



MINISTRY OF  
**HEALTH &  
WELLNESS**

# **PERFORMANCE HIGHLIGHTS**

2025-2026



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# INTRODUCTION

The Ministry of Health and Wellness (MOHW) is dedicated to advancing its mission for excellence by continuously improving the accessibility, quality, and effectiveness of healthcare services for all Jamaicans. This Performance Highlights Report for the financial year (FY) 2025-26 summarises the Ministry's diligent efforts, achievements, and challenges faced in its unwavering commitment to safeguarding the health and well-being of the Jamaican population.

The report provides an overview of the Ministry's performance against its established Operational Plan for the recently concluded financial year. It highlights key focus areas, including healthcare infrastructure, disease prevention and control, mental health services, and the strengthening and resilience of the health system. Additionally, it analyses the Ministry's accomplishments, initiatives undertaken, and progress made toward achieving the strategic goals outlined in the Vision for Health 2030 Strategic Plan.

To facilitate a clear understanding of performance, the report outlines a comparison of the Ministry's performance for FY 2025-26, with the two previous FY 2024-25 & 2023-24. It begins with a high-level summary of the Ministry's overall performance, which is further disaggregated by its respective divisions. This is then complemented by brief narratives highlighting notable initiatives undertaken during the operational year. The report concludes with a concise summary of major milestones and achievements across the Ministry's departments and agencies.



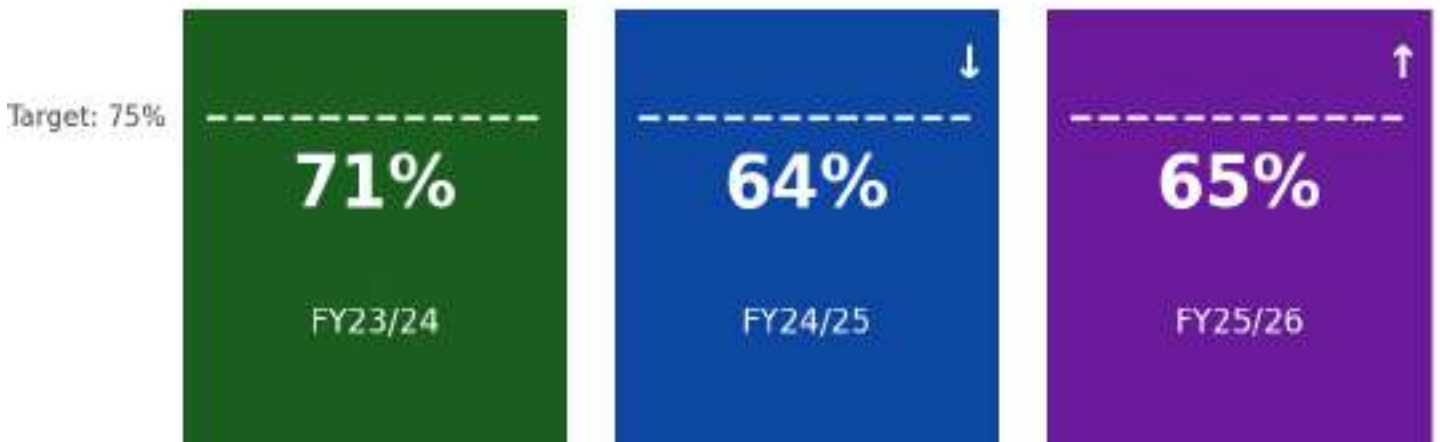
# OVERVIEW: MINISTRY'S PERFORMANCE

Over the past three financial years, the Ministry's overall performance has remained below the established annual target of 75%, though some stabilisation is evident in the most recent year. Performance declined from 71% in FY 2023-24 to 64% in FY 2024-25, before recording a slight improvement to 65% in FY 2025-26.

While the FY 2025-26 performance suggests early signs of recovery, overall results indicate that the Ministry has not yet consistently achieved the desired performance standard. In addition to implementation, procurement constraints and recruitment delays; compounded by the passage of Hurricane Melissa also impacted the pace of progress across key programme areas.

Targeted measures are being advanced to strengthen execution, improve alignment of resources with priorities, and enhance performance monitoring. These actions are expected to support improved outcomes and position the Ministry to progressively close the gap towards the 75% target in the upcoming financial year.

Figure 1: Ministry's Performance FY 2023-24 – 2025-26



# DIVISIONAL PERFORMANCE DASHBOARD

The performance profile across the three financial years reflects a mixed but generally improving trajectory, with strong outcomes in several areas alongside others requiring targeted strengthening.

At the top end, the Finance and Accounts and Corporate Services Divisions stand out as the strongest performers. The Finance and Accounts Division demonstrates consistent upward movement, culminating in full target achievement, while the Corporate Services Division shows a notable recovery from an earlier dip to peak performance, reflecting the impact of timely interventions and course correction. The Policy, Planning and Development Division also maintained strong performance across the period, notwithstanding a slight variation in the most recent year.

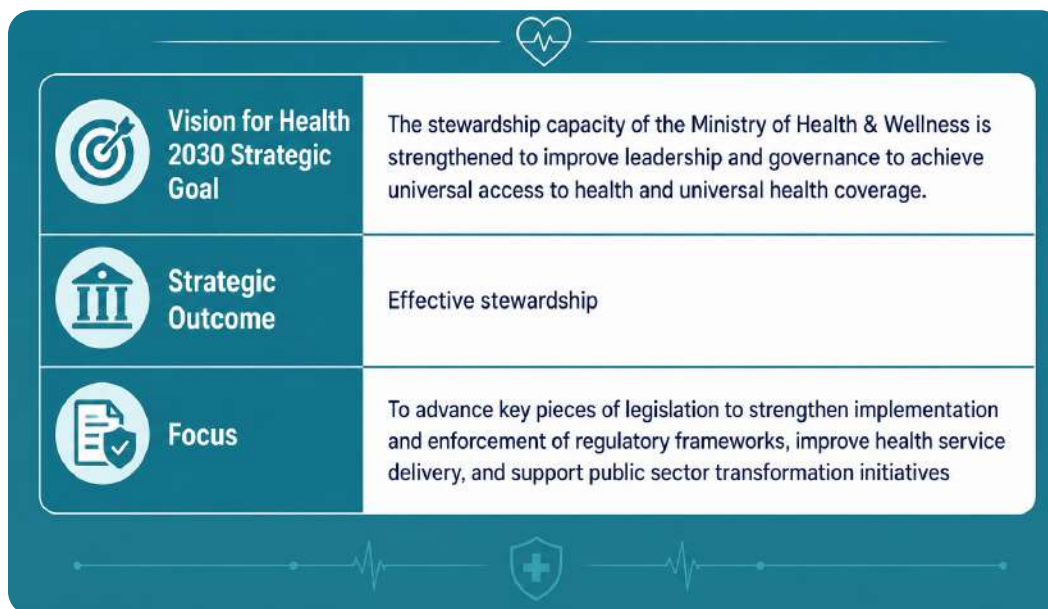
The Executive Management and Enabling Environment in Health and Client Services Divisions reflect moderate but stable performance. While not underperforming, their results indicate scope to strengthen consistency and progress toward optimal levels of target attainment.




The Technical Services Division shows some moderation in performance, suggesting the need for continued review of targets and targeted operational support, as appropriate. The Standards and Regulation Division and the Projects Planning and Implementation Branch also reflect results that point to opportunities to further strengthen planning, execution, and resource alignment.

Overall, the Ministry continues to demonstrate areas of solid performance and recovery; however, these gains are not yet fully reflected across all operational areas. Going forward, focused attention will be directed toward strengthening these areas, while also leveraging and adapting effective practices from higher-performing divisions to promote more consistent results across the organisation.



# LEGISLATIVE AGENDA



 <b>Vision for Health 2030 Strategic Goal</b>	The stewardship capacity of the Ministry of Health & Wellness is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage.
 <b>Strategic Outcome</b>	Effective stewardship
 <b>Focus</b>	To advance key pieces of legislation to strengthen implementation and enforcement of regulatory frameworks, improve health service delivery, and support public sector transformation initiatives

## Tobacco Legislation

The Tobacco Control legislation seeks to establish a comprehensive legal framework to regulate tobacco use, including restrictions on advertising, promotion, and sponsorship, as well as measures to reduce exposure to second-hand smoke. The legislation aligns Jamaica with the WHO Framework Convention on Tobacco Control and aims to reduce the burden of non-communicable diseases associated with tobacco use.

Progress over the review period reflects steady advancement. In FY 2023-24, the bill was finalised and submitted to the Legislative Committee. In FY 2024-25, the Joint Select Committee of Parliament completed its review and issued its report for consideration. In September 2025, the legislative process was disrupted as result of the dissolution of parliament to facilitate the General Election. However, progress was made in the revision of the bill and its resubmission to Cabinet submission to facilitate the re-introduction of the updated bill in Parliament for debate and passage. This progression signals movement toward final enactment.

## Food and Drugs (Amendment) Bill

The Food and Drugs (Amendment) Bill is designed to modernise the legislative framework governing the regulation of food, drugs, cosmetics, and medical devices, including natural health products. The amendments aim to strengthen regulatory oversight, improve product safety, and enhance the Ministry's ability to respond to emerging public health risks.

In FY 2023-24, the Bill was submitted to the Legislative Committee for consideration. By FY 2024-25, the legislation remained under development, with efforts focused on refining provisions and securing approvals to advance the Bill.

During FY 2025-26, a draft bill was received from the Chief Parliamentary Counsel (CPC) for the Ministry's review and comments. This process is advanced in order to settle the draft bill, following which the settled bill will be forwarded to key Ministries, Departments and Agencies for their no objections. Following completion of the preceding process the Ministry expects to advance a submission to Cabinet to advance the Bill through the legislative process.

## **Draft Amendments to the Nursing and Midwives Act**

The amendments to the Nursing and Midwives Act are intended to strengthen the regulatory framework governing the nursing and midwifery professions in Jamaica. Key provisions include expanded roles and recognition for advanced practice nurses, enhanced standards for training and certification, and improved governance and oversight of the profession. These reforms support more efficient workforce utilisation and improved service delivery.

Progress over the review period demonstrates steady advancement. In FY 2023-24, Cabinet submission activities were initiated to support amendments to the Act. In FY 2024-25, draft amendments were under review by the CPC.

During FY 2025-26, further drafting instructions were submitted to the CPC. The Ministry is currently reviewing comments from the Attorney General's Chambers and awaits the updated Bill for submission to the Legislative Committee of Cabinet. These actions represent continued progression toward finalisation and formal approval of the amendments.

# POLICY AGENDA & SUPPORT



As a policy-driven entity, the Ministry is mandated to create an enabling environment that supports the effective execution and delivery of health programmes in pursuit of its vision of Healthy People, Healthy Environment. Central to this function are Cabinet Submissions, which serve as the formal mechanism for securing approval for policy, legislative, and regulatory changes, as well as key health investments and the award of major procurement contracts.

During the period under review, the Ministry sustained its operational standard, with seventy-five percent (75%) of requested Cabinet Submissions completed within ten (10) working days and dispatched to Cabinet for consideration.

## Medical Waste Management Guidelines

Amid growing public health concerns on the management and disposal of medical waste, the Ministry continued to pursue its course of action to expand medical waste treatment facilities across the island and to implement environmentally sound treatment processes. The focus for the operational period was to complete drafting of the National Guideline for Medical Waste Management. At the close of the financial year, these guidelines were ninety-seven percent (97%) complete. In FY 2026-27, the focus will be on stakeholder consultations and submission to Cabinet for approval.

## Data Protection Operational Policy/Guideline

The Data Protection Operational Policy and Guideline is being developed to operationalise the requirements of the Data Protection Act within the MOHW and the wider public health system. The policy is intended to establish clear standards and procedures for the collection, storage, use, and sharing of personal and sensitive health information, ensuring confidentiality, integrity, and accountability in data management practices.

During FY 2025-26, the Ministry advanced the development of the policy framework, with the first draft of the policy currently under review. This represents a significant step toward aligning the Ministry's operations with the provisions of the Data Protection Act.

The policy will continue to be refined in the upcoming financial year, with the aim of finalising and implementing it to strengthen data governance and improve how health information is managed and used across the sector.

# RISK MANAGEMENT AND GOVERNANCE STRENGTHENING

	
 <b>Vision for Health 2030 Strategic Goal</b>	<p>The stewardship capacity of the Ministry of Health &amp; Wellness is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage.</p>
 <b>Strategic Outcome</b>	<p>Efficient and effective organisational and management structure of the public health system</p>
 <b>Focus</b>	<p>Strengthen risk management systems and institutional capacity to support informed decision-making and improve organisational resilience.</p>
	

The Ministry continued to strengthen its approach to risk management during FY 2025-26, recognising its importance in supporting effective decision-making and overall governance.

A key milestone was the establishment of the Risk Management Committee in June 2025, which provides oversight for identifying, assessing, and managing risks across the Ministry. The Committee plays a central role in promoting a more structured and coordinated approach to risk management and supports leadership in making informed decisions.

In alignment with the Government of Jamaica’s (GoJ) Enterprise Risk Management Framework, a Risk Maturity Assessment was conducted to evaluate the Ministry’s current risk management practices. The assessment reviewed existing processes, identified gaps, and highlighted areas for improvement. The results placed the Ministry at the Beginner Level of the Framework. These findings will be used to guide the development of a more consistent and strengthened risk management framework across the organisation.

Building on these efforts, the Ministry will advance Risk Management in FY 2026-27 through the development of a Risk Appetite Statement. This will define the level and types of risk the Ministry is prepared to accept in pursuit of its strategic objectives and serve as a key governance tool to guide decision-making, prioritisation, and resource allocation across the organisation.

# ADVANCING EVALUATION FOR EVIDENCE-BASED DECISION-MAKING

## Health Technology Assessment



The Ministry remains cognisant of the relevance and utility of monitoring and evaluation and economic assessments in driving policy and programmatic decision-making. For the operational year, the Ministry targeted several such assessments which were achieved.

During FY 2025-26, two (2) Health Technology Assessments (HTAs) were completed to support evidence-informed decision-making on cancer-related technologies within the public health system. The first assessed PHESGO, a treatment for HER2-positive early breast cancer, while the second examined Human Papillomavirus (HPV) DNA testing compared to Pap smear screening for cervical cancer prevention. Both assessments were based on systematic reviews of the best available evidence. The PHESGO assessment found that Phesgo-based treatment strategies were more clinically effective than standard trastuzumab-based therapy, offering modest improvements in patient outcomes. The HPV assessment similarly found that HPV-based screening strategies were more sensitive and more effective at detecting early disease compared to Pap smear screening, while Pap smears remained more specific and produced fewer false positives.

Notwithstanding these clinical advantages, the assessments highlighted important trade-offs between effectiveness and cost. The PHESGO analysis showed that, although the treatment improves outcomes, the incremental benefits are relatively small relative to its high cost and it is therefore not considered cost-effective within the public health system. In contrast, the HPV assessment found several HPV-based screening strategies to be cost-effective. HPV genotyping with reflex dual-stain cytology provided the most favourable balance between cost and health outcomes, while cytology with HPV reflex testing was the least costly option and generated savings compared to Pap smear screening alone.

Other strategies, including HPV genotyping with reflex cytology, also performed well by improving detection while maintaining manageable costs and follow-up requirements. These findings support prioritising cost-effective interventions that deliver meaningful health gains, such as HPV-based screening, while exercising caution in adopting high-cost treatments with limited additional benefit.

An evaluation of the Government of Jamaica Generic Drug Policy was conducted across private pharmacy settings nationwide to assess the extent to which its key components were being implemented as intended. The evaluation gathered perspectives from pharmacists, patients, and senior regulatory officials, while also examining procurement data to estimate potential cost savings through generic medicine substitution.

While the policy has contributed to more affordable generic medicines and is broadly supported by pharmacists, implementation gaps persist across regulatory oversight, patient engagement, and dispensing practice. The evaluation recommended stronger regulatory frameworks, improved public education on generic medicines, and targeted substitution strategies to move the policy toward its full potential.

A verification exercise of the Teen Hub facilities in Half Way Tree and St. Thomas was conducted to assess the accuracy, completeness and reliability of reported activities and outputs and service delivery as well as the alignment of supporting documentation with reported data. The verification exercise found that activities at both locations aligned with programme objectives. Concerns related to the quality and consistency of documentation were noted which highlighted the need for clearer guidance and standardised reporting frameworks to strengthen monitoring systems and improve the accuracy and reliability of reported programme activities.

Additionally, an assessment of the direct medical cost of motor vehicle crashes was concluded at the end of the financial year. The total financial impact of Road Traffic Crashes (RTCs) in 2024 amount to approximately J\$655 million in direct medical costs. While many patients required relatively low-cost care, high-intensity cases involving hospital admission, advanced imaging, and surgery drove most of the expenditure. The Ministry will be able to improve its planning to strengthen critical resource needs in the public health system and drive decision-making for mitigating interventions to help reduce RTC incidences.

Dissemination sessions for these evaluative initiatives are ongoing and will continue into the new financial year.

# QUALITY ASSURANCE






 <b>Vision for Health 2030 Strategic Goal</b>	The Stewardship Capacity of the Ministry of Health and Wellness is Strengthened to Improve Leadership and Governance to Achieve Universal Access to Health and Universal Health Care.
 <b>Strategic Outcome</b>	Modernised and efficient hospitals, specialised care centres and support services.
 <b>Focus</b>	Clinical Services Audit: Accident & Emergency

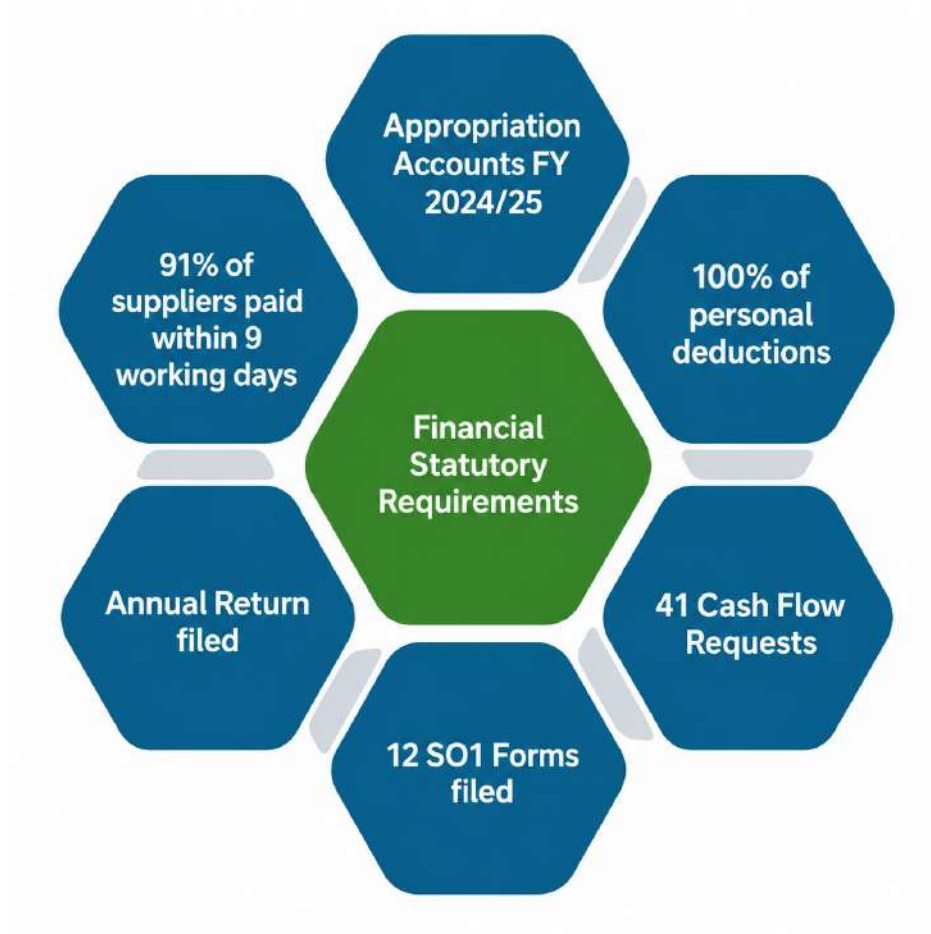
The Ministry strengthened clinical governance and quality assurance within emergency care services during the reporting period. Performance targets were achieved through the completion and submission of clinical audit reports for Accident and Emergency (A&E) services to key stakeholders.

These reports included Non-Conformance Reports, which identified gaps and variances in clinical processes and service delivery. The findings support a structured, evidence-based approach to corrective action and continuous quality improvement, contributing to the strengthening of emergency care services across the health sector.

# OPERATIONAL EFFICIENCIES

## Financial Stewardship

Financial Stewardship	
 <b>Vision for Health 2030 Strategic Goal</b>	Equitable and Efficient Health Financing
 <b>Strategic Outcome</b>	Improved efficiency in the allocation & utilisation of funds provided to the public health sector for delivery of health care services
 <b>Focus</b>	Responsible stewardship of public funds through the effective application of sound financial management practices, in full compliance with the FAA Act



All financial operational targets for FY 2025-26 were achieved. The Ministry exceeded its annual target for cash flow requests, submitting forty-one (41) requests to the Ministry of Finance and Public Service against a target of twenty-four (24). This increase was primarily driven by the settlement of arrears for medical consultants, capital project expenditures, the implementation of the Extra Hours Worked Policy, and the impact of Hurricane Melissa. Additionally, ninety-two percent (92%) of payments to suppliers were completed within nine (9) working days, surpassing the target of eighty-five percent (85%).

A significant achievement for the Ministry over the reporting period was the submission of 19 of 25 outstanding appropriation accounts to the Auditor General's Department. This achievement reflects the Ministry's sustained commitment to good management and accountability, and is a direct demonstration of its mandate for good governance. Six (6) outstanding accounts for Recurrent remain under review. These comprise one (1) for the 2019–2020 financial year and five (5) for the period 2013–2018, which remain outstanding due to data and processing errors within the legacy FinMan system.

The Ministry is actively collaborating with the Accountant General's Department (AGD) to address these issues through the verification and correction of documentation and underlying data discrepancies. While several issues have already been resolved through corrective journal entries, work remains ongoing to address the residual anomalies. The Ministry anticipates the full resolution of all outstanding accounts by end of 2026.

Going forward, continued emphasis will be placed on the timely preparation, submission, and clearance of appropriation accounts in full compliance with statutory reporting requirements. Priority will also be given to strengthening procurement planning and budgeting to further improve efficiency, and accountability across the Ministry.



## Improved Procurement Processes and International Recruiting



The Ministry continued to strengthen its procurement processes to improve operational efficiency, transparency, and service delivery to both internal and external stakeholders. Over the year the Ministry's procurement performance remained within target (70%), with activities largely completed on schedule and in full compliance with the Government of Jamaica's standards.

Beyond procurement and financial management improvements, the Ministry also advanced its organisational development agenda. The Ministry undertook a structured process to strengthen its organisational framework and establish the supporting roles required to address emerging workforce needs.

As part of these efforts, the Ministry established the International Talent Acquisition and Coordination Branch in March 2026 to support the recruitment of critical health personnel for the sector. This initiative improved the Ministry's capacity to address workforce gaps through the coordinated sourcing of talent from international markets, while ensuring regulatory compliance and supporting continuity in the delivery of health services across the public health system. Importantly, the Branch forms part of a broader, sector-wide response to Human Resources for Health challenges, contributing to improved workforce availability, distribution, and sustainability.



# COMPASSIONATE FUND PROGRAMME

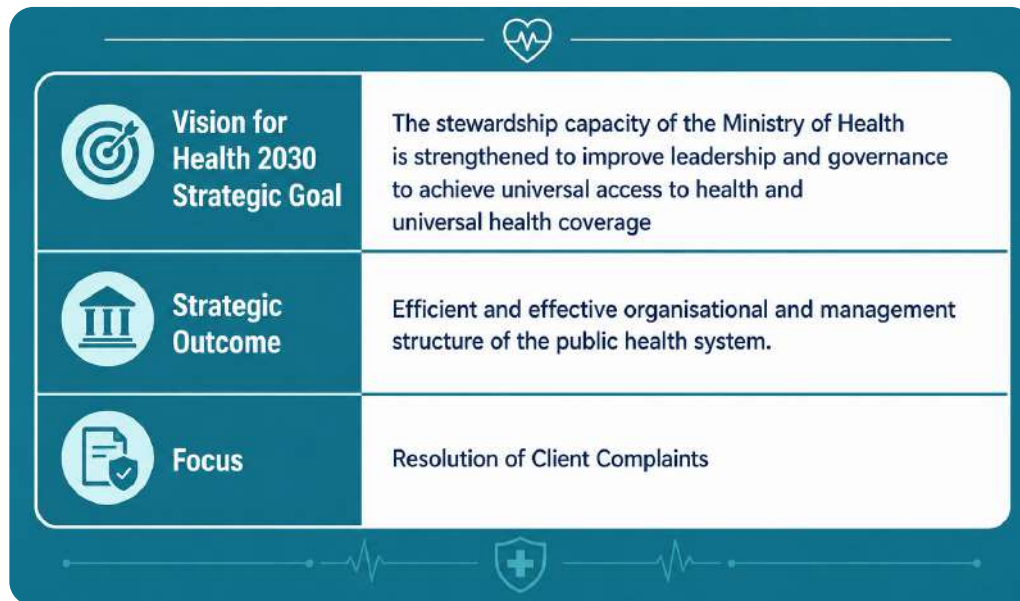
Vision for Health 2030 Strategic Goal	
	The stewardship capacity of the Ministry of Health is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage
Strategic Outcome	
	Strengthened health systems through advocacy for the implementation of health in all policies (HiAP) approach across all sectors in government
Focus	
	Provision of medical grants to support vulnerable Jamaicans through the Compassionate Fund Programme






The Compassionate Fund Programme, financed through a grant from the National Health Fund, serves as a critical financial intervention for Jamaicans requiring specialised healthcare services. The programme facilitates access to life-saving treatments, including complex ophthalmic surgeries, renal dialysis, orthopaedic prosthetics, and specialised pharmaceuticals that may fall outside the standard list of approved medicines and treatments within the public health system. During the reporting period, the Compassionate Fund Programme provided approximately J\$447 million in support, enabling hundreds of beneficiaries to access essential and often life-saving healthcare services.

The Ministry conducted a comprehensive procedural audit to optimise service delivery and administrative efficiency. This assessment resulted in a modernised application framework, featuring a revised documentation checklist and a digitised application portal. By transitioning to an integrated online system, the Ministry has enhanced accessibility for all citizens, supported by a dedicated monitoring team that ensures speedy processing with a two-to-three (2–3) business day response window.

