



STANDING COMMITTEE ON SOCIAL AFFAIRS

**REVIEW REPORT ON THE MINISTRY OF HEALTH AND MEDICAL SERVICES
JANUARY – JULY 2016 ANNUAL REPORT**



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TABLE OF CONTENTS

CHAIRMAN’S FOREWORD	3
RECOMMENDATIONS	4
INTRODUCTION	5
FINDINGS	9
GENDER ANALYSIS.....	10
CONCLUSION.....	10
SIGNATURES OF MEMBERS OF THE SOCIAL AFFAIRS STANDING COMMITTEE	11
APPENDICES	12
APPENDIX 1: LIST OF ACRONYMS	12
APPENDIX 2: POWERPOINT PRESENTATION BY THE MINISTRY OF HEALTH AND MEDICAL SERVICES	13
APPENDIX 3: WRITTEN RESPONSES TO COMMITTEE’S QUESTIONS.....	22
APPENDIX 4: VERBATIM REPORT ON THE SUBMISSION BY THE MINISTRY OF HEALTH AND MEDICAL SERVICES.....	27
APPENDIX 5: RESEARCH ANNUAL REPORT SUMMARY	41

CHAIRMAN'S FOREWORD

I am pleased to present the Committee review report on the Ministry of Health and Medical Services January to July, 2016 Annual Report.

The Committee noted that the first six months of 2016 had been quite challenging for the Ministry of Health and Medical Services. The Ministry's facilities suffered losses estimated to be around FJ\$13.9 million but it was pleasing to note that despite the devastation of Tropical Cyclone Winston, the Ministry through collaborative and ongoing efforts managed to accomplish some key achievements including:

- Commissioning of the Dialysis machines for acute dialysis at ICU at CWMH
- Launch of Rheumatic heart disease mobile clinic
- Development of the Clinical Information Systems/Health Information Systems (CIS/HIS) Strategic Plan 2016 – 2020
- Introduction of two dose Human Papilloma Virus (HPV) Vaccination Program in schools

The Committee also acknowledges the contribution and support provided by its development partners and international organizations and commends the overall performance and achievements of the Ministry with a few recommendations to be considered.

I thank the Deputy Chairperson, Hon. Veena Bhatnagar, Members, Hon. Salote Radrodro, Hon. Ruveni Nadalo, Hon. Anare T. Vadei and Hon. Ratu Tevita Niumataiwalu as an alternate member for their contribution towards the scrutiny and formulation of this bipartisan Report.

With these words, on behalf of the Standing Committee on Social Affairs I commend this Report to Parliament.



Hon. Viam Pillay
Chairperson of the Social Affairs Standing Committee

RECOMMENDATIONS

The Standing Committee on Social Affairs has conducted a review of the Ministry of Health and Medical Services 2016 Annual Report and has few recommendations to be brought to the attention of the House:

Recommendation 1:

- The Committee noted that there have been shortages in screening consumables, medicines, drug levels, reagents, dental equipment and standard equipment for major hospitals around Fiji. Taking into consideration that these are the very basic needs for health service delivery, the Committee recommends that the concerns be addressed immediately. There is also a need to strengthen and upgrade the database for the purposes of monitoring and surveillance of drugs supply.

MoHMS's response:

- The Ministry of Health & Medical Services has proceeded with reforms of Procurement Unit by relocating the Unit to the Ministry's Headquarters, Accounts Department. The main objective is to improve transparency in the process of procurement and expedite processes to enable more efficient procurement.
- The monitoring of stock status of all products for the delivery of respective programmes is now a monthly activity at the Fiji Pharmaceutical & Biomedical Services (FPBS). A number of monitoring tools are now being used for analysis and monitoring of stock levels
- The Logistic Management Unit at FPBS has Technical Officers that analyze the monthly reports, and coordinate with health facilities on the stock status. Information is also regularly produced for the procurement Unit to do continuous follow ups based on the Expected Time of Arrival of products.
- The Ministry is also embarking on securing a new Warehouse Information System that could improve the surveillance & monitoring of supplies at the FPBS Warehouse as well as at health facilities.

Recommendation 2:

- The Committee recommends that budgetary allocations regarding Recommendation 1 should not to be held under Requisition.

MoHMS's Response:

- The recommendation has been noted. The budgetary Allocation (Free Medicine Scheme) is no longer under Requisition from the financial year 2017-2018.

Recommendation 3:

- The Committee noted that transportation has been a problem for most of the facilities, including the maritime zones. Transportation being an integral and essential component in the delivery of health services, the Committee recommends that appropriate action be taken to address the issue.

MoHMS's response:

- A needs assessment was carried out by the Asset Management Unit in consultation with divisions and stations. This assessment was submitted to Ministry of Economy (MoE) for facilitation of new Government vehicle under the leasing program. Vehicles have been approved by MoE to be allocated to the Ministry and to date, majority of these have been provided and released to the divisions.
- In the maritime areas where sea transport is required, the Ministry has requested necessary budgetary allocations for boats and outboards which are anticipated to be approved.

Recommendation 4:

- The Committee recommends an evaluation of the existing ambulance fleet and the provision of more ambulances.

