Regional Child and Adolescent Friendly Facility		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Oral Health	Risk Reduction through Health Promotion & Heath Education	Oral health screening and treatment	# of health education sessions held (School, community, health facility)	16 sessions # of participants	16 sessions # of participants	16 sessions # of participants
	Integrated Management		# of patients with NCDs treated	1500	1500	1500
	Community Participation		# of children 0-5 yrs old treated	2000	2000	2000
			# of antenatal clients treated	1800	1800	1800
			# of special needs patients treated	250	250	250
			# of HIV/AIDS clients treated	300	300	300
Vector control	Integrated Vector Management	Aedes Index	Aedes Index < 10% in communities and 0% in barrier zones	Aedes Index< 10% communities Aedes Index 0% barrier zones	Aedes Index< 10% communities Aedes Index 0% barrier zones	
MAJOR PROJECTS						
Secondary care infrastructura l enhancement	Construct a new building to provide pharmacy services	Designs and permits Construction and finishing Equipment	New pharmacy building	Falmouth Hospital Upgrade of Pharmacy 15,000,000	Falmouth Hospital Upgrade of Pharmacy 29,500,000	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Refurbishment of building	Repair Roof Repair flooring area, Treat termite infestation	Structural repairs completed	Noel Holmes Hospital Structural repairs to hospital 36,000,000		
	Refurbishment of building	Repair to counters Upgrade electrical and plumbing Painting	Refurbished maternity and X-ray department	Savanna-La-Mar Hospital Refurbishment of Maternity Ward and X-Ray Dept 9,000,000		
	Repair to the ceiling area	Ceiling replaced in area Leaks fixed	Structural repairs completed	Refurbishment of Medical Ward 3,000,000		
Primary care infrastructural enhancement	Expansion to facilitate the increase in population size	Expanded health centre	Expanded medical records ; examination rooms; Upgrade to electrical and plumbing Fencing	Refurbishment of Health Centres: Mt. Salem – 10,000,000		
Primary care infrastructural enhancement	Expansion to facilitate the increase in population size	Expanded health centre	Expanded medical records ; examination rooms; Additional space for key offices Fencing completed	Green Pond – Construction of new waiting area and examination room 12,000,000		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Expand John's Hall Health centre	Expanded health centre	Expanded medical records ; examination rooms; Upgrade to electrical and plumbing Fencing	Construction of new waiting area & examination room 6,000,000		
	Construct new health centre building	New health centre building	Designs and permits Construction and finishing Equipment procured	Re-construction of Adelphi Health centre 25,000,000	Re-construction of Adelphi Health centre 20,000,000	
	Major refurbishment of health centre	Refurbished Health centre	Grill work termite treatment painting, electrical, plumbing, roof, & sewage repairs	Salt Spring Health centre refurbishment 6,000,000		
	Refurbish centre	Conversion of cottage to examination rooms Expansion of waiting area	Refurbishment of building completed	White House Health Refurbishment of cottage to be used as examination room & addition to waiting area. 8,000,000		
Primary care infrastructural enhancement	Relocation of medical records area; replacement of windows;	Windows procured and installed	New windows installed at the health centre Medical records relocated	Grange Hill – 20,000,000	18,000,000	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Refurbishment of Health centre	Refurbished Health centre	Waiting area expanded Upgraded electrical and plumbing	Negril H.C. – General painting; roof, plumbing & electrical repairs; expansion of waiting area 5,000,000		
	Refurbishment of Health centre	Refurbished Health centre	Waiting area expanded Upgrade to electrical and plumbing	Falmouth H.C. – Roof, electrical, plumbing repairs; expansion of waiting area 8,000,000		
	Refurbishment of Health centre	Refurbished Health centre	Waiting area expanded Upgrade to electrical and plumbing	Deeside h/c - Construction of waiting area, roof, electrical, plumbing repairs; fencing; general painting 5,000,000		
	Upgrade health centre and termite treat	Upgraded health facility	Upgrade to electrical and plumbing Termite treatment Roof repairs Fencing	Albert Town h/c - Fencing; general painting; termite treatment; roof, electrical & plumbing repairs 4,000,000		
	Upgrade health centre and termite treat	Upgraded health facility	Upgrade to electrical and plumbing Termite treatment Roof repairs Fencing	Maryland h/c – Termite treatment, erection of concrete walls; roof, carpentry, electrical, plumbing repairs; fencing & expansion of waiting area 11,000,000		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Upgrade health centre and termite treat	Upgraded health facility	Upgrade to electrical and plumbing Termite treatment Roof repairs Fencing	Logwood –replacement of all windows, roof, electrical, plumbing repairs; conversion of open area to dressing room; painting 16,000,000		

5.3.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	9,642,622,000	10,365,818,000	11,101,791,000
Capital A	457,059,848	328,533,243	213,000,000
Capital B			
Appropriations in Aid			
Total Funding Requirement	7,656,575,092	10,099,681,848	10,694,351,243

5.3.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Administrative &Support	1,492	1,629	1,711	1,882
Nurses	752	1,177	1,377	1,514
Medical Officers	304	366	402	442
Paramedics	475	528	580	639
Total	3,023	3,700	4,070	4,477

5.4 SOUTH EAST REGIONAL HEALTH AUTHORITY (SERHA)

The South East Regional Health Authority (SERHA) is the largest of the four Regional Health Authorities, with responsibility for health care in the parishes of St. Catherine, St. Thomas and Kingston & St. Andrew. These four parishes account for over 47% of Jamaica’s population (approximately 1.7 million people). Health Care is delivered through a network of 9 hospitals, 91 Health Centres and three health departments. Six of the 9 hospitals within the Region are also specialist or national referral hospitals (NRH). Some of these institutions also accept patients referred from other English speaking Caribbean islands. An estimated 1.2 million patients are served annually in the Region’s primary and secondary health care facilities.

5.4.1 Vision, Mission and Mandate

Vision

In keeping with the vision and mandate of the MOH, it is the vision of the South East Regional Health Authority to “*collaborate with all stakeholders and as such seeks to facilitate optimal health for all*”.

Mission and/or Mandate

The mission of the South East Regional Health Authority is in keeping with MOH’s mandate and as such is to “*promote and safeguard the health of all in collaboration with individuals, groups/agencies through the provision and monitoring of cost-effective, promotive, preventive, curative, and rehabilitative services delivered by highly trained and motivated personnel, executed within the policy framework of the Ministry of Health of Jamaica*”.

5.4.2 Strategic Outcomes

The strategic outcomes of the South East Regional Health Authority are to:

- 1. Improve the health status of the population served through the reduction of injuries, disability and premature deaths from preventable illness, and to lessen the severity of the impact of non-preventable ones
- 2. Utilize effective governance systems and ensure access to care.

5.4.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Maternal and Child services	Collaborate with the Ministry of Health in the implementation of the PROMAC project/ programme inclusive of improvements in human resources, infrastructure and equipment	Maternal HDUs Neonatal HDUs Paediatric HDU with Isolation Unit Neonatal unit at the Bustamante Hospital for Children	# Maternal HDUs and Neonatal units established	Facilitate and monitor the establishment of maternal HDUs and neonatal HDUs at Spanish Town and Victoria Jubilee Hospitals, paediatric HDU with Isolation Unit, and upgrading of the neonatal unit at the Bustamante Hospital for Children.		
Non-Communicable Diseases	Collaborate with local and external stakeholders;	Paediatric cardiac centre of excellence offering medical, surgical, diagnostic and interventional treatment modalities	Paediatric centre established.	Facilitate the establishment of Paediatric Cardiac Centre of Excellence		
Human Resources in Health	Conduct training needs analysis regarding scarce skills. Implementation of targeted staff training	Training plan Capacity building	# medical staff by category trained # non-medical staff trained	Facilitate training of medical and non-medical staff in specialised areas. Target areas of medical group e.g. DM / Fellowships in pulmonology endocrinology; paediatric neurology; oncology, emergency medicine, anaesthesia and critical care, cardiothoracic and haematology : Target area for nursing group: Critical care(including cardiac); mental health; operating theatre. Target area for paramedical and support group: mental health; operating theatre; oncology Target areas of critical administrative support e.g. HR Training specialist		
Maintenance Programme	Procure, install and monitor a planned preventative	Planned preventative maintenance programme	Improved availability and reliability for at least 50% of inventoried asset	Implement preventative maintenance programme in the institutions	Monitor maintenance programme inclusive of preventative maintenance on	Monitor maintenance programme inclusive of preventative maintenance on equipment

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	maintenance programme			\$10,500,000.00	equipment \$300,000,000.00	\$400,000,000.00
	Training and retraining of staff	Capacity building	Reduced equipment downtime	Specialized training for the technicians \$6,000,000.00	Train staff on new equipment purchased under the equipment replacement plan \$5,000,000.00	Train staff on new equipment purchased under the equipment replacement plan \$7,000,000.00
Development of a five year Equipment Replacement Plan	Identification of obsolete equipment. Set up of a plan of the most critical equipment	Improved reliability and availability of equipment	Reduce downtime (per SLA)	Assessment at the health facilities and creation of the replacement plan Determine pilot facility to start the replacement programme \$450,000,000.00	Monitor the plan and procurement of equipment in keeping with the plan \$320,000,000.00	Monitor the plan and procurement of equipment in keeping with the plan \$280,000,000.00
Primary & Secondary Care Improvement Plan	Determine centres and hospitals in need of repairs and prepare scope of work to rehabilitate critical areas	Renovated health centres and hospitals	Proposal approved by NHF/CHASE/JSIF # health centres repaired # hospitals repaired	Prepare NHF/CHASE/JSIF proposal for funding for repairs to 30 health centres and hospitals over the next three years \$400,000,000	Continue renovation of health centres and hospitals	Continue renovation of health centres and hospitals
Fleet Management Efficiency	Implement internal fleet maintenance system Acquire additional units to be strategically assigned Implement 5-year	Increased fleet complement	# vehicles procured Fleet maintenance system implemented	Procure vehicle and fleet maintenance systems \$86,000,000	Monitor fleet maintenance system Procurement of two new vehicles for vector control \$50,000,000	Year 3 of replacement plan includes: Replacement of old ambulance and vector control vehicles \$90,000,000.00

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Vehicle replacement plan					
MAJOR PROJECTS						
High Dependency Unit(HDU) KPH	Conversion of ward into HDU	HDU	Ward refurbished	Equipping and refurbishing of the upper Nuttall ward into HDU \$80,000,000		
Servicing and Repairs of Sewage Plant STH	Introduction of new technologies to reduce maintenance/operational cost	Repaired sewage plant Reduced equipment failure	Controlled coliform levels going into the river		Complete overall of sewage plant \$8,000,000.00	Monitor and service plant \$1,000,000.00
Strengthen and Improve technology Infrastructure	Replace Old Servers and Reengineer useful ones utilizing virtualization	Improved Computer backbone architecture	# servers replaced	Replace Old Servers at Regional Office \$5.5Million	Provide and replace Old Servers at Parish Health Departments \$6 Million	Provide and replace Old Servers at Hospitals and Health Centres \$12 Million
Padmore, Rock Hall, Red Hills & Lawrence Tavern H/C's	Improve physical infrastructure of and delivery of quality health care by health care facilities	Renovated Health Centres	Scope of work prepared, tender process completed. Pre-construction work completed as scheduled. Post-contract completed on time	Prepare scope of work Launch tender Commence pre-construction work J\$13,441,383.90		
Renovating & upgrading & Barrant H/C (Phase 1 & 2)	Establish Centre of Excellence	Upgraded Isaac Barrant health centre	Phase 1 completed, phase 2 Consultant mobilized	Engage consultant Complete Phase 1 and Phase 2 of Isaac Barrant health centre J\$92,000,000.00 Furnish and equip Isaac		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
				Barrant H/C [J\$60,000,000.00]		
Infrastructure & service delivery improvement Greater Portmore H/C	Improve physical infrastructure of and delivery of quality health care by health care facilities	Project proposal for implementation	Project proposal submitted to the NHF	Draft and submit project proposal for enhancing Greater Portmore h/c to funding agency		
		Project implementation	All pre contract activities completed by end 2 nd quarter	J\$12,661,500.00		
Sugar Transformati on Unit renovation of (Bath, Rowlandsfiel d & Arcadia H/C)		Renovated health centres	Scope of works prepared.	Prepare scope of work for: 1. renovation of Sugar Transformation Unit for Bath, Rowlandsfield & Arcadia H/C [J\$50,000,000.00]		
Termite treatment of Health Centres in KSAHS		Project proposal for implementation	Proposal to be sent to funding agency by 1 st quarter	Draft and submit project proposal to funding agency for termite treatment of Health Centres in KSAHS		
		Project implementation		J\$10,000,000.00		
Fence repair Harbour View Health Centre	Improve physical infrastructure of and delivery of quality health care by health care facilities	Project proposal for implementation	Proposals approved funding agency	Draft and submit project proposal to funding agency for: 1. fence repair at Harbour View H/C [J\$2,500,000.00] 2. renovation of parking lot KSAHD [J\$8,000,000.00] 3. retiling of Ward (8)	Draft and submit project proposal to funding agency for: 1. renovation and roof repairs of Morant Bay H/C [J\$8,000,000.00] 2. roof repairs Edna Manley H/C [J\$4,000,000.00]	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
				STH [J\$900,000.00] 4. roof repair at A&E department KPH [J\$7,500,000.00] 5. renovation of walkway KPH [J\$12,000,000.00] 6. parking lot at KPH [J\$9,000,000.00] 7. roof repair/renovation at BHC [J\$55,000,000.00] 8. refurbishing NCH [J\$4,000,000.00]	3. roof repairs Duhaney Park H/C [J\$9,000,000.00] 4. Construction of Ramp STH [J\$4,300,000.00] 5.	
	Improve physical infrastructure of and delivery of quality health care by health care facilities	Renovated Hagley Park H/C and sewage system	Renovation completed		Commence renovation of Hagley Park H/C J\$45,300,000.00	
	Improve physical infrastructure of and delivery of quality health care by health care facilities	Project proposal for implementation Project implementation	Proposal submitted to funding agency	Draft and submit project proposal to funding agency for: 1. A&E department BHC [J\$40,000,000.00] 2. Chill & cold room upgrade STH [J\$1,200,000.00]	Draft and submit project proposal to funding agency for: 1. renovation of Maxfield h/c [J\$12,800,000.00] 2. renovation of Comprehensive H/C [J\$22,590,000.00] 3. expansion of St. Jago Park	Draft and submit project proposal to funding agency for: 1. A&E department BHC [J\$20,000,000.00]

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
					h/c[J\$12,500,000.00] 4. construction of building at Sydenham H/C [J\$24,500,000.00] 5. construction of waiting room Windward Road Health Centre [J\$6,000,000.00] 6. renovation of Administrative building SJGRC [J\$25,000,000.00] 7. CSSD renovation KPH [J\$3,800,000.00] 8. A&E department BHC [J\$40,000,000.00]	
	Improve physical infrastructure of and delivery of quality health care by health care facilities	Increased bed complement Renovated library	Old accounts to be completed by end Feb 2014, NCC approved 40 beds for William Ward & library scope of works completed	Prepare scope of works for Library at KPH Secure approval for 40 beds for William Ward J\$64,000,000.00		
		Renovated A&E at Princess Margaret Hospital	Works completed		Complete renovation of A&E PMH J\$6,357,890.00	
		Golden Spring H/C operational	NHF approval	Furnish and equip Golden Spring H/C		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
				J\$19,528,800.00		
	Improve physical infrastructure of and delivery of quality health care by health care facilities	Project proposal for implementation Project implementation	Proposals approved by funding agency	Draft and submit project proposal to funding agency for: 1. Equipment for Sydenham H/C [J\$5,000,000.00] 2. Kitchen equipment replacement at KPH [J\$8,000,000.00] 3. Equipment acquisition at Linstead Hospital [J\$4,300,000.00] 4. Mobile x-ray unit STH [J\$15,000,000.00] 5. Dental panoramic unit KPH [J\$7,800,000.00] 6. Laparoscopy unit VJH [J\$10,400,000.00]	Draft and submit project proposal to funding agency for: 1. Vacuum pump Princess Margaret Hospital [J\$4,800,000.00] 2. Sterilizer Princess Margaret Hospital [J\$6,574,000.00] 3. 7 Ventilators for KPH/BHC [J\$31,200,000.00] 4. Sterilizer KPH [J\$8,320,000.00]	
		Project proposal Project implementation	Proposals approved by NHF	Secure approval from NHF for: 1. Equipment & Instruments for Operating Theatre BHC [US\$18,176.79] 2. Fee Collection equipment for SERHA [J\$3,765,519.00]	-	-
		Project proposal for implementation Project implementation	Proposals approved by funding agency	Draft and submit project proposal to funding agency for: 1. Generator KPH [J\$55,000,000.00]	Draft and submit project proposal to funding agency for: 1. Installation of Elevator STH	-

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
				2. Upgrade of elevator 1,2 & 3at KPH [J\$18,000,000.00] 3. Boiler replacement NCH [J\$7,200,000.00]	[J\$7,000,000.00] 2. Elevators NCH [J\$12,000,000.00] 3. Upgrade of elevator 1,2 & 3at KPH [J\$18,000,000.00]	

5.4.4 Medium Term Expenditure Summary

Data not available

5.4.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Total	5,430	5,812	5,842	5,880

5.5 PESTICIDES CONTROL AUTHORITY (PCA)

The Pesticides Control Authority (PCA) is a statutory body in the Ministry of Health. The Authority is self-financing since the 2010-2011 Financial Year, with the main revenue from a 2% cess on pesticide imports, as well as from various fees from the pesticide industry and pest control operators.