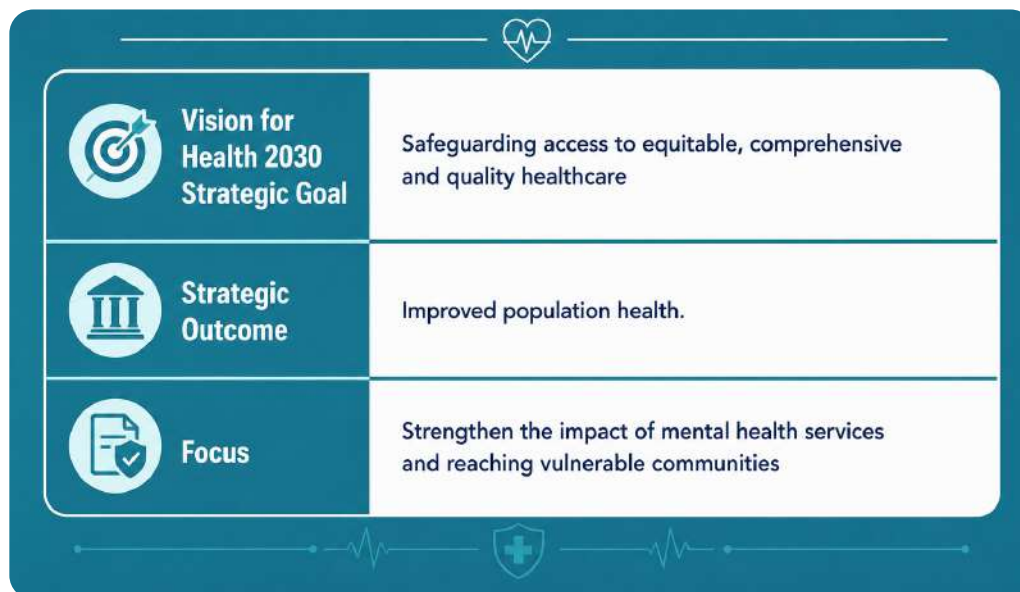
# COMPLAINTS MANAGEMENT



 <b>Vision for Health 2030 Strategic Goal</b>	The stewardship capacity of the Ministry of Health is strengthened to improve leadership and governance to achieve universal access to health and universal health coverage
 <b>Strategic Outcome</b>	Efficient and effective organisational and management structure of the public health system.
 <b>Focus</b>	Resolution of Client Complaints

The Ministry upheld its mandate to initiate complaint protocols and adjudicate medico-legal cases within forty-five (45) working days of receipt of completed case files. During the FY 2025-26, the Ministry demonstrated exceptional operational performance, with all targets surpassing year-end benchmarks. Specifically, 100% of escalated medico-legal issues were referred and processed within the requisite forty-five (45) day window, while 80% of escalated non-MRP complaints reached resolution within the same timeframe. These achievements reflect commitment, procedural accountability, and timely intervention to clients' concerns, restoring confidence in the integrity and responsiveness of the healthcare system.

# STRENGTHENING MENTAL HEALTH SERVICES



## School Mental Health Literacy Programme

The School Mental Health Literacy programme is a strategic initiative designed to bolster community-based mental health services by enhancing the mental health literacy of secondary school students, educational staff, and parents or guardians. This initiative, delivered in collaboration with the Ministry of Education, Skills, Youth and Information, aims to improve mental health awareness among students, educators, and parents, reduce stigma, and encourage early identification and support for mental health challenges.

During the reporting period, the Ministry exceeded its target for capacity building, with ninety-five (95) guidance counsellors trained, surpassing the initial target of seventy (70). This increased capacity supports improved identification and response to mental health needs within the school environment.

The programme is supported by ongoing monitoring and engagement with stakeholders to ensure that guidance counsellors are equipped with the skills and knowledge required to effectively support students, contributing to stronger, more responsive school-based mental health services.

## Mental Health Gap Action Programme (mhGAP)

The mhGAP Intervention Guide (mhGAP-IG) programme was implemented to enhance the clinical capacity of non-specialised healthcare providers in the screening, assessment, and management of mental and substance use disorders. During the financial year in review, the Ministry successfully executed scheduled training initiatives resulting in the successful training of one hundred and eighty-two (182) healthcare providers. This initiative is a critical component in developing an integrated service delivery environment, ensuring that frontline workers possess the professional competencies required to provide evidence-based interventions and improve patient outcomes within the mental health landscape.

## Do Your Share Campaign: IESE Gold Winner 2026



### The Public Sector Transformation Awards

The Ministry was awarded International Public Body of the Year at the Public Sector Transformation Awards 2026 for its Do Your Share Campaign. Organised by iESE (Improvement and Efficiency Social Enterprise), the Awards recognise and celebrate the outstanding work of councils, public bodies, and their partners in improving service delivery and achieving better outcomes for communities. The Do Your Share Campaign, which features the Wellness Bench as a central symbol, was recognised for its innovative and community-focused approach to promoting public health and social engagement.



## Psychiatric Nursing Aide Competency Based Curriculum

The Psychiatric Nursing Aide Competency-Based Curriculum was developed and approved through collaboration between the MOHW and the HEART/NSTA Trust. This curriculum establishes a standardised, skills-focused training framework that ensures trainees are equipped with the practical competencies required to support mental health service delivery.

The first cohort of trainees is scheduled to commence in May 2026. Once implemented, the programme is expected to strengthen the mental health workforce by increasing the availability of trained support personnel, improving the quality and consistency of care, and enhancing service delivery across mental health facilities.

# PREVENTION & MANAGEMENT OF NON-COMMUNICABLE DISEASES

 <b>Vision for Health 2030 Strategic Goal</b>	The stewardship capacity of the Ministry of Health and Wellness is to be strengthened to improve leadership and governance to achieve universal access to health and universal health coverage
 <b>Strategic Outcome</b>	Improve Population Health
 <b>Focus</b>	Capacity building for health care workers in NCD Screening


The Ministry established a strategic target to build the capacity of three hundred (300) healthcare workers in the clinical administration of Non-Communicable Disease (NCD) screening, with a focus on Faecal Immunochemical Testing (FIT) and Human Papillomavirus (HPV) screening. FIT is a non-invasive test used to detect occult blood in stool, supporting the early identification of colorectal cancer, while HPV screening detects high-risk virus strains associated with cervical cancer. Both tests are critical to early detection, timely intervention, and reducing NCD-related morbidity and mortality.

The Ministry exceeded its target, training a total of five hundred and eighteen (518) healthcare workers, including two hundred and sixty-four (264) in FIT and two hundred and fifty-four (254) in HPV screening. This expanded capacity strengthens the health system's ability to deliver timely and effective screening services.



# PREVENTION & MANAGEMENT OF COMMUNICABLE DISEASES

## Strengthening Immunisation Coverage

	
 <b>Vision for Health 2030 Strategic Goal</b>	Safeguard access to Equitable, Comprehensive and Quality Healthcare.
 <b>Strategic Outcome</b>	Improved population health status
 <b>Focus</b>	Expanded Programme on Immunisation and Drop-outs to improve coverage



The Ministry maintained strong performance in the Expanded Programme on Immunisation during the reporting period, achieving ninety-three percent (93%) coverage against a target of ninety-five percent (95%) per antigen. While slightly below the established benchmark, this level of coverage reflects continued resilience in service delivery despite external challenges.

Performance was impacted by disruptions associated with Hurricane Melissa, which affected service delivery and data reporting during the period. This contributed to an increase in the DTP3–MMR2 dropout rate, particularly between October and December, with the most significant effects observed in the parishes of Westmoreland and St. James.

Targeted recovery efforts have since been initiated to strengthen immunisation services, improve follow-up mechanisms, and restore coverage levels. These actions are expected to support the stabilisation of immunisation protocols and enhance programme performance in the upcoming financial year.

## Breteau Index

	
 <b>Vision for Health 2030 Strategic Goal</b>	Safeguarding access to equitable, comprehensive and quality healthcare
 <b>Strategic Outcome</b>	Improved population health status
 <b>Focus</b>	Intensifying Vector Control and Environmental Management Activities



The Ministry intensified vector control and environmental health interventions in response to post-hurricane conditions, which increased the risk of mosquito breeding and vector-borne diseases. Public Health Inspectors and vector control teams conducted targeted assessments and implemented control measures across affected communities.

These efforts contributed to a reduction in the Breteau Index from 32.2 in the third quarter to 21.1 by the end of March 2026, indicating improved control of mosquito breeding sites.

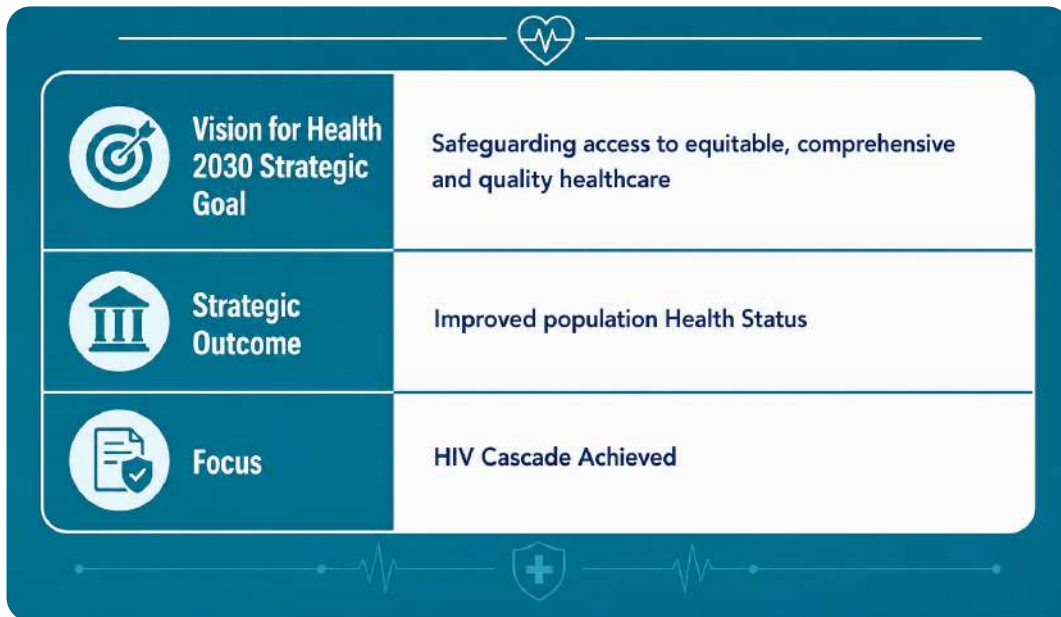


Interventions included:

- Eight hundred and nineteen (819) fogging sessions conducted
- One hundred and sixty-one (161) high-risk communities assessed and treated
- All two hundred and eighty-nine (289) STATIN communities covered
- Over five hundred and thirty (530) truckloads of bulky waste removed across more than one hundred (100) communities
- Over two hundred (200) communities treated for rodent control

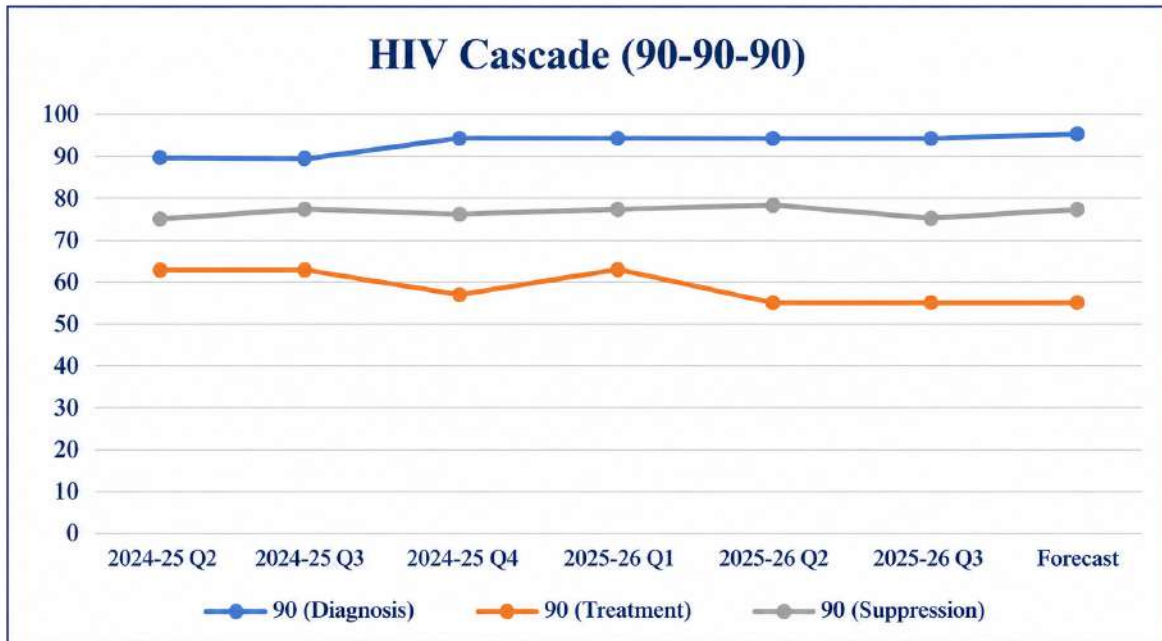


### HIV Cascade



Jamaica continues to respond to a mixed HIV epidemic, with an estimated prevalence of 1.1% and approximately 28,000 persons living with HIV. The national response remains rights-based and multi-sectoral, supported by strong community engagement and collaboration across Government Ministries, Departments and Agencies, civil society, the private sector, faith-based organisations, and persons living with HIV.

Priority areas include governance, prevention, treatment, the enabling environment, and strategic information. The response is aligned with Vision 2030 Jamaica and the Sustainable Development Goals.



During the reporting period, the Ministry achieved a 95-56-77 performance along the HIV treatment cascade, reflecting continued progress in diagnosis, treatment, and viral suppression. Efforts remain focused on improving outcomes across all stages of care, supported by the implementation of the National Strategic Plan for HIV (2023-2030), which was launched in February 2025.

As part of prevention efforts, the Ministry observed Safer Sex Week in February 2026 under the theme “Tek Charge: Safe Sex with Endless Possibilities!” The initiative promoted safer sexual practices, increased awareness of HIV and other sexually transmitted infections, and encouraged open and inclusive discussions on sexual health, consent, and prevention.

Photographic Highlights from the launch of the National Strategic Plan for HIV (2023-2030)



# INFRASTRUCTURAL DEVELOPMENT

Vision for Health 2030 Strategic Goal	
	Making reliable and modern infrastructure available for Health Service Delivery
Strategic Outcome	
	Provide and maintain an adequate health infrastructure to ensure efficient and cost-effective service delivery
Focus	
	Infrastructural development, rehabilitation and maintenance aligned to standards and best practices

The Ministry continued to strengthen its capacity for infrastructure planning, project management, and technical oversight through the establishment of the Health Infrastructure Planning and Project Management Division. By delivering key technical services in-house, including architectural designs, Bills of Quantities, Terms of Reference, and technical evaluations, the Ministry achieved estimated cost savings of \$38.5 million in FY 2025-26, demonstrating a strong commitment to value for money and efficient resource utilisation.

In response to Hurricane Melissa, the Ministry conducted assessments of fifty-nine (59) health centres and one hospital across the Western and Southern Regional Health Authorities, using a structured approach to identify priority areas for recovery and intervention.

Progress was also made in strengthening governance systems for health technology, with the development of a structured framework for equipment standardisation covering fifteen (15) priority categories. This framework will guide procurement, installation, and maintenance processes, supporting improved safety, quality, and lifecycle management of medical equipment.



Advancements continued under the Health Systems Strengthening Programme (HSSP), with construction works progressing across several facilities and key project milestones substantially achieved. These efforts were supported by parallel activities, including the procurement of medical equipment and furniture, as well as staff recruitment.

Additionally, ground-breaking activities were completed for new health centres in Brown’s Town and Ocho Rios, expanding access to healthcare services within the North East Regional Health Authority.

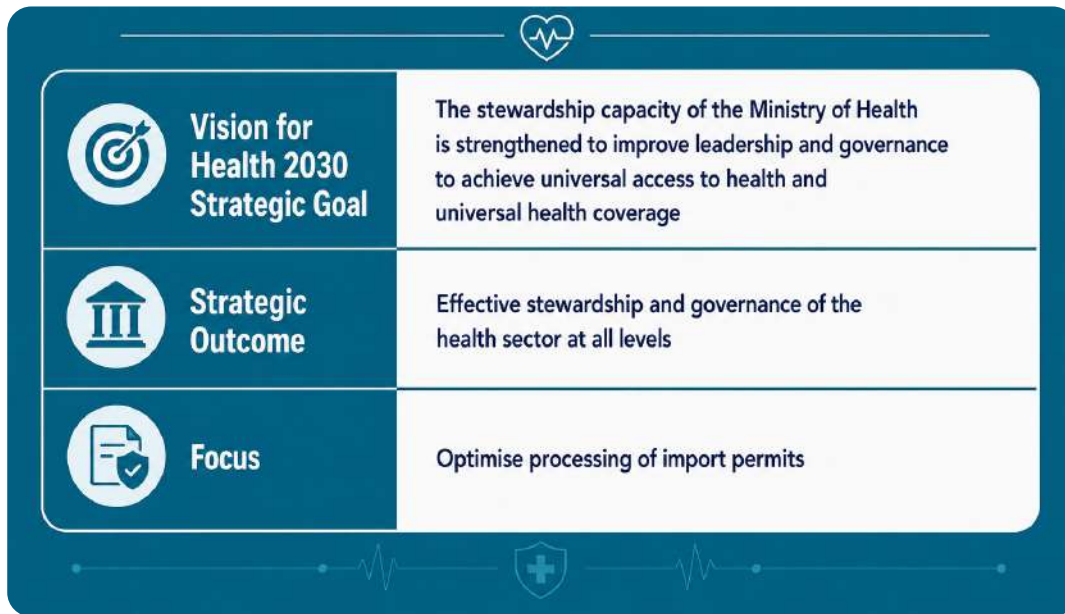
### Project Milestones and Status for Select HSSP Managed Health Care Facilities

 Health Care Facility	 Operational Target	 Status
 Spanish Town Hospital (upgrading)	35% <div style="width: 35%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	35% <div style="width: 35%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 St. Jago Park Health Centre (upgrading)	95% <div style="width: 95%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	91% <div style="width: 91%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 Greater Portmore Health Centre (upgrading)	95% <div style="width: 95%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	91% <div style="width: 91%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 Old Harbour Health Centre (new construction)	95% <div style="width: 95%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	95% <div style="width: 95%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 Brown’s Town health Centre (new construction)	50% <div style="width: 50%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	8% <div style="width: 8%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 Ocho Rios Health Centre (new construction)	50% <div style="width: 50%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	10% <div style="width: 10%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>
 May Pen Hospital (expansion)	50% <div style="width: 50%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>	12% <div style="width: 12%; background-color: #0056b3; height: 10px; margin-top: 5px;"></div>

Construction of the Western Child and Adolescent Hospital is significantly advanced with approximately seventy-seven percent (77%) of construction works completed as at December 2025. Upon completion, this facility will provide modern comprehensive paediatric care.



# IMPORT PERMITS



The Ministry continued to strengthen its regulatory and oversight functions, with improvements in efficiency, transparency, and public health protection. During the reporting period, performance targets for the processing of import permit applications were exceeded, with ninety-two percent (92%) of applications processed within the three-day standard, surpassing the established target of seventy-five percent (75%). This reflects enhanced operational efficiency and improved service delivery to stakeholders.

The regulatory framework was strengthened through the development and dissemination of key guidance documents, including the Permit Handbook and the Productive Input Relief (PIR) Guideline. These tools support greater clarity, consistency, and accessibility in regulatory processes for stakeholders.

Efforts to advance standardisation continued, including the development of the Vital, Essential, and Necessary (VEN) list Standard Operating Procedure and progress toward finalising regulatory guidance for health facilities. Stakeholder engagement and sensitisation activities were also expanded, supporting more inclusive participation and improved understanding of regulatory requirements.

The Ministry further strengthened its evidence-based approach to regulation through the initiation of research to inform a national framework for pharmaceutical waste management. In addition, post-market surveillance systems were reinforced through the facilitation of product recalls, ensuring timely action to protect public health. Engagement at the international and national levels was also maintained, supporting chemical safety initiatives and contributing to efforts to address hazardous substances. These combined actions continue to enhance the effectiveness of the Ministry's regulatory systems which safeguards the health of the population.



# REGULATION OF HEALTH PRODUCTS AND FACILITIES



## School Mental Health Literacy Programme

The School Mental Health Literacy programme is a strategic initiative designed to bolster community-based mental health services by enhancing the mental health literacy of secondary school students, educational staff, and parents or guardians. This initiative, delivered in collaboration with the Ministry of Education, Skills, Youth and Information, aims to improve mental health awareness among students, educators, and parents, reduce stigma, and encourage early identification and support for mental health challenges.

During the reporting period, the Ministry exceeded its target for capacity building, with ninety-five (95) guidance counsellors trained, surpassing the initial target of seventy (70). This increased capacity supports improved identification and response to mental health needs within the school environment.

The programme is supported by ongoing monitoring and engagement with stakeholders to ensure that guidance counsellors are equipped with the skills and knowledge required to effectively support students, contributing to stronger, more responsive school-based mental health services.

# RHAs & AGENCIES

## SOUTH-EAST REGIONAL HEALTH AUTHORITY

The South-East Regional Health Authority (SERHA) was established under the National Health Service Act as a statutory body to the MOHW. SERHA is responsible for the delivery of health care services to the residents of St. Catherine, St. Thomas, Kingston and St. Andrew. The entity had notable achievements for the 2025-26 Financial Year.

### The Baby-Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI) made significant progress in strengthening maternal and new-born care across Jamaica. On June 17, 2025, four additional hospitals achieved BFHI certification, including Spanish Town Hospital and Bustamante Hospital for Children. This milestone reflects a deepened commitment to promoting optimal breastfeeding practices, supporting mothers, and improving new-born health outcomes.

 Hospitals receiving Baby-Friendly Certification (2025)	
 Hospital	 Parish
 Bustamante Hospital for Children	 St. Andrew
 Spanish Town Hospital	 St. Catherine
 Noel Holmes Hospital	 Hanover
 Port Antonio Hospital	 Portland



By meeting international standards for baby-friendly care, these hospitals provide an environment that encourages early initiation of breastfeeding, skin-to-skin contact, and maternal education. These efforts contribute to improved health outcomes for mothers and infants, while reinforcing Jamaica's national commitment to advancing maternal and child health.

On July 18, 2025, the Baby-friendly signage was officially installed at Spanish Town Hospital and Bustamante Hospital for Children declaring SERHA's commitment to creating supportive, nurturing spaces for mothers and new-borns



## Family Caregivers' Pilot Programme

The MOHW officially launched the Family Caregivers' Pilot Programme at the Bustamante Hospital for Children on January 19, 2026, marking a significant step toward strengthening family-centred care within Jamaica's public health system.

The Family Caregivers' Pilot Programme is designed to formally involve parents, guardians, and family members in a child's healing journey while they are hospitalised. The initiative recognises the vital role that caregivers play in providing emotional support, comfort, and continuity of care, factors that are especially important in paediatric health outcomes.





## Paediatric Cardiac Mission

During the period January 12-16, 2026, six (6) Jamaican children benefited from a life-saving paediatric cardiac mission at the Bustamante Hospital for Children led by two UK heart surgeons, with support from Chain of Hope Jamaica, Chain of Hope UK, and Gift of Life International.

The children received critical heart surgeries, significantly improving their chances of healthier futures. This initiative strengthened access to specialised paediatric cardiac care, reduced treatment barriers, and reinforced international collaboration, demonstrating a shared commitment to improving outcomes for children affected by congenital heart disease across Jamaica and the wider region.

## Downtown Health Expo

On February 25, 2026, the SERHA team, in collaboration with Infinity Medical Care, Kingston & St Andrew Municipal Corporation (KSAMC) and the MOHW, successfully hosted the Downtown Health Expo at the Jubilee Commercial Market. The initiative provided free health services, including blood pressure checks, blood sugar testing, cholesterol screening, HIV/STI testing, nutrition counselling, and medication reviews. It strengthened community outreach, increased access to essential healthcare services, promoted early detection and healthy lifestyles, and reinforced SERHA's commitment to preventive care, community engagement, and improving health outcomes across the region.

## Emergency Preparedness & Service Resilience

The South-East Regional Health Authority strengthened emergency preparedness and service resilience through a strategic investment of J\$99 million to install two 150,000-gallon water storage tanks at the Kingston Public Hospital and the Princess Margaret Hospital. This initiative significantly enhanced the hospitals' capacity to maintain uninterrupted operations during water supply disruptions and emergency situations. Each tank was fully integrated into the existing water systems, incorporating extensive metal piping, secure connections, and contamination-proof seals to ensure safe and reliable water storage. To guarantee quality and safety, the tanks underwent rigorous structural integrity assessments and comprehensive water-quality testing prior to commissioning.



## Infrastructure Upgrades

The South East Regional Health Authority continued to advance key health infrastructure projects, reflecting its commitment to expanding capacity, improving service delivery, and strengthening the resilience of the health system. Throughout the year, progressive stages of development were observed across major projects, demonstrating steady advancement from site preparation to structural works. These developments form part of the health sector's broader strategy to modernise health facilities and ensure the delivery of safe, efficient, and high-quality care.

The Princess Margaret Hospital has undergone a significant transformation under a \$51.5 million JMD renovation and expansion project, marking a major milestone in strengthening healthcare infrastructure and service delivery. With substantial completion achieved during the 2025/26 financial year, the project will enhance the hospital's capacity to provide more efficient and accessible care to residents of St. Thomas.

A key component of this development was the establishment of an on-site morgue, representing a critical improvement in the hospital's operational capabilities. Final procurement processes for essential morgue equipment are now being completed to fully operationalise the facility. Once fully equipped, the morgue will enable the hospital to independently manage mortuary services, reducing reliance on external providers, lowering operational costs, and improving service efficiency.

Through the Health System Strengthening Programme, SERHA advanced a major infrastructure development initiative involving the expansion and modernisation of three key health centres: Old Harbour Health Centre, St. Jago Park Health Centre, and Greater Portmore Health Centre.

This undertaking included the full design, construction, and equipping of new and improved facilities to significantly enhance primary healthcare services for residents in these rapidly growing communities.

Notably as of March 31, 2026, all three projects surpassed 75% completion, reflecting strong implementation progress under the Health Systems Strengthening Programme. With continued momentum, the facilities are projected to be completed by mid-year 2026. The comprehensive upgrades, valued at approximately US\$3.35 million, are being executed with support from the Inter-American Development Bank and the European Union.