MoHMS's response:

- A needs assessment was carried out by the Asset Management Unit in consultation with divisions and stations. This assessment was submitted to Ministry of Economy (MoE) for facilitation of new Government vehicle under the leasing program. Vehicles have been approved by MoE to be allocated to the Ministry and to date, majority of these have been provided and released to the divisions.
- In the maritime areas where sea transport is required, the Ministry has requested necessary budgetary allocations for boats and outboards which are anticipated to be approved.

Recommendation 5:

The Committee recommends infrastructural development across the health facilities inclusive of Staff Quarters.

MoHMS's response:

- Infrastructure planning now includes planning for staff accommodation as well. The constructions of new facilities are now also inclusive of staff accommodation. Some recent examples of these include the New Ba Hospital, Waimaro Health Centre and New Navosa Hospital.
- Furthermore, there have also been investments done on construction of new quarters for existing health service facilities such as Seaqaqa Health Centre, Naduri Health Centre, Nabouwalu Hospital and there are plans for further extension of facilities at Labasa Hospital.
- The Ministry has more than 200 facilities and quarters and is therefore taking a phased approach by getting a certain number of new quarters built/renovated in a particular financial year. Maintenance plan has been formulated and works are carried out on an ongoing basis to ensure that all facilities and quarters are upgraded to the required standard.

Recommendation 6:

- Communication and connectivity needs to be strengthened to allow for filtration and dissemination of information across the health facilities and within the health systems.

MoHMS's response:

Communication and connectivity has been strengthened through:

- Launch of new applications such as Diabetes registration and Rheumatic fever information system
- Installation of new data and voice line for Vunisea Hospital and FPBS.
- Installation of new PABX system and fiber connection to allow faster and stable connectivity.
- Computers have been procured and distributed to health facilities based on requests received
- eHealth Platform has been set up that includes eTraining, eJournal, eForms, eSurvey and many other tools.

Recommendation 7:

- The Committee recommends a more vigorous human resource recruitment policy and its implementation to address acute staff shortage.

MoHMS's response:

- The Ministry has developed a more robust recruitment and selection policy which is aligned to the Open Merit Based Recruitment & Selection Guidelines of the Civil Service. The current review of the policy is focused on reducing turnaround time of processing posts and as such vacant positions can be filled in a timely manner.

Recommendation 8:

- The Committee recommends the upgrade of Tamavua Rehabilitation Hospital and Twomey Hospital to be able to address the rehabilitation needs of inpatients and outpatients.

MoHMS's response:

- A development plan has been designed for Tamavua Twomey Hospital, which recommends the construction of a modern rehabilitation unit with extended inpatient, outpatient, physiotherapy capacity as well as a modern prosthetic unit, in line with advances in technology globally, to be situated in the space adjacent to the current unit.

Recommendation 9:

- The Committee recommends the upskilling of public health medical practitioners particularly, for the treatment of mental illnesses at primary health care level.

MoHMS's response:

- There are mental health (mh) GAP-IG trainings conducted in divisions and sub divisions for public health professionals which include nurses and medical officers. These trainings cover the assessment and management of mental, neurological and substance use disorders in non-specialized health settings.
The Ministry has identified that it will be more proficient to train the doctors during the internship trainings before they are posted for their one year rural posting in health centers.
The internship program for doctors will undergo review and it is expected that the new internship program would have psychiatry included as mandatory rotation to complete the internship. This will be implemented in near future.
This system will significantly contribute to improved mental health care services at primary health care levels for effective decentralization of mental health services.

Recommendation 10:

- The Committee recommends the speedy finalization of the review of the Public Health Act which has been renamed as the Health Protection Bill and the formulation of other relevant by laws.

MoHMS's response:

- The MoHMS had been engaged in actively reviewing the PH Act that has resulted in the current draft Health Protection Bill. The Health Protection Bill has undergone further review in 2017 and consultations have been held with relevant stakeholders. The Health Protection Bill is of major significance to the health and wellbeing of Fiji's population and therefore it required extensive review and consultation before finalization.
- The Bill is now in its final stages and the Ministry is taking necessary steps for faster finalization and implementation.

INTRODUCTION

The Ministry of Health and Medical Services aims to empower people to take ownership of their health and to assist them in achieving their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system in Fiji.

The Parliament at its sitting on 7th April, 2018 referred the Ministry of Health and Medical Services' 2016 Annual Report to the Standing Committee on Social Affairs to scrutinize.

The review of the Annual Report involved collation of information and a presentation from the Ministry of Health and Medical Services which assisted the Committee members to fully understand the Ministry's operations, achievements and challenges encountered during the financial year.

On the 10th of May, 2018, the Committee convened a meeting with the Officials from the Ministry to deliberate on its 2016 Annual Report. The discussions were basically focused on the Ministry of Health and Medical Services administration and gender breakdown, organization structure, functions, policies/programs in place, budgetary allocation, achievements and challenges.

The review report on the Ministry of Health and Medical Services contains the Committee recommendations, Committee findings, gender analysis and conclusion.