5.5.1 Vision, Mission and Mandate

Vision

The vision of PCA is to be developed.

Mission

The Mission of the Authority is *“through the efficient, facilitative and cordial interaction with the public, and in collaboration with other relevant agencies, to reduce the adverse effects of pesticides on food, the environment and public health by improving pesticide management in Jamaica”*.

5.5.2 Strategic Outcomes

The strategic outcome of the Pesticides Control Authority is to:

1. Mitigate the harmful effects of pesticides thus minimising the pressure on the health system from pesticide poisonings.

5.5.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Reduce poisoning risks	Restrict available pesticides to those that can be safely used (following the label)	Registration/ re-registration of pesticides		50 pesticides	50 pesticides	50 pesticides
		Acceptable pesticides imported	# of pesticide import licences approved	1000 pesticide import licences	1000 pesticide import licences	1000 pesticide import licences
	Regulation of local manufacturers of pesticides	Licensing / renewal of manufacturer licences	Manufacturers operations and products approved	License/renewal 5 pesticide products	License/renewal 5 pesticide products	License/renewal 5 pesticide products
	Regulation of companies and persons who distribute and sell restricted pesticides	Licensing / renewal of licences farm stores	Distributors and retailers approved and monitored	License 35 farm stores	License 35 farm stores	License 35 farm stores
	Regulate Pest Control Operator businesses and Pest Control Applicators to use pesticides safely	Licensing	Licensing/renewal of licences of Pest Control Operator businesses	License 40 Pest Control Operator businesses	License 40 Pest Control Operator businesses	License 40 Pest Control Operator businesses
	Conduct programmes for training and certification of professional pest control applicators to reduce health risks	Capacity building of professional pest control applicators	# of workshops held	6 workshops	6 workshops	
	Regulate Pest Control Operator businesses and Pest Control Applicators to use pesticides safely	Certification / re-certification of Pest Control Applicators		60 Pest Control Applicators	60 Pest Control Applicators	60 Pest Control Applicators
	Conduct programmes for training of farmers using pesticides and training of pesticide suppliers to reduce health risks	Survey report Capacity building of farmers and pesticide suppliers	Survey conducted and used for farmer education programme	Survey used for farmer education programme	Survey used for farmer education programme	

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Monitor pesticide quality to reduce health risks	Pesticides tested for quality	# Pesticides tested for quality	15 pesticides	15 pesticides	15 pesticides
	Conduct programmes that reduce the risk that food and animal feed are contaminated with hazardous levels of pesticide residues	Results of testing food for pesticide residue to determine if pesticide residue levels acceptable	Fruit and vegetable samples tested for pesticide residue	150 fruit and vegetable samples tested	150 fruit and vegetable samples tested	150 fruit and vegetable samples tested

5.5.4 Medium Term Expenditure Summary

This section is not applicable to the Pesticides Control Authority as it is self-financed.

5.5.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Registrar	1	1	1	1
Finance & Accounting	2	2	2	2
Pesticide registration	2	2	2	2
Inspectorate	4	4	4	4
Administrative	2	2	2	2
Legal	0	1	1	1
Public relations	0	1	1	1
Total	11	13	13	13

5.6 REGISTRAR GENERAL’S DEPARTMENT (RGD)

The Registrar General’s Department (RGD) was established in 1879 with a mandate to ensure the registration of births, deaths, marriages and adoptions in Jamaica through the General Records Office (GRO). Additionally, it is responsible for the safekeeping of public records such as Resident Magistrate and Supreme Court wills, certificates of Citizenship, naturalization as well as Acts of Jamaica through the Island Record Office (IRO). In 1999 the RGD became an Executive Agency of Government, focusing primarily on the delivery of service with a results oriented approach to governance and with delegated managerial autonomy. In 2007, its status was changed to a Type “C” Executive Agency. As a ‘Type C’ Executive Agency the RGD is responsible for funding itself as funding is not provided from the Government of Jamaica Consolidated Fund Account.

5.6.1 Vision, Mission and Mandate

Vision

The capturing of all life events occurring within the boundaries of Jamaica and safe keeping of records

Vision Statement

“Every life event registered and every record safe.”

Mission and/or Mandate

To support national planning and development through the provision of accurate and timely statistics as well as provide excellent customer service in the registration of life events, secured record keeping and other related services.

Mission Statement

“Accurate Data, Secured Repository”

5.6.2 Strategic Outcomes

The strategic outcomes of RGD are as follows:

1. Registered vital events
2. Increased efficiencies in registration of vital events with emphasis on death occurrences
3. Quality assurance and improved customer service offerings
4. Accountability and prudent financial management
5. Electronic database of vital records
6. Infrastructure (physical and technological) improvements
7. Public Education

5.6.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
	Assess and document Agency's needs that can be met through public education and prepare Public Education Plan	Public Education Campaign	Public Education campaign implemented by April 1, each year	Implement Public Education Campaign	Implement Public Education Campaign	Implement Public Education Campaign
			At least 80% of the approved objectives of the public education plan are met	Evaluate and report on the execution of the Public Education Plan	Evaluate and report on the execution of the Public Education Plan	Evaluate and report on the execution of the Public Education Plan
	Implementation of clearly defined Human Resource Management strategies with focus on staff development and welfare to ensure the retention and engagement of a competent workforce	Occupational Health and Safety Policy	Occupational Health and Safety Policy Drafted	Implement and enforce Occupational Health and Safety Policy	Monitor compliance with Occupational Health and Safety Policy	Assessment of Occupational Health procedures and continued monitoring of compliance
	Strengthen the performance management system	Staff Evaluation	Staff assessment conducted utilizing PMAS	PMAS with Competency Framework developed and the necessary training executed across the Agency.	Full implementation of all components of the PMAS system	Assessment of all components of the PMAS system.
	Continue bedside registration within public/private hospitals and birthing centres (98% of births occur within institutions)	Registered birth occurrences	At least 98% of all registrations are conducted within 24 hours of the birth	98 % of births are registered within 24 hours of the birth	98 % of births are registered within 24 hours of the birth	98 % of births are registered within 24 hours of the birth
		First free birth certificate	70% of babies named at birth issued a First Free birth certificate within 3 months of birth	70% Free First copies produced within 3 months of birth	70% Free First copies produced within 3 months of birth	70% Free First copies produced within 3 months of birth

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Continue to have Local District/Registration Centers to register births and deaths:(a)Births occurring outside of institutions 2% (b) Deaths	Registered birth occurrences	Birth registration forms submitted within three months of the occurrence and all for the year by the second week of January of the following year	90 % of all births occurrences registered	90 % of all births occurrences registered	90% births registered
		Registration of Natural Death	At least 98% of all registrations are conducted within 7 days of the death occurrence	98% deaths occurrences registered between April 1, 2015 and March 31, 2016	98% deaths occurrences registered between April 1, 2016 and March 31, 2017	98% deaths occurrences registered April 1, 2017 and March 31, 2018
		Registration of Sudden and Violent Deaths	At least 90% of all registrations are conducted within 24 hours after receiving a Form D or E	3,450 deaths registered between April 1, 2015 and March 31, 2016	3,450 deaths registered between April 1, 2016 and March 31, 2017	3,450 deaths registered between April 1, 2017 and March 31, 2018
	Ensure that all records for marriages that occur within Jamaica are submitted to the Agency by all Marriage Officers and Civil Registrars	Registration of Marriages	At least 80% of marriage records are submitted within 1 working day of the event	Receive and record marriages registered between April 1, 2015 and March 31, 2016	Receive and record marriages registered between April 1, 2016 and March 31, 2017	Receive and record marriages registered between April 1, 2017 and March 31, 2018
	Timely electronic capture of all vital records to ensure the compilation of datasets	Annual datasets and certificate production	All vital records created for the year updated electronically by January 31, each year	Electronic capture of at least 80% birth, death and marriage records	Electronic capture of at least 80% birth, death and marriage records	Electronic capture of at least 80% birth, death and marriage records
	Have in place an electronic database of vital records	Digitized records	Digitize 80% of all new birth, death and marriage records for each year	Digitize 80% of all new birth, death and marriage records for each year	Digitize 80% of all new birth, death and marriage records for each year	Digitize 80% of all new birth, death and marriage records for each year

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Develop and upgrade software to improve efficiencies in the RGD operations	Functional IRO Tracking System	Proposal developed by the end of year 1 System designed and implemented	Proposal for computerized IRO Tracking system developed	Design and development of system	Implementation of the system
:	To ensure that applications received are satisfied	Processed service requests	At least 90% of all service/product requests are satisfied within the agreed timelines	<p>Ensure minimum satisfaction levels within specific timelines as follows</p> <p><u>Non Record</u> Express - > 85% in 3 days 7 days - > 80% in 7 days Ordinary - > 80% within 30 days <u>Record Updating and IRO services</u> Express - > 80% in 5 days 7 days - > 80% in 7 days Ordinary - > 80% within 30 days</p>	<p>Ensure minimum satisfaction levels within specific timelines as follows</p> <p><u>Non Record</u> Express - > 90% in 3 days 7 days - > 85% in 7 days Ordinary - > 90% within 30 days <u>Record Updating and IRO services</u> Express - > 85% in 5 days 7 days - > 85% in 7 days Ordinary - > 85% within 30 days</p>	<p>Ensure minimum satisfaction levels within specific timelines as follows</p> <p><u>Non Record</u> Express - > 95% in 3 days 7 days - > 90% in 7 days Ordinary - > 95% within 30 days <u>Record Updating and IRO services</u> Express - > 90% in 5 days 7 days - > 90% in 7 days Ordinary - > 90% within 30 days</p>
	Customer Service standards documented and the public is informed of the standards	Updated and Published Citizen's Charter	Citizen's charter updated and published by the end of the first quarter	Update and publish Citizen's charter by the end of the first quarter		Review Citizen's charter by the end of the fourth quarter
	Develop and implement a structured system for the recording, processing, tracking and satisfaction of complaints	Improved management of complaints	No more than (60) complaints per 1,000 service requests	Development and implementation of a Complaints Management Policy Manual	Review and update the Complaints Management Policy Manual	Review and update the Complaints Management Policy Manual

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Review the Marriage, Registration (Births and Deaths) Acts to identify amendments necessary	Concept paper	Concept paper developed by end of fourth quarter	Review Registration (Births and Deaths) Acts and provide recommendations for amendment	Collaborate with MoH to develop Cabinet Submission	Implement recommended changes

5.6.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	\$730,305,106	\$803,601,040	\$850,304,762
Capital A	0	0	0
Capital B	0	0	0
Appropriations in Aid	\$730,305,106	\$803,601,040	\$850,304,762
Total Funding Requirement	0	0	0

5.6.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Records and Information Management	72	75	70	70
Operations and Corporate Planning	68	75	75	80
Regional Services	116	121	121	110
Legal Services	34	30	30	30
Total	350	361	354	348

5.7 NATIONAL COUNCIL ON DRUG ABUSE (NCDA)

The National Council on Drug Abuse (NCDA) was established in 1983. Per their mandate, the Council is tasked with educating the general public on the dangers of drug use, prevention of the indiscriminate use of drugs, investigation of the legal, medical and security issues surrounding drug abuse as well as research.

5.7.1 Vision, Mission and Mandate

Vision

“The National Council on Substance Abuse, a collaborative, competent, client-focused, engaging and dynamic change agent, strives relentlessly for a substance misuse-free Jamaica”.

Mission and/or Mandate

Our Mission is to *“make Jamaica a better place through the elimination of licit and illicit substance misuse through research-driven public education, prevention and treatment programmes”.*

5.7.2 Strategic Outcomes

The strategic outcomes of the NCDA which are focused on reducing the misuse of licit and illicit substances are as follows

1. Opportunity created by the support given to the Minister of Health on his “No Smoking in Public” ban exploited to lobby the legislative agenda,
2. Relationships built with community groups, faith-based organizations and other key stakeholders for advocacy, research and service delivery
3. Capacity expanded to deliver service by directly sourcing project funds from local, regional and international development partners,
4. Substantially improve strategy execution by strengthening Governance, Leadership, Management, Accountability Systems and the Working Environment.