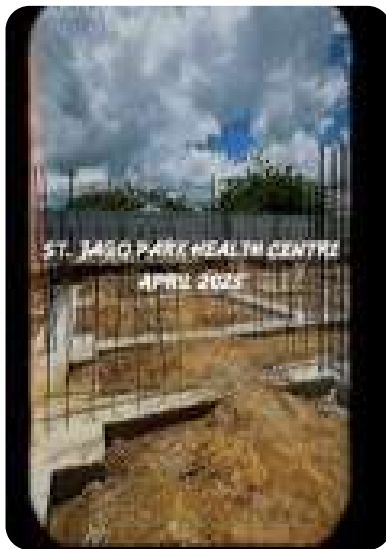
This initiative underscores the sustained commitment to improving access, quality, and efficiency in healthcare delivery across the region.



## Expansion and Modernisation of Three St. Catherine Health Centres



### Progress of the St. Jago Park Health Centre From April 2025 to October 2025



### Progress of the Old Harbour Health Centre January 14, 2026



# Progress of the Greater Portmore Health Centre

January 28, 2026



The Spanish Town Hospital significantly advanced its healthcare infrastructure through the development of state-of-the-art facilities, marking a major achievement in improving service delivery for residents of St. Catherine. Substantial progress has been made on the project, with key phases of construction now well underway. Notably, the second-floor concrete pour for the new hospital building commenced in February 2026, representing a critical milestone in the structural development of the facility.

The modernisation includes upgraded infrastructure, the integration of advanced medical technology, and an increase in patient capacity, all designed to strengthen the hospital's ability to meet growing healthcare demands. These enhancements are expected to support more efficient, timely, and high-quality care delivery. The expansion is also set to streamline hospital operations, fostering a more organised and patient-centred environment. Scheduled to be fully operational by the 2027-28 financial year, the upgraded hospital underscores a continued commitment to improving access to comprehensive, modern, and reliable healthcare services for the people of St. Catherine.



## Noteworthy Progress Completed for the New Spanish Town Hospital



## Progress updates on the new six-story tower at Spanish Town Hospital from February 15, 2025, to February 10, 2026



# Adopt-A-Clinic Programme



The Kenneth Standard Health Centre on June 19, 2025, was the latest beneficiary of the Adopt-A-Clinic Programme, led by the National Healthcare Enhancement Foundation (NHEF), an agency of the Ministry of Health & Wellness, which continues to strengthen community healthcare services across Jamaica through strategic partnerships.

This support was made possible through funds raised from the Jamaica Hi 5K Run/Walk, the signature fundraising initiative of the Consulate General of Jamaica in Miami. As part of the intervention, the Health Centre received essential medical and administrative equipment, including an autoclave for sterilisation, an examination table, digital scales with fetal doppler, air-conditioning units, a smart television, and office furnishings, all aimed at enhancing service delivery and improving patient care.



# SOUTHERN REGIONAL HEALTH AUTHORITY

The Southern Regional Health Authority (SRHA) functions as a statutory entity under the Ministry of Health and Wellness, providing vital healthcare services to over 600,000 residents in the parishes of Manchester, Clarendon and St. Elizabeth. As the second largest of Jamaica's four Regional Health Authorities, the SRHA is governed by a Board of Management in conjunction with a Regional Director, who is accountable for the daily operations of the organization.

The SRHA oversees an extensive network of 74 health centers, five hospitals, and one community hospital. The hospitals under its administration include Mandeville Regional, May Pen, Black River, Lionel Town, Percy Junor, and the Chapelton Community Hospital, all of which are dedicated to enhancing the health outcomes of the populations they serve.

## Impact of Hurricane Melissa on Priority Clinical Services Targets

The SRHA was significantly impacted by Hurricane Melissa during its passing on October 28, 2025. Prior to Hurricane Melissa, the Region was on track to achieving some major targets in secondary health care in the areas of increased expansion of surgical services, including specialized minimally invasive procedures, reducing wait time for elective surgeries and reduction of transfers to other facilities for specialized services.

With respect to Primary health care services, the SRHA was consistently making improvements to adolescent health services and increased curative days at selected health centres. The negative impact has been far reaching especially in the parish of St Elizabeth where the devastation to staff and infrastructure in the parish was evident especially at the Black River Hospital (BRH) and the respective Health Centres.

The damage to infrastructure further translated into major challenges to service delivery. Expansion of surgical services and reduction in transfers at BRH was on track by the end of the second quarter, achieving 85% reduction in transfers for isolated orthopedics injuries and was on track to achieving 90% by the end of the third quarter, this service, was however negatively impacted by Hurricane Melissa which damaged the operating theatre at the facility. Additionally, the hospitals across the region were on track to reducing the wait time for elective surgeries, with an average target of less than six months wait time. The implementation of adolescent clinics and staff training to deliver adolescent health services for targeted health centres in St Elizabeth, were not achieved during the third quarter, rendering these activities off track.

Notwithstanding these disruptions to service delivery, citizen and staff, efforts continued within St Elizabeth, Manchester and Clarendon. At the end of the fourth quarter (post Melissa) there was much diligence to address the impacts to surgical services, completion of trainings, and clinics launched to aid provision of adolescent health care in St Elizabeth, and continued work to maintain the average less than six months wait time for elective surgeries across the region, the latter, which was maintained at the end of the third quarter.

Albeit the impact of Hurricane Melissa, the Environmental Health Department inspected a total of 890,000 premises, surpassing the Regional target of 720,000 inspected premises for the 2025/26 Financial Year. In addition to the inspections completed, a total of 100% of *Aedes Aegypti* breeding sites were treated to prevent the transmission of mosquito borne illnesses in the southern region.

The Nutrition Department engaged in robust growth assessments across all three parishes in the screening of infants, children, adolescents according to international standards, utilizing the World Health Organization (WHO) Growth Charts. The Region achieved a 100% assessment of this cohort attending primary health care facilities during the 2025/26 Financial Year.

The Expanded Programme on Immunization for children 0-11 months with the antigens: BCG, 3 doses DPT, Polio, Hepatitis B, Haemophilus Influenza Type B; 12-23 months with 2 doses MMR provided a coverage of 95% for the year for each of the required antigens. The team engaged with parents and caregivers within the health centres and communities, across the Region in order to achieve this feat.

The challenges precipitated by Hurricane Melissa was a true test of the resilience of the facilities within the SRHA which continued to provide health care to citizens and ongoing support of its staff during the recovery phase. The resilience of staff, presenting at health facilities to provide care, despite being severely impacted themselves, is nothing short of a spectacular demonstration of heroism and commitment to the SRHA's CARE philosophy; Compassion, Accountability, Respect and Efficiency.

## **Human Resource Management and Development**

As of March 31, 2026, the total number of employees was 4,069, categorized as follows: Medical/Dental – 513, Nursing – 1,083, Allied Health – 385, Administration – 569, and Support – 1,519. All personnel previously in temporary positions have transitioned to established roles after the creation of 471 new positions in July 2025. The Region has made significant progress in enhancing employee capacity through targeted training and development initiatives, leading to improved competencies and service delivery. Additionally, the reinforcement of performance management processes has resulted in greater accountability and enhanced overall performance outcomes.

Seventy-five employees have resumed their duties after completing study leave. Of these, 71 successfully obtained their qualifications, while four did not meet the program requirements. This strong success rate highlights the effectiveness of our investment in staff development and addresses critical skill gaps, especially in nursing services.

### **Barry Wint Memorial Scholarship**

Twenty-one awardees from the 2024/25 Barry Wint Memorial Scholarship successfully maintained their grade point averages, allowing them to retain their scholarships for the 2025/26 academic year. Additionally, two awardees completed their studies and transitioned to new roles. For the 2025/26 academic year, six staff members pursuing advanced education in health-related disciplines received the MoHW Barry Wint Memorial Scholarship. While this year's total is fewer than the 23 recipients from 2024/25, these scholarships continue to represent a strategic investment in critical skills, enabling us to build specialized capacity with minimal impact on our internal training budget.

### **Healthcare Workers Appreciation Month Activities**

2025 July marked the fourth annual Healthcare Workers' Appreciation Month, a highly anticipated celebration among staff. This initiative aims to recognize healthcare workers' contributions, promote healthy lifestyles with regular physical activity, and enhance staff morale and engagement. Notable success was observed in the lead-up to the events, with an increase in physical activity among participants. However, this engagement declined after the events concluded. To sustain this momentum, plans are being developed to extend the celebrations beyond July, ensuring a continual focus on health and appreciation throughout the year.

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Throughout the month, the SRHA participated in several key events. On July 6, 2025, the organization celebrated with other healthcare workers in the National Service at St. John's Anglican Church in Ocho Rios. This was followed by parish services in Manchester at the Apostolic Church: Goodness and Mercy Temple on July 13, in Clarendon at the May Pen New Testament Church on July 20, and finally at the Black River Holiness Christian Church in St. Elizabeth on July 27, 2025.

The 2025 HCW celebrations featured the return of popular sporting events such as football, netball, dominoes, and cheerleading, along with the introduction of a new event, the T10 Cricket Tournament. The preliminary rounds and semi-finals took place on July 11, 2025, followed by the final on July 18, 2025, which was immediately succeeded by the Domino Rally. On July 31, the month concluded with the SRHA Staff Fusion... With A Buzz/Sports Day at Black River High School, highlighted by performances from local gospel artists.

**Southern Regional Health Authority**  
**Annual Sports Day**  
**THEME: HONOURING COMMITMENT, SERVICE & SACRIFICE**  
**Extravaganza/Staff Fusion**  
**Thursday, July 31, 2025**  
**Registration at 8:00 a.m.**  
**Black River High School, St. Elizabeth**

**RACES**

- SENIOR MANAGERS
- BUN + HOT PATTY
- "FLUFFY" + "BIGS"
- OBSTACLE
- 4X100M RELAY
- SACK
- POTATO

**OTHER ACTIVITIES**

- CHEERLEADING
- FOOTBALL
- NETBALL
- DOMINO
- CRICKET

**Guest Artists**  
**Kevin Downswell**  
**Kukudoo**

## Hurricane Melissa Disaster Response Efforts

In the aftermath of the hurricane, many employees of the SRHA residing in St. Elizabeth were significantly affected and have continued to experience the storm's repercussions. In response to this situation, a series of immediate and sustained initiatives were implemented to provide support to affected staff members. These initiatives primarily involved the provision of psychological support and the distribution of care packages. Psychosocial support was extended to both staff and the community through the collaboration of the SRHA Psychology and Mental Health Unit, the Employee Assistance Programme, and various partners. The services provided encompassed trauma support, psychological first aid (PFA), counseling, child-friendly spaces, and art therapy. Training in PFA was successfully completed for 700 individuals which exceeded the initial targets set for this initiative.

A total of 24,519 individuals received PFA counselling, which included over 470 employees. Among these, 725 individuals were subsequently referred to the Mental Health Unit for additional psychosocial support, which comprised problem management, individual counseling, and psychological services.

Additionally, 1,471 care packages were distributed to employees across the parishes of Manchester, Clarendon, and St. Elizabeth. These packages were designed to alleviate some of the challenges faced by our staff during this difficult period.

On December 5, 2025, a Healthcare Worker Support Fair was held at the Newell Health Centre in St. Elizabeth to assist staff members affected by Hurricane Melissa. The initiative facilitated the replacement of essential documents and access to critical services in collaboration with agencies such as PICA, NIRA, TAJ, NHT, and NLA. The MoHW covered the costs for document replacements, while the SRHA Human Resources Department and the Counselling and Employee Assistance Program (EAP) team provided psychosocial support and counselling, crisis management and communication support, to ease the pressure on staff who were displaced as a result of damages to house and property. Over 370 individuals benefited from this event, showcasing a strong commitment to supporting healthcare workers during challenging times.



Ms. Amanda Fraser, Regional Clinical Psychologist providing psychosocial support to children in St. Elizabeth

## Major Projects/Infrastructure Maintenance and Rehabilitation

The Financial Year (FY) 2025-2026, saw the Projects Department of the SRHA implementing 40 projects, at a total value of \$889,883,167.99, with 24 successfully completed during the FY totaling \$221,597,227.41.

In response to the damages sustained during the passage of Hurricane Melissa, the SRHA's Projects Department carried out rapid repair and relief efforts to the facilities impacted in the amount of \$256,212,890.00 – some still ongoing.

Despite the impact of Hurricane Melissa on facilities such as the BRH, the staff continued to offer services from the Emergency Field Hospital that was relocated to the hospital compound by the Samaritan's Purse International Relief in conjunction with SRHA Operations and Maintenance Department. The Operations and Maintenance staff significantly benefited from skills transfer to erect and maintain the Field Hospital.



Hurricane Melissa Emergency Relief Effort – Black River Health Centre (Before)



Hurricane Melissa Emergency Relief Effort – Black River Health Centre (After)

## Projects Successfully completed FY 2025-2026

PROJECT	VALUE
1. Roofs and Ceilings of the Morgue, Pantry and Laundry at the Percy Junor Hospital	\$4,335,525.00
2. Pre- and Post-Contract Consultancy Services – Relocation of the existing Main Car Park and associated Services at the May Pen Hospital (MPH)	\$17,175,881.41
3. Expansion of the Neonatal Intensive Care Unit at the MPH	\$9,429,700.00
<b>Operation Refresh – Primary Health Care Beautification Project</b>	
4. Craighead Health Centre	\$15,275,095.00
5. Fyffes Pen Health Centre	\$14,916,021.00
6. Comfort Hall Health Centre	\$4,800,145.00
7. Myersville Health Centre - Expanded Works	\$6,761,950.00
8. Bellevue Health Centre	\$7,906,200.00
9. Newell Health Centre	\$15,266,815.00
10. Christiana Health Centre	\$10,715,700.00
11. Raymonds Health Centre	\$10,040,900.00
<b>Hurricane Melissa Emergency Repairs (Roof/Building)</b>	
12. Maggoty Health Centre	\$3,494,250.00
13. Elderslie Health Centre	\$9,418,330.00
14. Aberdeen Health Centre	\$7,422,000.00
15. New Market Health Centre	\$18,476,590.00
16. Braes River Health Centre	\$858,400.00
17. Fyffes Pen Health Centre	\$635,900.00
18. Burnt Savannah Health Centre	\$7,632,518.00
19. Springfield Health Centre	\$8,995,652.00
20. Craighead Health Centre	\$4,725,000.00
21. Demolition of Derelict Buildings, Debris Cleanup and Disposal at the BRH	\$4,995,000.00
22. Middle Quarters Health Centre	\$6,743,650.00
23. Prospect Health Centre	\$4,996,630.00
24. The Supply and Delivery of Modular Containers for the Black River Health Centre and Black River Health Centre	\$26,579,375.00
<b>TOTAL</b>	<b>\$221,597,227.41</b>

### FY 2025–2026 Projects still underway as at March 31, 2026

PROJECT	VALUE	STATUS (as at March 31, 2026)
1. Construction of Sewage Treatment Plant at Black River Hospital	\$105,171,697.58	25%
2. Construction of a Tertiary Wastewater Treatment Plant at May Pen Hospital	\$156,121,108.60	40%
3. Retrofitting and Renovation Works to create Dental Department at Junction Health Centre	\$41,177,574.00	95%
4. Renovation of Cumberland Health Centre	\$37,118,190.00	95%
5. Renovation, Retrofitting and Upgrading of the Cross Keys Health Centre	\$53,223,236.00	90%
6. Construction of Eastern Boundary Wall at the MPH	\$64,109,480.00	55%
7. Operation Refresh – Primary Health Care Beautification Project at the York Town Health Centre	\$6,890,755.00	90%
8. Operation Refresh – Primary Health Care Beautification Project at the Ginger Hill Health Centre	\$14,754,782.00	50%
9. Operation Refresh – Primary Health Care Beautification Project at the Southfield Health Centre	\$14,956,580.00	90%
10. Operation Refresh – Primary Health Care Beautification Project at the Thompson Town Health Centre - Expanded Works	\$23,522,942.40	15%
11. Hurricane Melissa Emergency Relief Effort - Container Plinths, Roof and Staff Quarters Repairs at the Black River Health Centre and the Black River Hospital	\$74,500,000.00	95%
12. Hurricane Melissa Emergency Relief Effort – Emergency works to Create Child and Adolescent Wellness Centre at the Junction Health Centre	\$16,911,000.00	98%
13. Hurricane Melissa Emergency Relief Effort – Restoration of the Operating Theatre and A&E Department Covered Linkway at the Black River Hospital	\$17,495,400.00	95%
14. Hurricane Melissa Emergency Relief Effort – Staff Housing at West Street, Black River	\$11,889,600.00	90%
15. Hurricane Melissa Emergency Relief Effort – Staff Housing at Picadilly Road, Black River	\$13,500,000.00	90%
16. Hurricane Melissa Emergency Relief Effort – Staff Housing at High Street, Black River	\$16,943,595.00	60%
<b>TOTAL</b>	<b>\$668,285,940.58</b>	<b>73%</b>



Craighead Health Centre - Parking and Boundary Fencing, Operation Refresh



Raymonds Health Centre, Operation Refresh



Hurricane Melissa Emergency Relief Effort – Child and Adolescent Wellness Centre at the Junction Health Centre



Hurricane Melissa Emergency Relief Effort – Child and Adolescent Wellness Centre at the Junction Health Centre



Hurricane Melissa Emergency Relief Effort – Modular Container Office Units

## **Clients Embrace Advanced Laparoscopic Surgeries by Mandeville Hospital; Team Performs Most Surgeries in Public Sector**

Clients have been embracing advanced laparoscopic surgeries provided by the Mandeville Regional Hospital in Manchester, as the hospital steadily becomes a leader in public laparoscopic surgeries in Jamaica. Performing some 200 laparoscopic surgeries yearly, the hospital is most likely performing the most laparoscopic surgeries in the public sector.

Senior Registrar and General/Laparoscopic Surgeon at the hospital, Dr. Ashok Kotagiri explained that laparoscopic surgery, or minimally invasive surgery, is a modern technique in which operations in the abdomen are performed through small incisions, rather than the larger incisions needed in open surgery. This provides the patients with increased benefits such as shorter hospital stays and quicker recovery time.

Our patients like laparoscopic surgeries, they always find out about them from their relatives overseas and they sometimes come and ask us if we can get it done laparoscopically, and we say of course. We have been offering it in our hospital for a while but we are moving on to the advanced laparoscopic surgeries now so patients can benefit from these advanced surgeries” Dr. Kotagiri added.

The surgeon explained that some of the advanced surgeries being provided to clients include: ventral and inguinal hernia repairs, colon resections, hysterectomies and ovarian cystectomies.

He added that some of the other surgeries that the team provided before include: laparoscopic cholecystectomy, laparoscopic appendectomy, diaphragmatic repair, hernia repair, diagnostic laparoscopy, bilateral tubal ligation, ovarian cystectomy, diagnostic laparoscopy and peritoneal stripping, nasal polypectomy, laparoscopic hysterectomy, ovarian cystectomy, and endoscopic sinus surgery.

The hospital team along with surgeons and nurses from the Jamaica Awareness Association of California performed 12 laparoscopic surgeries at a surgical mission at the hospital from June 10 to 13, 2025.



Dr. Ashok Kotagiri and the team perform a laparoscopic surgery during the mission.

## **J\$13 Million Upgrade for Operating Theatres at Mandeville Regional Hospital**

The Mandeville Regional Hospital in Manchester benefitted from a J\$13 million upgrade to its main operating theatre suite, aimed at improving safety, infection control, and working conditions for staff.

Chief Executive Officer for the facility, Alwyn Miller explained that work was done to four of six operating theatres at the hospital, noting that the renovation works was a proactive move to maintain and improve the operating theatres.

“The renovation that was done here was with the intention to basically do preventative maintenance, to restore the walls and flooring of the theatre. We used the opportunity as well to do some changes in terms of storage facilities, doors, lighting, plumbing, all of that. The intention was to restore the theatre so that we don’t have any disruption to surgical services during the course of the year, as a result of maintenance issues or any sort of infection control issues,” the CEO said.

Mr. Miller added that as part of the upgrade, the walls and floors were resurfaced to improve cleanliness and safety and other changes included replacing wooden doors and cabinets with more durable materials. He pointed out that the renovations have strengthened the hospital’s future capacity.



Chief Executive Officer of the Mandeville Regional Hospital, Alwyn Miller, and Nursing Manager of the Operating Theatre, Rhodell Morris-Knott, in discussion inside one of the newly upgraded operating theatres.

## May Pen Hospital Performs First Historic Surgery on Patient Stabbed in the Heart

In a historic first for May Pen Hospital (MPH), a multidisciplinary medical team successfully saved the life of a patient who arrived at the facility with a stab wound to the heart, marking a groundbreaking milestone in the hospital’s growing capacity to manage complex trauma cases. Dr. Natoya Hall-Okori, Acting Consultant in the A& E Department, said the severity of the patient’s condition was determined within moments of arrival.

“So basically, a patient came in the department with a stab wound to the heart. This was identified within five minutes of presentation that the patient had what is called cardiac tamponade (when blood collects around the heart, placing pressure on it and preventing it from pumping). We were able to perform pericardiocentesis (draining excess fluid buildup from around the heart). We had a rapid ER (Emergency Room) to OR (Operating Room) coordination with anaesthesiology and general surgery. The patient had open heart surgery, repair of the cardiac injury, and later survived. Subsequently the patient went into cardiac rest, what we would say died and we resuscitated” she explained.



Dr. O’Rane Thomas, Senior Registrar in General Surgery at the MPH, said the team discovered significant damage to the heart during the procedure. “When the patient came to the operating room, we opened the chest and we found that single stab wound to the heart. It was in the left atrium. We were able to compress that area and then apply a clamp to isolate it and repair it using sutures (stitches),” Dr. Thomas said.

Following the surgery, the patient recovered steadily. After continued monitoring and treatment, the patient was discharged and later returned for follow-up evaluations, which confirmed a full recovery. Dr. Hall- Okori noted that the case reflects May Pen Hospital’s commitment to continuous professional development, training, and establishing protocols for severe trauma cases.

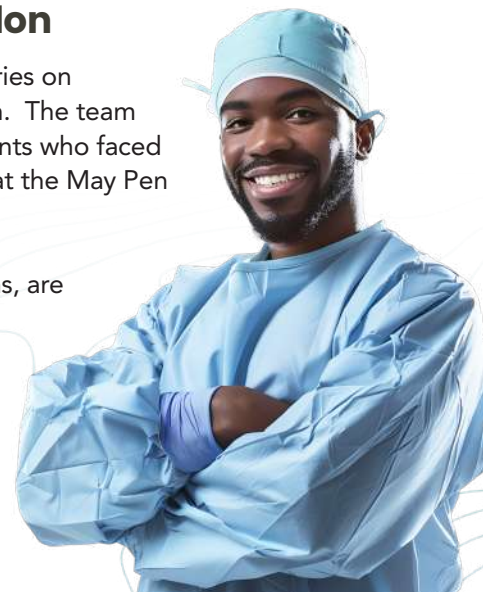


Members of the multidisciplinary medical team at May Pen Hospital who successfully performed the facility’s first life-saving surgery on a patient with a stab wound to the heart. Left to right- Dr. Jevonne McIntosh, Medical Officer in the Anesthesiology Department; Dr. Amoy Ellis, Medical Officer in the A&E Department, Dr. Natoya Hall-Okori, Acting Consultant in the A& E Department; Dr. Andrea Johnson, A & E Consultant and Dr. O’Rane Thomas, Senior Registrar in General Surgery.

## Chapelton Hospital Performs First Surgeries: Will Have Significant Impact on Surgical Services in Clarendon

The Chapelton Community Hospital in Clarendon performed its first local surgeries on February 25, 2025 paving the way for improved surgical outcomes for the parish. The team performed four excisional biopsy of lipoma procedures, providing relief to patients who faced extended surgical wait times. Dr. Wayne Wright, a Resident in General Surgery at the May Pen Hospital (MPH), in Clarendon, led the team’s inaugural local surgeries.

He explained that local surgeries, often referred to as minor surgeries/operations, are low-risk, minimally invasive procedures performed under local anesthesia rather than general anesthesia. These procedures allow the patient to remain awake during the surgery and return home the same day. The Resident further indicated that hospitals sometimes experience long wait time for surgeries, because emergencies, supersedes non-emergency surgeries.



“Currently at May Hospital, we have two operating theatres, which serves three different services, general surgery, orthopaedics and gynaecology so due to that we schedule our days accordingly... Based on that our list are sometimes a little long so for some procedures we have a waiting time of six to eight months or for more urgent or cancer patients, the waiting time is a number of weeks. Another space with the facilities where we can come and provide adequate surgical care from our team, that’s a big boost to both us and the patients” Dr. Wright said.

Dr. Wright pointed out that Lionel Town Hospital, also in Clarendon does not offer surgical services, and patients are normally referred to the MPH, adding that this move will impact healthcare in the entire parish.

“This is a big leap forward for our community. As somebody that grew up here, I was actually born here at Chapelton Hospital and I can say that the community members...are really excited that we’re starting something here today. The team is ecstatic. They like the facility. Everybody thinks it’s nice, perfect for what we need to get done here. The patients are happy that they can get their surgeries done quicker. Everybody is very comfortable up here” Dr. Wright said.

The hospital will offer minor general and orthopaedic surgeries at least once per month.



Dr. Wayne Wright (right) and Dr. Nzubechukwu Nduka (3rd left) performing the first surgery which lasted about 15 minutes. Assisting are Scrub Technicians Janet Beckford Williamson (left) and Winsome Phillips.

## Mandeville Regional Hospital Benefitting Significantly from Solution Created to Manage Surge in Patients

The Mandeville Regional Hospital (MRH) in Manchester is benefiting significantly from its recent field hospital solution to ease the surge in patients seeking care at the public health facility. CEO at the hospital, Mr. Alwyn Miller explained that the 22-bed interim facility, provides a more comfortable, private space for admitted patients. He added that it is already playing a critical role in improving patient flow and reducing overcrowding in the accident and emergency department.

“It has helped significantly in overcrowding because if we didn’t have this facility, the patients would have to facilitated in the emergency room and in other facilities that we had created after Hurricane Melissa. It serves to provide some relief to the emergency room by accommodating patients and will be the space that they are accommodated in for the duration of their stay at MRH” Mr. Miller said.

The hospital CEO pointed out that while the field hospital is a short-term solution, it represents an important step forward. “The next phase is to look at how we can further strengthen our facilities to accommodate more patients. We continue to see an inflow of patients to our emergency room and therefore we must strategize in terms of how best we can accommodate them. The medium-term solution is to build out our medical ward. At this point in time, there is a project...to establish a permanent structure. This solution is medium-term and we hope at the end of that point in time, we will be able to provide greater accommodation for our patients” Mr. Miller said.