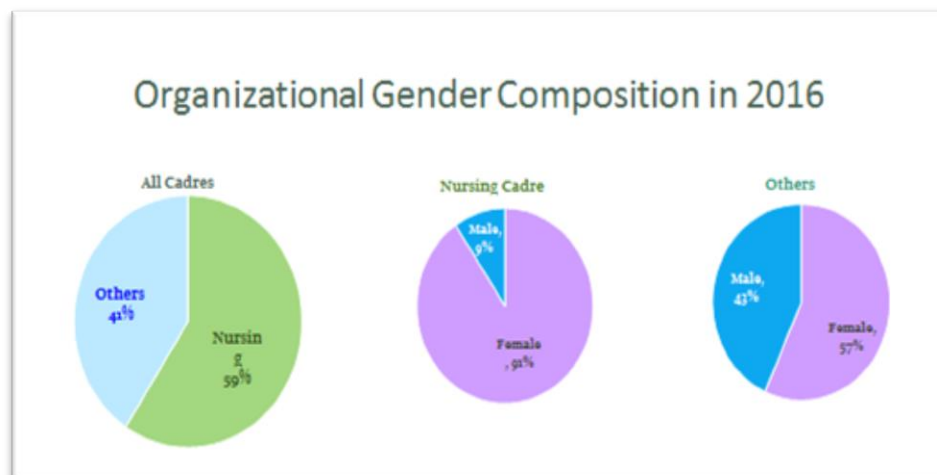
FINDINGS

The Committee during its deliberation on Thursday, 10th May, 2018 received submission from Ministry of Health and Medical Services (MoHMS) and collated the following findings:

1. There is a need to review the medical consumables, drug levels and standard equipment for major hospitals around Fiji. The need for more resources for rehabilitations for inpatients and outpatients mainly assistive devices, space and appropriate equipment.
2. The delay in service delivery is attributed to the corresponding delay in the disbursement of funds from the Ministry of Economy.
3. Transportation has been a problem for most of the facilities in the Northern Division and the maritime zones.
4. Ambulance services needs to be addressed as per the report.
5. Taking into consideration the reality on the ground, the Committee feels that there is a major challenge pertaining to infrastructural development and this needs to be addressed. Staff accommodation has been an ongoing challenge for the Ministry.
6. The Committee feels that there is a need to strengthen the Ministry's record keeping.
7. The Committee in its findings noted that human resources shortage across the health facilities is a major problem, that is, an acute shortage of HR within the departments and this does not allow the service delivery to flow well thus increasing the waiting time.
8. There is lack of man power available at Tamavua Rehab and Tamavua Twomey; physiotherapist to patient ratio mismatch due to the increase in number of patients seen by the sole physiotherapist (looking after 3 wards rehab, leprosy and Twomey).
9. Difficult to implement decentralization of mental health services due to inadequate training of staff in the public health sector.
10. Major challenge currently faced is the time factor in getting the by-Laws approved. The Committee also noted that the Public Health Act has been updated and renamed as the Health Protection Bill, which is still in its final stages of review.

GENDER ANALYSIS

Gender is a critical dimension to parliamentary scrutiny. Under Standing Orders 110 (2) where a committee conducts an activity listed in clause (1), the Committee shall ensure full consideration will be given to the principle of gender equality so as to ensure all matters are considered with regard to the impact and benefit on both men and women equally. In 2016, gender composition indicated the following:



The Committee is pleased with the Ministry's position in playing a significant role towards gender equality for men and women in Fiji.

CONCLUSION

The review of the Ministry of Health and Medical Services 2016 Annual Report was conducted in a comprehensive manner which covered all the required aspects.

Response from the Ministry was acceptable and they managed to give clarifications on a few issues raised by the Members during their presentation, however, the Committee feels that there is still room for improvement.

The Committee identified a number of challenges faced by the staff which hindered efficient and effective service delivery. This has already been factored in the findings and recommendations.

The Standing Committee on Social Affairs acknowledges the overall performance of the Ministry of Health and Medical Services and the Committee is hopeful that the continued efforts and commitment by the Ministry will result in better service delivery.

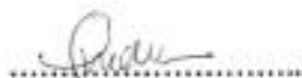
SIGNATURES OF MEMBERS OF THE SOCIAL AFFAIRS STANDING COMMITTEE



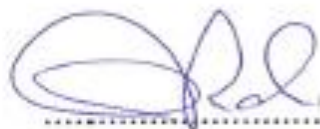
Hon. Viam Pillay
(Chairperson)



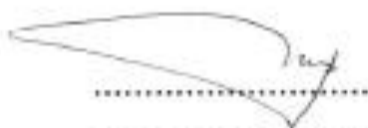
Hon. Veena Bhatnagar
(Deputy Chairperson)



Hon. Salote Radrodoro
(Member)



Hon. Anare T. Vadei
(Member)



Hon. Ruveni Nadalo
(Member)



Hon. Ratu Tevita Niumataiwala
(Alternate Member)

APPENDICES

APPENDIX 1: LIST OF ACRONYMS

Acronyms	Meaning
SO	Standing Orders
MoHMS	Ministry of Health and Medical Services
CIS/HIS	Clinical Information Systems/Health Information Systems
ICU	Intensive Care Unit
HPV	Human Papilloma Virus

APPENDIX 2: POWERPOINT PRESENTATION BY THE MINISTRY OF HEALTH AND MEDICAL SERVICES



Ministry of Health & Medical Services

Presentation to the Standing Committee on Social Affairs

10th May 2018



Presentation outline

- Key Performance Indicators
- Budgetary allocations and expenditure level
- Achievements
- Service Delivery Issues
- Gender composition
- Way forward – Future Plans