5.7.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Reduction in the prevalence of first time substance users	Public Education promoting healthy lifestyles & mobilizing community action against substance misuse	National coverage for universal prevention programmes	# of presentations # of exhibitions # of Health Fairs # of material distributed	260 presentations 90 exhibitions 5 health fairs 10,000 brochures	280 presentations 100 exhibitions 6 health fairs 12,000 brochures	310 presentations 110 exhibitions 7 health fairs 13,500 brochures
Reduction in the prevalence of existing substance misusers	Engage in stakeholder collaborations to prevent and treat substance misuse	Capacity building of clients	# training sessions # persons trained	Conduct 8 training sessions (160 persons trained)	Conduct 12 training sessions (240 persons trained)	Conduct 16 training sessions (300 persons trained)
	Design and execute prevention programmes aimed at key populations	Universal and Selective Prevention Programmes	# of prevention programmes designed and tested	1 programme in incubation	1 programme in incubation	1 programme in incubation
			# of in school prevention programmes implemented	Conduct READ & WISE UP in 26 schools (universal and prevention programmes)	Conduct READ & WISE UP in 28 schools (universal and prevention programmes)	Conduct READ & WISE Up in 32 schools (universal and prevention programmes)
			# Community based interventions implemented	20 community designed interventions	20 community designed interventions	20 community designed interventions
	Design and execute effective	Prevention programmes	# of indicated programmes designed and tested	1 programme in incubation [tobacco cessation]	1 programme in incubation	1 programme in incubation

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	treatment programs aimed at individuals in key populations		# of indicated prevention programmes implemented	Implement prevention programme in 26 schools	Implement prevention programme in 26 schools	Implement prevention programme in 28 schools
			# counselling sessions	Conduct 2,200 counselling sessions	Conducting 2,400 counselling sessions	Conducting 2,700 counselling sessions
			# tobacco counselling sessions	Conduct 1,200 tobacco counselling sessions	Conduct 1,200 tobacco counselling sessions	Conduct 1,200 tobacco counselling sessions
			# drug court counselling sessions supervised	Supervision of Drug Court counselling sessions	Supervision of Drug Court counselling sessions	Supervision of Drug Court counselling sessions
	Conduct Individual, Institution & Community Needs Analysis	Risk & Readiness Profiles	# of institutions surveyed # of communities surveyed	Conduct Rapid Assessment Survey [Tobacco Legislation] in 12 locations		
	Research the nature, extent, prevention, treatment, control & underlying problems and damage of substance use	Research reports Current prevalence data	# of surveys completed # dissemination sessions	Research Dissemination GYTS conducted Prison Survey Dissemination 3 Focus Group Surveys	GYTS Dissemination Research dissemination	Dissemination Sessions
	Monitor and evaluate prevention and intervention programmes	Evaluation reports	% programmes evaluated Current data for national surveillance systems	100% evaluation of prevention programmes JADIN data collection	100% evaluation of prevention programmes JADIN data collection	100% evaluation of prevention programmes JADIN data collection

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Provide counselling and preventative services to clients on the dangers of substance misuse	Individual and group counselling sessions	# of clients completing programme successfully	10% of clients terminated	10% of clients terminated	10% of clients terminated
MAJOR PROJECTS						
	Provide comprehensive health services to the homeless population (Tek it to Dem)	Voluntary Counselling and Testing to homeless drug users Prevention Services to homeless drug users	# homeless drug users receiving VCT # homeless drug users receiving prevention services	Provide Voluntary Counselling and Testing (VCT) to 1,133 homeless drug users Provide prevention service to 1,600 homeless drug users	Provide Voluntary Counselling and Testing (VCT) to 1,133 homeless drug users Provide prevention service to 1,600 homeless drug users	
		Feeding Programme	Feeding programme established	Establish Feeding Programme	Establish Feeding Programme	
	Generate community action plan for the reduction of underage substance use and risky sexual practices (Community Action Planning for Substance Use [CAP])	Community based prevention programmes	# Action plans developed # persons trained	Training and Community Action Plan development in 20 communities across the island		

5.7.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 14/15 (J\$ 000)	Projections 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)
Recurrent	150,811,647.00	161,368,462.00	172,664,254.00
Capital A	000	000	000
Capital B	000	000	000
Appropriations in Aid	000	000	000
Total Funding Requirement	150,811,647.00	161,368,462.00	172,664,254.00

5.7.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Client Services	23	27	27	27
Finance and Accounts	6	6	6	6
Corporate Services	8	11	11	11
Executive	2	2	2	2
Projects	5			
Total	44	46	46	46

5.8 BELLEVUE HOSPITAL

Bellevue Hospital is a tertiary care specialist institution with a resident capacity of 800 beds. This prestigious institution, built in 1861, has the legal responsibility to accept all persons needing psychiatric care. The Bellevue Hospital continues to be the leading mental health facility in the Caribbean. This status has prevailed because its operating principles are founded in the provision of evidence-based best practice psychiatric services with fully clinical and support services.

Services provided by the hospital are Medical and Nursing Care, Emergency Care, Occupational Therapy, Pharmacy, Outpatient Services, Social Work, Psychological Counselling, as well as facilitating in the training of Nurses, Pharmacist and Medical personnel.

5.8.1 Vision, Mission and Mandate

Vision

The Bellevue Hospital is viewed *as the leading mental health facility in the Caribbean, providing evidence based best practice psychiatric services, equipped with clinical and support service, employing modern computerized technology, situated in an environment which promotes and sustains wellness of our clients and staff.*

Mission and/or Mandate

The mission of the Bellevue Hospital is *“to be responsible and committed to providing the highest quality psychiatric care, ensuring that medical treatment, nursing and rehabilitative care is carried out in a clean and safe environment”*.

5.8.2 Strategic Outcomes

The strategic outcomes of the Bellevue Hospital are as follows:

1. Reduction in inpatient population and the facilitation of treatment and rehabilitation to a greater number of acute psychiatric patients.
2. Reposition institution to become a facility that is more involved with the prevention of mental illness and the facilitation of training and research.

5.8.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Expansion of Occupational Therapy programme and clinical psychology services	Expand Occupational Therapy (OT) Programme and clinical psychology services	Expanded Occupational Therapy (OT) Programme Increased discharge ratio	Increased # of clients on Occupational Therapy (OT) programme # Additional OT activities	Clinical Psychologist and Occupational Therapist employed Improve quality of service delivery by 30% \$3M	Increase patient participation in activities offered at OT centre by 20%	Decrease patient population by 5%
Reorganization of Acute Services	Renovate and relocate wards	Renovated wards	Refurbishing and reorganization completed	Renovation of subsection of E ward \$1M	Relocation of Emergency Room and expansion of K1 \$10M	
Dedicate unit for Substance Abuse Treatment	Establish a Substance Abuse Treatment Centre for provision of a dual diagnosis substance abuse programme for inpatient and outpatients	Provision of dual diagnosis programme E ward fully functional as the Substance Abuse centre	Dual diagnosis programme implemented	Conduct stakeholder consultations. Develop and implement programme. Train staff in dual diagnosis Complete refurbishment of subsection E ward and operationalize unit \$5 M	Evaluation and monitoring of programme	Evaluation and monitoring of programme

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Incorporation of Forensic Psychiatric assessment/ psychological testing to services offered	Implement assessment tools for forensic psychiatric assessments/ psychological testing and train staff in utilization of these tools	Clinical competency of staff in forensic psychiatric/ psychological testing.	Medical staff trained and utilising assessment tools Quality forensic report prepared.	Purchase and implement assessment tools Training of staff in assessment tools. \$2M	Evaluate assessment tools	Evaluate assessment tools
Expand out-patient services to include a Day Hospital	Design Day Hospital Programme for outpatients who do not fulfil criteria for acute admissions	Day hospital in operation for outpatients who do not fulfil criteria for acute admissions.	Reduced admission as patients can return daily for treatment # clinical staff trained	Identify and refurbish location for Day Hospital Partial implementation 30% Train clinical staff \$1.5M	Complete implementation of Day Hospital service delivery \$1.5M	Evaluation and monitoring of services \$300,000
Improve fleet Management	Acquisition of motor vehicles (2) to improve service delivery	New vehicles in operation.	Vehicles procured and put in to service	Procurement of food truck in 4 th quarter \$5 M	Utility vehicle purchased 4 th quarter \$4M	Maintenance of vehicles
Strengthen Social partnerships	Establishment of links with local and international partners, strengthen synergies with academic institution and conduct social marketing programmes	Deinstitutionalization of psychiatric patients Training opportunities	Partnerships established and strengthened	Rejuvenate the Friends of the hospital initiative by 2 nd quarter	Implementation of social marketing programme by 2 nd quarter \$2M	Establish international partnerships \$3M

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROJECTS						
Provision of Laundry Services	Equip and operationalize Laundry Services	Laundry service Employment of Inpatients as a part of the OT Initiative	Renovation of Laundry Services completed # of health facilities using laundry services # of OT patients employed in the unit Vehicle procured	Employ at least 15 patients from the OT Programme to work in the Laundry Provide services to at least 10 external clients \$44M	Purchase additional vehicle by 3 rd quarter, pending demand and need for increased efficiency of service delivery \$6M	Installation of additional equipment by 3 rd quarter \$25 M
Assisted living & rehabilitation	In collaboration with stakeholders, design and construct units for assisted living and rehabilitation Selection of suitable patients Training & assignment of appropriate staff	Assisted living units constructed and available	# of units completed Percentage of chronic patients discharged to assisted living units	Conduct stakeholder consultations	Initiate construction of 100 assisted living units \$300M	Continue construction of assisted living units

5.8.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Projections 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	1,137,894,000.00	1,320,894,000.00	1,532,894,000.00
Capital A	20,000,000.00	22,000,000.00	24,200,000.00
Capital B	000	000	000
Appropriations in Aid	000	000	000
Total Funding Requirement	1,157,894,000.00	1,342,894,000.00	1,557,094,000.00

5.8.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Medical	19	19	19	19
Nursing	178	178	178	178
Paramedical	23	23	23	23
Administrative	47	47	47	47
Support	373	373	373	373
Total	640	640	640	640

5.9 NATIONAL HEALTH FUND (NHF)

The National Health Fund (NHF) was established by the NHF Act No. 23/2003 of December 11, 2003 effective April 1, 2003, with a stated mission of reducing the burden of health care in Jamaica. On April 1, 2011 the NHF assumed the responsibility for the procurement, warehousing and distribution of pharmaceuticals and medical sundries as well as taking over the operations of Drug Serv. The NHF achieves its mandate by providing a) healthcare benefits, b) grant funding, c) health promotion and wellness information, d) pharmaceuticals and medical supplies, and e) retail pharmacy services.

5.9.1 Vision, Mission and Mandate

Vision

The vision of the NHF is *“to reduce the financial burden of healthcare on the public”*.

Mission

The mission of the NHF is to *“reduce the financial burden of healthcare in Jamaica, by providing information and funding, selected healthcare benefits, pharmaceuticals and medical supplies to the public sector, through the utilization of cost efficient systems”*.

5.9.2 Strategic Outcomes

The strategic outcomes of the National Health Fund (NHF) are:

- 1) Enhanced Customer Satisfaction
- 2) Improved Customer Service Standards
- 3) Expanded & Diversified Services
- 4) Timely Provision of Services
- 5) Increased & Diversified Revenue Streams
- 6) Improved Asset Management
- 7) Beneficial Commercial Arrangements
- 8) Re-Engineered Business Processes
- 9) Improved & Expanded Technology Infrastructure
- 10) Improved Facilities Infrastructure
- 11) Increased Use of Research & Data Analytics
- 12) Enhanced Organisational Design
- 13) Effective Governance and Leadership
- 14) Improved Organisational Capacity

5.9.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 14/15	Target & Cost 15/16	Target & Cost 16/17
MAJOR PROGRAMMES						
Improve customer satisfaction	Improve customer service standards	Reduced Cycle Time	Customer satisfaction	85%	90%	
	Monitor adherence to quality standard	Audits,	Number of Audits,	2	2	
		Process Reviews,	Number of Process Reviews,	2	2	
		Management Reviews	Number of Management Reviews	2	2	
	Maintain value of benefits to recipients	Program reviews	Number of reviews	2	2	
Improve Financial Sustainability	Develop proposals to generate additional income	Concept Paper	Concept Paper approved,	2	2	
			Final Paper submitted	2	2	
Improve Organizational capacity	Implement Performance Management System	Appraisal System, Rewards & Recognition System	Employee satisfaction	94%	96%	
MAJOR PROJECTS						
Re-engineer Business Processes	Re-engineer pharmaceutical supply chain	Improved warehousing and delivery processes	Average Inventory,	20% reduction	10% reduction	
			Picking & Packing Errors,	<1%	<1%	
			Frequency of Deliveries			
Improve Health Screening Capability	Acquire Mobile Screening Unit	Mobile Health Screening	Number of screening tests per quarter	40	45	
	Acquire Mammogram Unit	Mammogram unit	Number of screening tests per quarter	25	30	

5.9.4 Medium Term Expenditure Summary

Data not available

5.9.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2014/2015	Planned 2015/2016	Planned 2016/2017
Executive (Audit, Institutional Benefits, Public Information, Procurement, Project)	31	n/a	n/a	n/a
Executive (Legal, Corporate Planning, Internal Audit)	n/a	26	26	26
Health Promotion and Public Relations	n/a	16	16	16
Institutional Benefits, Projects and Maintenance	n/a	11	11	11
Procurement	n/a	13	13	13
Information & Communications Technology	14	15	15	15
Human Resource & Administration	17	18	18	18
Finance & Investments	25	34	34	34
Operations & Corporate Planning	23	21	21	21
Pharmaceutical Division	56	57	57	57
Drug Serv/NHFP	132	242	445	445
TOTAL	298	453	656	656

5.10 NATIONAL FAMILY PLANNING BOARD (NFPB)

The National Family Planning Board, empowered by the National Family Planning Act (1970), is the Government agency responsible for preparing, implementing, coordinating, and promoting family planning services in Jamaica. The agency was formed out of the Government of Jamaica’s recognition in the early 1960s of problems associated with population growth and the need for family planning among persons in the society. On 26 March 2013, vide Cabinet Decision No. 12/13, approval was given for the integration of certain components of the National HIV/ STI Programme into the NFPB. The components that were integrated were:

- Support to Treatment and Care Services;
- Prevention;
- Enabling Environment and Human Rights; and
- Monitoring and Evaluation

This merger has resulted in the creation of an organisation responsible for ensuring and guaranteeing the sexual health of Jamaicans through the formation of a Sexual Health Agency—Sexual and Reproductive Health Authority/ “One Authority”— that provides for strengthening the links between HIV and Sexual and Reproductive Health programmes and services through joint policy-making, planning and advocacy. The integration gives effect to one of the key strategies outlined in Vision 2030 Jamaica--National Development Plan which is to “expand and improve integration of family planning, maternal and child health, sexual and reproductive health and HIV into primary health care”.

5.10.1 Vision, Mission and Mandate

Vision

The existing Vision Statement of the NFPB is “*an engaged and informed society living healthy sexual and reproductive lives with universal access to quality health services where rights are guaranteed*”.

The proposed Vision Statement for the Integrated Organisation is “*all Jamaicans achieving optimal sexual health in an environment where their sexual rights are respected, protected and fulfilled*”.

Mission and/or Mandate

The existing Mission Statement of the NFPB is “*to enable individuals to achieve good reproductive health (family planning and reproductive health outcomes) through the provision of high quality, voluntary family planning and health and family life education services implemented efficiently and effectively*”.

The proposed Mission Statement for the Integrated Organisation is “*to provide guidance, leadership and advocacy and implementation of quality equitable sexual health education and services to enable all Jamaicans to achieve optimal sexual health outcomes throughout their life course*”.

5.10.2 Strategic Outcomes

The strategic outcomes of the NFPB are as follows:

1. Increased advocacy for Sexual Health legislative, policy and system changes.
2. Reduced Stigma and Discrimination within the Health Sector to have universal access to sexual health and contraceptive counselling and services in a non-judgemental environment.

3. Improved Contraceptive Commodity Security which ensures increased access to contraceptive methods for all persons regardless of age and sexual orientation which reduces Unmet Family Planning Needs, Unplanned Pregnancies, and Sexually Transmitted Infections.
4. Increased Prevention Efforts for Key Populations Including Men who have sex with men (MSM), Commercial Sex Workers, vulnerable adolescents and youth, and Females 10-19 years to reduce Sexual Risk Taking Behaviours.
5. Increased use of the media and popular culture to promote safer sexual behaviours which increase demand for modern contraceptive methods and the practice of Dual Method Use especially among key populations.
6. Reduction in the number of persons who are unaware of their HIV status and vulnerability.
7. Increased capacity of internal and external stakeholders to develop and implement an integrated research framework and Monitoring and Evaluation system that informs decision making
8. Increased advocacy to improve Quality of Services for Clients so that they can access and utilise a minimum package of sexual and reproductive health services in a comprehensive way.
9. Improved efficiencies in the management of the organisation's fiscal resources.