Nursing staff have also welcomed the addition, noting the impact on overcrowding in the accident and emergency department. “The A &E area is not being overcrowded anymore, the patients are comfortable now that they don’t have to be on chairs and they don’t have to be in a crowded area. They get a little privacy to be cleaned up and so on” Nurse Kimarla Headley-Pearce said.



A section of the field hospital at the Mandeville Regional Hospital

## Mandeville Regional Hospital Performs First-Ever Colonoscopy

The MRH has performed its first-ever colonoscopy procedure, signaling a breakthrough in public healthcare for residents of Manchester and neighbouring parishes. Colonoscopy is a procedure where a thin flexible tube, with a light and camera at the end, is inserted into the rectum and guided through the colon. This allows the lining of the colon to be examined in detail, take biopsies and perform medical measures where necessary.

Dr. Andrew Josephs, a surgical consultant at the MRH, trained in endoscopy, laparoscopy and minimally invasive procedures, explained that the hospital has not traditionally offered colonoscopy services, resulting in patients seeking alternative care from other major public hospitals, privately or overseas. The hospital is now able to offer this procedure, following the generous donation of the colonoscopy equipment by the Food for the Poor and the Church of Jesus Christ of Latter-day Saints recently. "We were able to get the system through a set of donors. So, there's Food for the Poor and there's the Church of Jesus Christ of Latter-Day Saints, they were really the main donors for this system" Dr. Josephs explained.

He added that the introduction of colonoscopy services at the hospital is expected to improve early detection of colorectal cancer, the third most common cancer in Jamaica. The surgical consultant pointed out that the system sets a new standard for medical technological infrastructure on the island. Since the service was introduced recently, MRH has completed two colonoscopies and one upper gastrointestinal gastroscopy, despite delays caused by hurricane-related setbacks. Certification training for the service has now been completed, and the programme is expected to expand.

Josephs noted that once fully operational, the hospital aims to perform six to ten endoscopic procedures per day, with at least one dedicated day per week for colonoscopies and other endoscopic services. Plans are also in place to increase training opportunities for surgical residents. Dr. Josephs stressed that colon cancer can be asymptomatic in its early stages and encouraged patients to maximize early screening. He urged the public to take advantage of the new service, encouraging them to get tested.



Surgical Consultant Dr. Andrew Joseph's (right) guides General Surgeon, Dr. Karen Colley during the hospital's first colonoscopy procedure.



The Olympus GI endoscopy system, Mandeville Regional Hospital's first colonoscopy machine.



## Percy Junor Hospital Becomes 12th Baby-Friendly Certified Institution

The Percy Junor Hospital in Manchester has been accredited as a baby-friendly institution, becoming the 12th local public hospital to be certified under the global initiative. A programme of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), the Baby-Friendly Hospital Initiative (BFHI) recognises health facilities that provide optimal care for mothers and newborns and actively support breastfeeding.

The initiative promotes practices that have proven to improve infant survival and long-term health outcomes. These include early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding with appropriate complementary foods for up to two years or beyond.

Speaking at the accreditation ceremony held at the hospital in Spalding on Thursday (Feb. 5, 2025), Minister of Health and Wellness, Dr. the Hon. Christopher Tufton, congratulated the management and staff of Percy Junor Hospital on the achievement, noting that it reflects a commitment to quality standards in infant and maternal care.

He noted that the accreditation aligns with the Ministry’s broader strategy to reduce infant mortality, improve maternal health outcomes, and strengthen quality standards across the public health system.

Dr. Tufton said that Percy Junor’s accreditation takes the country just over the half mark in terms of the number of hospitals in the country that are baby-friendly certified. He noted that when he took office in 2016, only one of the island’s 23 hospitals had baby-friendly designation.

“Today, there are 12 hospitals that have baby-friendly designation. That’s a big deal! It means that we are improving standards...it means that the team in the respective institutions are doing the work, have been provided with the support, whether through our external agencies, our region, or the Ministry,” Dr. Tufton said.

## **Biomedical Engineering Internship Programme**

The primary objectives of the Biomedical Engineering Internship Program are to furnish final-year university students with valuable practical experience in the field of biomedical engineering. Furthermore, the program is designed to facilitate professional development through mentorship, workshops, and career preparation, thereby providing students with a comprehensive understanding of industry standards and expectations.

This initiative not only enhances awareness of the SRHA as a preferred employer but also creates a talent pool for the organization. Candidates are selected based on their residency in one of the three parishes served by the SRHA, following a formal recruitment process by the Human Resources Department. Interns receive a stipend intended to alleviate their out-of-pocket expenses.

Between July 1 and July 31, 2025, two interns were engaged under the supervision of the Chief Biomedical Engineer. They were provided with personal protective equipment (PPE) and had the opportunity to visit the primary hospitals of the SRHA. While there, they observed and assisted with minor repairs to biomedical equipment and participated in the SRHA's monthly Biomedical workshop, which focused on troubleshooting and equipment repair.

Additionally, the interns reviewed and updated the Standard Operating Procedures (SOPs) for selected biomedical equipment and completed the Equipment Inventory Module of the Computerized Maintenance Management System (CMMS) for all hospitals. At the conclusion of the programme, interns were evaluated and awarded certificates of participation. The continuation of this initiative will promote innovation, professional growth, and industry-academia collaboration.

## **SRHA Launches Homegrown Maintenance Management System**

The Southern Regional Health Authority (SRHA) has developed and implemented its own Computerized Maintenance Management System (CMMS) to more effectively manage the maintenance of infrastructure and equipment at hospitals and health centres across the region.

The digital platform, built by staff members Rohan Smith, Toni-Ann Rodney, Ryan Dixon, Saede Nisbeth, O'Nelía Caballero and Jozané Bryan, overhauls traditional maintenance approaches, improving the maintenance, tracking, and servicing of equipment across the parishes of Manchester, Clarendon, and St. Elizabeth. It is expected to improve efficiency, lower costs, reduce downtime for critical medical equipment, and support better healthcare delivery.

Addressing the official launch of the system at the SRHA offices in Mandeville on Thursday (February 5), State Minister in the Ministry of Health and Wellness, Hon. Krystal Lee, hailed the ingenuity of the staff members.

"When I heard about the system, I kept asking, 'Who's the provider? Was it outsourced? How much did they pay for it?' And all I kept hearing is, 'They did it. They're the ones that did it'... So, to hear that this very system that we're celebrating today that we're launching today, was done right here, built by the team internally at the Southern Regional Health Authority, is exceptional, we have to applaud them for that," she said.

She noted that implementation of the CMMS "is not simply an upgrading of tools; it is an overhaul of our entire approach to equipment management across the region's health services. This was a direct result of the Ministry's Medical Management Equipment Policy that was started some years ago through a service-level agreement with the regional health authorities".



Minister of State in the Ministry of Health and Wellness, Hon. Krystal Lee (left) with employees who were integral to the CMMS.

She informed that the agreement called for preventive maintenance procedures and the strengthening of equipment management.

“Core aspects of this policy include training of technical in-house staff, mandatory user manuals, and maintenance agreements. Embedded within the policy is this CMMS system that we’re launching here today,” she pointed out.

The system was piloted at the Percy Junor Hospital and is being implemented at all SRHA facilities.

Miss Lee said she hopes that the system will be shared with other regional health authorities.

For his part, Chairman-designate, SRHA, Michael Stern, noted that the authority is leading the way in terms of governance setting higher standards for accountability and transparency.

“We’re going to incorporate many of the successes we have had into procedures and policies. Governance, to me, is a big deal. By the next two years, we will be the region in health that will receive awards in governance, because we’re laying the foundation for it today. This is a region that you can use as a benchmark. We have worked hard,” Mr. Stern said.

## The Accident and Emergency Department at the Lionel Town Hospital Renovated

The Accident and Emergency Department at Lionel Town Hospital in Clarendon has undergone extensive renovations at a total cost of \$6.5 million, funded by Cousins Construction Services and Jamalco. The previously open and exposed area utilized by patients has been converted into a contemporary, enclosed environment, which now includes a designated restroom, new windows and doors, and a smart television.

In her opening remarks at the official ceremony held on December 4, 2025, the Honorable Krystal Lee, Minister of State in the Ministry of Health and Wellness, underscored the significance of collaborative partnerships in enhancing the delivery of healthcare services. She remarked that the waiting area serves as a critical space, profoundly influencing the experience and well-being of patients, visitors, and staff. Minister Lee further articulated that the enhancements to the facility are aligned with the Ministry's Secondary Care Plan, which aims to upgrade hospital services, as well as facilitate the expansion and construction of new healthcare facilities.

The Acting Chief Executive Officer for the Hospital, Ms. Kimberley Trought, expressed heartfelt gratitude to the sponsors for their remarkable contribution in transforming the waiting area into a more comfortable and dignified space. She highlighted that the investment transcends infrastructure; it is directed towards enhancing the experience of patients, families and staff who depend on the hospital for care and support.

Mr. Marvin Jackson, Managing Director of Jamalco, articulated that the company has consistently supported the hospital over the years through contributions of essential medical equipment, including vital signs monitors and blood pressure machines, as well as the provision of a lawnmower and the enhancement of the records room. He underscored the significance of partnership and a united vision for community-centered investment as key elements worthy of recognition.

In her remarks, Lorine Cousins, Managing Director of Cousins Construction Services, expressed her company's satisfaction in collaborating with Jamalco on this initiative, which is designed to ensure that residents receive the highest standard of compassionate care.



Minister of State in the Ministry of Health and Wellness, Hon. Krystal Lee (second left), and Jamalco Managing Director, Marvin Jackson (left) unveiled the commemorative plaque at the opening of the renovated Accident and Emergency Waiting Area at the Lionel Hospital. Enjoying the moment are (from centre) Director of Facilities, Operations and Maintenance at the Southern Regional Health Authority, Herchel Ismail; Acting Chief Executive Officer, Kimberley Trought; and Head of the Emergency Department, Dr. Gillian Bent Grandison.

## Executive Summary

This Achievement Report provides a comprehensive overview of the performance of the Western Regional Health Authority (WRHA) for the period April 1, 2025 to December 31, 2025, examining operations across facilities and divisions. It outlines key achievements, financial stewardship, and operational constraints, and evaluates the Region's responsiveness and resilience in delivering healthcare services amid evolving challenges. The reporting period commenced with the execution of planned operational and strategic initiatives aligned to the WRHA's mandate. However, in the latter half of the financial year (October 2025 – March 2026), the operating environment was significantly disrupted by the passage of Hurricane Melissa.

On October 28, 2025, Hurricane Melissa made landfall in Jamaica as a Category 5 system—the most powerful storm in the nation's history. The impact was severe and far-reaching, resulting in widespread flooding, destruction of homes, disruption of essential utilities, and extensive damage to critical infrastructure. The Western Region was disproportionately affected, with all hospitals sustaining major damage and several health departments and health centres either severely compromised or rendered inoperable.

This event necessitated an immediate and strategic pivot from planned programme execution to emergency response and recovery operations. Consequently, a number of planned activities were deferred, scaled down, or cancelled, which negatively impacted overall performance outcomes for the period under review. Notwithstanding these constraints, the WRHA demonstrated strong institutional resilience and operational adaptability. Emergency protocols were activated, and resources were reallocated to sustain essential health services. The Human Resources function played a central role in maintaining service continuity through staff redeployment, task-shifting, and support to Emergency Operations Centre (EOC) activities, while preserving core administrative and staff welfare functions.

## Financial Performance and Budget Utilization (As at March 31, 2025)

During the financial year ending March 31, 2025, the WRHA maintained disciplined financial management in support of healthcare administration and service delivery.

The Region received an allocation of approximately J\$25.8 billion from the Ministry of Health and Wellness (MOHW), which constituted the primary source of operational funding. Total expenditure is estimated at J\$24.6 billion, reflecting prudent and strategic utilization of available resources.

In addition to government subventions, the Region generated internal revenues totalling approximately J\$744 million, comprising:

- User Fees: J\$151 million
- Other Income: J\$593 million

These internally generated funds supported operational continuity and enhanced the Region's capacity to deliver essential services during the period.

## Expenditure Breakdown

<b>Expenditure Category</b>	<b>Amount (J\$)</b>
<b>Salaries and Wages</b>	Included in total
<b>Travelling Expenses</b>	Included in total
<b>Utilities</b>	561,000,000
<b>Rental of Buildings &amp; Equipment</b>	179,000,000
<b>Goods and Services</b>	4,200,000,000
<b>Capital Expenditure</b>	259,000,000
<b>Total Expenditure</b>	<b>~24,600,000,000</b>

Salaries, wages, and travelling expenses accounted for a significant share of recurrent expenditure and were critical to sustaining staffing levels, supporting outreach services, and ensuring continuity of care across the Region.

Overall, the WRHA demonstrated sound financial stewardship by aligning expenditure with strategic priorities, maintaining fiscal discipline, and supporting the continued delivery of healthcare services within a highly constrained and disrupted environment.

## Operational Challenges and Constraints

The Region encountered several significant challenges during the reporting period, which adversely affected the achievement of planned targets:

- The impact of Hurricane Melissa in the third quarter resulted in the cancellation, postponement, or scaling down of key programme activities, affecting year-to-date performance outcomes.
- Closure of a significant number of health facilities, as well as tourist and food establishments, due to physical damage and delays in the restoration of essential utilities.
- Absence of a dedicated Monitoring and Evaluation (M&E) Officer to lead data collection, programme analysis, and performance reporting.
- Task-shifting and redeployment of Regional staff to support Emergency Operations Centre (EOC) functions following the hurricane.
- Limited human resource capacity at the parish level to effectively implement planned initiatives.

## Conclusion

Despite the operational disruptions and constraints experienced during the period, the WRHA remained steadfast in its mandate, demonstrating resilience, adaptability, and commitment to service delivery. The Region continues to prioritize recovery, strengthen systems, and position itself for improved performance in subsequent reporting periods.

# OVERVIEW OF THE WESTERN REGIONAL HEALTH AUTHORITY

The Western Regional Health Authority (WRHA) is one of Jamaica's four Regional Health Authorities, established under the Regional Health Authorities Act to manage and deliver public healthcare services within its designated geographic region. The WRHA is responsible for the parishes of St. James, Trelawny, Hanover, and Westmoreland, serving a diverse and geographically dispersed population across both urban and rural communities.

## Network of Facilities and Service Capacity

The WRHA oversees an extensive network of healthcare facilities that form the backbone of public health service delivery in the western region:

- 4 Public Hospitals, including a major Type A referral hospital and three Type B facilities providing secondary care services.
- Approximately 80+ Health Centres, delivering primary care services such as maternal and child health, immunization, chronic disease management, and health promotion.
- Estimated Bed Capacity: The region is supported by over 500 hospital beds, with the Cornwall Regional Hospital historically accounting for the largest share (approximately 400 beds at full capacity prior to phased restoration works).
- Human Resources: The WRHA employs a large multidisciplinary workforce comprising hundreds of healthcare professionals and support staff, including physicians, nurses, allied health personnel, administrative teams, and ancillary workers who collectively sustain service delivery across the region.

## Mandate and Core Functions

The Authority's core mandate is to:

- Improve access to quality healthcare services
- Strengthen patient safety and clinical outcomes
- Promote public health and preventative care
- Ensure the efficient and effective use of resources

Guided by national policies of the Ministry of Health and Wellness (MoHW), the WRHA continues to focus on strengthening health systems through infrastructure upgrades, workforce development, service modernization, and strategic partnerships.

## Strategic Direction: FY 2025/2026 – Commencement of 5-Year Strategic Plan

In the 2025/2026 financial year, the WRHA officially commenced implementation of its Five-Year Strategic Plan, marking a critical transition toward more structured, measurable, and sustainable health system improvements across the region.

## The Strategic Plan is anchored on four (4) overarching strategic objectives:

1. Making Reliable and Modern Infrastructure Available for Healthcare Delivery
  - Improving and upgrading health facilities to ensure safe, resilient, and fit-for-purpose environments that support quality care.
2. People-Centred Care
  - Enhancing patient experience by delivering respectful, responsive, and inclusive healthcare services that meet the needs of individuals and communities.
3. Service Excellence
  - Strengthening clinical governance, operational efficiency, and performance management to ensure consistent, high-quality service delivery across all facilities.

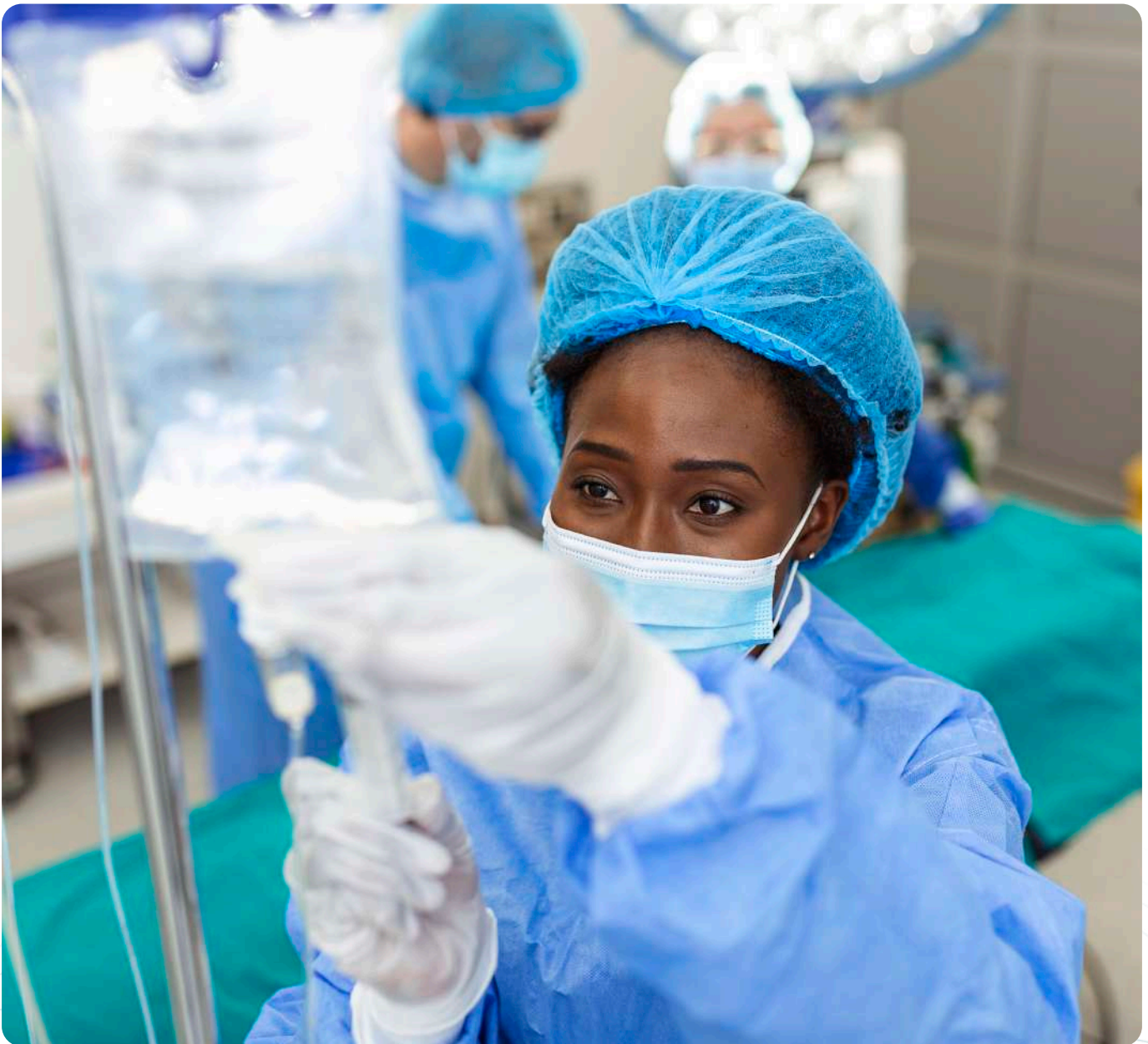
#### 4. Sustainable Health Financing

- Promoting financial stewardship, efficiency, and resource optimization to ensure the long-term sustainability of healthcare services.

### **Role in Public Health and Regional Development**

Through its operations, the WRHA plays a critical role in advancing national health priorities by:

- Reducing disparities in access to healthcare across rural and underserved communities
- Responding to public health emergencies, including disease outbreaks and natural disasters
- Supporting preventative and community-based health programmes
- Driving continuous improvement in health outcomes across the western region



# HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

## Staffing Profile and Workforce Capacity

The WRHA maintained an overall staffing level of 75.27%, reflecting a moderate capacity to deliver healthcare services despite notable shortages across key service areas.

**Table 1: Staffing Profile**

<b>DEPT</b>	<b>CADRE</b>	<b>FILLED</b>	<b>VACANT</b>	<b>% Filled</b>	<b>% Vacant</b>
<b>CRH</b>	1835	1490	345	81.20%	18.80%
<b>WHS</b>	1499	1139	360	75.98%	24.02%
<b>STJHD</b>	766	567	199	74.02%	25.98%
<b>THS</b>	1053	755	298	71.70%	28.30%
<b>HHS</b>	808	515	293	63.74%	36.26%
<b>WRO</b>	218	185	33	84.86%	15.14%
<b>TOTAL</b>	<b>6179</b>	<b>4651</b>	<b>1528</b>	<b>75.27%</b>	<b>24.73%</b>

## Impact on Healthcare Delivery

- Staffing shortages (24.73% vacancy rate) placed significant pressure on service delivery, particularly in clinical and support services.
- Lower staffing levels in facilities such as HHS (63.74% filled) likely contributed to:
  1. Increased patient wait times
  2. Staff burnout and fatigue
  3. Reduced service efficiency
- Despite constraints, service continuity was maintained through task shifting, overtime, and strategic workforce management.

## Staff Welfare and Employee Support

In response to Category 5 Hurricane Melissa, the HR Department implemented comprehensive welfare initiatives to stabilize and support staff.

**Table 2: Staff Welfare Initiatives**

Initiative	Description
<b>Standard Care Packages</b>	2,000 care packages distributed to affected staff across the Region
<b>Staff Support Fair</b>	Multi-agency initiative providing document replacement, psychosocial support, financial guidance, and wellness services
<b>Mental Health Support Services</b>	Psychiatric First Aid sessions (700+ participants) and leadership psychosocial sessions (180 participants)
<b>Staff Rejuvenation Sessions</b>	“Zen Zone” relaxation initiative implemented over five days at Regional Office
<b>Friday Breakfast Programme</b>	Implemented across cost centres to support staff affected by utility disruptions
<b>Hot Beverage Stations</b>	Established across facilities to improve staff comfort and morale
<b>Accommodation Support</b>	Temporary housing provided for 14 displaced staff members
<b>Staff Appreciation Luncheon</b>	Recognition of staff resilience post-hurricane
<b>Data Collection Initiative</b>	Data gathered to guide targeted staff welfare interventions

## Impact on Healthcare Delivery

- Enabled rapid restoration of workforce stability following a major disaster.
- Improved staff morale, mental resilience, and productivity, reducing absenteeism.
- Ensured continuity of care despite personal losses experienced by healthcare workers.
- Psychosocial interventions strengthened staff capacity to manage trauma-related cases among patients.

## EMPLOYEE ENGAGEMENT AND WELLNESS

A range of engagement initiatives were implemented to promote teamwork, morale, and work-life balance.

Key Activities:

- Sporting and team-building activities:
  1. Regional Sports Day
  2. Netball and Domino Competitions
  3. Run/Walk events (2)
  4. Health Care Workers Day celebrations
  5. Evening of Praise (Easter Season)
- International Women’s Day observance (cervical cancer awareness session)
- Retirement function honouring 33 retirees

## Impact on Healthcare Delivery

- Strengthened team cohesion and collaboration across departments.
- Promoted employee well-being, contributing to improved patient interactions and care quality.
- Enhanced staff retention and engagement, reducing turnover risks.

## TRAINING AND DEVELOPMENT

### Study Leave and Training

A total of 88 employees were granted study leave, alongside targeted training programmes.

Table 3: Training Participation

<b>Training/Study Leave</b>	<b># of Employees</b>
Supervisory Management Training (MIND)	25
Emotional Intelligence & Stress Management	127
Enterprise Risk Management	29
Corporate Governance	12
Data Protection	124

## Impact on Healthcare Delivery

- Improved leadership, decision-making, and governance capacity.
- Strengthened data security and compliance, safeguarding patient information.
- Enhanced patient care through improved emotional intelligence and stress management among staff.

### Enrolled Assistant Nurse (EAN) Scholarship Programme

- 20 scholarships awarded in partnership with the CHASE Fund
- Training commenced September 2025 at Knox Community College

## Impact on Healthcare Delivery

- Addresses critical nursing shortages in a sustainable manner
- Strengthens frontline patient care capacity
- Improves patient outcomes and operational efficiency

### In-Service Development Unit

- Established to address shortage of specialist nurses
- Training initiated in Nephrology

## Impact on Healthcare Delivery

- Builds specialized clinical capacity within the Region
- Reduces reliance on external recruitment
- Improves quality of specialized care (e.g., renal services)

# HR SYSTEMS STRENGTHENING AND DIGITAL TRANSFORMATION

## MyHR+ Implementation

- Successfully rolled out across all WRHA cost centres
- Included training, parallel runs, and employee self-service functionality

## Impact on Healthcare Delivery

- Improved efficiency in HR and payroll processes
- Reduced administrative delays affecting staff
- Enhanced staff satisfaction, allowing employees to focus more on patient care
- Increased accuracy and transparency in HR data management

## POLICY DEVELOPMENT AND STANDARDIZATION

### Standard Operating Procedures (SOPs)

- SOP for employee resignation developed and implemented

## Impact on Healthcare Delivery

- Reduced administrative errors and financial losses
- Ensured timely workforce transitions, minimizing service disruption

## PERFORMANCE MANAGEMENT AND ORGANIZATIONAL DEVELOPMENT

### PMAS Implementation

- Fully implemented across the Region

**Table 4: PMAS Training**

<b>Training Session</b>	<b>Number of Staff Trained</b>
Interim Review Refresher	300
Work Plan Development (New Staff)	15
Conduct Effective Evaluations	432
Creating SMART Work Plans	300
PMAS Support for Admin Staff	25

## Additional Achievements

- Development of PDF editable PMAS forms (in collaboration with ICT)
- Completion of structure reviews for key departments:
  1. Strategic Planning & M&E
  2. Oxygen Plant
  3. Medical Physicists
  4. ECG Technicians
  5. Regularization of temporary posts
  6. Activation of Neurosurgery posts

## Impact on Healthcare Delivery

- Strengthened accountability and performance culture
- Improved alignment between individual performance and organizational goals
- Enhanced service delivery outcomes through better staff productivity and clarity of roles
- Supported expansion of critical clinical services (e.g., neurosurgery)

## Overall HR Impact on Healthcare Delivery

Despite a 24.73% vacancy rate, the HR Department played a critical role in:

- Maintaining continuity of healthcare services
- Strengthening staff resilience post-disaster
- Building future workforce capacity
- Enhancing efficiency through digital transformation
- Improving quality of care through training and performance management

## Conclusion:

The strategic focus on staff welfare, training, systems strengthening, and performance management significantly mitigated workforce constraints and ensured that the WRHA continued to deliver safe, reliable, and patient-centered healthcare services across the Region.