Key Performance Indicators

Non-Communicable Diseases

Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	2015	Jan-July 2016
Premature mortality between less than 70 yrs due to NCDs	69.1%	64%
Prevalence of overweight/obesity in primary school children	19.5%	8%
# of wellness setting based at community level	3 settings	17 settings
Cervical cancer screening coverage rate	56.9 per 1,000 women of child bearing age	40.6 per 1,000 women of child bearing age
Amputation rate of diabetes sepsis	17%	17.4% (594/3405) 12.3% (750/6051) (2016)

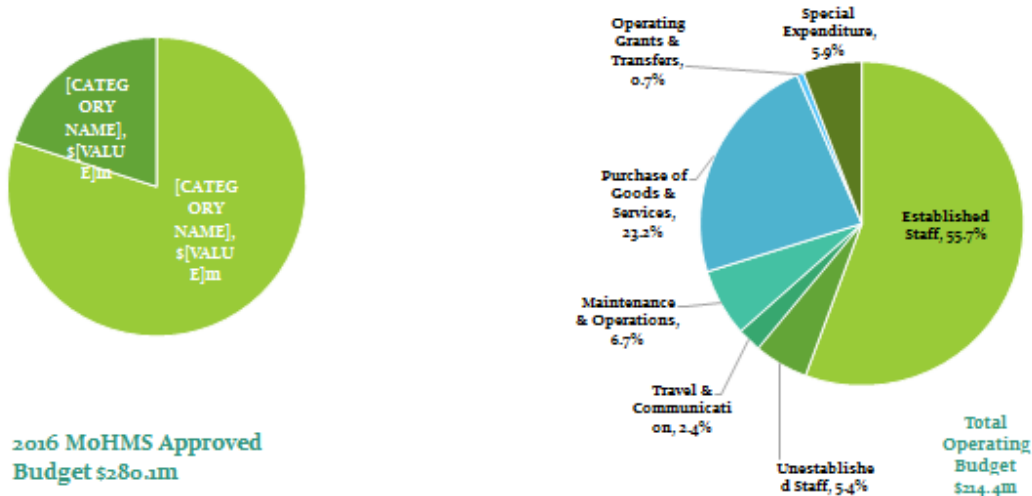
Maternal & Child Health

Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	2015	Jan-July 2016
Maternal mortality ratio reduced to less than 70 per 100,000. (SDG)	29 per 100,000	0
Percentage of pregnant women who receive antenatal clinic (ANC) in their first trimester	21.8%	22.1%
Percentage of pregnant women with at least 4 antenatal clinic visits at term	48.2%	87.6%
Percentage of women attending 6 weeks postnatal clinic	65.2%	80%

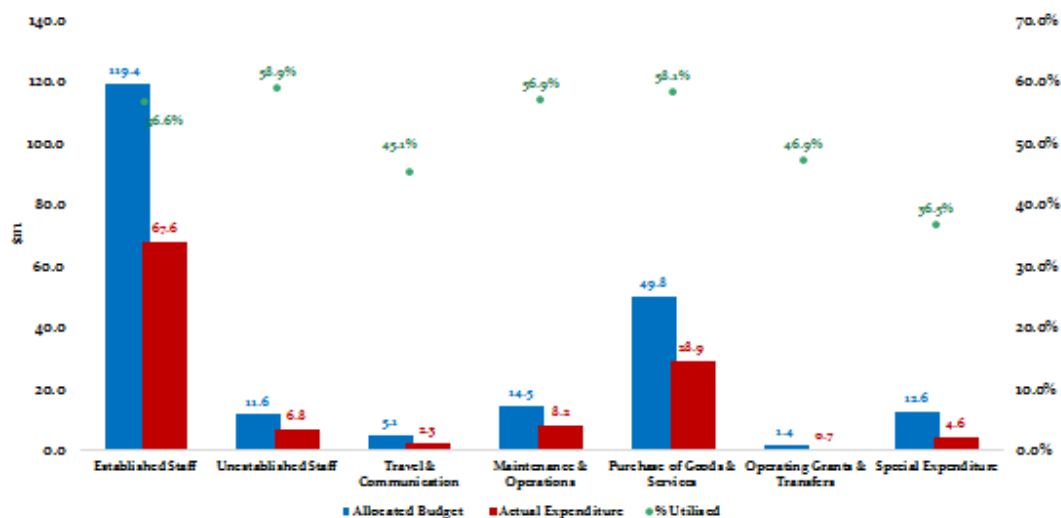
Communicable Diseases

Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	2015	Jan-July 2016
Incidence of HIV infection (# of new cases)	71	56
TB mortality rate	7.5 per 100,000 population	2.3 per 100,000 population
Tuberculosis treatment success rate	87%	86%
Incidence of dengue fever	287.5 per 100,000 population	75 per 100,000 population
Case fatality rate for leptospirosis	4.4%	1.34%