5.10.3 Strategic Plans and Priority Programmes (2015 – 2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
	To ensure reproductive health commodity security; supply contraceptives in the right quantities and types and evaluate service delivery	Health care facilities supplied with contraceptives	# contraceptive stock distributed	Procure and distribute contraceptive commodities \$67,358,580	Procure and distribute contraceptive commodities \$72,358,580	Procure and distribute contraceptive commodities \$77,358,580
	Build human resource capacity of health workers for administration and implementation of integrated service delivery of HIV and family and population planning services	Human Resource (HR) Training Plan	HR Training Plan developed	Update and implement HR Training Plan	Update and implement HR Training Plan	Update and implement HR Training Plan
		Capacity building	% of staff trained	Train 40% of Staff \$300,000	Train 40% of Staff \$300,000	Train 40% of Staff \$300,000
		Sexual Health Human Capacity-Building Plan	Sexual Health Human Capacity Plan developed and implemented % of staff trained	Develop and implement Sexual Health Human Capacity Plan Train 40% of Staff \$300,000	Revise and implement Sexual Health Human Capacity Plan Train 40% of Staff \$300,000	Revise and implement Sexual Health Human Capacity Plan Train 40% of Staff \$300,000
	Contribute to organisational sustainability through resource mobilisation and cost recovery mechanisms	Resource mobilisation proposals	# of Resource mobilisation proposals for funding developed and submitted to external donors	Develop and submit Resource mobilisation proposals for funding to external donors	Develop and submit Resource mobilisation proposals for funding to external donors	Develop and submit Resource mobilisation proposals for funding to external donors

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Contribute to organisational sustainability through resource mobilisation and cost recovery mechanisms	Cost recovery feasibility study report Cost recovery plan	Cost recovery feasibility study completed Cost recovery plan developed and implemented for marketing of RH commodities	Conduct Cost recovery feasibility study \$1,000,000	Develop Cost Recovery Plan for marketing of RH commodities to private sector and Eastern Caribbean	Implement Cost Recovery Plan for marketing of RH commodities to private sector and Eastern Caribbean
	Expand and promote access to SRH information and counselling services to adolescents and persons of reproductive age through collaborations with key stakeholders	Rap sessions	# of rap sessions held reaching # of in-school adolescents	Twelve (12) Rap sessions held reaching 320 in-school adolescents island-wide. \$400,000	Fourteen (14) Rap sessions held reaching 500 in-school adolescents island-wide. \$420,000	Eighteen (18) Rap sessions held reaching 600 in-school adolescents island-wide. \$600,000
	Strengthen the capacity of parents to support their children and improve communication within the family.	Workshops Capacity building	# of 1 day workshops held	Conduct 2 parenting workshops in low income high prevalence communities through coordination with Jamaica Social Investment Fund(JSIF) \$220,000	Conduct 4 parenting workshops in low income high prevalence communities through coordination with organisations working with parents \$220,000	Conduct 8 parenting workshops in low income high prevalence communities through coordination with organisations working with parents \$220,000

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Develop the capacity of Guidance Counsellors and other stakeholders to expand access to gender-sensitive, adolescent friendly SRH information to enhance the RH decision making skills of adolescents	Workshops	# of 1 day workshops held targeting # of Teen Mothers through coordination with various stakeholders		Conduct four 1-day workshops with Teen Mothers of Women Centre of Jamaica Foundation and other agencies serving teen mothers to promote the use of LARCs to avert repeat pregnancies \$200,000	Conduct six 1-day workshops with Teen Mothers of organisations working with Teen Mothers \$300,000
		Capacity building	# of Guidance Counsellors trained	Train at least 100 Guidance Counsellors in risk reduction	Train at least 100 Guidance Counsellors in risk reduction	Train at least 100 Guidance Counsellors in risk reduction
		Healthy Family curriculum Curriculum support materials	Curriculum revised Curriculum support materials revised and disseminated	Revise training curricula Revise and disseminate curriculum and related support materials	Revise/develop and disseminate curriculum and related support materials	Revise/develop and disseminate curriculum and related support materials
	Strengthen collaboration with stakeholders to increase access to SRH services for targeted populations	Non-traditional outlets for lubricants and condoms	# of traditional and non-traditional outlets incorporated into distribution points for lubricants and condoms		Establish non-traditional outlets for lubricant distribution/sale	Establish non-traditional outlets for lubricant distribution/sale
	Disseminate information on Sexual and Reproductive Health and Family Life services through the use of new and traditional media.	Lubricant use campaign	# of IEC materials printed and disseminated Campaign placed		Develop Lubricant use campaign. \$2,000,000 Campaign placed on traditional and new media \$2,000,000	Continue promotion of the use and availability of lubricants by way of electronic media.

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
		Capacity building Information, Education and Communication (IEC) materials	# health care workers trained IEC materials printed and disseminated	Train health workers in DMU Disseminate IEC materials	Train health workers in DMU Disseminate IEC materials	Train health workers in DMU Disseminate IEC materials
	Promote gender equality and the greater involvement of men in Family planning, HIV and sexual health programmes	Reduction of gender inequalities in relation to SRH	Proportion of contraceptive use, male versus female % men support contraceptive use	Increased proportion of contraceptive use, male versus female Increased % men support contraceptive use	Increased proportion of contraceptive use, male versus female Increased % men support contraceptive use	Increased proportion of contraceptive use, male versus female Increased % men support contraceptive use
	Strengthen and develop a comprehensive Monitoring and Evaluation and Research system for Family Planning (FP) and HIV	Dissemination of Integrated Research Agenda Monitoring and Evaluation Plan M&E report SRH Research Day	Updated integrated HIV/FP Research Agenda disseminated through stakeholder consultation meeting within the specified time Monitoring and Evaluation Plan prepared and disseminated within the specified time SRH Research Day successfully held	Disseminate Updated integrated HIV/FP Research Agenda through stakeholder consultation meeting \$70,000.00 Develop first draft M&E Plan Observe SRH Research Day \$150,000.00	Disseminate M&E Plan \$280, 000	12-Component Assessment of M&E Plan \$1,000,000

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Evaluate implementation and impact of Family Planning (FP) strategies	Evaluation reports Survey report	SRH theme event/campaign evaluated HIV/FP integration evaluated DMU campaign media recall survey completed	Evaluate SRH theme event/campaign Evaluate HIV/FP integration Complete DMU campaign media recall survey \$2,000,000.00	Evaluate SRH theme event/campaign Evaluate HIV/FP integration	Evaluate SRH theme event/campaign Evaluate HIV/FP integration
	Strengthen the data collection system for family planning programmes	Capacity building Survey report	# public health nurses trained # BCC trained Survey completed	Train at least 120 public health nurses and BCC Staff in M&E and research \$450,000.00 Conduct second National Contraceptive Logistics Management Information System Survey \$1,300,000.00	Train at least 120 public health nurses and BCC Staff in M&E and research \$470,000.00	Train at least 120 public health nurses and BCC Staff in M&E and research \$470,000.00 Conduct National contraceptive logistics management information system survey \$1,300,000.00
	Increase advocacy for Sexual Health legislative, policy and system changes	Policy review reports Guidelines	Review committee established # policy review reports produced and disseminated Guidelines developed	Establish Review Committee \$100,000 Produce Policy review reports \$200,000	Disseminate Policy review reports \$500,000	Develop guidelines for service level integration based on policy review reports \$300,000

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
	Increase advocacy to improve quality of services for clients so that they can access and utilise a minimum package of sexual and reproductive health services in a comprehensive way.	Policy monitoring tools Bi-directional Referral directory Monitoring reports Assessment report	Referral directory developed and disseminated #health workers and clients sensitized Policy monitoring tools developed Monitoring reports produced and disseminated Assessment of implementation of directory done	Develop tools for monitoring policy implementation process for sexual and reproductive health services \$200,000 Develop referral directory on minimum package of sexual and reproductive health services \$200,000	Disseminate and sensitize Public health workers within the Regional Health Authorities on the Referral directory 500,000 Disseminate and sensitize SRH clients on the Referral directory \$1,000,000 Produce monitoring reports on the quality of the sexual and reproductive health service delivered at the regional level \$200,000	Collaborate with M & E to assess usage and implementation of the referral directory in the delivery of sexual and reproductive health service \$2,000.000

5.10.4 Medium Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$ 000)	Projections 16/17 (J\$ 000)	Projections 17/18 (J\$ 000)
Recurrent	236,000	236,000	236,000
Capital A	000	5,000	5,000
Capital B	000	000	000
Appropriation in Aid	30,000	35,000	45,000
Total Funding Requirement	266,000	276,000	286,000

5.10.5 Human Resources Capacity Plan¹

Existing Staff Complement

Units/Divisions or Projects	Staff Complement
Finance	5
Human Resource & Administration	16
Policy Formulation Monitoring & Evaluation	5
Outreach	6
Monitoring & Evaluation*	5
Enabling Environment & Human Rights*	8
Prevention*	25
Admin & Procurement*	2
Finance*	1
Total	73

*Project Funded (USAID & Global Fund)

Staff Complement for Integrated Organization

Units/Divisions or Projects	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Finance	5	5	5
Human Resource Management & Administration	22	22	22
Monitoring, Evaluation & Research	9	9	9
Health Promotion & Prevention	13	13	13
Enabling Environment & Human Rights	4	4	4
Total	53	53	53

¹ The integration of the National HIV/AIDS Programme (NHP) and the National Family Planning Programme (NFPB) will result in restructuring of the units/divisions of the integrated organisation. The planned staff complement for fiscal periods 2015/2016, 2016/2017 and 2017/2018 accounts for this integration.

5.11 NATIONAL PUBLIC HEALTH LABORATORY/NATIONAL BLOOD TRANSFUSION SERVICES

National Public Health Laboratory

The National Public Health Laboratory (NPHL) is the apex of the national laboratory network and plays a significant role within the national and Caribbean Regional Network of Health Laboratories, especially as it is called on to meet challenges of the change in epidemiology of diseases. The NPHL provides laboratory services for clinical and public health interventions as well as support to the RHAs. In addition, services are provided to the private sector both directly and through various private laboratories. The NPHL also serves as the national reference and referral laboratory for clinical and community health.

National Blood Transfusion Services

The National Blood Transfusion Services (NBTS), established in 1948, consists of the National Blood Bank and a network of nine blood collection facilities which are located in the Regional Health Authorities and the University Hospital of the West Indies. The institution manufactures blood components and is an essential service provider to Jamaica's health system. The NBTS assures cost effective collection, processing, resting and distribution of donated blood; as well as providing reference testing services, clinical and testing expertise through research.

5.11.1 Vision, Mission and Mandate

Vision

The vision of the NPHL is *“an exemplar of a highly efficient laboratory functioning according to international standards and guidelines”*.

The vision of the NBTS is *“recognised within the Americas as a centre of excellence for blood transfusion services”*.

Mission

The mission of the NPHL is *“to provide high-quality, equitable, accessible affordable clinical and public health diagnostic, reference and referral laboratory services to facilitate disease prevention and control while meeting the needs of all stakeholders and achieving strategic health targets”*.

The mission of the NBTS is to *“provide safe, adequate and timely access to blood, blood components, related services, and cutting edge research to meet the needs of donors, patients, staff, volunteers, the wider community and other stakeholders”*.

Mandate

The mandate of the NBTS is to *“ensure a quality, safe, secure, cost-effective, affordable and timely accessible supply of blood, blood components and related services to Jamaicans”*.

5.11.2 Strategic Outcomes

The strategic outcomes of the NPHL are as follows:

1. Improved governance for effective leadership, management and accountability
2. Enhanced laboratory capacity and effectiveness
3. Equitable access to high quality laboratory service

The strategic outcomes of the NBTS are as follows:

1. Improved governance for effective leadership, management and accountability
2. Improved organizational capability
3. Enhanced service delivery
4. Creation of a sustainable Blood Service

5.11.3 Strategic Plans and Priority Programmes (2015 – 2018)

National Public Health Laboratory

The priorities and desired outcomes of programmes and projects require the *Department/Agency/Public Body* to shift its current performance to the performance targets against its outputs outlined below:

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
MAJOR PROGRAMMES						
Human Resources in Health	Develop and implement strategy for training and retention of staff	Capacity building	# Staff trained in selected competencies	Initiate staff training		
Health Information System	Establish an effective and efficient Supply Chain Management System (SCMS) for laboratory supplies	SCMS framework for Lab commodities	SCMS implemented # sensitization sessions	Implement SCMS Conduct sensitization on SCMS		
Quality Assurance	Align laboratory accreditation processes with national and international best practice	Capacity building Accreditation	Quality system implemented as guided by the CDC and AFNET Staff trained in using ISO and ISBT Tools	Conduct staff training in quality management Prepare and submit documents to JANAAC for accreditation		
	Develop / Upgrade laboratory capacity to attain Bio-safety Level III status	TB Laboratory upgraded to Bio-safety Level III Status Capacity building	Pressure Bio-safety cabinet certified # staff trained	Conduct gap analysis Certify Bio-safety cabinet Train staff Introduce liquid cultures		
	Conduct specialized environmental studies	Position Paper	Position paper developed	Develop Position Paper on Food and Water Microbiology		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 15/16	Target & Cost 16/17	Target & Cost 17/18
Service Delivery	Conduct testing of specimens and samples	Testing	# tests done	Provide services for testing of/for: clinical chemistry, histopathology, cytology, immunology, microbiology and environmental health.		

National Blood Transfusion Service

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 14/15	Target & Cost 15/16	Target & Cost 16/17
MAJOR PROGRAMMES						
Human Resources in Health	Develop and implement strategy for training and retention of staff	Capacity building	# Staff trained in selected competencies	Initiate staff training		
Blood supply and management	Conduct consultation and research to revise Concept Paper for the policy framework governing blood	Concept Paper	Concept Paper revised	Revise Concept Paper		
	Conduct public consultations and sensitization to encourage voluntary non- remunerated blood donation	Market Research document Donor recruitment and retention plan	Research findings documented # Blood drives and promotional activities	Conduct public consultations and research Conduct Blood Drives and promotional activities		
	Conduct assessment to determine demand for blood and blood components	Needs analysis report	Needs analysis completed	Conduct needs analysis		
	Develop the framework for a Haemovigilance system	Framework Document for Haemovigilance	Framework document approved and disseminated # stakeholder consultations conducted	Conduct stakeholder consultations Develop Framework document		

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target & Cost 14/15	Target & Cost 15/16	Target & Cost 16/17
	Develop an electronic database for Blood Donors	National Database for Blood Donors	Database developed # staff trained	Develop and implement database Train staff in database		
	Develop and implement a system for timely notification of blood donors serological data	SOP for handling of Seropositive donors	SOP implemented # Workshops conducted	Finalise and disseminate SOPs Conduct workshops		
Blood supply and management	Facilitate the safe distribution of blood and blood components	Blood distribution Cross-matching	# units of blood tested and distributed Immuno-haematological screens on 100% of blood units	Test and distribute units of bloods Perform cross-matches		

5.11.4 Medium Term Expenditure Summary

Data not available

5.11.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Total	221	228	228	228

Note: Estimated figures

5.13 GOVERNMENT CHEMIST

The Department of Government Chemist is a regulatory laboratory that provides analytical and advisory services to agencies and government departments. The functional responsibilities for the Department of Government Chemist are:

- i. pharmaceutical quality control and toxicology, and
- ii. analysis of alcoholic liquids pursuant to the requirements of the Excise Duty Act.

5.13.1 Vision and Mission

Vision

The vision of the Department of Government Chemist is to “*have an effective regulatory system supported by sound science*”.

Mission

Our mission is to “*provide authoritative analytical and advisory services based on science in support of Governmental programmes*”.

5.13.2 Strategic Outcomes

The Strategic outcomes of the Department of Government Chemist are to:

1. increase efficiencies in analysis and certification relating to:
 - i. pharmaceutical products;
 - ii. toxicological of biological materials;
 - iii. foods;
 - iv. investigations relating to food contamination;
 - v. alcoholic products under the Excise Act;
 - vi. classification of goods under Customs or Excise Acts;
2. improve quality of advisory services to Government regulatory agencies.