## CUSTOMER SERVICE

The Customer Service & Compassionate Care Unit continued to drive service quality, accessibility, and feedback-driven improvement across the region. Key outcomes include high client satisfaction (average >90%), progress on mystery shopping and training activities, expanded complaint management coverage, targeted branding of customer service staff, and completion of tools and standards in draft form for face-to-face mystery shopping, laboratory ISO eligibility assessment, and waiting-area standardization. Operational constraints (hurricane impact, venue/coordination challenges, connectivity) slowed some deliverables and require mitigation for Q4 and beyond.

## MAJOR ACHIEVEMENTS

### Client satisfaction

- Regional patient satisfaction exceeded the annual target of 76; average ratings exceeded 90% across cost centres.
- Quarterly breakdown showed strong performance across centres (most scores 90–99%); some quarters include incomplete submissions.

The table below shows the breakdown of the cost centres' contribution to the overall patient satisfaction scores:

QTR	CRH	NHH	HHD	FPGH	THD	STJPHS	SPGH	WHD
Qtr 1	90%	91%	95%	98%	97%	96%	97%	99%
Qtr 2	96%	93%	98%	98%	96%	89%	98%	98%
Qtr 3	99%*	90%	98%	97%*	94%	84%*	98%	99%

**N.B.** Asterisks indicate incomplete submissions.

### Monitoring & Evaluation: Mystery shopping

- Completed 2 of 3 planned telephone mystery shopping exercises.
- Findings: courteous/professional staff interactions (notably operators); recurring issues with call accessibility, information accuracy, and transfers.
- Identified need to revise the rating guide (current guide appears overly stringent; scores sometimes under-represent interaction quality).
- Developed and submitted a face-to-face mystery shopping guide for approval to support objective gap identification

## Complaint Management System (CMS)

- CMS sensitization has reached 23% of hospital staff and 9% of health department staff to date.
- 85% of health facilities now maintain an active complaint management system (SLA KPI), strengthening feedback capture.

The cost centres' contribution to this KPI is as follows:

WRO	WPHS	TPHS	HPHS	STJPHS	CRH
100%	100%	55%	100%	55%	100%

- Increased volumes of complaints and positive feedback via phone and email; noticeable reduction in turnaround time for Level 1 case management, though full compliance with the 50 working-day resolution target is not yet achieved.
- Distribution of sensitized staff across centres recorded (CRH 342; FPGH 89; SPGH 128; NHH 26; STJPHS 36; WHD 29; HHD 77; THS 19).

## Training, Sensitization & Orientation

- Target: sensitize/train 1,060 staff; 295 have been trained to date (186 in-person; 109 online).
- Distribution of trained staff: CRH 34; FPGH 11; NHH 4; STJPHS 41; THD 19; HHD 77.
- 100% of new hires oriented in Customer Service by end of December 2026 (note: orientation completed for new employees within the review period).
- Certificates of participation issued to trained staff.

## Service Excellence Promotion & Branding

- October 2025 Service Excellence Month activities executed regionally (theme: Mission Possible: Agents of Excellence): customer appreciation events, expositions, tokens to patients, staff recognition, trivia/Q&A, and staff rejuvenation sessions.
- Customer Service shirts and pins developed; 87% of Customer Service staff branded (centre-level variations; some centres incomplete).

## Standards & Tools Development

- Draft tools/standards completed or in progress: face-to-face mystery shopping guide (submitted for approval), draft ISO-eligibility assessment tool for labs, and waiting-area standard model.

## Key Challenges

- Hurricane Melissa caused damage and shifted facility priorities, delaying some assessments, implementations, and events.
- Training delivery impacted by venue shortages, staff scheduling conflicts, internet connectivity issues, and weather—leading to postponement of some online and in-person sessions.
- CMS sensitization coverage remains below targets (50% hospitals; 30% health centres), limiting full roll-out benefits.
- Mystery shopping rating guide appears overly strict, producing scores that may not reflect interaction quality.

### 1. Impact and implications

- High patient satisfaction (>90%) demonstrates sustained quality of front-line interactions despite operational pressures.
- Expanded CMS coverage and increased feedback channels improved visibility of service gaps and supported quicker Level 1 resolutions.
- Training and orientation advances are positioned to improve day-to-day patient interactions as more staff complete programs.
- Branding and Service Excellence activities positively affected staff morale and public perception.

## Recommendations / Next Steps

- Revise and validate the mystery shopping rating guide to ensure fairness and alignment with observed interaction quality.
- Complete the third telephone mystery shopping exercise and roll out approved face-to-face mystery shopping assessments.
- Accelerate CMS sensitization toward targets by piloting a sustainable delivery model (e.g., dedicated training officers, blended learning with robust offline materials).
- Address training delivery bottlenecks: secure regional training venues, coordinate protected staff training time, and adopt a resilient online/offline training hybrid to mitigate connectivity/weather risks.
- Resume and schedule deferred activities (lab ISO assessments, waiting-area implementations, remaining Service Excellence events) once post-hurricane priorities stabilize.
- Complete branding rollout to achieve 100% visibility of Customer Service staff across centres.

## Conclusion

The Unit made measurable progress across client satisfaction, feedback systems, training, and service promotion. High satisfaction scores and expanded complaint-system coverage are notable successes. Addressing the identified operational constraints and refining evaluation tools will sustain momentum and improve service consistency and responsiveness in the next period.

# INFORMATION COMMUNICATION AND TECHNOLOGY

## Overview

During the 2025/2026 financial year, the ICT Department advanced key strategic priorities focused on modernizing infrastructure, strengthening communication systems, and enhancing service delivery across all WRHA facilities.

Despite significant disruption caused by a major hurricane, the Department demonstrated resilience by maintaining continuity of operations and implementing innovative recovery solutions. These efforts directly supported improved clinical efficiency, patient access, and administrative coordination across the Region.

## STRATEGIC ACHIEVEMENT HIGHLIGHTS AND IMPACT

### Objective 1: Strengthening ICT Infrastructure Through Audit and Equipment Modernization

A comprehensive audit of ICT assets across all facilities was successfully completed, establishing a clear baseline for infrastructure planning and lifecycle management.

#### Key Achievements

- Identification and documentation of obsolete and underperforming equipment
- Development of a phased replacement plan targeting high-risk and mission-critical areas
- Establishment of a structured asset lifecycle management framework
- Initiation of procurement and deployment of critical equipment

**Table 1: ICT Equipment Replacement and Lifecycle Status**

Category	Requirement Identified	Requested	Received/ Installed	Lifecycle Compliance
Desktop Computers	49	41	28	82% < 5 years
Laptops	11	11	5	75% within lifecycle
Printers	—	—	—	85% within lifecycle
CUG Phones	30	30	30	Improved reliability

## Impact on Healthcare Delivery

- Improved system reliability and uptime, reducing disruptions in clinical services
- Enhanced efficiency of patient registration, documentation, and reporting systems
- Strengthened data accessibility, supporting timely clinical decision-making
- Reduced equipment downtime, allowing staff to focus on patient care delivery

Note: Approximately sixty (60) computers were destroyed during the hurricane; however, ongoing replacement efforts mitigated prolonged service disruption.

## Objective 2: Expansion and Modernization of Communication Infrastructure

The Department identified critical communication gaps through technical assessments and stakeholder engagement and developed a roadmap for modernization.

### Key Achievements

- Identification of need for scalable and resilient communication systems
- Development of strategy for PBX replacement and transition to VoIP/cloud-based solutions
- Completion of Terms of Reference for three (3) end-of-life PBX systems
- Submission of replacement solutions for procurement, including:
  - Cornwall Regional Hospital PBX system under evaluation by the ICT Authority
  - Cloud-based PBX solution for Falmouth Hospital following hurricane damage

## Impact on Healthcare Delivery

- Strengthened foundation for real-time communication across clinical teams
- Improved potential for faster response to patient needs and emergencies
- Enhanced system resilience to support continuity of care during disruptions

Progress remains dependent on funding and procurement timelines; however, critical groundwork has been established.

## Objective 3: Enhancing Communication Efficiency and Service Delivery

Targeted interventions were implemented to improve communication workflows and responsiveness across facilities.

### Key Achievements

- Reduction in call handling time through improved telecommunication systems
- Enhanced staff coordination across departments and locations
- Improved responsiveness to patient and operational needs

## Impact on Healthcare Delivery

- Faster communication contributed to reduced patient waiting times
- Improved coordination supported more efficient patient flow
- Enhanced communication systems improved overall patient experience and satisfaction

## Objective 4: Restoration and Expansion of Internet Connectivity

Following total disruption caused by the hurricane, the Department executed rapid restoration of connectivity across health centres.

## Key Achievements

- Deployment of Starlink satellite technology to restore connectivity
- Internet services restored to 40 health centres, exceeding the target of 38

**Table 2: Internet Connectivity Restoration**

Indicator	Pre-Hurricane	Post-Hurricane (Immediate)	Restored	Target	Status
Health Centres with Internet Access	48	0	40	38	Exceeded

## Impact on Healthcare Delivery

- Enabled continuity of electronic medical records and reporting systems
- Supported timely communication between healthcare providers
- Maintained coordination of clinical and administrative services across facilities
- Demonstrated resilience through rapid restoration of critical services

## Additional Achievement: Conference Room Modernization

- Successful upgrade of the conference room at the Freeport Technical Office with enhanced audio-visual capabilities
- Upgrade at Catherine Hall Health Centre delayed due to flood damage (currently under repair)

## Impact on Healthcare Delivery

- Improved access to virtual meetings, training, and staff development
- Strengthened regional coordination and decision-making capacity

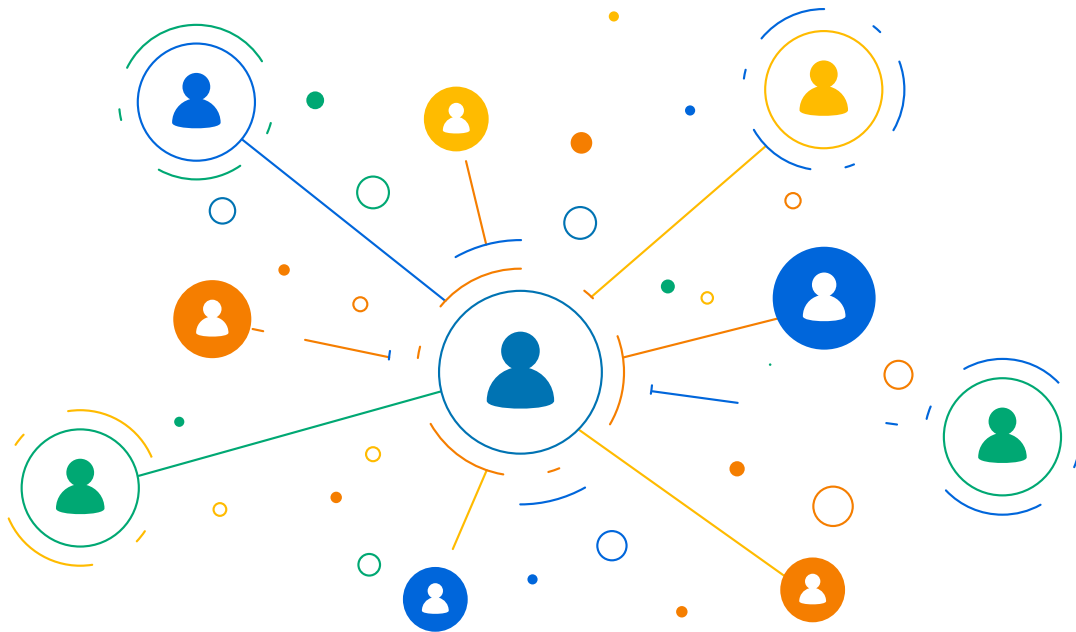
## Conclusion

The ICT Department made significant contributions to strengthening healthcare delivery across the WRHA during the 2025/2026 reporting period.

Key achievements in infrastructure modernization, communication enhancement, and connectivity restoration directly supported:

- Improved operational efficiency across facilities
- Enhanced patient access and service responsiveness
- Greater system reliability and resilience, particularly in disaster conditions

While challenges such as hurricane damage and funding constraints impacted full implementation, the Department established a strong foundation for continued digital transformation, service excellence, and sustainable healthcare delivery in the upcoming financial year.



# INTERNAL AUDIT

## Introduction

The Internal Audit Unit (IAU) serves as an independent assurance function, mandated to strengthen governance, risk management, and internal controls. This report summarizes the unit's achievements for the fiscal year 2025.

## Audit Coverage

Major Audits was completed in areas as listed below.

- 1 financial audit
- 4 compliance audits
- 4 performance audits
- 2 Verification for payouts due because of signed Heads of Agreement
- 1 Outstanding payments verification for 1 group (period 2017-2021)
- 1 Outstanding Payment for allowance due (2019-2024)
- 200% increase in pre-audits request (such as leave verification, late claims, terminal benefits) over the last year, Internal Audit was able to address 95% of the submissions made within the financial year.
- Audit Scope: Covered 55% planned audit activities for departments and special/ major projects.
- Comparison with 2024: Audit coverage decreased by 7%, this deficit in coverage was mainly attributed to the loss of activities not completed for quarter 3, because of hurricane Melissa and increase in pre-audits request.

## Key Achievements

- Efficiency gains: Identify potential cost savings through the ongoing verification of terminal payments and outstanding employees claims approximately \$ 10 million
- Risk mitigations: flagged high risk areas in administration and payroll, leading to immediate corrective action.

## Implementation Status

- 15% Percentage of recommendations adopted by management.
- Progress on the attention to the audit report and recommendations provided.

## Governance and Risk Impact

- Enhanced transparency by publishing summary audit findings to stakeholders.
- Strengthened accountability through quarterly reporting to the Audit Committee.
- Enhanced risk awareness: During the reporting year, the Internal Audit Unit played a pivotal role in strengthening organizational resilience. The unit assisted management in developing and operationalizing the corporate risk register, ensuring that strategic and operational risks were systematically identified, assessed, and monitored.
- Strengthen Internal Controls: The unit through its recommendations has emphasised the need for standard operating procedures (SOPs) to be imbedded in different processes. The unit was able to review and support the implementation 6 SOPS for the region
- Strengthened Compliance Culture: Internal Audit supported the implementation of data protection measures, providing assurance on compliance readiness and advising on control enhancements. These initiatives contributed to improved governance, heightened risk awareness, and reinforced the organization's compliance culture
- Assurance Role Maintained: While providing support, Internal Audit preserved its independence to ensure that they will later audit the effectiveness of the risk register and data protection controls.

## Capacity Building

- 100% of staff attended workshop on areas, fraud, improving audit fieldwork, customer service

## Stakeholder Engagement

- Regular briefings with the Audit Committee and senior management, providing consultative assistance on various areas.

## Challenges

- Resource constraints limited coverage of the audit plan, operational and clinical areas
- Need for data analytics capabilities, all processes are manual.
- Delays or non-responses from management for audit reviews and recommendations.

## Future Priorities

- Introduce continuous auditing techniques.
- Focus on governance audits in high-risk areas.

## Conclusion

- The Internal Audit Unit despite the challenges, continued to add significant value in 2025 by improving efficiency, strengthening controls, and enhancing accountability. The unit remains committed to continuous improvement and proactive risk management.

# OPERATIONS AND MAINTENANCE

## Executive Overview

Year-to-date, the Operations and Maintenance Division has played a central role in sustaining healthcare delivery across the Western Regional Health Authority. Through proactive maintenance, strengthened operational controls, and rapid post-disaster response following Hurricane Melissa, the Division ensured continuity of essential services, protected critical infrastructure, and enhanced system resilience across hospitals and health centres.

Despite widespread flooding, equipment damage, and increased operational demands, mission-critical services including emergency power, diagnostics, patient movement, waste management, and logistics remained operational or were restored in a timely manner, minimizing service disruptions and safeguarding patient care. These achievements were supported by a resilient workforce, strengthened governance structures, and targeted capacity-building initiatives.

## Strategic Objectives and Year-to-Date Achievements

The table below summarizes year-to-date achievements that demonstrate how Operations and Maintenance objectives translated into measurable improvements in healthcare delivery and system performance.

Strategic Objective	Year-to-Date Achievements	Impact on Healthcare Delivery
<b>Ensure continuity of critical services</b>	Preventive and corrective maintenance of generators, elevators, boilers, laundry, refrigeration and clinical support systems	Maintained uninterrupted clinical services and supported emergency response
<b>Strengthen infrastructure resilience</b>	Rapid assessment and stabilization of facilities impacted by Hurricane Melissa	Reduced downtime and accelerated recovery
<b>Improve governance and operational control</b>	Strengthened SOPs, contract oversight, and asset management	Improved compliance, accountability, and service reliability
<b>Support patient safety and access</b>	Sustained maintenance of patient movement, waste management, and logistics systems	Improved patient flow, infection control, and service efficiency

## EXECUTIVE OVERVIEW

### Continuity of Emergency Power Supply

Preventive maintenance and emergency repairs were completed on forty (40) standby generators across hospitals and health centres, including high-capacity units supporting critical clinical areas.

- Impact: Ensured uninterrupted power to emergency, diagnostic, inpatient, and surgical services during periods of grid instability and post-hurricane recovery.
- Post-Hurricane Infrastructure Stabilization

**Achievement:**

Rapid technical assessments and corrective interventions were undertaken for systems affected by flooding, seawater exposure, and mechanical damage across the Region.

- Impact:  
Enabled facilities to remain operational or return to service quickly, reducing prolonged closures and safeguarding patient care.
- Sustained Support of Clinical and Support Systems

**Achievement:**

Year-to-date servicing of elevators, boilers, laundry equipment (SPGH, NHH, etc), refrigeration units, air condition units and medical support infrastructure.

- Impact:  
Supported patient movement, infection control, waste management, and essential clinical operations.
- Maintenance of Diagnostic and Medical Equipment

**Achievement:**

Preventive maintenance of renal equipment, anaesthetic machines, blood gas machines, C-ARM units, digital radiographic systems, and CT equipment.

- Impact:  
Improved equipment reliability, reduced downtime, and strengthened clinical decision-making and treatment continuity.
- Equipment Replacement & Supply

**Achievement:**

Critical equipment were replaced including central autoclave (NHH), six (6) digital radiographic units(NHH, CRH, FPGH, SPGH), OT table, suction machine, E-simulator machine (NHH), eight(8) digital dental x-ray units (primary care), vital signs monitors, CT machine (CRH), tabletop autoclaves(NHH, Type 5 H/C, Wakefield H/C, etc), mobile x-ray unit (SPGH), dental compressor, washer (SPGH).

Impact:

Improved equipment reliability, reduced downtime, and strengthened clinical decision-making and treatment continuity.

## **STRENGTHENING GOVERNANCE, SOPS, CAPACITY BUILDING, WORKFORCE DEVELOPMENT AND OPERATIONAL CONTROL (YTD)**

### **Workforce Development, Capacity Building, and Staff Engagement (YTD)**

**Achievement:**

The Operations and Maintenance Division placed strong emphasis on workforce development, staff engagement, and capacity building during the reporting period.

Two (2) officers from the Division successfully participated in the Ministry of Health and Wellness (MOHW) Facilities Maintenance Training Programme, strengthening institutional capacity in planned maintenance, infrastructure management, and health facility operations.

Additionally, officers across the Region participated in a range of professional development workshops and seminars, including training in:

- Minute taking and report writing,
- Administrative and supervisory skills, and
- Operational compliance and coordination.

The Division also welcomed new technical and support personnel across hospitals and parishes, strengthening staffing levels and improving service coverage following increased operational demands, particularly in the post Hurricane Melissa recovery period.

In September 2025, the Division successfully hosted Maintenance Week, a Region-wide initiative focused on staff wellness, recognition, and engagement. Activities included:

- A Health Fair,
- Staff rejuvenation and wellness sessions,
- Maintenance information booths
- Launch of workplace wellness programme,
- An Awards and Recognition Ceremony, and
- Team-building and staff engagement activities.

Impact:

- Strengthened technical and administrative competencies across the Division
- Improved staff morale, motivation, and retention
- Enhanced readiness and resilience of maintenance teams to respond to routine and emergency demands
- Improved continuity and quality of support services to healthcare facilities across the Region

## **Standardization of SOPs and Workflows**

### **Achievement:**

Strengthened and standardized SOPs across maintenance response, emergency operations, contractor engagement, and equipment servicing coordination. The establishment of a Operations and Maintenance Policy Manual, seven (7) approved SOPs, one (1) policy, two (2) equipment replacement plans and two (2) regional protocol.

Impact:

Improved consistency in service delivery, strengthened compliance, reduced operational risk, and enhanced staff accountability.

## **Medical Waste Management and Compliance**

### **Achievement:**

Maintained uninterrupted medical waste collection, treatment, and disposal services across the Region through active contract oversight and operational coordination, including during and after Hurricane Melissa.

The Region successfully delivered and treated medical waste exceeding the targets set for the 1st and 2nd quarters. In the 3rd quarter, approximately half of the targeted quantity was treated due to disruptions caused by Hurricane Mellissa. For the period, a total of 248,437 kg of medical waste was treated compared to the expected 270,000 kg.

Effective medical waste management directly impacts patient care by maintaining a safe and hygienic environment within healthcare facilities. Proper disposal of medical waste reduces the risk of infection, prevents contamination, and ensures that clinical areas remain clean and safe for both patients and staff, supporting uninterrupted delivery of healthcare services even during periods of natural disaster-related disruption.

**Impact:**

Reduced infection and environmental risks, ensured regulatory compliance, and supported safe clinical operations during a high-risk period.

## **Stores, Inventory, and Asset Control**

**Achievement:**

Improved oversight of stores and inventory processes, including asset tracking, emergency supply coordination, and management of storage constraints following hurricane-related flooding and damage.

Regional procurement and stock management were streamlined by consolidating purchases and maintaining designated stock levels, involving a pool of suppliers to mitigate the risk of shortages from primary suppliers. As a result, stores across the Region were able to consistently meet daily demand, ensuring that essential medical and dental supplies are available when needed. Timely processing of invoices has maintained strong relationships with suppliers, preventing delays in the delivery of critical items.

Assets across the Region are now adequately monitored and tracked. Items submitted for the Board of Survey (BOS) are handled promptly, minimizing the accumulation of unwanted or obsolete assets. A BOS Standard Operating Procedure (SOP) has also been approved, providing clear guidance for an efficient and standardized process.

These improvements directly impact patient care by ensuring that clinicians have the necessary equipment and supplies readily available, reducing treatment delays, supporting safe and effective medical procedures, and contributing to a safer, cleaner, and more organized clinical environment.

**Impact:**

Improved availability of critical supplies, reduced losses and wastage, and strengthened readiness during recovery operations.

## **Operational Logistics and Fleet Support**

**Achievement:**

Enhanced coordination of logistics, contractor mobilization, emergency procurement support, and fleet servicing oversight.

The Region added a utility pickup for Cornwall Regional Hospital, enabling the transport of clinical staff as well as the collection and delivery of medical supplies for patient care and support services. This has reduced delays caused by limited transportation, ensuring timely medical attention and continuity of care for patients. Requests have been submitted for ambulances to be distributed to the four hospitals in the Region, which will enhance the ability to safely and efficiently transport patients between facilities, improving emergency response times and patient outcomes.

Additionally, vector control vehicles are being procured to strengthen efforts against vector-borne diseases. These vehicles are expected to arrive within the last quarter (January – March 2026), supporting public health initiatives and reducing disease-related risks that directly impact patient care.

**Impact:**

Improved response times, supported service continuity across parishes, and enabled faster stabilization of affected facilities.

## SLA and Operational Plan Alignment

SLA / Operational Focus Area	Year-to-Date Status	Outcome
<b>Generator reliability and uptime</b>	Achieved	Improved emergency preparedness and service continuity
<b>Preventive maintenance execution</b>	Substantially achieved	Reduced breakdowns and improved system reliability
<b>Disaster response readiness</b>	Exceeded	Maintained operations during Hurricane Melissa
<b>Medical waste compliance</b>	Achieved	Sustained safe and compliant waste management
<b>SOP Review and preparation</b>	Exceeded	Improved consistency, accountability, and compliance through standardized operational procedures, reducing operational risk and strengthening service reliability
<b>Improvement of Work response time as per SLA</b>	Achieved	Improved turnaround time for maintenance requests, enhanced responsiveness to critical faults, and reduced service disruptions across facilities

## Cost Centre Performance and Value Delivered

- Effective use of maintenance contracts reduced reliance on costly emergency interventions.
- Preventive servicing protected high-value assets and extended equipment life cycles.
- Strategic use of one-off servicing stabilized operations post-disaster while longer-term contracts are being regularized.

### Value Delivered:

Maintenance and operational interventions directly supported service sustainability, patient safety, and efficient use of public resources.