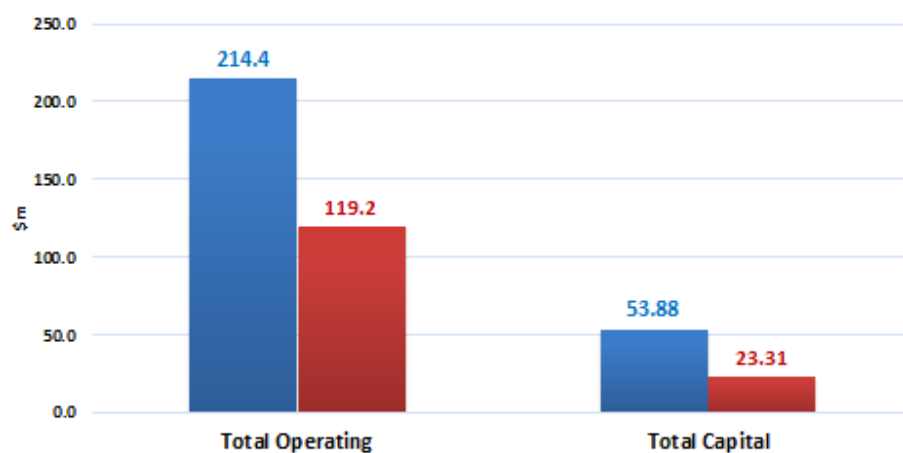
Budget Allocation 2016



Operating budget & expenditure (2016)



Overall expenditure (2016)



Achievements




Programmes

- Launch of Rheumatic Heart Disease mobile clinic to provide services to people in remote areas
- Two dose Human Papilloma Virus (HPV) vaccination program introduced in the school year 2016
- Development of Integrated Management of Acute Malnutrition (IMAM) Guideline for Fiji
- Development of Clinical Information Systems/ Health Information Systems (CIS/HIS) Strategic Plan 2016-2020
- *National Fight the Bite Clean Up Campaign* conducted Nationwide to combat the spread of dengue fever in the country



Key Projects

- Commissioning of the Dialysis machines for acute dialysis at ICU, CWMH
- Upgrading of Lancaster Ward at CWMH
- Assistance received from the Fijian, Australian and New Zealand governments to restore physical infrastructure i.e. damaged health centres, nursing stations and staff quarters
- Due to TC Winston most of the activities planned for MoHMS had to be deferred and realigned to help in the recovery process.



Improvement in Services

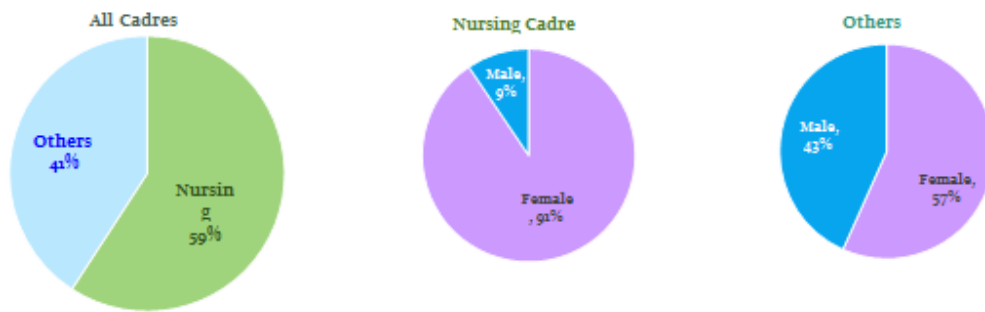
- Medical teams from CWMH dispatched to Koro and Lomaiviti group, Vanuabalavu and Ovalau to assist cyclone affected victims.
- Development of antenatal clinic guidelines to improve service delivery to pregnant mothers.
- Implementation of PEN (Package for Essential NCD Services) model at health facilities
- Wellness programs conducted at workplaces , communities and schools (Screening for NCD, RHD, Dental checks, Cervical Cancer & TB)



Service Delivery Issues

- Growing Burden of Non-Communicable Diseases
- Geographical layout of some health divisions
- Delayed health-seeking behaviour
- Rapid urbanization in Fiji means that there is an increasing population demand for primary health care services in urban and peri-urban areas

Organizational Gender Composition in 2016



Way Forward



Priorities

- Expand service coverage - “bringing the services closer to the people”
- Expand primary health care, with a focus on providing a continuum of care
- Improve service quality and safety
- Expanded access to essential medicines through strengthened supply chain management
- Improved service efficiency



Opportunities

- **Partnerships and collaboration**
- **Increased focus on promoting “wellness”** (i.e., keeping healthy people healthy) rather than just treating illness
- Ministry’s longer term vision to achieve **universal health coverage** in Fiji through effective health financing policy
- **Reforms** - Improved business processes and performance

APPENDIX 3: WRITTEN RESPONSES TO COMMITTEE'S QUESTIONS

Ministry of Health and Medical Services 2016 Annual Report Committee's Questions Response

1. In page 21, please elaborate more on the statistics provided for Lomaiviti on the demography of Central and Eastern Division. Why has it remained the same for 2016?

The population data remains the same for Lomaiviti which is 16,187. The population data is captured according to data reported from the subdivisions. The population data is collected by the zone nurses, who add the births and subtract the deaths from the subdivision population data.

2. How does the Ministry evaluate its service delivery (in terms of providing efficient & effective service) to its customers?