5.13.3 Strategic Plans and Priority Programme (2015-2018)

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target and Cost 15/16	Target and Cost 16/17	Target and Cost 17/18
MAJOR PROGRAMMES						
Quality Control of Pharmaceutical Products	Recruit and train analyst	Pharmaceutical products analyzed to current standards	No. of products analyzed	150 products analyzed	150 products analyzed,	150 products analyzed
	Acquire analytical equipment			HPLC procured	Dissolution equipment procured	KF titrator and dehumidifier procured
	Acquire up to date pharmacopoeias		Current BP and USP pharmacopoeias available.	Pharmacopoeias procured	Pharmacopoeias procured	Pharmacopoeias procured
	Preventative maintenance and calibration of equipment		Equipment calibration status. Current	Equipment maintained	Equipment maintained	Equipment maintained
	Procure standards and reagents		CRSs available	CRSs procured	CRSs procured	CRSs procured
Advisory support for pharmaceutical regulation	Support technical evaluation of pharmaceutical registration submissions and provide technical input on other aspects of pharmaceutical regulation	Technical advisory services provided contributing to improved regulatory capacity	GMP inspection reports	Participation in GMP inspections	Participation in GMP inspections	Participation in GMP inspections
Toxicological examination of biological fluids and food	Continuous training of analysts	Toxicology samples analyzed	No. of products analyzed	Analyse 360 samples	Analyse 360 samples	Analyse 360 samples
	Acquire up to date reference literature		Up to date reference literature available.	Procure up to date reference literature	Procure up to date reference literature	Procure up to date reference literature
	Preventative maintenance and calibration of equipment		Equipment calibration status. Current	Maintain equipment	Maintain equipment	Maintain equipment

Programme/ Project & No.	Strategies	Output	Performance Indicators	Target and Cost 15/16	Target and Cost 16/17	Target and Cost 17/18
	Procure test kits, standards and reagents		Test kits, standards and reagents available	Procure test kits, standards and reagents	Procure test kits, standards and reagents	Procure test kits, standards and reagents
Analysis of alcoholic products under the Excise Act	Continuous training of analysts	Analyzed Alcoholic products/samples	No. of products/samples analyzed	80 products/samples analyzed	80 products/samples analyzed	80 products/samples analyzed
	Preventative maintenance and calibration of equipment		Equipment calibration status. Current	Maintain equipment	Maintain equipment	Maintain equipment
	Procure standards and reagents		Standards and reagents available	Procure standards and reagents	Procure standards and reagents	Procure standards and reagents
Support for regulation of Pesticides	Contribute to review of pesticides on the market Assist with technical assessment of registration dossiers Service to Board of PCA	Report	Reports of evaluation of dossiers	All requests for dossier evaluation satisfied	All requests for dossier evaluation satisfied	All requests for dossier evaluation satisfied.
Support Intellectual Property Office.	Examination of patents Provide other technical input when requested	Reports on assessment of patent applications	No. of applications examined and reports issued	All submissions examined	All submissions examined	All submissions examined

5.13.4 Medium-Term Expenditure Summary

Item	Year 1	Year 2	Year 3
	Estimates of Expenditure 15/16 (J\$000)	Estimates of Expenditure 16/17 (J\$000)	Estimates of Expenditure 17/18 (J\$000)
Recurrent	31,300	29,300	28,300
Capital A	-	-	-
Capital B	-	-	-
Appropriations in Aid	-	-	-
Total Funding Requirement	31,300	29,300	28,300

5.13.5 Human Resources Capacity Plan

Units/Divisions or Projects	Staff Complement	Planned 2015/2016	Planned 2016/2017	Planned 2017/2018
Analytical and Advisory services	6	6	7	7
Accounts	2	3	3	3
Administration	9	9	9	9
All Divisions	17	18	19	19

APPENDICES

APPENDIX A - RISK MANAGEMENT MATRIX

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
Service Delivery: Primary Health Care Renewal including Centres of Excellence	R1. Programme scope not matching the funds	R1. Poor health outcome	1. High	Avoidance		
	R2. Behaviour change towards utilisation of health centres	R2. Under-utilisation and over-subscription	2. Medium	Reduction –R1- Aggressive Revenue generation, R2 –Public Education, Social mobilisation R3- public education, R4- Reclassification of nurses, Primary care rotation of doctors, bilateral agreements NHF – pharmacists recruited, revision of cadre and manpower plan	R1 R2 R3 R4	R1 R2 R3 R4
	R3. Primary care Public expectation not met	R3. Poor service delivery / staff burnt out	3. High	Sharing – R2	Collaborate with Local Government and Community based organisations, Faith based organisations	
	R4. Recruitment and retention challenges			Acceptance		
	R5. Improper sequencing of design phase and improper scoping R6. Not achieving construction standards R7. Health and safety risk (occupational health)	R4, R5, R6. Times and Cost overrun. Project cost overrun offset against the funds available for other projects. Variation costs. Cost of remedial works. Low value for money of project R7. Injuries and litigation	4. High			
Service Delivery:	R1. Recruiting and retaining	R1. Poor Service	R1. High	Avoidance		

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
Cancer Systems of Excellence	specialized skills in cancer R2.Poor health seeking behaviour R3. Procurement delays e.g. foreign exchange movement R4. reduced exposure to radiation R5. Increased # physical exercise events e.g. 5K races	delivery and no reduction in waiting time R2. No reduction in morbidity and mortality R3. Increased cost of equipment R4. Hazards reduced R5. More people exercising and improved health	R2. High R3.Medium R4. Medium R5. medium	Reduction – R1: Bilaterals, PPP, Telemedicine, R2: Social marketing, risk communication, multi-sector collaboration, R3 grant funding, service contract	R1, R2, R3, R4	R1, R2, R3, R4
				Sharing – R4: multi-agency collaboration, R5: Cancer care tourism		
				Acceptance		
Service Delivery: Maternal, Child & Adolescent Health (Child and Adolescent Hospital in Western Jamaica)	R1: Labour and industrial relations R2: Not well developed local design standard	R1: Project overrun R2: low user satisfaction, efficacy of treatment, infection, high retrofitting cost, delay in approval	High Medium	Avoidance		
				Reduction – R1: involvement of stakeholders e.g. unions, communities, etc; R2: Site inspection with design review	R1, R2	R1, R2
				Sharing Acceptance		
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	R1.Difficulty in changing adverse behaviour R2. Over emphasis on curative R3.Ineffective home remedies R4. Vulnerability of lower	1. Limited change in morbidity and mortality 2. More acute and emergency care 3. Sustainability of health care delivery	R1. High R2. Medium R3. Low	Avoidance		
				Reduction R1, R2,R3, R4, R5, R6, R7 Health promotion, Multi-Sectoral collaboration, social marketing and risk communication	R1, R2,R3, R4, R5, R6, R7	R1, R2,R3, R4, R5, R6, R7
				Sharing Acceptance		

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	socioeconomic groups (poverty) R5. Marketing activities of multinationals R6. Inadequate health geography e.g. lack of green spaces R7. Regional trade policy e.g. tax exemption of tobacco products from CARICOM					
	R1. Stakeholder acceptance R2. Food security in healthier food R3. Food trade policy R4. Missing opportunities for complete nutrition assessment of patients R5. Myths & misinformation	R1,R2, R3, R4, R5. Nutrition related morbidity & Mortality (Underweight, wasting, deficiency disease), , , increase in chronic non-communicable diseases.	R1.High R2. High R3. Low R4. Medium R5. High	Avoidance		
				Reduction –R5 Health Promotion, Advocacy and Enforcement, Training community stakeholders	R1, R2, R3, R4	R1, R2, R3,R4
				Sharing –R1,R2, R3 integration of relevant Ministries – work in groups& social mobilization	R2, R3, R1	R2,R3,R5
				Acceptance		
Service Delivery: Maternal, Child & Adolescent Health	R1. Required behaviour change not achieved R2. Poor parenting R3. Conflict in policies and law	R1.No improvement in fertility. and HIV rates in adolescents R2. Socio-pathological	R1. High R2. High R3. High	Avoidance		
				Reduction – R1.,R2 and R5. Public education, social mobilisation and social marketing	R1, R2 and R5.	R1, R2 and R5
				Sharing – R3 and R4 Integration with the Ministries of Justice, National	R3 and R4	R3 and R4

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	R4. Culture of crime and violence in adolescents R5. Myths & Misinformation	behaviour R3. Some services denied by provider. R4. Institutionalize crime and violence for adolescents	R4. High R5. High	Security, and Youth and Culture		
				Acceptance		
Service Delivery: Maternal, Child & Adolescent Health (Programme for Maternal and Child Health)	R1. Health seeking behaviours of pregnant mothers R2. Recruitment and retention of critical health professionals R3. Child bearing practices Missed opportunities and dropouts Co-morbid conditions not under control Global travel from non-elimination status countries (e.g. polio) and countries without mandatory vaccination policy, and susceptible unvaccinated population	R1, R2, R3 .No improvement in MDG's 4 and 5	R1 High R2. Medium R3. High R4. Medium R5. High R6. Medium	Avoidance		
				Reduction – R1-Health Promotion and R2- Training and Reclassification and cadre expansion R3, R5- Health Promotion and home visits. Family planning. Increase immunisation to at least 95%	R1, R2, R3, R4, R5	R1, R2, R3, R4, R5
				Sharing		
				Acceptance		
Service Delivery:	R1. Reporting practices	R1, R2 R3-Increase	R1- Medium	Avoidance		

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
Disaster Management Health Information System: Disease Surveillance	R2. Limited partner support R3.Natural Disasters R4. Manmade disasters (Chemical etc)	risk of outbreak R1,R2 and R4- Increase risk of public health events of international concern R3 and R4 – Overwhelm health systems and destruction of health infrastructure.	R2 – Medium	Reduction – R1- Education and increase active surveillance, R3 and R4- Mitigation and adaptation		
			R3- High	Sharing – R2- Collaboration with Partners		
			R4- Medium	Acceptance		
Service Delivery: HIV/AIDS, TB and Infectious Diseases (HIV/AIDS)	R1. Stigma with public and the health sector workers. R2. Attrition and recruitment of specialist health personnel R3.Funding ineligibility (Middle income) R4. Risky behaviour with multiple partnerships. R5. Risk of suboptimal absorption by GOJ R6.Inaccess to care because of staff and policy barriers. R6.Sustainability	R1. R2 R3 and R4. Impaired Effectiveness of the programme R1. R2 R3, R4, R5, R6, R7, R8, R9. Reversal of gains, increase Mobility & Mortality.	R1 – Medium R2- High R3.- High R4.- High R5. High R6. High	Avoidance	R1, R2, R3, R4, R5, R6, R7, R9	R1, R2, R4, R5, R6, R7, R9
				Reduction – R1 R4– Continue Public education and stigma reduction strategy, social marketing R2 – Cross skill training R3- Seek funding for specific at risk groups and system strengthening by integration with existing programmes R6 Advocating for Social Safety Net, advocating for NHF policies sensitive to this group		
				Sharing – R2, R3, R5		
				Acceptance R8		
Governance:	R1. Recruitment –	R1. R2 R3. Breach	R1. Medium	Avoidance		

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
International Health Regulations	uncompetitive compensation package R2. Sustaining Multi-sectoral collaboration R3.delay in legislation framework	of IHR as a result of work not being done R1. R2, R3 Trade and travel fallout	R2.Medium R3. High	Reduction – R1.- Projectize the activities,	R1	
				Sharing – R2 R3- Joint submission with Ministry of Foreign Affairs and trade, Ministry of Agriculture and Fisheries, Ministry of Transport and Works and Fisheries, Ministry of Finance and Ministry of Land, Environment and Climate Change		R2, R3.
				Acceptance		
Financing: Health Financing	R1. Public acceptance R2.Limited participation by key stakeholders R3. Non-representative consultation	R1. R2. Implementation delays R2.R3. Contextual weakness,	R1. Medium R2. Medium R3.Low	Avoidance		
				Reduction – R1and R3 Continued consultation R2. Advocacy	R1.	R1, R2
				Sharing – R1, R2 and R3. High level Commission with political, civil and private representative	R1, R2 and R3	R1, R2 and R3
				Acceptance – R3	R3.	
Governance: GOJ Health Card	R1. Misperception of GOJ and e-PAS R2. Acceptance of the card by the public R3. Procurement delays R4. Data Security Breach R5. Online Service	R1.R3. R4 R5 Credibility loss R2. Low take up of the card	R1 R2 – Medium R3- Low R4-Low R5- high (electricity) low-medium	Avoidance		
				Reduction –R1, R2 – Communication strategy and integration with HIS. R3- Revise Procurement methodology R4- NHF monitors encryption and security protocols. R5. The LAN is connected to the server and can operate without	R1,R2,R3,R4 and R5	R1,R2,R3, R4 and R9

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	disruption (internet service provider or power provider)		(internet service)	internet connection		
				Sharing –		
				Acceptance R9. No electricity backup for computers		
Health Information System	R1 – Procurement delays R2- Data security breach R3. Software maintenance R4. Staff resistance R5. Staff competence R6.Funding being discontinued R7. Theft of hardware R8. Natural and operating environmental R9. Online Service disruption (internet service provider or power)	R1R4, R5 Major delays in implementation, funds reallocated to other projects R2. Loss of credibility of the system. Medico-legal costs (e.g. litigation) R3. Downtime R5.Project loses priority attention R9. Downtime	R1. Medium R2. low R3. Low R4. Low R5. Medium R9- high (electricity) low-medium (internet service)	Avoidance		
				Reduction –R1- Advocacy for Procurement strategy, R2- Recruit IT Security Specialist, Monitoring from Implementation of ISO standards, R4- Training & monitoring. R5. Change management, training and monitoring. R2, R3, R7, R8. Physical, electronic, environmental, access and security plan R9. The LAN is connected to the server and can operate without internet connection	R1, R2, R4, R2, R3, R5, R7, R8, R9	R1, R2, R4, R2, R3, R5, R7, R8, R9
				Sharing – R3- Outsourcing, MIISH		
				Acceptance R9. No electricity backup for computers		
Service Delivery: Mental Health	R1. Lack of welfare agency support for social cases R2. Differing views on Policy direction among stakeholders R3. Public understanding or	R1 R2. Derail programme R3. Resistance to programme implementation. R4. Patients can be	R1. Medium R2. High R3. High R4. High R5. Low	Avoidance		
				Reduction – R1- Dialogue with Key agencies, R2- Seek consensus through consultation R3 & R5. Strengthen Public education and engage community and civil	R1, R2	R3

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	acceptance for Mental Health. R4. Violence of patients to others due to inadequate staffing, transportation & medication. R5. Litigation re involuntary treatment	killed. R5. Litigation costs		society leaders and organisation R4. Training of staff R5. Advocating for amendment to Act		
				Sharing		R4
				Acceptance		
Health Work Force: Human Resources in Health	R1. Recruitment and retention of highly specialized health professional (medical physicist etc.) R2. HR training plan under-emphasizes the need for support skills (bio-medical engineers etc.) R3. Pre-existing agreements with bargaining units limits HR effectiveness R4. Weak alignment between National and Regional training needs	R1. R4. Service delivery impaired R2. Imbalance in the health care system R3. Effectiveness of HR plans limited	R1.High	Avoidance		
			R2.Medium	Reduction –R1- Continue to explore bilateral arrangements for skills sets R2. R4- Review of HR plan to address any projection	R1, R2 R4.	R1 R4
			R3.Medium			
			R4. Medium	Sharing – R3 MOH to engage MOF&P and MLSS to re-examine and realign to national objectives Acceptance	R3	R3
Service Delivery:	R1. Increase Financial	R1.Threatens the	R1. Medium	Avoidance		
				Reduction – R1. – Explore business	R1 R2	R1

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
Infection Control and Prevention (Medical Waste Management)	exposure as a result of inability of the clients to honour financial obligations R2. Procurement of equipment and supplies	sustainability of the programme R2. Delays in the execution of the programme	R2. Low	opportunities to augment possible revenue. R2- Review Procurement planning process to ensure timely execution		
				Sharing		
				Acceptance		
Service Delivery: Infection Control and Prevention (Sewage Treatment Project)	R1. Contractor performance default R2. Procurement of parts for the plant R3. Permits and approval R4. Equipment downtime	R1. R2. R3 R4 Significant delay in project completion	R1. Low R2. Low R3. Low R4. Low	Avoidance		
				Reduction		
				Sharing		
				Acceptance – R1, R2, R3 and R4	R1, R3, R4	R1, R3, R4
Service Delivery: Secondary Health Care capacity enhancement with special focus on Accident & Emergency	R1. Recurrent support accompany capital investment R2. Insufficient in-house technical skills to ensure timely completion of projects R3. Ad hoc expansion of services without necessary support and unaligned with national strategy R4. Public dissatisfaction with health centres	R1. Ineffective service R2. Significant delays and project overruns.	R1. High R2. High	Avoidance		
				Reduction – R1- Explore revenue sources through appropriate business model R2- Outsourcing and re-organising internal project teams and processes R3, R4, R5. Develop framework for health strategic plan	R1, R2, R3, R4, R5	R1, R2
				Sharing		
				Acceptance		