## Risks Identified and Management Response

Risk Identified	Management Action	Status
Expired or pending service contracts	One-off servicing initiated; renewal requests escalated	In progress
Increased equipment strain post-hurricane	Additional servicing proposed	Pending approval
Limited fleet servicing and maintenance coverage across the Region, increasing the risk of vehicle downtime, delayed response to facilities, and reduced capacity to support maintenance, emergency response, and operational activities.	<ul style="list-style-type: none"> <li>• Prepare and submit a regional framework contract for fleet servicing and maintenance to ensure consistent coverage across all parishes.</li> <li>• Implement interim servicing arrangements to reduce downtime and maintain operational readiness.</li> <li>• Monitor fleet condition and prioritize critical vehicles supporting emergency and maintenance functions.</li> </ul>	Under review
Reduced and inadequate storage capacity resulting from flooding and damage to warehouses and storage areas, leading to congestion, delayed disposal of obsolete assets, and constraints in managing supplies and equipment during recovery operations.	<ul style="list-style-type: none"> <li>• Conduct asset assessments and initiate Board of Survey (BOS) actions for damaged, obsolete, and unserviceable items.</li> <li>• Expedite disposal and auction processes to free up critical storage space.</li> <li>• Identify and secure interim storage solutions to support ongoing operations and recovery activities.</li> <li>• Strengthen inventory planning and coordination to optimize use of available space.</li> </ul>	In progress
Accumulation and delayed treatment of medical waste due to increased volumes, service disruptions following Hurricane Melissa, and limitations in regional treatment capacity, posing risks to public health, the environment, and regulatory compliance.	<ul style="list-style-type: none"> <li>• Establish and maintain contractual arrangements with licensed contractors for the collection, treatment, and disposal of medical waste.</li> <li>• Implement interim measures to manage increased waste volumes safely during disruptions.</li> <li>• Develop and pursue a long-term regional solution for medical waste treatment to improve resilience and sustainability.</li> </ul>	Under review
Absence of a Computerised Maintenance Management System (CMMS) limits the Division's ability to effectively plan, track, analyse, and optimize maintenance activities across the Region.	<ul style="list-style-type: none"> <li>• Prepare and submit a purchase request for a CMMS to support planned maintenance, work order tracking, asset management, and performance reporting.</li> <li>• Engage Procurement to initiate tendering and evaluation once approval is granted.</li> <li>• Plan for phased implementation and staff training to ensure effective system adoption.</li> </ul>	Awaiting tendering and evaluation
Insufficient staffing levels and limited office and workshop space to adequately support the expanding operational and maintenance demands across the Region.	<ul style="list-style-type: none"> <li>• Initiate targeted recruitment to fill critical technical, supervisory, and support roles required for effective Operations and Maintenance service delivery.</li> <li>• Engage Human Resources and senior management to align staffing needs with approved organizational structures and service demands.</li> <li>• Identify, rationalize, and secure adequate office, workshop, and storage spaces, including interim and long-term workspace solutions for current and newly recruited staff.</li> </ul>	Under review

## Strategic Outlook (Remainder of FY)

- Complete post-hurricane stabilization works
- Regularize critical maintenance and operational contracts
- Transition from reactive to strengthened preventive maintenance
- Enhance disaster preparedness, SOP compliance and implementation, and infrastructure resilience

## Conclusion

These achievements reflect coordinated effort across facilities, parishes, and regional support functions, with continued focus on accountability and continuous improvement. Year-to-date performance reflects a resilient, responsive, and strategically aligned Operations and Maintenance Division. Through strong governance, effective operational control, and sustained infrastructure support, the Division continues to safeguard healthcare delivery and strengthen system readiness across the Western Regional Health Authority.

While risks remain, the Division is actively addressing these through targeted recruitment, systems strengthening, and strategic investments.

# PESTICIDE CONTROL AUTHORITY

## Overview

During the reporting period, the Western Regional Health Authority (WRHA) obtained funding totaling \$70,362,141.71 to support the implementation of priority infrastructure and facility improvement projects across the Region.

Funding support was received from the National Health Fund (NHF), Ministry of Health and Wellness (MOHW), WRHA, and UNICEF (WASH Programme). These investments were strategically directed toward improving the physical environment of healthcare facilities, enhancing infection prevention and control standards, and strengthening service delivery capacity.

### Funding Allocation by Location

Parish/Facility	Amount (JMD)
<b>Hanover</b>	\$2,490,640.00
<b>St. James</b>	\$27,666,168.71
<b>Trelawny</b>	\$23,631,150.00
<b>Westmoreland</b>	\$1,947,106.00
<b>Cornwall Regional Hospital</b>	\$14,627,077.00
<b>Total</b>	<b>\$70,362,141.71</b>

## KEY PROJECT ACHIEVEMENTS AND IMPACT

### Operation Refresh Projects (Primary Health Care Beautification)

Targeted renovations were undertaken to improve the physical condition and patient experience at select primary healthcare facilities.

## Summary of Projects

Parish	Facility	Number of Health Centres	Contract Value (JMD)
<b>Trelawny</b>	Jackson Town Health Centre	1	\$12,793,580.00
<b>St. James</b>	Green Pond Health Centre	2	\$14,675,340.00
<b>Total</b>		<b>3</b>	<b>\$27,468,920.00</b>

## Impact on Healthcare Delivery and Outcomes

- Improved patient environment, contributing to enhanced comfort, dignity, and satisfaction
- Upgraded infrastructure supports safer and more efficient service delivery
- Strengthened capacity of primary care facilities to manage increased patient volumes
- Enhanced working conditions for staff, improving morale and productivity

## WASH and Community Workday Projects

Nine (9) health centres benefitted from Water, Sanitation and Hygiene (WASH) interventions and minor infrastructural improvements.

### Summary of Projects

Parish	Facility/Project	Amount (JMD)	Status
<b>Westmoreland</b>	Savanna-la-Mar Health Centre (WASH)	\$1,947,106.00	Completed
<b>Trelawny</b>	Wakefield Health Centre (WASH)	\$2,736,690.00	Completed
<b>St. James</b>	Salt Spring Health Centre (WASH)	\$2,846,373.71	Completed
<b>St. James</b>	Somerton Health Centre (Minor Works)	\$2,451,730.00	Completed
<b>St. James</b>	Lottery Health Centre (Minor Works)	\$2,451,525.00	Completed
<b>St. James</b>	Garlands Health Centre (Minor Works)	\$2,400,900.00	Completed
<b>St. James</b>	Roehampton Health Centre (Minor Works)	\$1,340,300.00	Completed
<b>St. James</b>	Mount Carey Health Centre (Minor Works)	\$1,500,000.00	Completed
<b>Hanover</b>	Ramble Health Centre (WASH)	\$2,490,640.00	Completed
<b>Total (9 Facilities)</b>		<b>\$20,165,264.71</b>	

## Impact on Healthcare Delivery and Outcomes

- Improved infection prevention and control (IPC) through enhanced water and sanitation systems
- Reduced risk of healthcare-associated infections, improving patient safety
- Strengthened compliance with public health standards and regulations
- Improved facility conditions supported greater community trust and utilization of services

## Other Infrastructure and Facility Improvement Projects

Critical upgrades and repairs were undertaken, particularly at secondary care facilities.

### Summary of Projects

Parish	Facility/Project	Amount (JMD)
Trelawny	Roof Repairs – Children’s Ward, Falmouth Public General Hospital	\$6,440,500.00
Trelawny	Roof Repairs – Duncans Health Centre Container	\$1,660,380.00
St. James	Refurbishment of Radiology Department – Cornwall Regional Hospital	\$10,960,900.00
St. James	Retrofitting of Containers for Consultant Offices (A&E) – Cornwall Regional Hospital	\$673,210.00
<b>Total (5 Facilities)</b>		<b>\$19,734,990.00</b>

## Impact on Healthcare Delivery and Outcomes

- Improved diagnostic capacity through refurbishment of radiology services
- Enhanced patient safety and comfort, particularly in pediatric and emergency care settings
- Strengthened infrastructure resilience, reducing service disruptions due to facility deterioration
- Improved clinical workspace supports more efficient service delivery and staff performance

## Performance Against Strategic Targets

Critical upgrades and repairs were undertaken, particularly at secondary care facilities.

## Performance Against Strategic Targets

**Table: Achievement Against Targets and Outcomes**

Target	Achievement	Impact on Healthcare Delivery and Outcomes
<b>Complete four (4) feasibility studies for Primary Care</b>	Three (3) studies completed (Falmouth, Lucea, Type 5 Health Centre)	Provided evidence-based recommendations for <b>facility expansion and modernization</b> , supporting improved access to care
<b>Complete As-built drawings for Primary Care</b>	Four (4) completed	Enables <b>faster design and construction processes</b> , improving project turnaround time and service expansion
<b>Completion of design proposal</b>	Completed for Type 5 Health Centre	Supports development of a <b>Comprehensive Health Centre</b> , expanding service capacity and integration of care
<b>Construction of Vaccine Storage/Transport &amp; Maintenance Lounge</b>	Funding approved; implementation scheduled	Strengthens <b>vaccine storage and logistics</b> , improving immunization programme efficiency and public health outcomes
<b>Developmental Plan</b>	Completed for Noel Holmes Hospital	Provides strategic direction for <b>future expansion and service improvement</b> , enhancing long-term healthcare delivery capacity

### Key Findings from Feasibility Studies

- Falmouth Health Centre: Recommended vertical expansion or new construction
- Lucea Health Centre: Recommended vertical expansion due to space constraints
- Type 5 Health Centre: Current location not feasible; recommendation for land acquisition

### Conclusion

The Project Department made significant contributions to strengthening healthcare infrastructure across the WRHA during the reporting period. Investments in facility upgrades, WASH interventions, and strategic planning initiatives directly supported:

- Improved quality and safety of healthcare environments
- Enhanced infection prevention and control measures
- Expanded capacity for service delivery at primary and secondary care levels
- Improved patient experience and staff working conditions

These achievements have laid a solid foundation for sustainable infrastructure development and improved health outcomes, positioning the WRHA to better meet the evolving healthcare needs of the population.

## **Standardization of SOPs and Workflows**

### **Achievement:**

Strengthened and standardized SOPs across maintenance response, emergency operations, contractor engagement, and equipment servicing coordination. The establishment of a Operations and Maintenance Policy Manual, seven (7) approved SOPs, one (1) policy, two (2) equipment replacement plans and two (2) regional protocol.

### **Impact:**

Improved consistency in service delivery, strengthened compliance, reduced operational risk, and enhanced staff accountability.

## **Medical Waste Management and Compliance**

### **Achievement:**

Maintained uninterrupted medical waste collection, treatment, and disposal services across the Region through active contract oversight and operational coordination, including during and after Hurricane Melissa.

The Region successfully delivered and treated medical waste exceeding the targets set for the 1st and 2nd quarters. In the 3rd quarter, approximately half of the targeted quantity was treated due to disruptions caused by Hurricane Mellissa. For the period, a total of 248,437 kg of medical waste was treated compared to the expected 270,000 kg.

## TECHNICAL SERVICES

The Technical Department (Clinical Operations) plays a pivotal role in the delivery of safe, efficient, and patient-centered healthcare services across hospitals and health centres within the Region. Guided by the 2025/26 Operational Plan, the Department is responsible for overseeing clinical service delivery, strengthening care coordination, and ensuring adherence to established clinical standards and protocols.

During the reporting period April to December 2025, the Department remained focused on improving service quality, enhancing patient outcomes, and optimizing the use of available clinical resources. Priority was given to strengthening service delivery across key programme areas, improving patient flow, and supporting frontline healthcare workers in the provision of timely and effective care.

This report presents a comprehensive review of the Department’s achievements against planned targets and highlights key challenges encountered during the period.

## HEALTH INFORMATION SYSTEMS

Indicators	YTD Target	Achievement	Reason for Non-Achievement
SLA #1: % of discharge summaries completed within 72 hours of discharge.	75%	71%	Not assessed in 3 <sup>rd</sup> quarter, due to Hurricane Melissa
SLA #2: % of discharges with MRCA done within 7 days	80%	69%	Hurricane Melissa destroyed facilities and client files
# of monthly reports reviewed.	72	69	Displacement of the Health Records data at the Falmouth Hospital following the passage of Hurricane Melissa
% of health facilities utilizing the standard data collection tool	100%	100%	
# of sensitization sessions conducted	6	6	
# of non conformance reports submitted	6	No audit completed	Task shifting as a result of Hurricane Melissa No audits conducted
# of files archived for future use and or closed for disposal (Jamaica Archives)	50,000	49,959	
SLA #3: % of health facilities has a signed consent form in clients medical record	100%	0%	Activity not yet implemented by the MOHW
SLA #4: % of health facilities implemented the SOPs for unique identifier for healthcare	100%	0%	Activity not yet implemented by the MOHW

## COMMUNICABLE DISEASES SURVEILLANCE

Indicators	YTD Target	Achievement	Reason for Non Achievement
SLA #5: % of weekly reports (sentinel, Hotel, SARI/ILI) reporting on time	100%	95%	Hurricane Melissa impacted the parishes physically and interrupted communication
% of maternal deaths reported within 24 hours of occurrence	70%	75%	
SLA #6: % of maternal deaths with investigations completed within 6 weeks (except coroners' cases)	80%		Lack of accountability to complete the planned Mat Mortality review
# of Weekly Epidemiology Bulletin produced	36	27	Data unavailability due to communication disruption secondary to Hurricane Melissa
# of Regional Epidemiology Meeting held	9	3	Task shifting as a result of Hurricane Melissa
# of Annual reports submitted by agreed deadline	1	1	
# of Op Plan - SLA reports submitted by agreed deadline	3	3	

## COMMUNICABLE DISEASES SURVEILLANCE

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of disease surveillance /health events (Maternal Mortality, Tuberculosis, Diarrhoeal Related Death) reviews held	4	4	
# of Capacity building sessions held with Epi Coordinators and Clerks	3	2	Hurricane Melissa disrupted training activities
# of disease and health events outbreaks training sessions conducted	2	Multiple	Sessions conducted in sync with the MOHW on various topics including Leptospirosis, Dengue
# of audits done	3	2	Task shifting due to Hurricane Melissa No audits conducted

## NONCOMMUNICABLE DISEASES SURVEILLANCE

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of meeting conducted	3	2	Task shifting among staff following hurricane Melissa to accommodate EOC duties
WRHA Annual NCD Review held	1	1	
# of persons screened for Diabetic Retinopathy	1000	1036	
# Health Centres offering phlebotomy services for NCD clients	13	12	
% Health centres with ECG machines	12	6	Some ECG machines in some health centres are not are not functional. Procurement to commence for additional machines
# Training sessions conducted	6	2	Task shifting among staff following hurricane Melissa to accommodate EOC duties
% unsatisfactory pap smears identified	<5%	6.3%	Parishes asked to investigate causes for unsatisfactory reports
<b>SLA #7:</b> % of Jamaica Injury Surveillance System 3 (JISS 3) sites maintaining JISS 3 operations	95%	N/A	Not assessed this quarter
# test core done [ BP, BMI, Blood sugar, Cholesterol]	35,033	21,937	KYN activities cancelled due to Hurricane Melissa
% persons with a positive screen linked to care	50%	38%	Service disruption due to impact of Hurricane Melissa
# of mammograms done at CRH	400	125	Mammography services suspended in the period to facilitate renovation of space and relocation of Unit to create a Mammography Suite.

## NONCOMMUNICABLE DISEASES SURVEILLANCE

Indicators	YTD Target	Achievement	Reason for Non-Achievement
% of women in the target age group receiving a pap smear	30%	17%	Post Hurricane Melissa there was disruption in services – December report missing in St James
# of women receiving a HPV test	200	N/A	<b>A MOHW activity not yet commenced in the region</b>
# Health Centres offering HbA1C POC testing	28	33	
% PLWDM receiving at least 1 HbA1c test per year	30%	37%	
<b>SLA 8:</b> % of PLWDM controlled	35%	8%	Insufficient numbers of PLWDM get a HbA1c test (32%). Patient non-adherence Social determinants of health Physicians fail to be more aggressive with management
<b>SLA 9:</b> % of PLWHTN controlled	55%	46%	
# NCD Support groups operational	3/parish	14	
<b>SLA #10:</b> % of audited health facilities that achieve ≥80% compliance with National Non-Communicable Disease guidelines	60%	50%	Post Hurricane Melissa there was disruption in services

## NONCOMMUNICABLE DISEASES SURVEILLANCE

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# cases notified	690	728	
# line listed for abstraction	483	630	
% abstracted	338	447	
% of cases registered	301	289	Task shifting among staff following hurricane Melissa to accommodate EOC duties
# reports received	15	6	Health Day activities cancelled due to the impact of Hurricane Melissa
# meeting conducted as per TOR	5	3	Task shifting among staff following hurricane Melissa to accommodate EOC duties
# reports submitted	6	4	Task shifting among staff following hurricane Melissa to accommodate EOC duties

## NONCOMMUNICABLE DISEASE HIV/STI/TB

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# / % of GP- SAM (25 -49 yrs) tested	10919	3428	Disruption in Outreach HIV/STI services post Hurricane Melissa
# / % of GP- SAF (25 -49 yrs) tested	10900	5777	
# / % of MSM tested	1224	590	
# / % of FSW tested	1998	1689	
# / % of TG tested	104	91	
# / % of At risk Youth tested	5171	3085	
% of STI Clinic attendees tested	95%	52%	Lack of same day testing services in all Curative clinic spaces
% of Hospital admissions tested for HIV	60%	51%	Data for CRH and SPGH missing for December 2025
% of ANC HIV Tested.	95%	99%	
% of pregnant PLHIV LTC	95%	100%	
% of pregnant PLHIV who receive HAART.	95%	97%	
% of HEI who receive HAART	95%	100%	
% of HEI who have DNA-PCR test done.	95%	100%	
% of HEI who receive replacement feeds	95%	100%	

## COMMUNICABLE DISEASE HIV/STI/TB

Indicators	YTD Target	Achievement	Reason for Non-Achievement
% of ANC Syphilis Tested.	95%	99%	
% of Syphilis positive pregnant women who are adequately treated	95%	100%	
# of deficiency reports submitted	12	12	
% of newly diagnosed PLHIV linked to care within a month	90%	83%	Clients do not keep medical appointments.
% of PLHIV population linked to care that is retained in care.	90%	88%	Clients do not keep medical appointments.
% of PLHIV population retained in care that is retained on ART.	90%	93%	Missing medication
% of PLHIV population that is retained on ART that had a viral load test.	90%	82%	Non adherence to clinic schedule,
% of PLHIV receiving ART that are virally suppressed.	85%	76%	Non adherence to ART regimen
SLA #11: % of HIV/STI activities initiated according to procurement guidelines	94%	66%	Missing supporting documents, uncollected cheques, missing signatures to documents
SLA #12: % of quarterly Technical reports (Admin, Technical and Financial) submitted on time	100%	100%	

## QUALITY ASSURANCE INFECTION PREVENTION & CONTROL

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of committee meetings held	4	3/4	
# of quality audits done	3	N/A	To be done in the 4 <sup>th</sup> quarter
# of quality improvement initiatives implemented and reported on	1	3	
# of quality improvement audit reports submitted	3	0	To be done in the 4 <sup>th</sup> quarter
HAI rate	<1%	0.6%	
# of IPC meetings held	36	21	
# of IPC audits done	4	4	
# of MONIA areas audited	14	6	
% of non conformances (nonstructural) addressed within 30 days for each audit	≥70%	33%	delayed response from the parishes

## QUALITY ASSURANCE PHARMACY

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of audit reports submitted – Ward Stock levels	3	2	
# of audit reports submitted – Health centre Stock levels	6	3	Scheduled audits were not completed due to Hurricane Melissa – rescheduled for January 2026
# of audit reports submitted - (Dangerous drugs) DDA	6	4	
# of drug utilization evaluations done and reported	2	1	Activity was not done at CRH as there was no Paediatric patient on the selected drug
% pass rate on Post test	70%	88%	Training session rescheduled for January 2026

## MENTAL HEALTH

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of case findings conducted	240	186	Mental Health services disrupted due to the impact of Hurricane Melissa causing damages to Health facilities
SLA #17: # of days waiting time between the presentation of referral and first appointment	42 days	48 days	Closure of some health facilities due to damage caused by Hurricane Melissa
SLA #18: % of Emergency Call that received Face to Face Responses	75%	62%	
% response to urgent crisis calls within 24hrs	100%	100%	
# Case reviews conducted	9	7	
# PNA refresher / full series conducted	0	N/A	To be conducted in the 4 <sup>th</sup> quarter
# monitoring visits report submitted	6	5	Delay in the submission of reports due to task shifting following the passage of hurricane Melissa
# of audit reports submitted	6	5	
# of Major Mental health promotional activities held	16	193	
# of parenting seminars per parish	16	58	

## MENTAL HEALTH

Indicators	YTD Target	Achievement	Reason for Non-Achievement
# of World Mental Health day activities	4	4	
# of Child's month activities	4	14	
% increase in the number of days clinic is held	25%	DNA	Incomplete data for analysis Inadequate number of staff to manage clinics
% increase in the number of new children accessing the service	100%	20%	Low uptake among the population
# of school visits reported	13 per qtr	25 per qtr	
% of children who attend CAMH services screened for Autism and ADHD	50%	100%	
% of clients with NCDs screened for Depression at curative clinics	8	17%	Incomplete data for analysis
# of Staff Wellness Day	8	Not done	Activity cancelled due to Hurricane Melissa

## FAMILY HEALTH

Indicators	YTD Target	Achievement	Reason for Non-Achievement
<u>SLA # 13</u> : % coverage in target populations			
BCG	71%	51%	Incomplete data compilation
Polio	71%	57%	
DPT	71%	56%	
HiB	71%	55%	
Hep B	71%	55%	
MMR 1	71%	52%	
MMR 2	71%	52%	

## FAMILY HEALTH

Indicators	YTD Target	Achievement	Reason for Non-Achievement
SLA #14: % recovery of dropouts	80%	71%	Incomplete data compilation
% newborns receiving birth dose Hep B vaccines	100%	75%	Incomplete data compilation
% screening coverage	100%	100%	
% positive cases linked to care	100%	100%	
SLA #15: # /100000 Live births MMR achieved.	≤90/100000LB	198/100,000	
SLA # 16: % of recommendations from MMR that have been implemented	60%	60%	
% compliance with Parish Maternal Health Plans	40%	DNA	
% Uptake of medium and long-acting contraceptives	2%	DNA	Incomplete data compilation
% of women accessing care in the third trimester	<5%	7.7%	
% of women accessing postnatal care at the stipulated periods	80%	81%	Incomplete data compilation
# of training sessions conducted	2	2	
# / % of programme audits conducted per quarter per parish	3	2	Audit rescheduled due to Hurricane Melissa

## NUTRITION & DIETETICS

Indicators	YTD Target	Achievement	Reason for Non-Achievement
% of patients seen within 48 hours	30%	83%	
% increase in clients accessing nutrition services in primary care clinics	9%	↓37.7%	Clients' non-adherence to appointments
# of Nutrition Education sessions conducted in Outpatient Department (OPD)	144	508	
80% increase in pt receiving care by condition in Nutrition-Outpatient Department (NOPD)	80%	DNR	Data not available
# of Breastfeeding Week (BFW) activities coordinated and implemented in the region	4	9	
% increase in EBF @ 6 weeks	60%	34.7%	
% increase in EBF @ 3 months	60%	30%	Damage to health records limit data compilation
% increase in EBF @ 6 months	60%	1.9%	
% of facilities monitored for BFR	75%	25%	Only facility certified Baby Friendly in the region

## NUTRITION & DIETETICS

Indicators	YTD Target	Achievement	Reason for Non-Achievement
SLA #19: % of hospital certified baby friendly	100%	25%	Only one facility in the region Baby Friendly certified
% pregnant women with improvement in their Hb status following nutrition intervention in primary care clinics	50%	Not assessed	To be assessed in 4 <sup>th</sup> quarter
% of NCD clients compliant with dietary instructions	85%	74%	Food insecurity
% NCD clients with improved BMI	70%	48%	Non-adherence to nutrition guidelines
% children <5yrs with improved Nutritional status	95%	59%	
% children < 5 years attending primary care clinics with overweight	<6%	6.5%	
% children < 5 years attending primary care clinics with wasting	<1%	2.9%	
% children < 5 years attending primary care clinics with stunting	<1%	2.5%	
# Persons reached in the community	9,000	21,982	
# IYCF health promotional activities conducted	48	221	

## NUTRITION & DIETETICS

Indicators	YTD Target	Achievement	Reason for Non-Achievement
% HCs compliant with Interim guidelines on Sugar Sweetened Beverages	100%	68%	Assessment deferred in 3 <sup>rd</sup> quarter, due to closed facilities following hurricane Melissa
# of nutrition interventions implemented in workplace wellness programme	3	14	
# workshops held	2	2	
# support group facilitators trained	10	0	Scheduled for the 4 <sup>th</sup> quarter
# Nutrition & Dietetic Staff development sessions/ workshops conducted	4	2	Activity cancelled in 3 <sup>rd</sup> quarter, due to Hurricane Melissa
# of Education sessions for HCW in hospitals held per facility	36	13	Reduced number of Dietetic staff to conduct sessions
# of Anthropometric audit reports in child health clinics submitted	6	20	
# audits reports for Nutrition Documentation in Medical Records (ADIME) submitted	2	1	Only one audit was conducted, rescheduled due to Hurricane Melissa
# waste audit reports completed, analysed and submitted at the production & ward level	6	7	
# of breastfeeding surveys / Focus group discussion held	3	6	

## NUTRITION & DIETETICS

Indicators	YTD Target	Achievement	Reason for Non-Achievement
SLA #20: % of technical reports submitted on time with 70% of performance targets met for SLA identified indicators	90%	45%	Reports are not submitted on time JaHRVIS, not producing data for reports
% increase in the number of days meals are delivered - served on time on the pilot wards	80%	36%	Inadequate monitoring
% days patient receive meals at standard temperature on pilot wards	50%	6%	Limited staff
# of standardized recipes completed and used	8	1	
% of research findings compiled and analysed	50%	0	No research conducted
# / % of new staff successfully complete onboarding	100%	100%	
# of improved patient satisfaction scores related to mealtimes and delivery of dietary services	30%	0%	
# of reviews	1		To be assessed in the 4 <sup>th</sup> quarter

## ORAL HEALTH

Indicators	Target	Achievement	Reason for Non-Achievement
# of clients screened for oral cancer	1125	4898	
# of dental radiographs reviewed	600	714	
SLA 21 - % of facilities compliant with IPC standards	100%	56%	Audit activity cancelled due to Hurricane Melisa
# of audit reports submitted	12	9	
SLA #22: % of pregnant women received at least one oral health services at PPCF Health Centres in the year, whether through oral health education and promotional oral health hygiene activity or through active screening and management.	40%	16%	Damage to infrastructure and delay in the restoration of utilities in health facilities
% of special needs cases receiving oral health care	20%	25%	
SLA 23- % of clients with DM receiving oral health assessment and/or treatment (including self-referrals)	40%	23%	
# of oral health rehabilitative services (dentures) provided	120	42	Damage to infrastructure and delay in the restoration of utilities in health facilities
% of clients living with HIV accessing oral health care	15%	5.2%	
% of children aged 0-5yrs receiving oral health care	10%	5%	

## ORAL HEALTH

Indicators	Target	Achievement	Reason for Non-Achievement
% of children aged 6-12yrs receiving oral health care	10%	8.6%	Limited activities in the 3 <sup>rd</sup> quarter due to damage to infrastructure and delay in the restoration of utilities in health facilities
% of general population accessing oral health care for the first time ever	1%	3%	
Ratio of sealants to dental restorations for children under the age of 10 years old	2:1	1.1:1	Limited activities in the 3 <sup>rd</sup> quarter due to damage to infrastructure and delay in the restoration of utilities in health facilities
# fluoride gel/varnish application for the 6 - 12 age cohort	750	1477	
% of target population reached in Oral Health Month	12%	8%	Closure of educational facilities mid month to accommodate preparation activities for Hurricane Melissa
# oral health education sessions	1000	1202	
% pass rate for staff post test in capacity building activities	70%	88%	
# staff recognition activity conducted	1	0	Activity cancelled due to Hurricane Melissa