Service delivery is categorized under three major service areas i.e. services provided for Non-Communicable Diseases, Maternal Child Health, and Communicable Diseases. There are timeline based indicators to track progress on these. The service delivery points (health facilities) plan key activities based on these indicators that looks at improvement on key services and its impact on services delivered to customers. The facilities provide quarterly reports on services delivered which are used to evaluate progress and identify areas that need to be improved on. Further supervisory visits and audits are also conducted on key services areas.

3. What systems and processes are in place for the Ministry to handle customer complaints?

A policy on addressing customer complaints was developed in 2010 which also included the standard procedures of addressing customer complaints at facility level.

Complaints received are addressed by the Risk Managers based at the three [3] major hospitals [CWM, Lautoka and Labasa] and the four [4] divisions [Western, Central, Eastern and Northern]; Customers are contacted within 24 – 48 hours for further information and they will also be informed of the next steps taken to address their feedback;

As part of addressing customer complaints or feedbacks, family meetings or family conference is also conducted especially in an adverse or sentinel event and if the family agrees as well.

In 2017, the ministry had launched its 24/7 - 157 customer call center to receive all feedbacks regarding the Ministry and the service it provides

4. Can you advise how the Ministry aligns itself towards achieving SDG3 - good health and wellbeing?

The Sustainable Development Goals (SDG3) - Ensure Healthy Lives and promote well-being for all at all ages

This is the key SDG that MoHMS is directly focusing on. The 8 health targets for SDG 3, have been incorporated in the Ministry's Strategic Plan. In this way the targets are embedded in operational plans and the eight priority areas of the Ministry with specific indicators to measure progress towards achieving SDG 3. Specific details of how the 8 targets have been aligned to the Ministry's strategic priority areas (PA's) is included in Annex1.

The Ministry has been reporting progress on the relevant indicators as part of its health status reports.

5. Can the Ministry provide an explanation on the Qualified Opinion provided by the Auditor General and how has this been addressed?

The basis of qualification of the financial statements were as follows

(i) Missed posting of "license & other revenue into Misc. revenue" which was due to FMIS GL account mapping, the Ministry is working with Ministry of Economy (MoE) to correct the GL accounts. Most of the corrections have been done and we are anticipating that this may not be an issue of qualification for future years

(ii) Main trust accounts were not updated in G. MoE ruled that all Trust Funds to be updated in FMIS GL. The retrospective updating had caused the mis-match of figures. This is now corrected in GL and reconciled on a monthly basis

(iii) Retention of funds for capital works, the retention amount are deducted by Construction Implementation Unit (CIU) and the vendor is paid less this amount. Funds payable to vendor is the sum released by MoE

6. Can you explain how the Ministry ensures gender equality at its work place? What was the statistics of men and women staff members in 2016?

The Ministry of Health and Medical Services has both planned and on-going gender actions and new activities that were identified to strengthen its capacity to accelerate momentum towards achieving gender equality objectives in the health sector.

The MoHMS status on its 2016 Gender Baseline had the following:

□ Male staff – 23% (953)

□ Female staff – 77% (3141)

It's important to note that as a Ministry with various clinical cadres, the total numbers are reflective of female predominant fields such as nursing. The MoHMS nonetheless continues efforts towards building a working environment through:

- ☐ The National Gender Implementation Plan that works towards implementation of Fiji's National Gender Policy,
- ☐ Increased nursing outreach with supporting educational institutions on encouraging more males to apply for nursing studies,
- ☐ Introduction of gender budgeting into national health accounts planning,
- ☐ Gender sensitization and training delivered through tailored courses to trainers-of-trainers and senior managers, and gender training modules for in-service training of health and medical staff,
- ☐ Formation of a network of male advocates for gender across the sector,

7. Can you explain how has the Ministry overcome the challenges faced with regards to shortage of staff and the unavailability of medical products, vaccines and technologies?

- ☐ Shortage of staff has been identified and resolved through creations of new positions for the 3 Divisions. Recruitment of staff on vacant positions is ongoing with due diligence of selecting staff based on the open merit recruitment and selection processes.
- ☐ Shortages of supplies have been addressed at all points of the supply chain and the team is maximizing all options & avenues available from selection, use, forecasting and procurement of supplies.

8. Highlight some of the difficulties faced in realigning the programmes after TC Winston.

Post TC Winston the focus was on conducting outreach clinics in communities/villages to provide basic medical help, assess water, sanitation and hygiene issues infrastructure, educate and assist to prevent potential communicable disease outbreaks.

Most of the public health nurses, health inspectors and medical officers in the four divisions were deployed to the affected areas, thus, affecting the implementations of their planned activities.

This meant that some of the routine screening and primary and preventative care activities had to be re-planned for the latter part of the year. There was no major problem in realignment except on meeting the relevant targets on pre-planned timelines.

9. What has the Ministry done to tackle the challenges faced in the workforce as a contributing hindrance in 2016 such as the shortage and resignations of staffs

The Ministry has consulted with training providers to ensure their intake numbers meet the industry needs and that of the Ministry of Health & Medical Services.

A job evaluation exercise was conducted in mid-2017 to ensure that current remuneration rates were equivalent to market rates. This resulted in a pay increase for all Ministry of

Health with the largest being for Nurse Practitioners which was approximately 70%. Additionally, the Ministry recognized the importance of specialty of some of the health cadres, and as such 800 new nurse specialist positions have been created which include midwives, mental health nurses, operating theatre nurses and others. It is envisaged that with the current review in the terms and conditions of employment of workers, this will further enhance retention of the health workforce.