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	R5. Staffing recruitment and retention R6. Staff and patient frustration					
Service Delivery: Rehabilitation and maintenance of hospital equipment	R1. Sustainable of maintenance through recurrent budget R2. Inability to attract and retain skilled technicians due to uncompetitive compensation packages R3. No local training programme for biomedical engineers R4. Rapid pace of technology making equipment and parts outdated R5. Procurement for parts	R1. R2. Poor maintenance and high downtime R2.R3. High cost for corrective maintenance rather than routine preventative maintenance R4. Reduced useful life of equipment R5. Delays in service delivery	R1. High R2. High R3. High R4. Medium R5. Low	Avoidance	R1. R2	R3. R4
				Reduction – R1 – Advocacy and explore public/private model, R2 – Outsource, R3a – Engage local/overseas satellite training programme.R3b Explore GOJ based skills training programme. R4, R5– Ensure that all contracts have technology refresh components and conduct extensive research prior to procurement. b) enhance health technology assessment		
				Sharing		
				Acceptance		
Service Delivery: Modernization of the National Public Health Lab	R1. Executive Agency Model may limit the access for public health functions R2. Sufficient Financial	R1.The change in the accountability framework may impair the Ministry	R1. Medium R2. High R3. High	Avoidance Reduction – R1- To develop a protocol to handle public health emergencies with the NPHL R2 – Review scope and prioritise	R1 R2 R3	R1 R2 R3

RISKS TO PROGRAMME/PROJECT AND POLICY INITIATIVES						
Programme/Project/ Policy Initiative	Risks	Impact	Probability	Mitigating Measure/Response	Year 1 15/16	Year 2 16/17
	resources may not be available for the scope of modernisation required. R3. Required skills may be scarce locally to conduct clinical test and maintenance programme.	ability to respond to crisis R2.Elements of the Modernisation may lag behind R3. Service delivery may not meet the improved standards set		implementation based on funding R3- Recruit skills from overseas for specialised services		
				Sharing		
				Acceptance		

APPENDIX B - PROCUREMENT PLAN

SOUTHERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self Financed	
	1. Goods													
	Drugs and Medical Supplies (Funding Source - SRHA Budget)		varied	X				\$1,067,076,818	Y	LCB	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Food and Drink (Funding Source - SRHA Budget)		varied	X				\$90,421,085	Y	LCB	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Lab Services: (funding Source - SRHA Budget)		varied	X				\$197,607,079	Y	LCB	Q1-Q4	Q1-Q4	Q1-Q4	3 years Reagent Agreement
	Provision of Bins for Disposal of Sanitary Napkins		varied	X				\$3,000,000	Y	LCB	Q1	Q2	Q3	3 year Contact
	Toilet Articles: Paper & Chemicals (Funding - SRHA Budget)		varied	X				\$27,931,266	Y	RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Health Care Workers' Uniform Material /Safety Gears(Funding Source - SRHA		varied	X				\$10,464,039	Y	RFQ	Q2	Q2	Q3	Ongoing

SOUTHERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self Financed	
	Budget)													
	Stationery & Printing (Funding - SRHA Budget)		varied	X				\$25,396,112	Y	RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Computer Parts: (Funding Source - SRHA Budget)		varied	X				\$2,304,000		RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Fuel Oil: (Funding Source - SRHA Budget)		varied	X				\$24,482,712	Y	RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Mandeville Regional Hospital - Ultrasound Machine: Infrastructure upgrade	1	One			X-NHF		\$10,000,000	Y	Sole Source	Q1	Q2	Q2	Pending Approval of Funding
	SRHA eHealth Project: to procure computer hardware		Several			X-NHF		\$20,000,000	Y	LCB	Q2	Q3	Q4	Pending Approval of Funding
	May Pen Hospital: Theatre Equipment		Several			X-NHF		\$7,000,000	Y	LCB	Q2	Q3	Q3	Pending Approval of Funding

SOUTHERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self Financed	
	May Pen Hospital Radiology Modernization		One			X-NHF		\$50,000,000	Y	Sole Source	Q2	Q2	Q3	Pending Approval of Funding
	2. Works													
	Repairs to Facilities, Maintenance & Equipment (Funding Source - SRHA Budget)		Varied	X				\$11,310,630		RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Repairs to Motor Vehicles - (Funding Source - SRHA Budget)		Varied	X				\$5,975,090		RFQ	Q1-Q4	Q1-Q4	Q1-Q4	Ongoing
	Percy Junor Hospital - A&E: Expansion and Equipment - Phase One, Part One		Varied			X-NHF		\$20,000,000	Y	LCB	Q2	Q4	Q4	Pending Approval of Funding
	Renovation of Balaclava Health Centre	Square metre	Several			X-NHF		\$10,000,000	Y	LCB	Q3	Q3	Q4	Pending Approval of Funding
	Renovation of Mocho Health Centre	Square metre	Several			X-NHF		\$20,465,800	Y	LCB	Q3	Q3	Q4	Pending Approval of Funding

SOUTHERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self Financed	
	SRHA: Ceiling Tiles Replacement	Square metre	Varied			X-NHF		\$9,774,802	Y	LCB	Q2	Q2	Q3	Pending Approval of Funding
	Junction Health Centre: Rehabilitation	Square metre	Several			X-NHF		\$10,131,076	Y	LCB	Q2	Q3	Q3	Pending Approval of Funding
	Renovation of Thompson Health Centre	Square metre	Several			X-NHF		\$1,494,890.00	Y	LCB	Q2	Q3	Q3	Pending Approval of Funding
	3. Non-consulting services													
	Cleaning & Portering Services - May Pen Hospital - Service Contract & requirements for chemicals and other supplies (Funding - SRHA Budget)		Varied	X				\$53,355,708	Y	LCB	Q2	Q3	Q4	3 year contract to be awarded
	Cleaning & Portering Services - Mandeville Regional Hospital - Service Contract & requirements for chemicals and other supplies		Varied	X				\$55,847,891.16	Y	LCB	Q2	Q3	Q4	3 year contract to be awarded

SOUTHERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self Financed	
	(Funding - SRHA Budget)													
	4. Consulting Services													
	Percy Junor Hospital - A&E: Consulting Services		Varied			X-NHF		\$10,000,000	Y	LCB	Q2	Q3	Q4	Pending Approval of Funding
[1] Open Framework (OF), Closed Framework (CF), ITB, ICB, LCB, RFP, RFQ (shopping), Sole Source														
[2] (P)Pending, (PR)Processing, (A) Awarded, (C) Cancelled or other comments specific to the programme/project														

NORTH EAST REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]
				GOJ	External Funding		Self-Financed	Total			Y / N	Publication	Award	
					Loans	Grants								
	1. Goods													
	Capital Goods (Small Equipment and Appliances)	-	-	\$484,000				\$484,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Food and Drink	-	-	\$10,250,000				\$10,250,000	N	OF	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Uniform Material	-	-	\$3,600,000				\$3,600,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Computer Parts	-	-	\$900,000				\$900,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Toiletry	-	-	\$1,100,000				\$1,100,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Stationery	-	-	\$5,363,000				\$5,363,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	Medical Equipment Port Antonio Hospital	-	-	\$20,300,000				\$20,300,000	N	LCB	Q2	Q3	Q3	PR

NORTH EAST REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total	Y / N		Publication	Award	Start	
					Loans	Grants								
	2. Works													
	Painting of the Port Antonio Hospital to Include Minor Works	-	-	\$13,170,430				\$13,170,430	N	LCB	Q1	Q2	Q2	A
	Repairs to Health Centres - St. Ann, St. Mary & Portland	-	-	\$25,000,000				\$25,000,000	N	LCB	Q4	Q4	Q4	P
	3. Non-consulting services													
	Maintenance of Building and Equipment (Servicing)	-	-	\$20,000,000				\$20,000,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	

NORTH EAST REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN FOR 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]
				GOJ	External Funding		Self-Financed	Total	Y / N		Publication	Award	Start	
					Loans	Grants								
	Repairs & Maintenance of Computers	-	-	\$500,000.00				\$500,000	N	RFQ	Q1 - Q4	Q1 - Q4	Q1 - Q4	
	4. Consulting Services													
	Preliminary Engineering and Designs for Sewage treatment Annotto Bay Hospital	-	-	\$4,337,000				\$4,337,000	Y	Sole Sourcing	Q2	Q2	Q2	A
	[1] Open Framework (OF), Closed Framework (CF), ITB, ICB, LCB, RFP, RFQ (shopping), Sole Source													
	[2] (P)Pending, (PR)Processing, (A) Awarded, (C) Cancelled or other comments specific to the programme/project													

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]	
				GOJ	External Funding		Total	Y / N		Publication	Award	Start		
					Loans	Grants								Self-Financed
	1. Goods													
	Drugs - NHF			√				\$945,429,792.20	N	DC	N/A	Q1	Q1	A
	Drugs - Non NHF			√				\$216,641,836.80	N	RFQ	N/A	Q1	Q1	PR
	Medical Supplies - NHF			√				\$661,389,247.65	N	DC	N/A	Q1	Q1	A
	Medical Supplies - Non NHF			√				\$151,554,968.35	N	RFQ	N/A	Q1	Q1	PR
	Medical Gases			√				\$66,157,059.00	N	LCB	N/A	Q1	Q1	A
	Food & Drink - Grocery Items			√				\$118,140,696.80	N	RFQ	N/A	Q1	Q1	PR
	Food & Drink - Ground Provision			√				\$29,535,174.20	N	RFQ	N/A	Q1	Q1	PR
	Bedding & Clothing			√				\$22,837,510.00	N	RFQ	N/A	Q1	Q1	PR
	Text & Reference Book			√				\$1,178,065.00	N	RFQ	N/A	Q2	Q2	PR

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]	
				GOJ	External Funding		Total	Y / N		Publication	Award	Start		
					Loans	Grants								Self-Financed
	Stationery And Office Supplies			√				\$28,318,098.00	N	RFQ	N/A	Q2	Q2	PR
	Computer Parts, Supplies, Cabling			√				\$25,076,070.00	N	RFQ	N/A	Q2	Q2	PR
	Toilet Articles (Soap, Tissue, Towels, Disinfectants)			√				\$40,034,625.00	N	RFQ	N/A	Q1	Q1	PR
	Laundry And Cleaning			√				\$16,288,724.00	N	RFQ	N/A	Q1	Q1	PR
	Ironmongery, Crockery, Utensils & General Stores			√				\$14,725,401.00	N	RFQ	N/A	Q1	Q1	PR
	Agricultural & Gardening Supplies & Services			√				\$5,527,241.00	N	RFQ	N/A	Q1	Q1	PR
	Conferences			√				\$8,088,728.00	N	RFQ	N/A	Q1	Q1	PR
	Cooking Fuel (Propane Gas, Coal, & Kerosene)			√				\$6,594,480.00	N	RFQ	N/A	Q1	Q1	PR
	Other Operating Expenses			√				\$3,152,991.00	N	RFQ	N/A	Q2	Q1	PR
	Staff Welfare			√				\$10,983,500.00	N	RFQ	N/A	Q3	Q3	PR

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]	
				GOJ	External Funding		Total	Y / N		Publication	Award	Start		
					Loans	Grants								Self-Financed
	Disaster Preparedness			√				\$9,054,224.00	N	RFQ	N/A	Q2	Q2	PR
	Vector Control			√				\$21,708,762.00	N	RFQ	N/A	Q2	Q2	PR
	Fuel			√				\$118,159,597.80	N	DC		Q1	Q1	A
	Oil And Lubricants			√				\$13,128,844.20	N	RFQ	N/A	Q1	Q1	PR
	Motor Vehicle And Aircraft Parts			√				\$20,198,200.00	N	RFQ	N/A	Q1	Q1	PR
	Electrical Material And Fittings			√				\$16,010,000.00	N	RFQ	N/A	Q1	Q1	PR
	Construction Material			√				\$35,800,000.00	N	RFQ	N/A	Q2	Q2	PR
	Fire Protection Supplies And Services			√				\$7,132,708.00	N	RFQ	N/A	Q1	Q1	PR
	Tools			√				\$760,000.00	N	RFQ	N/A	Q1	Q1	PR
	Biomedical Equipment			√				\$34,151,524.00	N	LCB	Q1	Q2	Q2	PR
	General Equipment			√				\$52,775,404.00	N	RFQ	N/A	Q2	Q2	PR

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]	
				GOJ	External Funding		Total	Y / N		Publication	Award	Start		
					Loans	Grants								Self-Financed
	Furniture And Fittings			√				\$37,078,885.00	N	RFQ	N/A	Q2	Q2	PR
	Computer Equipment			√				\$10,592,000.00	N	RFQ	N/A	Q2	Q2	PR
	2. Works													
	Repair To Government Offices / Buildings And Other Facilities			√				\$9,240,000.00	N	LCB	Q2	Q3	Q3	PR
	Repair To Furniture, Machinery And Equipment			√				\$35,535,003.00	N	LCB	Q1	Q2	Q3	P
	Repair And Service To Vehicle, Boat And Aircraft			√				\$25,603,400.00	N	RFQ	N/A	Q1	Q1	PR
	Maintenance Of Telecommunications Equipment			√				\$1,733,384.00	N	DC	N/A	Q1	Q1	PR
	Repair & Maintenance Of Computer Hardware			√				\$1,930,300.00	N	RFQ	N/A	Q2	Q2	PR
	3. Non-Consulting Services													
	Official Publication			√				\$184,000.00	N	DC	N/A	Q2	Q2	PR

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]	
				GOJ	External Funding		Total	Y / N		Publication	Award	Start		
					Loans	Grants								Self-Financed
	Subscription To Newspapers & Magazines			√				\$817,878.00	N	DC	N/A	Q1	Q1	A
	Transportation (Haulage)			√				\$3,541,621.00	N	DC	N/A	Q1	Q1	PR
	Advertising, Promotion And Public Relation			√				\$5,130,200.00	N	DC	N/A	Q1	Q1	PR
	Wireless, Cable & Postal Charges			√				\$102,724.00	N	DC	N/A	Q1	Q1	PR
	Printing And Photocopying Services			√				\$7,078,658.00	N	RFQ	N/A	Q2	Q2	PR
	Entertainment			√				\$4,857,809.00	N	RFQ	N/A	Q1	Q1	PR
	Courier Services			√				\$213,436.00	N	DC	N/A	Q1	Q1	PR
	Maintenance Of Computer Software And Renewal Licence			√				\$2,877,050.00	N	DC	N/A	Q1	Q1	A
	Training Expenses			√				\$40,521,502.00	N	RFQ	N/A	Q2	Q2	PR
	Janitorial, Pest Control & Waste Disposal Services			√				\$172,065,709.00	N	LCB	N/A	Q1	Q1	A

WESTERN REGIONAL HEALTH AUTHORITY – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments [2]
				GOJ	External Funding		Total	Y / N	Publication		Award	Start		
					Loans	Grants							Self-Financed	
	Licenses & Taxes			√				\$376,000.00	N	DC	N/A	Q1	Q1	PR
	Medical, Post Mortem, & Burial Services			√				\$4,435,000.00	N	DC	N/A	Q1	Q1	PR
	Bank Charges			√				\$459,826.00	N	DC	N/A	Q1	Q1	PR
	Board Member Fees & Remuneration			√				\$4,149,066.00	N	DC	N/A	Q1	Q1	PR
	Security Services			√				\$62,181,378.00	N	LCB	N/A	Q1	Q1	A
	Locksmith Services			√				\$1,872,000.00	N	RFQ	N/A	Q1	Q1	PR
	4. Consulting Services													
	Consultancy Services			√				\$3,049,000.00	N	DC	N/A	Q2	Q2	PR
	Audit Fees			√				\$7,000,000.00	N	DC	N/A	Q1	Q2	A
	Legal Services			√				\$772,500.00	N	DC	N/A	Q2	Q2	PR
[1] Open Framework (OF), Closed Framework (CF), ITB, ICB, LCB, RFP, RFQ (shopping), Sole Source														
[2] (P)Pending, (PR)Processing, (A) Awarded, (C) Cancelled or other comments specific to the programme/project														