## HEALTH PROMOTION

Indicators	Target	Achievement	Reason for Non-Achievement
# Capacity building workshops in physical activity for stakeholders	3	3	
# of PA programmes established	7	12	
# Of community members engaging in PA fitness assessed	250	145	Limited activities in the 3 <sup>rd</sup> quarter due to damage caused by hurricane Melissa, resulting task shifting
# of social marketing campaign launched	2	3	
# of new workplace wellness programme implementing physical activity and at least one other Jamaica Moves component in their workplace wellness programme.	12	15	
SLA #26: % of new workplace wellness programme implementing physical activity and at least one other Jamaica Moves component in their workplace wellness programme.	60%	108%	
# of workers engaging in PA fitness assessed	375	505	
# / % schools implementing 3 components of Jamaica Moves Initiatives	75	77	

## HEALTH PROMOTION

Indicators	Target	Achievement	Reason for Non-Achievement
# of Health literacy level assessment conducted amongst patients	4	0	
# of Health literacy level assessment conducted amongst community members	2	2	Limited activities in the 3 <sup>rd</sup> quarter due to damage caused by hurricane Melissa, resulting task shifting
% of health facilities submitted patient education report on time	75%	49%	
% of health facilities provided with IEC software for smart TV/Multimedia to boost health education	75%	50%	
# Community leaders trained	100		Scheduled for 4 <sup>th</sup> quarter
# Targeted Community interventions implemented	3	17	
# Capacity Building workshops	3	3	
# of Audits reports submitted	2	2	
# staff recognition activity conducted	1		Scheduled for 4 <sup>th</sup> quarter

## ENVIRONMENTAL HEALTH

Indicators	Target	Achievement	Reason for Non-Achievement
% of high- risk communities surveyed and treated (adulticidal & larvicidal activities)	80%	100%	
SLA # 24: % Aedes index achieved	<5%	9.6%	Heavy continuous rainfall and water collection associated with Hurricane Melissa
SLA # 25: Breteau index achieved	<25	22	
# workshops/meetings conducted	3	3	
% of samples from treated water results at minimum 2ppm Cl <sub>2</sub> residual	90%	82%	Service disruption due to Hurricane Melissa
# of audit of drinking water trucks	3	7	
% sewage plants inspected	75%	94%	
% of new onsite sewage systems inspected	30%	35%	
% of aircrafts & sea crafts processed	95%	98.5%	
% of persons from 'reportable diseases' endemic countries interviewed at port	75%	94%	

## ENVIRONMENTAL HEALTH

Indicators	Target	Achievement	Reason for Non-Achievement
% of persons listed subjected to surveillance	80%	85%	
# Regional food safety workshops conducted	3	3	
% Food handling establishments certified	85%	80%	Closure of tourist establishments and food establishments in the 3 <sup>rd</sup> quarter due to damage to infrastructure and delay in the restoration of utilities in health facilities
% Hotels certified	90%	81%	
Villas, Resort Cottages (Guest Houses, Air BnB) certified	85%	67.3%	
# of Audit reports submitted	12	10	Task shifting among staff following hurricane Melissa to accommodate EOC duties
% of imported foods found to be wholesome upon inspection	95%	99%	
% of food borne outbreak investigations conducted	100%	100%	
# of OHS audit reports submitted	9	6	Task shifting among staff following hurricane Melissa to accommodate EOC duties

## ENVIRONMENTAL HEALTH

Indicators	Target	Achievement	Reason for Non-Achievement
% of investigations conducted	100%	100%	
% institutions inspected	30%	50%	
% institutions operation at satisfactory status	75%	63%	Closure of some institutions in the 3 <sup>rd</sup> quarter due to damage to infrastructure and delay in the restoration of utilities in health facilities
% Unsatisfactory institutions issued workplans	100%	100%	
% outbreaks investigated within 24 hours	90%	96%	
# of audits reports submitted	3	4	
% of all reports submitted	15	15	

## SUMMARY

▪ Number of Indicators: 216

Exceeded	Fully met	Substantially met	Partially Met	Not met	Not assessed
57	30	49	24	43	13
26%	14%	23%	11%	20%	6%

# ACHIEVEMENTS BY HEALTH FACILITIES

## Westmoreland Public Health Services – Primary Care

### Health Centre Upgrades under Operation Refresh

Under Operation Refresh, seven (7) health centres were identified and selected for renovation to improve service delivery and infrastructure within the region.

The procurement process for these upgrades progressed significantly, with the bidding process successfully completed in September 2025 for the following facilities:

- Bethel Town Health Centre
- Williamsfield Health Centre
- Whitehouse Health Centre

### Enhanced Security Services in Primary Healthcare

Security services within primary healthcare facilities were strengthened under a new contractual arrangement that took effect on September 1, 2025. Through this initiative, six (6) additional security guards were deployed to improve safety across selected high-risk locations.

The facilities benefiting from this enhancement include:

- Grange Hill Health Centre
- Petersfield Health Centre
- Little London Health Centre
- Whitehouse Health Centre

The addition of security personnel is intended to support the protection of staff, clients, and property. The presence of security guards also enhances access control, incident response, and overall operational safety within these facilities. This strategic deployment contributes to a safer healthcare environment and supports the continued delivery of quality primary care services.

### Equipment and Furnishing Improvements

A number of health facilities were strengthened through the provision of small but critical equipment and furnishings aimed at improving functionality, staff comfort, and service delivery.

The items distributed are as follows:

- Thirty-six (36) wall-mounted fans were installed across multiple health centres to enhance ventilation and comfort for both staff and patients.

Five (5) microwaves were provided to the following facilities:

- Jerusalem Mountain Health Centre
- Petersfield Health Centre
- Lambs River Health Centre
- Baulk Health Centre
- St. Leonards Health Centre

- One (1) cupboard was allocated to the Mental Health Unit to support storage and organization of supplies.

Ten (10) lockers were distributed for use by visiting staff at five Type I and a Type II Health Centres, including:

- Baulk Health Centre
- Bluefields Health Centre
- New Works Health Centre
- Beeston Spring Health Centre
- Berkshire Health Centre
- Lambs River Health Centre

Four (4) water tanks (1,000 gallons each) were procured and are to be equally shared between Negril Health Centre and Savanna-la-Mar Health Centre to improve water storage capacity and reliability.

Three (3) water dispenser machines were installed at:

- Georges Plain Health Centre
- Lambs River Health Centre
- Little London Health Centre

## Improved Facility Identification Signage

Facility identification and visibility were enhanced through the installation of improved signage across several health centres.

As a part of Phase 1 of the signage upgrade initiative, new and improved facility name signs were installed at the following locations:

- Delveland Health Centre
- New Works Health Centre
- Bluefields Health Centre
- St. Leonards Health Centre
- Baulk Health Centre

Additionally, a directional sign was installed for Grange Hill Health Centre to improve navigation and accessibility for patients and visitors.



## Ventilation/Heat Mitigation

These included the replacement of air-conditioning units at the Darliston Centre of Excellence, specifically within the Laboratory Unit and Vaccine Room, to support optimal storage conditions and service efficiency.

Further upgrades were undertaken at the Savanna-la-Mar Health Centre, where air-conditioning units were replaced in the Community Health Aides Office, Contact Investigator Office, and two clinical rooms. Similarly, at the Grange Hill Health Centre, improvements were made with the replacement of the air-conditioning unit at the Nurse's Station. These enhancements contribute to improved working conditions for staff, preservation of medical supplies, and an overall better healthcare experience for clients.

## Fire and Safety Equipment

Significant steps were taken to strengthen fire and safety preparedness across health facilities. Fifty five fire extinguishers were serviced for the reporting period in primary healthcare.

## Savanna-La-Mar Public General Hospital – Secondary Care

The Nursing Council of Jamaica is the statutory body responsible for regulating the practice of nursing and midwifery in Jamaica. Its mandate includes safeguarding the standards of professional practice, ensuring that nurses and midwives are competent, ethical, and adequately prepared to deliver quality healthcare.

During the reporting period, the Council registered a total of six hundred and sixty (660) new registrants and enrolees, as follows:

- Registered General Nurses: five hundred and twelve (512)
- Registered Midwives: one hundred and four (104)
- Enrolled Assistant Nurses: forty-two (42)
- Registered Mental Nurses: two (2)

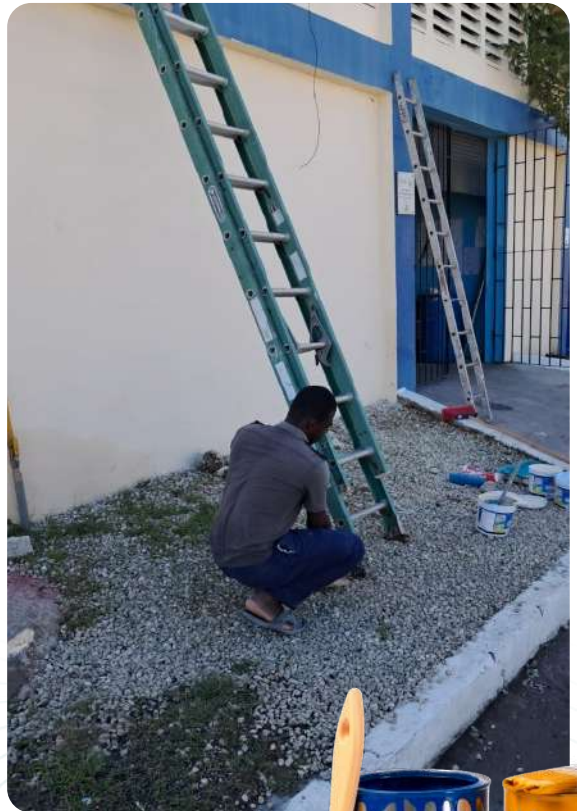
## MAJOR INFRASTRUCTURE & CONSTRUCTION WORKS



Construction of warehouse for the general stores building

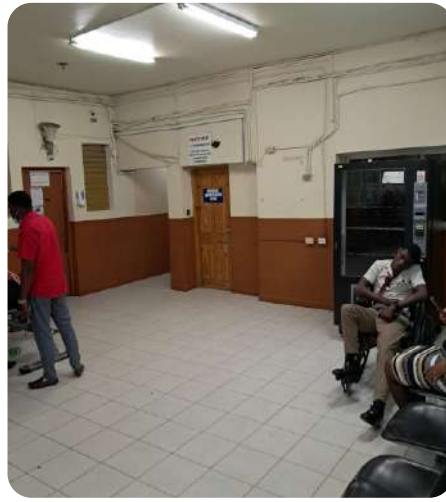


Painting of ward buildings



Painting of Maintenance and laundry building





Painting of Accident & Emergency waiting area as well as medical ward



Retrofitting of Pediatric Bathroom Facilities

- Replacement of two sets of double doors at the operating theatre and maternity wards
- Changing of windows at the delivery suite

## ROOFING & STRUCTURAL WORKS



Laboratory roof waterproofed with membrane system



Renovation of the guardhouse at the main gate



Installation of a base to facilitate use of a compactor to dispose of domestic waste

## MEDICAL EQUIPMENT & TECHNOLOGY UPGRADES



Installation of new X-Ray machine



Renovation of X-Ray suite



Installation of 750 KVA generator



Installation of new washing machine at the laundry

## Maintenance & Repair Activities

- Repair of the fresh air system which services the four (4) bedded isolation container suite.

# NOEL HOLMES PUBLIC GENERAL HOSPITAL – SECONDARY CARE

## OPERATIONAL OBJECTIVES

During the period under review, the facility/parish set out to achieve the following key objectives:

1. Strengthening Healthcare Service Delivery Capacity
  - Ensure adequate staffing with critical healthcare professionals, including nurses, doctors, and support staff.
  - Improve working conditions to support staff retention, productivity, and morale.
2. Improving Infrastructure and Physical Environment
  - Upgrade critical clinical and administrative areas to ensure safe, functional, and patient-centered spaces.
  - Address aging infrastructure posing risks to service continuity and staff efficiency.
3. Enhancing Clinical Service Quality and Diagnostic Capacity
  - Modernize diagnostic, laboratory, and treatment services to improve accuracy, turnaround time, and patient outcomes.
4. Improving Infection Prevention, Safety, and Compliance
  - Strengthen infection control, waste management, sterilization, and environmental hygiene practices.
5. Increasing Operational Efficiency and Support Services
  - Improve laundry, housekeeping, transport, security, and dietary services to support frontline clinical care.
6. Improving Emergency Preparedness and Continuity of Care
  - Enhance emergency response capability, water storage, and resilience of essential services.

# ACHIEVEMENTS TO DATE AND IMPACT ON HEALTHCARE DELIVERY

## Human Resources and Staffing Capacity

### Achievement:

- Employment and retention of 8 nurses, 3 doctors, and key support staff.

### Impact:

- Ensured continuous service delivery across wards, maternity, Accident & Emergency (A&E), and outpatient services.
- Improved nurse-to-patient and doctor-to-patient ratios.
- Enhanced staff morale and retention.

## Administration and Medical Records

### Achievement:

- Replacement of AC units in key administrative offices.
- Replacement of casing for the copy/server room.
- Replacement of AC units in Medical Records.

### Impact:

- Improved administrative efficiency and staff productivity.
- Protected sensitive patient records and IT systems.
- Reduced downtime and improved coordination across departments.

## Training and Staff Development

### Achievement:

- Training conducted in:
  - Waste Management & Segregation
  - Defensive Driving
  - Housekeeping Level 1 and Level 2 Certification

### Impact:

- Improved infection prevention and environmental safety.
- Reduced risk of transport-related accidents.
- Enhanced hygiene standards and reduced HAIs.

## Accident & Emergency (A&E) Department

### Achievement:

- Roof membrane replacement.
- Interior and exterior repainting.
- Procurement of stretcher with IV pole and water cooler.

### Impact:

- Improved safety and functionality of emergency spaces.
- Enhanced patient mobility and emergency response.
- Improved triage efficiency and patient comfort.

## Baby-Friendly Hospital Status

### Milestone Achieved:

Awarded Baby-Friendly Hospital Status – March 2025

Outcome:

- Strengthened maternal-infant bonding and nutrition practices.

Next Steps:

- Continued staff training and support (next training: March 2026).

Impact:

- Improved maternal and child health outcomes.

## Radiology Department

### Achievement:

- Decommissioning of obsolete X-ray machine.
- Installation of digital X-ray system.
- Renovation of X-ray and control rooms.
- Installation of lead glass, counters, cabinets, and AC units.

Impact:

- Improved diagnostic accuracy and turnaround times.
- Reduced radiation risks.
- Enhanced staff efficiency and patient throughput.

## Laboratory Department

### Achievement:

- Procurement of phlebotomy chair and blood gas analyzer.
- Replacement of AC unit.
- Installation of UPVC sliding windows.

Impact:

- Improved patient comfort and diagnostic capability.
- Strengthened emergency and critical care diagnostics.
- Ensured reliability of test results.

## Minor Operating Theatre

### Achievement:

- Replacement of AC unit in Recovery Room.

Impact:

- Improved patient safety and infection control.
- Supported surgical services and recovery outcomes.

## Laundry Services

### Achievement:

- Renovation of laundry and linen storage areas.
- Construction of sluice and soiled linen areas.
- Installation of washing machine, dryer, and compressor.

Impact:

- Improved infection control and linen processing.
- Faster turnaround supporting ward operations.

## Housekeeping Services

### Achievement:

- Procurement of equipment including vacuums, lockers, and supplies.

### Impact:

- Enhanced cleaning efficiency and hygiene standards.
- Improved infection prevention and patient safety.

## Central Sterilization Support Department (CSSD)

### Achievement:

- Procurement of sterilizers and autoclave.
- Installation of AC units.
- Full renovation of department.

### Impact:

- Strengthened sterilization capacity.
- Reduced infection risks.
- Supported continuous surgical services.

## Transport Department

### Achievement:

- Procurement of 3-wheel motorcycle.
- Full renovation of department.

### Impact:

- Improved meal delivery and logistics efficiency.
- Enhanced staff working conditions.

## Security Department

### Achievement:

- Full renovation and equipment upgrades.

### Impact:

- Improved safety and access control.
- Strengthened emergency response capability.

## Water Storage and Continuity

### Achievement:

- Installation of 14,000-gallon water storage system with pumps.

### Impact:

- Ensured uninterrupted water supply.
- Strengthened facility resilience.

## Dietary Services (Relocated)

### Achievement:

- Renovation of temporary space (tiling, painting, sewage repairs).

### Impact:

- Improved food safety and preparation efficiency.
- Supported patient nutrition and recovery.

## Wards and Maternity Services

### Achievement:

- Corridor upgrades, AC installation, and painting.
- Maternity ward upgrades and procurement of delivery beds.

### Impact:

- Improved patient comfort and monitoring.
- Enhanced maternal and neonatal care.

## Donations Received

### Achievement:

- Equipment and supplies from CHASE Fund and Project CURE.
- Financial contribution of \$10,893,148 through Guardian Group SHINE 5K.
- Procurement of UPS system and patient monitoring equipment.

### Impact:

- Expanded capacity and improved emergency preparedness.
- Enhanced diagnostic reliability and patient monitoring.
- Strengthened partnerships with private sector stakeholders.

## OVERALL IMPACT SUMMARY

Collectively, these achievements have:

- Strengthened healthcare system capacity.
- Improved patient safety, comfort, and access to care.
- Enhanced operational efficiency and service resilience.
- Positioned the facility to meet current and future healthcare demands.

## CONCLUSION AND WAY FORWARD

While significant progress was made, the impact of Category 5 Hurricane Melissa necessitated renewed focus on recovery and resilience.

Under the Healthcare Recovery Programme, priority interventions are underway in:

- Maternity Ward
- Dietary Department
- Staff Quarters

These efforts are critical to restoring full functionality, safeguarding essential services, and strengthening long-term resilience.

## OVERALL IMPACT SUMMARY

- Continued institutional and MoHW/WRHA support for timely disbursement of funds to sustain and expand quality improvement initiatives.
- Ongoing investment in staff training, infrastructure maintenance, and equipment modernization.
- Strengthening partnerships with private sector and donor agencies.
- Continued monitoring, auditing, and evaluation to sustain gains in patient safety, service quality, and operational efficiency.

# FALMOUTH PUBLIC GENERAL HOSPITAL – PRIMARY CARE

## Accident and Emergency Department Planned Objectives

Attend at least three (3) capacity-building sessions.

- Collect and disseminate clinical practice guidelines and protocols.
- Create and submit a risk register for the department.
- Prepare and submit a procurement plan as needed.

## Achievements to Date and Impact on Healthcare Delivery

### Disaster Simulation Exercise (August 22, 2026):

Conducted in collaboration with NIS, Heart Trust, Trelawny Police and Fire Department, and Trelawny Municipal Corporation. This exercise allowed the department to assess its strengths, weaknesses, opportunities, and threats, enhancing overall disaster preparedness.

### Fire Warden Training (September 18–19, 2026):

This training sensitized staff on potential fire hazards and appropriate response measures, ensuring the safety of both staff and patients/visitors.

### Scabies Sensitization Session (January 28, 2026):

Provided guidance on identifying and treating scabies, improving staff awareness and patient care.

### Clinical Protocols:

Protocols for Acetaminophen Toxicity, Ackee Poisoning, Acute Left Ventricular Failure, Acute Psychosis, Anaphylaxis, Angioedema, Asthma (adult & pediatric), and Stress Management were printed and distributed to nurse stations to facilitate staff sensitization and consistent clinical practice.

### Patient Education Murals:

Murals in the outpatient waiting area were replaced, and additional murals were installed in the observation area to enhance patient knowledge of their rights and responsibilities.

### Infection Prevention and Control (IPC) Enhancements:

Eight (8) soap dispensers and four (4) paper towel dispensers were procured and installed to reinforce IPC standards, ensuring the safety of both staff and patients.

### Fire Safety:

Fire extinguishers were serviced to ensure immediate and effective response to small fires.

### Facility Improvements:

Air conditioning units were serviced and repaired to improve staff working conditions and enhance patient experience.

### Equipment Donations and Procurement:

One (1) electric kettle was donated by Mrs. Hylton (Advent Pharmacy) for nurses to prepare oral rehydration solutions for patients. Additionally, two (2) electric kettles were procured for staff convenience.

## NURSING DEPARTMENT

	<b>Planned Objectives</b>	<b>Targets</b>	<b>Achievements to Date</b>	<b>Impact on Health Care Delivery</b>
1	Improve the use of the nursing process in the management of patient care.	Twelve desensitization sessions (theory and practice) related to the nursing process were conducted.	Seven desensitization sessions on the nursing process were conducted.	<ul style="list-style-type: none"> <li>Improves confidence in the newly hired nursing staff and</li> <li>Improved patient care and outcome</li> <li>Improved nursing staff critical thinking and decision-making capacity.</li> </ul>
2	Implement a structured orientation programme for nursing/midwifery personnel.	100% of newly hired nursing personnel participate in the six-week orientation programme.	100% of newly hired nursing personnel participated in the six-week orientation programme.	<ul style="list-style-type: none"> <li>Improved patient care delivery.</li> <li>Reduce staff turnover and improve staff retention.</li> <li>It boosts confidence, improve skills and facilitate a smooth transition thus leading to better patient care and outcomes.</li> </ul>
3	Documentation of health education session for patients seen at the high-risk clinics and those admitted to the maternity ward.	100% of clients received appropriate information about self-care, the care of their infant and breastfeeding.	100% of clients received appropriate information about self-care, the care of their infant and breastfeeding. All audited maternal records indicated the same.	<ul style="list-style-type: none"> <li>Empower mothers/family.</li> <li>Reduce complications in High-risk pregnancies.</li> <li>Mothers are more informed on the benefits of breastfeeding.</li> </ul>
4	Increase the monitoring of maternal and fetal well-being during labour using the available technology.	100% of women in labour will receive evidence-based midwifery care.	100% of medical record with documented evidence-based care.	<ul style="list-style-type: none"> <li>Improve the safety of mothers and the fetus.</li> <li>Rapid identification of real/ impending complications with quick interventions to reduce the effects of same.</li> <li>Reduce maternal and perinatal mortality and morbidity.</li> </ul>
5	Refer all mothers and neonates for six days of post-natal care.	100% of discharged mothers received referral for follow-up post-natal care.	100% of discharged mothers received referrals for follow-up.	<ul style="list-style-type: none"> <li>Early detection of complications, hence a reduction of maternal and infant mortality and morbidity.</li> <li>Reduction in post-partum and neonatal admissions.</li> <li>Improvement in infant development and health</li> </ul>
6	Facilitate the transfer of all pregnant women and or neonates with complications to a Type B or Type A facility promptly.	100% of all patients with complications were transferred to a referring hospital.	100% of all patients with complications were transferred to a referring hospital. Patients were transferred to CRH, St Anns Bay Regional Hospital.	<ul style="list-style-type: none"> <li>Continuity of and access to specialized care.</li> <li>Reduction in maternal and infant mortality and morbidity.</li> <li>Efficient use of hospital resources.</li> </ul>
7	Administer the birth dose of Hepatitis B for all neonates.	90% neonates received Hepatitis B vaccines except those with contraindications.	95% of neonates received birth dose Hepatitis B vaccines.	<ul style="list-style-type: none"> <li>Prevention of mother-to-child transmission of Hepatitis B.</li> <li>Protect infants, thus reducing the burden on health care.</li> </ul>
8	Participate in monthly maternal and perinatal morbidity/mortality review meetings.	25% of staff participate in maternal/perinatal review each quarter.	Monthly maternal and perinatal meetings are held. A hybrid approach is utilized, with at least 25% of the staff assigned to the Maternity ward participating.	<ul style="list-style-type: none"> <li>Improved quality of care.</li> <li>Improved evidence-based decision making.</li> <li>Staff education and empowerment</li> <li>Awareness in alignment with national and international standards.</li> </ul>
9	Create/Update the "database" for all licensed nursing and midwifery personnel to reflect their registration status. Maintain/monitor record of the continuing education hours for nursing/midwifery personnel Inform nurses/midwives of the need to renew their license within three months of expiration.	100% of nursing/midwifery personnel with current registration.	90% of Nursing and Midwifery personnel have current registration.	<ul style="list-style-type: none"> <li>Ensure high standards of health care delivery</li> <li>Monitoring and maintenance of professional standards and competence of health care providers.</li> </ul>
10	Implement the government performance management appraisal system and individualized workplan creation by all categories of nursing and midwifery staff.	Work plans were drafted for each category of nursing personnel within the first quarter	All work plans for each category of staff were drafted, discussed, and administered.	<ul style="list-style-type: none"> <li>Alignment of personnel goals with organizational objectives</li> <li>Delivery of optimal care on time</li> <li>Influences employees' motivation and retention.</li> </ul>

11	Resensitize unit leaders/managers regarding their roles and responsibilities related to unit management.	Two capacity-building sessions for unit leaders/managers for the fiscal year.	Unit Managers/ Leaders were assigned and attended capacity-building workshops. In-house resensitization sessions were conducted, reminding them of their roles and responsibilities.	<ul style="list-style-type: none"> <li>• Effective management of the staff supervised.</li> <li>• Improved patient care delivery</li> <li>• Improved operational effectiveness.</li> <li>• Empower nurse managers.</li> </ul>
12	Develop a unit management checklist.	One unit management checklist developed at the end of the first quarter.	Unit management checklist developed and disseminated to Unit managers.	<ul style="list-style-type: none"> <li>• Optimal patient care delivery</li> <li>• Unit operational efficiency</li> </ul>
13	Reduce the occurrence of preventable injuries to clients (falls & pressure injuries)	90% reduction in preventable client injuries	Significant reduction in reports of incidences to include falls and pressure injuries	<ul style="list-style-type: none"> <li>• Improved patient outcomes</li> <li>• Reduction in complaints and litigations.</li> <li>• Improvement in patient safety and delivery of quality patient care.</li> </ul>

## DIETARY DEPARTMENT

### Achievement Report: Financial Year to Date (April 2025 – January 2026)

#### Planned Objectives (FY 2025/2026) The department set out to:

1. Improve patient nutrition support and diet compliance across inpatient wards.
2. Strengthen foodservice operations to improve efficiency, safety, and patient satisfaction.
3. Support the Baby-Friendly Hospital Initiative (BFHI) and promote exclusive breastfeeding.
4. Build staff capacity and professional development in dietetics and foodservice operations.
5. Ensure operational continuity and timely nutrition interventions despite environmental or staffing challenges.
6. Enhance equipment and resource management to support food safety and service sustainability.