10. What is the progress on the review of the Public Health Act and what are the reasons for the delay?

The Public Health Act has been updated and renamed as the Health Protection Bill, which is almost ready and in its final stages. The new Bill is expected to accommodate or align to new national legislations and international best practice for Public Health. The Public Health Act was enacted more than 50 years ago, developed during a time when infrastructure and capacity was less developed in enforcing it. Health issues then were largely responding to infectious diseases but now we are dealing with emerging infectious diseases and a wide range of health threats such as Non-communicable diseases, etc. This required extensive work and consultations to ensure that the new Act covers all key areas and can be enforced appropriately.

11. Please explain the reasons why the RIE for the free medicine was not approved.

The RIE was not approved as the procurement process would have led to the medicines being received and paid for in the following financial year i.e. 1st August 2016 to 31st July 2017. The funds were reallocated to the 2016/2017 budget.

12. Please explain how the problems of unavailability of drugs, medical consumables and imported bio medical equipment at the Lautoka Hospital have been resolved.

The list of consumables & equipment needed was discussed with the Lautoka Hospital staff and have all been procured and sent to the Hospital.

13. Please explain what are the challenges faced by the Ministry in implementing the decentralization of mental health services.

Ministry has managed to decentralize the mental health services to a certain extent and currently the mental health services are made available in Northern division and Western division, the services in these divisions are mostly based at divisional hospitals.

Nausori health center has been conducting mental health clinics and outreach clinics are conducted at Valelevu and Samabula Health Centers.

There are Mental health nurses in some subdivisonal hospitals and health centers like Sigatoka, Nadi, Lautoka Hope center, Korovou, Navua, Tavua, Rakiraki, Ba, Nabuwalu,

Navakasiga nursing station etc. However the services need to be further strengthened by improving level of care in community.

The challenges are mostly include human resources constraints i.e. lack of specialist as there is no Masters courses available locally. There is a need for more strengthened mhGAP training and some progress has been made in this area.

14. Please explain if amputation for diabetic patients has increased or decreased?

The amputation rate for diabetes sepsis has slightly decreased overall from 17% (2015) to 12.3%(2016), but for the reporting period (Jan-July 2016) the rate is 17.4% due to lower denominator which is the number of diabetes admissions. If the absolute numbers are looked at the trend shows a slight increase in the number of amputations.

15. What the status of the Ministry's capital projects is as highlighted in page 31 of the Annual Report?

No.	On-going Projects	Remarks
1	Extension of CWMH – Maternity Unit	Contractor mobilised on site and ground breaking ceremony in the next few weeks
2	Upgrading of Lautoka Hospital Emergency Department	Project completed and officially opened in July 2017, facility is in use now.
3	Construction of Makoi Low Risk Maternity Unit	Project completed and officially opened in February 2017
4	Construction of New Ba Hospital	Project construction almost completed
5	Construction of New Nausori Hospital	Awaiting confirmation of site and project may start in new fiscal year.
6	Upgrading of Keiyasi Health Centre	Construction contract awarded and work in progress with ground breaking done in March 2018
7	Construction of New Naulu Health Centre	Construction completed, installation of FFE in progress
8	Exterior Refurbishment of Labasa Hospital	Completed.
9	Upgrading & Renovation of St Giles Hospital	New toilet block tender called, evaluated and awaiting GTB approval while other works will be in the new fiscal year.
10	New Navua Hospital – Civil Works and Landscaping.	Project in progress nearing completion.
11	Construction of New Rotuma Hospital (Phase 1 – Completed. Phase 2)	Construction in progress.

APPENDIX 4: VERBATIM REPORT ON THE SUBMISSION BY THE MINISTRY OF HEALTH AND MEDICAL SERVICES

VERBATIM NOTES OF THE MEETING OF THE STANDING COMMITTEE ON SOCIAL HELD AT THE SMALL COMMITTEE ROOM (EAST WING), PARLIAMENT PRECINCTS, GOVERNMENT BUILDINGS ON 10TH MAY, 2018 AT 2.38 P.M.

Submittee: Ministry of Health and Medical and Services

In Attendance:

1. Mr. Idrish Khan - Director Finance/AMU
2. Ms. Muniamma Gounder - Director Planning & Policy
3. Mr. Jeremaia Mataika - Actg. Director Fiji Pharmaceutical and Biomedical Services

DEPUTY CHAIRPERSON.- Honourable Members, thank you and welcome back to the meeting today. On behalf of the Honourable Members of the Standing Committee on Social Affairs we welcome you all to today's meeting. Honourable Members, today we have with us Madam Muniamma Gounder – Director Planning and Policy for Ministry of Health and Medical Services, Mr. Idrish Khan – Director Finance and AMU and Mr. Jeremaia Mataika – Acting Director Fiji Pharmaceutical and Biomedical Services.