REGISTRAR GENERAL’S DEPARTMENT - PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source				Prequalifica- tion	Proc. Method	Estimated dates			Status & Comments (2)	
				GOJ	External Funding		Self Financed			Total	Publication	Award		Start
					Loans	Grants		Y/N						
	1. Goods													
	Furniture - Chairs		103				\$1,194,149.00	\$1,194,149.00	N	LT	Q2	Q2	Q2	Pending
	Cabinet		24				\$ 2,150,000.00	\$ 2,150,000.00	N	LT	Q2	Q2	Q2	Pending
	Portable Trolleys		10				\$165,000.00	\$165,000.00	N	LT	Q2	Q2	Q2	Pending
	Small Equipment and Appliances - Security Systems						\$4,675,000.00	\$4,675,000.00	N	LT	Q2	Q2	Q2	Pending
	Printer		1				\$150,000.00	\$150,000.00	N	LT	Q2	Q2	Q2	Pending
	Metal Detector		11				\$495,000.00	\$495,000.00	N	LT	Q2	Q2	Q2	Pending
	Fixtures and Fittings						\$1,885,000.00	\$1,885,000.00	N	LT	Q3	Q3	Q3	Pending
	Computer Hardware - Servers		9				\$2,700,000.00	\$2,700,000.00	N	LT	Q2	Q2	Q2	Pending
	Laptop Computer		5				\$900,000.00	\$900,000.00	N	LT	Q2	Q2	Q2	Pending
	Desktop Computer		25				\$3,750,000.00	\$3,750,000.00	N	LT	Q2	Q2	Q2	Pending
	Tablet		10				\$2,268,000.00	\$2,268,000.00	N	LT	Q2	Q2	Q2	Pending
	Firewall		1				\$500,000.00	\$500,000.00	N	LT	Q2	Q2	Q2	Pending
	Computer Software						\$1,800,000.00	\$1,800,000.00	N	LT	Q1	Q1	Q1	Pending
	Other Capital Goods - Fire Retardant System		1				\$2,500,000.00	\$2,500,000.00	N	LT	Q3	Q3	Q3	Pending
	Shelving System						\$1,100,000.00	\$1,100,000.00	N	LT	Q3	Q3	Q3	Pending
	Generator		3				\$1,931,786.00	\$1,931,786.00	N	LT	Q3	Q3	Q3	Pending

REGISTRAR GENERAL’S DEPARTMENT - PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalifica tion	Proc. Method	Estimated dates			Status & Comments (2)
				GOJ	External Funding		Self Financed	Total			Publication	Award	Start	
					Loans	Grants			Y/N					
	Motor Vehicle (Parts, Tyres and Tubes)						\$574,000.00	\$574,000.00	N	LT	Q3	Q3	Q3	Pending
	Toiletries						\$1,494,400.00	\$1,494,400.00	N	LT	Q1	Q1	Q1	Pending
	Clothing						\$1,383,600.00	\$1,383,600.00	N	LT	Q4	Q4	Q4	Pending
	Crockery & Utensils						\$55,000.00	\$55,000.00	N	LT	Q1	Q1	Q1	Pending
	Tools						\$254,000.00	\$254,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Printer Cartridges						\$2,041,024.00	\$2,041,024.00	N	LT	Q1	Q1	Q1	Pending
	Computer Parts						\$500,000.00	\$500,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Computer Paper						\$1,053,000.00	\$1,053,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Computer Supplies & Accessories						\$363,200.00	\$363,200.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Electrical Materials and Fittings						\$450,000.00	\$450,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Printing of Vouchers, Forms						\$570,000.00	\$570,000.00	N	DC	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Stationery						\$14,674,530.00	\$14,674,530.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Stationery and Office Supplies						\$3,140,000.00	\$3,140,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	2. Non-consulting services													
	Electronic Security						\$1,176,840.00	\$1,176,840.00	N	LT	Q2	Q2	Q2	Pending

REGISTRAR GENERAL’S DEPARTMENT - PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method	Estimated dates			Status & Comments (2)
				GOJ	External Funding		Self Financed	Total			Publication	Award	Start	
					Loans	Grants			Y/N					
	Security Service						\$16,314,600.00	\$16,314,600.00	N	LCB	Q1	Q1	Q1	Processing
	Photocopying and Printing Equipment Services						\$4,764,766.00	\$4,764,766.00	N	LCB	Q1	Q2	Q2	Pending
	Servicing of Motor Vehicles		4				\$280,000.00	\$280,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Repair and Service to A/C						\$2,913,570.00	\$2,913,570.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Repair to Other Mach. & Equipment						\$910,000.00	\$910,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Maintenance of Computer Software						\$1,151,500.00	\$1,151,500.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Maintenance of Computer Hardware						\$440,000.00	\$440,000.00	N	LT	Q1-Q4	Q1-Q4	Q1-Q4	Pending
	Pest Control Services						\$614,000.00	\$614,000.00	N	LT	Q1	Q2	Q2	Pending
	3. Consulting Services													
	Local Consultancy						\$2,240,000.00	\$2,240,000.00	N	LT	Q3	Q3	Q3	Pending
	Total							\$85,521,965.00						

NATIONAL COUNCIL ON DRUG ABUSE –PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total			Publication	Award	Start	
					Loans	Grants			Y / N					
	1. Goods													
	Stationery			*				\$2,500,000.00	N	LT	Q1-4	Q1-4	Q1-4	
	Drug Testing Kits	UNIT	2000	*				\$800,000.00	N	IT	Q1-4	Q1-4	Q1-4	
	Printing & Official Publications	UNIT	50,000	*				\$800,000.00	N	LT	Q1-4	Q1-4	Q1-4	
	Petrol & Oil	UNIT		*				\$750,000.00	N	SS	Q1-4	Q1-4	Q1-4	
	Equipment & Furniture	UNIT		*				\$950,000.00	N	LT	Q1	Q1	Q1	
	2. Works													
	Vehicle Repair	UNIT	6	*				\$1,700,000.00	N	SS	Q1-4	Q1-4	Q1-4	

NATIONAL COUNCIL ON DRUG ABUSE –PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total			Publication	Award	Start	
					Loans	Grants			Y / N					
	Office Repair/Refurbishing	UNIT		*				\$1,500,000.00	N	LT	Q1-4	Q1-4	Q1-4	
	3. Non-consulting services													
	Advertising	UNIT		*				\$6,000,000.00	N	SS	Q1-4	Q1-4	Q1-4	
	Training Services	UNIT	5	*				\$3,000,000.00	N	LT	Q1-4	Q1-4	Q1-4	
	Janitorial Services	UNIT		*				\$50,000.00	N	LT	Q1-4	Q1-4	Q1-4	
	Insurance	UNIT	6	*				\$693,573	N	LT/DC	Q2	Q2	Q2	
	4. Consulting Services													
	TOTAL							\$18,743,573.00						

GOVERNMENT CHEMIST – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total			Publication	Award	Start	
					Loans	Grants			Y / N					
	1. Goods													
	Chemicals and Laboratory Supplies			\$700,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Subscription Magazines/ Newspaper			\$18,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Stationery/Office Supplies			\$250,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Fuel/Lubricants			\$22,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Cooking Gas			\$17,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Toilet Articles			\$70,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Lawn mower and other small engine spares			\$20,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	

GOVERNMENT CHEMIST – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total			Publication	Award	Start	
					Loans	Grants			Y / N					
	High Performance Liquid Chromatography equipment		1	\$6,000,000					N	LT	Q1	Q2	Q3	
	UPS		1	\$100,000					N	LT	Q2	Q2	Q3	
	Computer hardware		2	\$180,000					N	LT	Q3	Q3	Q3	
	2. Works - N/A													
	3. Non-consulting services													
	Postal Charges			\$6,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Repairs to office			\$400,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Repairs to machinery and equipment			\$1,000,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Repairs to furniture and fixtures			\$140,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	

GOVERNMENT CHEMIST – PROCUREMENT PLAN 2015/16														
Ref. No.	Description	Unit of Measure	Quantity	Estimated Budget & Funding Source					Prequalification	Proc. Method [1]	Estimated dates			Status & Comments[2]
				GOJ	External Funding		Self-Financed	Total			Publication	Award	Start	
					Loans	Grants								
	Repairs and Services to Air conditioning unit			\$20,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	Training			250,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Bank and other Financial institutions charges			40,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Laundry and cleaning			10,000					N	SS	Q1-Q4	Q1-Q4	Q1-Q4	
	Janitorial/Waste Disposal			130,000					N	LT	Q1	Q1	Q1-Q4	
	Security			359,000					N	SS	Q1	Q1	Q1-Q4	
	Staff Welfare			100,000					N	LT	Q1-Q4	Q1-Q4	Q1-Q4	
	4. Consulting Services - N/A													
[1] Open Framework (OF), Closed Framework (CF), ITB, ICB, LCB, RFP, RFQ (shopping), Sole Source														
[2] (P)Pending, (PR)Processing, (A) Awarded, (C) Cancelled or other comments specific to the programme/project														

APPENDIX C - MONITORING PLAN

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
Health Work Force: Human Resources in Health	Completion of training by all (100%) RD’s & Senior Managers.	Trained:- – 0 Regional Directors – 0 Chief Executive Officer – 0 Medical Officer of Health	Continued training programme for the professional development for senior management professionals.	Professional certification in Project Management, Hospital Management, Financial Management and Business Management for:- Regional Directors Chief Executive Officer Medical Officer of Health	Annually	Professional certification in Project Management, Hospital Management, Financial Management and Business Management for:- Regional Directors Chief Executive Officer Medical Officer of Health	Annually	Professional certification in Project Management, Hospital Man- agreement, Financial Management and Business Management for:- Regional Directors Chief Executive Officer Medical Officer of Health	Annually	Training facilitators report Participants evaluation
	# of Cuban professionals recruited. # of local specialist doctors trained. # of local specialist nurses trained Ratio of locals trained to foreign	129 Cuban Health Professionals working in the sector.	Strengthen health care delivery through capacity building	39 Cuban health professionals.	Biannually					Training programme report Focus groups

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
	specialists recruited Increased staff knowledge									
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	National Infant and Young Child Feeding Policy finalised and disseminated # of health and allied workers and community support groups trained	Cabinet-approved draft of the National Infant and Young Child Feeding Policy (“green paper”) as of 2013/2014 1,500 health and allied workers and community support group members trained as of 2013/2014	Amend, finalise and disseminate National Infant and Young Child Feeding Policy (“white paper”) Training in breastfeeding promotion and support for health and allied workers and community support group members Promote exclusive breastfeeding through media sensitisations and national campaigns and commemorations	National Infant and Young Child Feeding Policy finalised 500 health and allied workers and community support group members trained 1 media campaign and national commemoration	Annually	National Infant and Young Child Feeding Policy disseminated to 85 % of public health facilities. 500 health and allied workers and community support group members trained 1 media campaign and national commemoration	Annually	National Infant and Young Child Feeding Policy disseminated to 10 % of private institutions. 500 health and allied workers and community support group members trained 1 media campaign and national commemoration	Annually	Completed policy document Policy distribution plan Training and performance reports
	# of hospitals accredited as Baby-friendly and implementing the Ten Steps to Successful Breastfeeding	Zero (0) accredited as of 2013/2014	Conduct hospital appraisals Develop information, education and communication (IEC) materials Capacity building of stakeholders	1 hospital accredited	Annually	1 hospital accredited	Annually	2 hospitals accredited	Annually	Pre-assessment audit reports Training and performance reports

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
	Food-based Dietary Guidelines for Jamaica launched Nutrition labelling standards drafted # of IEC materials developed and distributed	- Country-specific food-based dietary guidelines exist in draft - Concept paper on standard nutrition labelling in Jamaica drafted as of 2013/2014	Finalise and launch national Food-based Dietary Guidelines for Jamaica Develop national standards for nutrition labelling Develop and disseminate nutrition labelling and food label reading information, education and communication (IEC) materials Promote nutrition labelling and food label reading through media sensitisations and national campaigns	National Food-based Dietary Guidelines for Jamaica launched High-level Expert Consultation on nutrition labelling convened Nutrition labelling and food label reading IEC materials developed and pretested	Annually	National Food-based Dietary Guidelines for Jamaica disseminated and promoted through IEC materials and national campaigns Standards for nutrition labelling in Jamaica (including a standard label format and regulatory guidelines) drafted Food label reading IEC materials disseminated	Annually	National Food-based Dietary Guidelines for Jamaica disseminated and promoted through IEC materials and national campaigns Standards for nutrition labelling in Jamaica (including a standard label format and regulatory guidelines) reviewed and amended Food label reading promoted through IEC materials and national campaigns	Annually	Performance reports Media recall survey reports IEC materials distribution plans Process & impact evaluations
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	% implementation of regulation # of Tobacco cessation service providers	Implemented in 2013. 100% of Parishes with at least one provider of Tobacco cessation service providers 2013	Document revisions to regulation	Amended Tobacco Regulation implemented. Tobacco Cessation services strengthened.	Quarterly	Impact of Regulation evaluated. Report produced and disseminated Increase Tobacco cessation service providers by 10%	Annually	Impact of Regulation evaluated. Report produced and disseminated Increase Tobacco cessation service providers by 10%	When necessary	Conduct quarterly Tobacco Technical Working Group (external and internal)stakeholder meetings Submission of

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
										Quarterly /Annual reports Site visits/Audit
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	% completion of national population-based cancer registry % meeting national standards		Complete implementation of National Cancer Registry in four Health Regions.	Implementation completed. At least 50% of Registries meet National Standards	Monthly	National Cancer Registry Quarterly Progress report produced and disseminated At least 50% of Registries meet National Standards	Annually	National Cancer Registry Progress report produced and disseminated At least 50% of Registries meet National Standards	Annually	Site visit/Audits Attendance at relevant Regional meetings Submission of Quarterly/ Annual reports
	% of health facilities with Chronic Care Model implemented.		Chronic Care Model implemented in health facilities.	Chronic Care Model implemented in 20% of facilities.	Quarterly	Chronic Care Model implemented in 40% of facilities.	Quarterly	Chronic Care Model implemented in 50% of facilities.	Quarterly	Audit - Assessment of Chronic Illness Care Quarterly reports – health facility
Service Delivery: Maternal, Child & Adolescent Health (PROMAC)	% completion with HDUs	Successful launch of the tenders for design and supervision of 6 maternal and neonatal HDUs	Newborn care and emergency obstetric care of six hospitals improved (High Dependency Units)	Design completed and civil works commenced	Monthly	Civil works > 75% completed	Monthly	Civil works > 100% completed	Monthly	Weekly & monthly meetings with key stakeholders to track the progress of the initiatives
			Improved quality of Primary Health Care services for high risk	Completion of the HR and training plan	Monthly	Training of PHC team completed	Monthly			

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
	# cohorts trained	Contract signed with UWI for training and research	pregnancies and referral system							Site visits once civil works has commenced
			Health Workers training and research	Training completed for at least 1 cohort for each area	Quarterly	Training completed for at least 2 cohort for each area	Quarterly	Completion of training	Quarterly	
			Institutional support for Programme implementation	NGOs engaged conduct intervention	Quarterly	NGOs interventions commenced	Quarterly	NGOs interventions completed	Quarterly	
			Support to the health seeking behaviour of target population and the role of civil society improved							
		Work of the TAT commenced	Technical assistance	TAT continues work	Monthly	TAT continues work	Quarterly	TAT continues work	Quarterly	
Service Delivery: Disaster Management Health Information System: Disease Surveillance	40 sessions conducted	Sessions last period	Sensitization and training to enhance vertical communication between health facilities, agencies, departments and ministries	Initial training and quarterly refresher presentations in 4 sessions of monthly MO (H) meetings completed	Quarterly	Workshop sessions in monthly Medical Officers’ (MO) meeting, 1 parish each month conducted.	Quarterly	Workshop sessions in monthly Medical Officers’ (MO) meeting, 1 parish each month conducted.	Quarterly	Document review
				Workshop sessions in monthly Medical Officers’ (MO) meeting, 1 parish each month conducted.	Annually					