### Achievements to Date & Impact on Healthcare Delivery

#### Baby-Friendly Hospital Initiative (BFHI) Achievements:

- Attended BFHI Committee meetings up to October 2025.
- Conducted antenatal and postnatal health education sessions on wards from April–October 2025.
- Participated in two BFHI-focused training sessions for Community Health Aides and Nurses following study leave.
- Impact:
  - Strengthened staff knowledge and skills to support exclusive breastfeeding practices.
  - Improved maternal and infant care outcomes.
  - Supported facility progress toward BFHI standards.

#### Staff Workplan & Capacity-Building Achievements:

- Full departmental staff workplan developed in May 2025 under the leadership of Miss Alexander Mills.
- Monthly staff meetings and line staff training conducted; continuity ensured during study leave by acting colleagues.
- Line staff trained internally by interns on portion control and dietary service standards.
- Several staff received Heart Trust/NTA Level 2 Range Cook certificates, recognizing skills achieved in 2023.

Impact:

- Defined roles and responsibilities improved operational efficiency and meal service consistency.
- Internal training and formal certification strengthened technical competence and adherence to dietary standards.
- Maintained staff supervision and accountability during periods of absence.

### **Equipment & Resource Management Achievements:**

- The Department received a standing freezer and chiller in Q2 2025.

Impact:

- Improved storage capacity, food safety, and inventory management.
- Ensured consistent availability of perishable and temperature-sensitive items for foodservice operations.

### **Timely Nutrition Interventions Achievements:**

- All referred inpatients were assessed within 24–48 hours.
- Outpatient nutrition education sessions and follow-ups conducted for discharged patients.

Impact:

- Enabled timely initiation of therapeutic diets and nutrition interventions.
- Supported continuity of care and improved diet compliance.

### **Operational Continuity & Service Efficiency Achievements:**

Modified shift schedules maintained essential dietary services during environmental, safety, and staffing challenges.

Impact:

- Ensured uninterrupted meal service and operational efficiency.
- Maintained service quality and staff safety.
- Staff Professional Development Achievements:
- Supervisors attended Ministry of Health Nutrition Unit technical sessions and relevant conferences.
- Selected staff attended a mental health seminar at Montego Bay Convention Center in December.

Impact:

- Enhanced leadership, technical competence, and adherence to service standards.
- Strengthened supervision of line staff and quality of meal service delivery.
- Alignment with Departmental Objectives / Operational Plan



	<b>Objective</b>	<b>Achievement</b>	<b>Outcome/Impact</b>
1	Improve patient nutrition support	Timely assessments for referred inpatients; outpatient education and follow-up	Early nutrition interventions; improved diet compliance; strengthened continuity of care
2	Strengthen food service operations	Staff workplan implemented; line staff trained on portion control	Improved workflow, consistency, and meal service quality
3	Support BFHI	Attended Committee meetings; antenatal/postnatal education; BFHI training	Strengthened staff knowledge; improved maternal and infant care outcomes
4	Build staff capacity	Heart Trust/NSTA certificates awarded; supervisors attended technical training; line staff attended mental health seminar	Enhanced technical competence, staff morale, and leadership
5	Ensure operational continuity	Modified shift schedules during environmental/staffing challenges	Maintained uninterrupted service and operational efficiency
6	Enhance equipment/resource management	Standing freezer and chiller procured	Improved storage, food safety, and inventory management

## **SUMMARY STATEMENT**

The Dietary Department at Falmouth Public General Hospital has made measurable contributions toward improving service delivery, operational efficiency, and staff capacity during the financial year to date. Achievements include strengthened BFHI support, professional development of staff, improved foodservice operations, timely nutrition interventions, and enhanced equipment and resource management. Collectively, these efforts have improved service quality, operational sustainability, and departmental performance, contributing to better outcomes for the facility and the communities it serves.

# NORTH-EAST REGIONAL HEALTH AUTHORITY

The North-East Regional Health Authority (NERHA) was established under the National Health Service Act as a statutory body to the MOHW. NERHA is responsible for the delivery of health care services to the residents of St. Ann, St. Mary and Portland.

During FY 2025-26, the North East Regional Health Authority (NERHA) recorded significant progress across its core programme areas: Executive Direction and Administration, and Healthcare Delivery and Management. These achievements reflect NERHA's continued commitment to strengthening governance, enhancing service delivery, and improving patient outcomes across the Region

## Strengthening Governance and Accountability

The Enterprise Risk Management (ERM) Framework was approved and operationalised, establishing a structured approach to risk identification, assessment, and mitigation. This included the establishment of a Board ERM Sub-Committee and Technical Working Group, the development of facility-level risk registers, and targeted capacity building in ERM principles.

Progress was also made in strengthening data governance through the implementation of a Data Privacy and Governance Framework aligned with the Data Protection Act. Improvements included enhanced compliance systems, increased staff awareness, and the review and update of operational forms.

Additionally, the approval of the Board Charter and Code of Ethics strengthened accountability and transparency by clearly defining roles, responsibilities, and standards of conduct in alignment with Government of Jamaica policies and international best practices.

## Service Improvement and Infrastructure Development

The North East Regional Health Authority undertook several major infrastructure and service improvement initiatives during the reporting period, marked by key milestones and handover ceremonies across the Region. These included:

- Official opening of the Belfield Community Health Centre, St. Mary
- Handover of the Oxford Community Health Centre, St. Mary
- Reopening of the Runaway Bay Health Centre, St. Ann under Operation Refresh
- Handover of renovation works at the Alexandria Community Hospital, St. Ann
- Official opening of the St. Ann Health Department Administrative Building and the Regional Health Facilities Maintenance Unit
- Handover of the Islington Community Health Centre, St. Mary
- Emergency response and service delivery capacity were strengthened through the distribution of four (4) new ambulances to St. Ann's Bay Hospital, St. Ann Health Department, Port Maria Hospital, and Port Antonio Hospital.
- Public health capacity was also enhanced through the distribution of twelve (12) fogging machines across St. Mary, Portland, and St. Ann.
- Port Maria Hospital also achieved Baby-Friendly re-certification during the reporting period.



## Maternal and Child Health

The Authority recorded strong performance in maternal and child health services, achieving 100% new-born screening coverage for sickle cell disease across all hospitals.

The implementation of the Locate and Vaccinate Initiative resulted in 92% coverage of outstanding antigens, improving immunisation follow-up and service delivery. Rheumatic fever prophylaxis coverage reached 81%, with a compliance rate of 76%, exceeding national targets.

## Health Promotion and Education

Health promotion initiatives were expanded to improve physical activity and wellness. A regional workplace physical activity initiative was adapted for national implementation, with pre-testing conducted across forty-two (42) entities island-wide.

## Oral Health Services

- NERHA expanded oral health outreach and service delivery, with approximately fifteen thousand, four hundred and thirty-six (15,436) individuals benefiting from oral health education through one thousand and eleven (1,011) sessions conducted during the year.
- World Oral Health Day activities were successfully implemented across all three parishes, reaching schools, antenatal clients, older adults, special-needs populations, and persons with diabetes.
- The “Sugar Smart Smiles” campaign was implemented in one hundred and thirty (130) schools, reaching approximately five thousand (5,000) students, parents, and teachers. Oral health services for vulnerable groups exceeded targets, including services provided to antenatal clients and persons with chronic conditions.
- The “Second Chance Smiles” programme surpassed its target, delivering over five hundred (500) dentures. Service delivery was further strengthened through partnerships, including the donation of a mobile dental unit and critical supplies, resulting in increased clinical outputs across examinations, fluoride applications, and restorative services.





## Environmental Health and Emergency Response

NERHA strengthened environmental health interventions in response to increased vector-borne disease risks and post-hurricane conditions.

Following Hurricane Melissa, the Breteau Index increased to 39.8 during the immediate post-hurricane period. Through the implementation of a coordinated Integrated Vector Management Response Plan, the index was reduced to 24 by the end of March 2026. No outbreaks of arboviral diseases were recorded across St. Ann, St. Mary, and Portland.

The Region also successfully contained a post-hurricane leptospirosis outbreak, with no new cases reported after December 2025. This was supported by the investigation of 100% of confirmed cases, targeted environmental interventions, and inter-agency collaboration.

Additional achievements included:

- 100% monitoring of all activated shelters with no major environmental health issues reported
- Distribution of water treatment supplies and public education to over 1,000 residents
- 100% processing of vessels entering regional ports, exceeding the 95% target
- Investigation of 88% of environmental health complaints within 30 days, surpassing the target



**New Laparoscopic Tower Unit at SABRH**

## Nutrition and Baby-Friendly Hospitals

NERHA achieved a major milestone in maternal and child health, with all hospitals meeting the criteria for Baby-Friendly designation or re-certification. This positions the Region as the first to achieve full Baby-Friendly hospital coverage, supporting improved breastfeeding practices and neonatal outcomes.

## Quality Assurance and Pharmacy

Quality assurance systems were strengthened through the conduct of medication management compliance audits at Annotto Bay, St. Ann's Bay, and Port Maria Hospitals. These audits improved operational controls, reduced risks, and supported continuous quality improvement in pharmaceutical services.



**Material for 'Circle of Moves'**









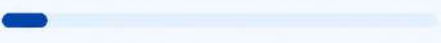












# PESTICIDE CONTROL AUTHORITY

The Pesticides Control Authority (PCA) is a Statutory Body of the MOHW, mandated by the Pesticides Act 1975. During the period of April 2025 to March 2026, the PCA processed approximately three hundred and one (301) import permits for one thousand and thirty-nine (1,039) products on the Jamaica Single Window for Trade (JSWIFT). During the year, the PCA hosted Four (4) written examinations leading to the certification of Pest Control Applicators. Seventy-one (71) practical exams were evaluated.

The PCA implemented a targeted certification programme for vector control personnel within the MOHW. Through this initiative, a total of one hundred and seventy four (174) officers across the island were trained and certified in mosquito treatment protocols, strengthening national vector control capacity.

Certification was carried out across the following parishes:






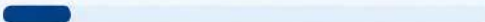



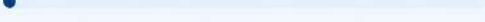







- Trelawny – twenty-one (21) persons
- St. James – fourteen (14) persons
- Hanover – eighteen (18) persons
- Westmoreland – nineteen (19) persons
- St. Catherine – thirty-one (31) persons
- St. Thomas – thirty-four (34) persons
- Kingston and St. Andrew – thirty-seven (37) persons

 Registration Types	 Numbers
 Registration of new pesticides	32 
 Re-registration of pesticides	18 
 Licence to Manufacture	11 
 Limited Use Pesticides	5 
 Licencing of new farm stores	42 
 Re-licencing of farm stores	77 
 Licencing of new Pest Control Operators	15 
 Re-licencing of Pest Control Operators	44 
 Certification of Pest Control Applicators	33 
 Re-certification of Pest Control Applicators	76 

**TABLE 4**

**Summary of Inspections Conducted,  
April 2025 – March 2026**






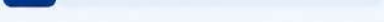



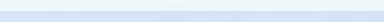
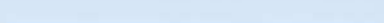


 Types of Inspections	 Numbers
 Farm Store	<b>783</b> 
 Pest Control Operators	<b>63</b> 
 Importers	<b>12</b> 
 Manufacturer	<b>7</b> 
 Supermarket	<b>37</b> 
 Hardware	<b>22</b> 
 Central Sorting Office	<b>1</b> 
<b>Total</b>	<b>925</b> 

**TABLE 5**

**Summary of PCA Participation  
in Expos and Trainings**



 Types of Participation	 Numbers
 Expos	<b>11</b> 
 School Training	<b>10</b> 
 Farmers Training	<b>34</b> 
 Other Training	<b>17</b> 
<b>Total</b>	<b>72</b> 



# NATIONAL HEALTH CARE ENHANCEMENT FOUNDATION

The strategic plan of the Foundation calls for five (5) Strategic Focus Areas contemplated to provide the most enduring and impactful support to the public health system:

1. Strengthen Health System
2. Building The Foundation for Healthy Lifestyle
3. Strengthen Health Promotion, Education and Communication
4. Strengthen Connection & Collaboration with Stakeholders
5. Strengthen Organisational Capacity, Governance, Leadership & Operation Efficiency and Effectiveness

# Key Performance Highlights:

## 1. NHEF OPERATIONS

- Unprecedented Donation receipt of medical equipment and supplies of approximately J\$2.5B.
- Credentialing of approximately 151 Overseas Medical Missions with an estimated value of J\$1.8B (includes service value and supplies used in conduct of mission).
- Excluding Overseas Medical Missions, an unprecedented Donation-to-OPEX ratio of 30x vs 10x for the prior 3-year average.

## 2. ADOPT-A-CLINIC PROGRAMME

The Adopt-A-Clinic Programme continues to show strong support with fifty-nine (59) health centres or fifty-nine percent (59%) adopted to date of a target of 100 adoptions and a donor commitment of J\$229M or 76% of a target of J\$300M. Of the J\$229M commitment received to date, approximately 63% or J\$144M in cash has been received.

- As of Mar 31, 2026, fifty-nine (59) health centres have benefited from J\$107M in value of medical and facility equipment (autoclaves, examination lamps, blood pressure machines, dental equipment, AC units, washing machines, microwave, etc).
- In FY 2025 -26 the Programme received \$10.1M in cash (\$7.7M) and in-kind (\$2.3M) to support adopted health centres.
- Every parish has benefited from having at least two (2) health centre adopted with the top five (5) parishes Kingston, St Catherine (8), Kingston (7), Westmoreland (6), St James (5) and St Andrew (5).

## 3. VOLUNTEER OVERSEAS MEDICAL MISSIONS

For the FY 2025 – 26, the Foundation processed the credentialing for 151 Overseas Volunteer Medical Missions for estimated value in services and supplies of J\$1.8B. The number of missions represents a significant increase of 126 missions, more than the prior year experience of 25 missions. The details of the missions by service are as follows:

- 86 Health Checks (NCDs) missions valued at J\$661M.
- 32 Emergency Hurricane Relief missions valued at J\$859M.
- 16 Dental missions valued at J\$114M.
- 9 Surgery mission valued at J\$43M.
- 8 Eye-care missions valued at J\$77M.

## 4. EMERGENCY RELIEF

In the aftermath of the unprecedented Oct 28, 2025 CAT 5 hurricane Melissa, the NHEF was instrumental in the provision of support to include; importation permits, customs clearance, coordination and logistics of imported relief goods, key liaison and point of contact to the many Emergency Relief Agencies and central point to coordinate credentialing of medical missions. In the coordination and logistics demands of hurricane Melissa, the Foundation was an important resource to key stakeholders such as ODPEM, JDF, MOHW and Ministry of Transport, Telecommunications and Energy. In so doing the Foundation supported the surge demands of Hurricane Melissa to include:

- Coordinated and consulted with MOHW to immediately implement an abridged credentialing process for medical missions to effect an approval of missions within 48hrs of receipt of application submissions.
- Coordinated and consulted with Jamaica Customs Agency to effect a fast-track process for permit processing and approval given the surge in caused by Melissa.
- Facilitated a surge in medical missions to thirty-nine (39) in November 2025 from an average of 10 per month

- Supported 55 entities importing approximately J\$1.7B in relief goods to the public health sector.
- Deployed J\$1.2B in relief support provided by 12 International Relief Agencies
- Coordinated logistics and/or field reconnaissance to support the deployment of three (3) field hospitals in the parishes of St Elizabeth, Westmoreland and Trelawny.



# DEPARTMENTS

## NATIONAL COUNCIL ON DRUG ABUSE

During FY 2025-26, the National Council on Drug Abuse (NCDA) continued to play a critical role in reducing substance misuse and promoting mental wellness across Jamaica. Through expanded prevention programmes, strengthened counselling services, and targeted community interventions, the Agency significantly increased its reach and impact, particularly among vulnerable populations.

A total of fifty-two thousand, six hundred and thirteen (52,613) persons were reached through substance misuse prevention activities, reflecting a substantial expansion of public education efforts aimed at reducing the demand for drugs and promoting healthier behaviours. These interventions included school-based programmes, community engagements, and national awareness campaigns focused on issues such as alcohol misuse, smoking, and vaping.

Targeted interventions among children and youth were also significantly scaled up. Four thousand, nine hundred and thirty three (4,933) children were engaged in evidence-based prevention programmes across one hundred and twenty-six (126) institutions, while four thousand, six hundred and eighty-nine (4,689) children participated in mental wellness sessions designed to build coping skills, resilience, and emotional awareness. These programmes are critical in addressing risk factors early and supporting positive behavioural outcomes.

The NCDA also strengthened its focus on mental wellness at the community level, reaching forty-nine thousand, three hundred and thirty-four (49,334) persons through wellness activities. These engagements were particularly important in the aftermath of Hurricane Melissa, where mental health support was integrated into recovery efforts. Community-based initiatives, including the establishment of C.A.R.E. Villages and the delivery of Psychological First Aid, supported affected populations and helped to reduce trauma-related risks.

Counselling and treatment services continued to provide essential support to individuals experiencing substance use challenges. During the reporting period, one thousand, three hundred and seventy-seven (1,377) clients accessed counselling services, supported by helpline and text-based platforms which received a combined seven thousand, six hundred and sixty-six (7,666) interactions. Notably, a ninety percent (90%) client progression rate was recorded, indicating that the majority of clients are actively advancing through structured treatment and recovery pathways. Efforts to strengthen early detection and response to emerging drug trends were also advanced through the NCDA's early warning system, which supports multi-sector collaboration and information sharing. In addition, national surveys conducted in schools achieved a one hundred percent (100%) response rate across thirty-two (32) institutions, providing valuable data to guide policy and programme development.

Operationally, the NCDA maintained strong financial and organisational performance, achieving ninety-two point five four percent (92.54%) utilisation of allocated funds and exceeding several administrative and human resource targets, including the recruitment of additional staff to support programme expansion.



# GOVERNMENT CHEMIST

The Department of Government Chemist delivered a strong and impactful performance during the 2025/2026 financial year, marked by significant achievements in analytical output, quality assurance, and institutional strengthening. Notably, the Department successfully retained its ISO/IEC 17025:2017 accreditation and expanded its accredited scope by twenty-five percent (25%) within one year, reinforcing its position as a credible and internationally aligned scientific authority.

The Department's performance during the reporting period reflects both operational strength and the increasing demand for its services. Across several key areas, outputs exceeded expectations, demonstrating the Department's ability to respond effectively to national needs.

## Testing

Food testing, particularly in relation to milk analysis, recorded significant over performance, with outputs substantially exceeding annual targets. Similarly, toxicology and alcohol testing services experienced high demand and delivered outputs well above expected levels. These results are particularly important, as they indicate both the relevance of the Department's services and its capacity to scale operations in response to demand.

In addition to increased output, the Department also achieved improvements in turnaround times in critical testing areas. Reduced processing times for pharmaceutical and toxicology analyses represent a meaningful enhancement in service delivery, enabling faster decision-making by stakeholders and improving overall system efficiency.

Pharmaceutical output fell marginally below target, this was not due to internal inefficiencies but rather a reduction in sample submissions during the first quarter. Importantly, the Department identified the underlying cause through internal assessment and engaged directly with the Standards and Regulation Division to address the issue. The resulting collaboration led to improved submission levels in subsequent periods, demonstrating the Department's proactive and solution-oriented approach. Compliance with quality and operational standards reached ninety-five percent (95%), exceeding the ninety percent (90%) target.

## Accreditation and Quality Advancement

The retention and expansion of ISO/IEC 17025:2017 accreditation are among the year's most significant achievements. Building on the initial accreditation obtained in 2024, the Department expanded its accredited scope to include three (3) additional tests during the reporting period.

The continued expansion of accredited services also positions the Department for greater impact, allowing it to offer a broader range of internationally recognised testing services. Plans to further expand the scope in the upcoming year reinforce the Department's commitment to continuous improvement and strategic growth.



## Strategic Infrastructure and Operational Resilience

The procurement of a new High-Performance Liquid Chromatography (HPLC) system represents a major advancement in the Department's analytical capability. This acquisition, which follows several years of sustained effort to secure funding, will significantly enhance testing efficiency, increase output, and support the continued expansion of accredited services. It also addresses longstanding equipment constraints that could have limited operational capacity.

The Department also undertook the servicing of its electrical breakers, which had not been maintained for over twenty-five (25) years. This issue was identified through the Department's risk management processes as a critical vulnerability. By addressing this risk proactively, the Department not only safeguarded its infrastructure but also ensured the safety of its staff and the continuity of operations.

The transition to solar energy marks another major strategic development. After damage to the Department's generator during Hurricane Melissa, the vulnerability of relying solely on traditional power sources became evident. Although the Department did not suffer losses at the time, the incident highlighted the potential risk to stored samples and critical operations.

The implementation of a solar energy system addresses this vulnerability by providing a more reliable and sustainable power source. It also eliminates operational risks associated with fuel procurement during emergencies and is expected to contribute to cost savings over time, given the Department's historically high electricity expenditure.

Although the current system does not yet support the entire facility, it provides a strong foundation for future expansion.

Together, these initiatives signal a deliberate shift toward risk-informed decision-making, sustainability, and long-term operational stability.



# PROFESSIONAL COUNCILS

## NURSING COUNCIL

The Nursing Council of Jamaica is the statutory body responsible for regulating the practice of nursing and midwifery in Jamaica. Its mandate includes safeguarding the standards of professional practice, ensuring that nurses and midwives are competent, ethical, and adequately prepared to deliver quality healthcare.

During the reporting period, the Council registered a total of six hundred and sixty (660) new registrants and enrolees, as follows:

- Registered General Nurses: five hundred and twelve (512)
- Registered Midwives: one hundred and four (104)
- Enrolled Assistant Nurses: forty-two (42)
- Registered Mental Nurses: two (2)

### Registration Routes

#### By Examination

This category comprises individuals who successfully completed programmes at Nursing Council–approved educational institutions and passed the qualifying examinations.

- Regional Examination for Nurse Registration (RENr) Registered General Nurses: four hundred and twenty-six (426)
- Midwifery Qualifying Examination, Registered Midwives: ninety-two (92)
- Qualifying Examination – Enrolled Assistant Nurses: forty-one (41)

#### By Endorsement

This category includes individuals who were trained at overseas institutions, whose qualifications and professional credentials were assessed and deemed comparable to Jamaica’s standards for nursing and midwifery practice.

- Registered General Nurses: eighty-six (86)
- Registered Midwives: twelve (12)
- Enrolled Assistant Nurses: one (1)
- Registered Mental Nurses: two (2)

### Renewal of Licensure

This refers to the biennial renewal of licences to ensure ongoing compliance with established professional standards. During the reporting period, the Council continued to promote adherence to Continuing Education (CE) requirements as a key condition for the maintenance of licensure.

A total of five thousand, two hundred and thirty-nine (5,239) licensee renewal applications were processed during the reporting period, as follows:

- Registered General Nurses: three thousand, seven hundred and twelve (3,712)
- Registered Midwives: one thousand, one hundred and ninety-three (1,193)
- Enrolled Assistant Nurses: three hundred and twenty-nine (329)
- Registered Mental Nurses: five (5)

The average processing time for renewal applications was six (6) weeks. Notwithstanding, expedited processing was facilitated in cases where applicants demonstrated an urgent need, resulting in the issuance of licences in a shorter timeframe.

## Temporary Licensure (Missions)

Mission refers to Registered Nurses, Registered Midwives, and Enrolled Assistant Nurses from overseas who volunteer to work in healthcare facilities, as well as community and church outreach programmes in Jamaica.

During the reporting period, the following temporary licences were granted:

- Regular requests: four hundred and forty-eight (448)
- Hurricane Melissa response: two hundred and ninety-seven (297)

## Verification of Licensure

This refers to the process of confirming a practitioner's registration status, licensure, and professional standing with the Council, typically to meet regulatory, employment, or migration requirements.

A total of seven hundred and ninety (790) verification requests were processed for regulatory authorities and prospective employers overseas, as follows:

- Registered General Nurses: six hundred and ninety-five (695)
- Registered Midwives: thirty-four (34)
- Enrolled Assistant Nurses: sixty (60)
- Registered Mental Nurses: zero (0)

## Training Initiatives

A total of eight hundred and fifty-eight (858) student nurses, student midwives, and pupil assistant nurses were indexed to pursue training. Indexing is the process of formally registering students with the Council upon entry into an approved training programme, thereby recognising them as trainees eligible to undertake regulated nursing or midwifery education.

- Student Nurses: six hundred and seventy-six (676)
- Student Midwives: ninety (90)
- Pupil Assistant Nurses: ninety-two (92)

Key initiatives included:

- Associate of Applied Science (ASc.) Degree in Assistant Nursing Curriculum:  
Approved for implementation across Community Colleges offering the Assistant Nursing programme, effective July 9, 2025.
- Remediation Programme for Fourth Sitter Candidates:  
Approved at Portmore Community College, effective March 11, 2026, to support Assistant Nurses undertaking a fourth attempt at the qualifying examination. This structured programme provides a final opportunity for candidates to demonstrate the required competencies for registration.

## Approval and Accreditation of Training Institutions

- All nursing and midwifery schools remained in conformance with approved standards.
- Portmore Community College underwent a verification visit to confirm resolution of previously identified non-conformances.
- One hospital was audited to assess compliance with clinical training standards and the adequacy of the learning environment for students.

## Complaints Management and Enforcement

The Nursing Council of Jamaica maintains a structured framework for managing complaints against registered practitioners to ensure adherence to professional standards and the protection of the public.

The complaints management process includes:

1. Receipt of complaint
2. Investigation by the Disciplinary and Penal Cases Committee
3. Resolution, including referral, warning, suspension, or revocation
4. Enforcement in accordance with the Nurses and Midwives Act, 1964
5. Communication of outcomes to relevant parties
6. Secure records management in accordance with statutory requirements

Outcomes for the Reporting Period:

- No cases resulted in formal hearings or disciplinary proceedings.
- Ten (10) cases from the previous financial year were resolved through referral to respective institutions for appropriate internal management and follow-up action.

## Special Initiatives

The Council undertook several key initiatives during the reporting period, including:

- **Advanced Practice Registered Nurses (APRNs):** A regulatory framework was completed and submitted. The Council is currently awaiting a response from the Ministry of Health and Wellness Legal Unit regarding proposed amendments to the Nurses and Midwives Act.
- **Standards, Scopes of Practice and Competencies (SSPC):** Continued development and refinement across multiple nursing categories to ensure alignment with current best practices and regulatory requirements.
- **Document Retrieval Initiative:** Participation in the Document Retrieval Fair held in Montego Bay on January 9, 2026. Nurses and midwives affected by Hurricane Melissa were registered for document replacement, and documents have been prepared for distribution.







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