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
	Tally of electronic and telecom interchanges with MO’s		Increasing feedback through expansion of electronic dissemination	Email list of presently circulated Epidemiology Bulletin expanded to include MO’s. Email list updated MO’s access to epidemiological data and technical guidelines on MOH website increased. Database of Digicel® *** contacts of MO’s established. Database updated Automatic texting system (to MO’s) for receipt of notification programmed into disease databases. Conducted over 2 retreats.	Initially Quarterly Quarterly Initially Quarterly Initially	Four stakeholder consultations conducted with SITU to establish feasibility and requirements of data sharing system. Confirmation of receipt of notification texted to notifying MO Tally of notifications sent, texted to MO’s	Monthly Initially Monthly	Budget established and Funding pursued from MoH and PAHO	Annually	Audit of the surveillance system
	50% of relevant staff receiving refresher courses	0% received last period	Sensitization and training to enhance communication between health	Epidemiology in Public Health Practice refresher teleconference	Annually	Epidemiology in Public Health Practice refresher teleconference	Annually	Epidemiology in Public Health Practice refresher teleconference	Annually	Audit of the surveillance system

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
			facilities, agencies, departments and ministries	conducted in 4 health regions conducted		conducted in 4 health regions conducted		conducted in 4 health regions conducted		
Service Delivery: HIV/AIDS, TB and Infectious Diseases (HIV/AIDS)	Percentage of adults and children with advance HIV infection who are receiving antiretroviral combination therapy according to national guidelines	50% (8251/16306) (2013)	-Train health care staff to address stigma and discrimination against clients and in gender sensitivity and human rights issues; HIV Management Protocol and cross cutting issues such as adherence on an annual basis -Absorption of project-funded staff by the general health care system	60%	Annual	60%	Annual	65%	Annual	- HIV electronic Register
	Number of individuals reached through TCI disaggregated by vulnerable groups (e.g. OSY, MSM, SW, prisoners, etc.)	SW: >24000 MSM: >15000 Inmates: >3000 (NSP) (Cumulative 2012)	-Develop and implement targeted interventions -Promote social inclusion by engaging relevant social agencies	SW: 1800/yr MSM: 1500/yr Inmates: 900/yr Youth: 5000/yr Adol: 10000/yr	Monthly report	SW: 1800/yr MSM: 1500/yr Inmates: 900/yr Youth: 5000/yr Adol: 10,000/yr	Monthly	SW: 1800/yr MSM: 1500/yr Inmates: 900/yr Youth: 5000/yr Adol: 10,000/yr	Monthly	- BCC Reports; Stakeholder reports
	Percentage of cases of HIV-related discrimination that are reviewed	100% (2012)	-Integrate the HIV related Discrimination Reporting and Redress System	>90%	Monthly	>90%	Monthly	>90%	Monthly	- NHDRRS Monthly report

Priority Policies, Programmes and Projects	Output Performance Indicator(s)	Baseline Data (2013/2014)	Departmental- level major tasks to realise the objective of the priority policy, programme or project	Monitoring Frequency (Toward the realisation of the objective of the priority policy, programme or project)						Monitoring Method(s)
				Year (2015/2016)		Year (2016/2017)		Year (2017/2018)		
				Target	Monitoring Timeline	Target	Monitoring Timeline	Target	Monitoring Timeline	
	and referred to the relevant redress bodies with detailed recommendations for redress		(NHDRRS) into existing disciplinary mechanisms through cabinet approval. -Expand redress partners to include FBOs, Justices of the Peace, selected PLHIV, family and friends and Benevolent Societies. -Promote and increase use of the NHDRRS through mass media and targeted campaigns							

APPENDIX D - EVALUATION PLAN

Priority Policies, Programmes and Projects	Goal(s)	Expected Outcome(s)	Evaluation Type (Frequency)	Planned Evaluation Completion Date (mm/yy)	Evaluation Method(s)	Entity Responsible for Evaluation
Health Work Force: Human Resources in Health	Provide quality assurance in the delivery of health services to the population.	Suitably qualified persons with the requisite skills and competencies recruited to meet the demands of the sector.	Mid-term	March 2016	Post-training survey Focus groups	
	Health care delivery improved through capacity building.	Staff capacity increased	Mid-term	March 2017	Post-training survey Focus groups	
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	Increase exclusive breastfeeding rates at six months by 3 percentage points, by 2017	National exclusive breastfeeding rates increased	Mid-term	March 2016	Multiple Indicator Cluster Survey (MICS); Baby-friendly Hospital Initiative (BFHI) Reassessment Survey	MOH, UNICEF
	Increase the proportion of the population consuming at least 5 serving of fruits and vegetables daily from 1 % to 2%, by 2017	Proportion of population consuming at least 5 serving of fruits and vegetables daily increased/doubled	Mid-term	2016	Health and Lifestyle Survey; Food Consumption Survey SLC; Health-Promoting School Initiative Survey	MOH, MOAF, MOE, PIOJ/STATIN
Service Delivery: Maternal, Child & Adolescent Health	Reduce the proportion of pregnant women with anaemia by 1%, by 2017	Proportion of pregnant women with anaemia reduced by 1%	Mid-term	2016	MCSRs; Document reviews	MOH
Service Delivery: NCDs with emphasis on tobacco, alcohol, food and nutrition, & physical activity	To reduce mortality due to NCDs by 6% by 2017	Mortality due to NCDs reduced by 3% by 2015	Mid-term	September 2015	Mortality data review	MOH/RGD
		Mortality due to NCDs reduced by an additional 3% by 2017	Final	September 2017		
	To reduce tobacco	Reduction in Tobacco	Annual evaluation	April 2015	Hospital Discharges	MOH

Priority Policies, Programmes and Projects	Goal(s)	Expected Outcome(s)	Evaluation Type (Frequency)	Planned Evaluation Completion Date (mm/yy)	Evaluation Method(s)	Entity Responsible for Evaluation
	related illness due to second hand smoke.	Related illness due to second hand smoke Reduction in exposure to second-hand smoke		April 2016 April 2017	review	
	Report on Cancer incidence, by type of cancer per 100,000 population by 2017	National Cancer Registry meets International Agency for Cancer Registration Standards by 2017	Annual evaluation	April 2015 April 2016 April 2017	Audit	MOH
Service Delivery: Maternal, Child & Adolescent Health (PROMAC)	Reduce child mortality by 2/3 to 9/1,000 live births by 2015	Increase in HDU beds	Annual	2014 – 2017	Case/Mortality Review	
	Maternal mortality by $\frac{3}{4}$ to 27/100,000 live births by 2015	Increase in age-specific life expectancy	Mid-term	April 2018	Impact evaluation	
Service Delivery: Disaster Management Health Information System: Disease Surveillance	To improve the proportion of timely notifications (24 hours) of significant communicable disease events (VPD, outbreaks) to 45% by 2017	Prevention and control of emerging and re-emerging diseases	Annual	February 2015, 2016, 2017	Programme review	NSU, MOH
	To improve the proportion of timely submission (6 weeks) of investigations for significant communicable disease events (VPD, outbreaks) to 65% by 2017		Terminal	March 2017	Audit of the surveillance system Document review	Ministry of Health, CARPHA (External auditor)
Service Delivery: Primary Health Care Renewal including Centres of Excellence	% reduction in self referral to hospital casualty departments Reduction in hospitalisation due to	Reduction in crisis care episodes and resulting lower unit cost of care	Terminal	September 2017	Impact Evaluation	Ministry of Health

Priority Policies, Programmes and Projects	Goal(s)	Expected Outcome(s)	Evaluation Type (Frequency)	Planned Evaluation Completion Date (mm/yy)	Evaluation Method(s)	Entity Responsible for Evaluation
	ambulatory sensitive conditions					
Service Delivery: HIV/AIDS, TB and Infectious Diseases (HIV/AIDS)	To achieve universal access to high quality comprehensive treatment, care and support in an environment that is non-discriminatory and supports adherence To reduce the transmission of new HIV infections and mitigate the impact of the HIV epidemic on Jamaica To protect fundamental human rights and empower the Jamaican people to make healthy choices	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART	Annual	March 2015, March 2016 March 2017	Electronic Database review, Docket review	NHP
		% Most-at-risk population received HIV testing in the last 12 months and know their status.	2 -3 years	May 2015	Bio-Behavioural Sentinel Surveillance	NFPB-SHA/ NHP
		Percentage of people 15-49 years expressing accepting attitudes towards people with HIV/AIDS recommendation for redress	4-5years	2016	National KABP Survey	NFPB_SHA

LIST OF ABBREVIATIONS

A&E	Accident & Emergency
AIDS	Acquired Immunodeficiency Syndrome
AFP	Acute Flaccid Paralysis
ALOS	Average length of stay
ARVs	Antiretroviral drugs
BCG	Bacille de Calmette et Guérin
BFHI	Baby Friendly Hospital Initiative
BHC	Bustamante Hospital for Children
BP	British Pharmacopeia
CAMH	Child and Adolescent Mental Health
CAP	Community Action Planning for Substance Use
CARICOM	Caribbean Community and Common Market
CCPR	Codex Committee on Pesticide Residue
CD4	Cluster of Differentiation 4
CDEMA	Caribbean Disaster Emergency Management Agency
CHA	Community Health Aides
CHASE	Culture, Health, Arts, Sports and Education
CMD	Corporate Management Division
CNCD	Chronic Non-Communicable Diseases
CPC	Chief Parliamentary Council
CRS	Congenital Rubella Syndrome
CRS	Caribbean Regional Standards
CRS	Chemical reference substance
CSSD	Central Sterile Supply Department
CSW	Commercial Sex Workers
DaLA	Damage and Loss Assessment
DM/HTN	Diabetes Mellitus/Hypertension
DHMTs	District Health Management Teams
DOTS	Direct Observed Treatment, Short-Course
EBF	Exclusive Breastfeeding
ECC	Early Childhood Commission
ECIs	Early Childhood Institutions
EDF	European Development Fund
EDMSS	Emergency, Disaster Management and Special Services Branches
EEHR	
EMTCT	Elimination of Mother to Child Transmission (of HIV)
ePAS	Electronic Patient Admission System
EPI	Expanded Programme on Immunization
ETVs	Emergency Transportation Vehicles
EU	European Health
EU PROMAC	European Union/Programme for Reduction of Maternal and Child Mortality
FAA Act	Financial Administration and Audit Act
FAO	Food and Agriculture Organization
FBO	Faith Based Organisation
FH	Family Health
FP	Family planning
FTIR	Fourier Transform Infrared
GIS	Geographical Information System
GMP	Good Manufacturing Practice
GOJ	Government of Jamaica
GRO	General Records Office
GUI	Graphic User Interface
GYTS	Global Youth Tobacco Survey
HAS	Hospital Active Surveillance
H/C	Health Centre
HDU	High Dependency Unit
HEART/NCTVET	Human Employment and Resource Training/National Council on Training/Vocational Educational Training
HIS	Health Information system
HIV	Human Immunodeficiency Virus
HPE	Health Promotion and E.....
HPLC	High Performance Liquid Chromatography
HR	Human Resources
HRD	Human Resource Development
HoA	Heads of Agreement
IAEA	International Atomic Energy Agency
IAS	International AIDS Society
ICT	Information Communication and Technology
ICU	Intensive Care Unit
IEC	Information Education and Communication
IFRS	International Financial Reporting Standards

IHR	International Health Regulations
IOPD	Integrated Oral Disease Prevention
IRO	Island Record Office
IT	Information technology
JADIN	Jamaica Agricultural Documentation and Information Network
JSIF	Jamaica Social Investment Fund
KF	Karl Fischer
KPH	Kingston Public Hospital
KSAHD	Kingston & St. Andrew Health Department
KSAHS	Kingston & St. Andrew Health Services
LARCs	Long Acting Reversible Contraceptives
LED	Light-emitting diode
LH	Linstead Hospital
LIS	Lab Information System
LMIS	Logistics Management Information System
LSS	Logistics Supply System
MARPs	Most at risk populations
MCSR	Monthly-Clinical Summary Report
MDG	Millennium Development Goal
MLSS	Ministry of Labour and Social Security
MOFP	Ministry of Finance and Planning
MoH	Ministry of Health
MONIA	Maternal, Operating Theatre, Neonatal, ICU and Accident and Emergency
MOU	Memorandum of Understanding
MRCS	Marge Roper Counselling Service
MRH	Mandeville Regional Hospital
MSM	Men who have sex with men
MSTEM	Ministry of Science, Technology, Energy and Mining
MTSEF	Medium Term Socioeconomic Framework
NBTS	National Blood Transfusion Services
NCD	Non-Communicable Diseases
NCDA	National Council on Drug Abuse
NCH	National Chest Hospital
NDC	National Disaster Committee
NDE	National Disaster Executive
NDPA	National Data Protection Act
NEOC	National Emergency Operations Centre
NEPA	National Environment Planning Agency
NERHA	North East Regional Health Authority
NFPB	National Family Planning Board
NGO	Non-government organisations
NH	Noel Holmes Hospital
NHDRRS	National HIV related Discrimination Reporting and Redress System
NHF	National Health Fund
NHIS	National Health Information System
NICU	Neonatal Intensive Care Units
NIS	National Information System
NPHL	National Public Health Laboratory
NWC	National Water Commission
O/H	Oral Health
OB/GYN	Obstetrician/Gynecologist
OSY	Out of School Youth
OT	Occupational Therapy
PAHO	Pan American Health Organisation
PBMA	Public Bodies Management and Accountability Act
PCA	Pesticides Control Authority
PBE	Private Branch Exchange
PHC	Primary health care
PHDP	Positive Health, Dignity and Prevention
PITC	Provider Initiated Testing and Counselling
PIOJ	Planning Institute of Jamaica
PLHIV	People living with HIV
PMAS	Performance Management and Appraisal System
PMES	Performance Monitoring and Evaluation System
PMH	Princess Margaret Hospital
PNMR	Post Neonatal Mortality Rate
PPP	Public Private Partnership
PRC	Pesticides Review Committee
PSAs	Public Service Announcements
PTA	Parent Teach Association
QOC	Quality of Care
RD	Regional Director
READ	Resistance Education Against Drugs
RGD	Registrar General's Department

RH	Reproductive Health
RHAs	Regional Health Authorities
SABRH	St. Ann’s Bay Regional Hospital
SERHA	Southeast Regional Health Authority
SJGRC	Sir John Golding Rehabilitation Centre
SJH	St. Joseph’s Hospital
SLAs	Service Level Agreements
SOP	Standard Operating Procedures
SRC	Scientific Research Council
SRH	Sexual Reproductive Health
SRHA	Southern Regional Health Authority
STATIN	Statistical Institute of Jamaica
STH	Spanish Town Hospital
STI	Sexual Transmitted Infections
SUMA	Supply Management System
SW	Sex Worker
SWOT	Strength, Weaknesses, Opportunities and Threats
TAT	Technical Assistance Team
TB	Tuberculosis
TCI	Targeted community intervention
TITD	Tek it to Dem
TRN	Tax Registration Number
UHC	Universal Health Coverage
UHWI	University Hospital of the West Indies
USP	United States Pharmacopeia
UTECH	University of Technology
UWI	University of the West Indies
VCCT	Voluntary Confidential Counselling and Testing
VCT	Voluntary Counselling and Testing
VEN	Vital Essential and Necessary
VFM	Value for Money
VIA	Visual Inspection with Acetic Acid
VJH	Victoria Jubilee Hospital
WAN	Wide area network
WHO	World Health Organization
WRHA	Western Regional Health Authority
WWT	Waste Water Treatment