Once again we accord you a warm welcome to our meeting. Since we had deliberated on the Annual Report from January to July 2016 for Ministry of Health and Medical Services, we will have a presentation from the Ministry's representative first and there will be a question and answer session followed by that. So *vinaka vakalevu* and moving straight into the presentation but before that, on my right is Honourable Samuela Vunivalu and Honourable Ruveni Nadalo. On my left is Honourable Salote Radrodoro and from the Secretariat are Mr. Savenaca Koro and Ms. Susana. Thank you very much and please the floor is yours.

MS. M. GOUNDER.- Thank you, Deputy Chairperson. We will just start with our presentation. We will be presenting based on the criteria that was given to us.

Briefly the presentation outline would be on the Key Performance Indicators. We have selected based on the major diseases or major priority areas we have in our strategic plan. I will be presenting on the Budgetary Allocation and Expenditure for the period, a brief outline of our achievements, some concerns on service delivery issues or challenges, a brief slide on gender composition and way forward.

We have selected the Key Performance Indicators based on the disease stages. Our first priority area in our planning is Non-Communicable Diseases and our service delivery is divided into three major broad areas that we cover which is Non-Communicable Diseases, Maternal Child Health and Communicable Diseases.

For the Non-Communicable Diseases, one of the key performance indicators is premature mortality for less than 70 years due to NCD. Whilst this is an outcome indicator and it is measured over a period of time we do monitor it annually to see how we are progressing so usually major changes are not seen on an annual basis. This is a seven-month financial year from January to July so it decreased slightly to 64 percent prevalence of overweight and obesity which is again a determinant related to Non-Communicable Diseases. We have seen a slight decrease of 8 percent, moreso it is covering a shorter period so that could be a reflection of that.

Number of wellness setting is part of our preventative strategy where we are now trying to work at community and setting level to improve the way people take care of their health. So we have covered 17 settings in that brief period.

For cervical cancer screening, early detection and treatment of cervical cancer so for that period we have covered 40.6 per 1,000 women of child bearing age.

Amputation rate for diabetes, it is moreso consistent in terms of rates but in terms of numbers there is a slight increase in amputation rates.

For Maternal Child Health this is a broad area. It covers our Operations Care, Delivery Facilities at the hospitals as well as Antenatal and Postnatal care. In this area we measure maternal mortality which was zero for that period as compared for the whole of 2015. Percentage of pregnant of women who receive ANC which is our coverage indicator was 22.1 percent for the seven months as compared to 21.8 percent for the whole of 2015. Percentage of pregnant women with at least four ANC visits has increased to 87.6 percent and percentage of women attending six weeks postnatal clinic has also increased. So these two areas we have been improving for the last two years.

For communicable diseases it is a whole list of indicators that we have. We have selected the major ones that can show an impact on an annual basis. Incidents of HIV is around 56 new cases and TB mortality is showing a bit lower, it is also for a shorter period. Tuberculosis treatment success rate has been quite good at around 86 percent to 87 percent. Incident of dengue fluctuates but for that period it was 75 per 100,000 and case fertility for leptospirosis was a bit lower at 1.34 percent. In a nutshell, those are our Key Performance Indicators.

We will move onto our budgetary allocation. At the beginning of the financial year we were given the whole 12 month worth of budget which is our annual budget. We have shown the distribution in terms of operating budget and capitals so more than 70 percent is going to our operating expense and operating allocation and the rest for capital. We have also put the budgetary distribution for the total operating budget for that particular period. But as I had emphasised it is much more than seven months because we were initially allocated for the whole 12-month period.

So just explaining on the Operating Budget and Expenditure, we have extrapolated that a little bit more. If you will see, the blue bars are showing what we were allocated for that particular period which is for the whole 12 months. Our fiscal financial year was for seven months, so expenditure mostly is around the 50 percent to 60 percent mark. So in that aspect we have done pretty well, we were expecting to at least exhaust about 58 percent of the budget and we are close to that in most areas.

Overall expenditure just in a summary form if you will see, we were allocated \$214.4 million for our operating expenditure and we utilised about \$119.2 million. In terms of our capital budget, we were allocated \$53.8 million and we utilised \$23.3 million.

I will just briefly discuss our achievements, not everything from the report but just some key areas that we have picked up. We had launch the of Rheumatic Heart Disease Mobile Clinics as an initiative towards our NCD area; we had two dose HPV vaccination programme introduced for maternal child health area but there was also development of Integrated Management of Acute Malnutrition Guidelines supporting our nutrition initiatives. In terms of health system improvement we now have a comprehensive Clinical Information System and Health Information Strategic Plan which is currently being implemented and for CD control we had National Fight the Bite Clean-up Campaign for seven months.

In terms of key projects that we implemented during that period was the commissioning of the dialysis machines at CWM; upgrading of Lancaster Ward in terms of infrastructure and assistance was received also for restoration of physical infrastructure. This period covers the period when *TC Winston* was here so some of our projects and our achievements should be seen from that perspective. Due to *TC Winston* most of the activities planned for the Ministry had to be deferred or realigned to help in the recovery process.

Improvement in services. Medical teams were dispatched, like we were in the recovery phase of *TC Winston*, so the medical teams were focusing on running outreach to assist the cyclone affected areas. There was development of Antenatal Clinical Guidelines; implementation of PEN Model at health facilities. This is an ongoing initiative and it is one of our areas for strengthening NCD early detection and treatment. Wellness programmes were also conducted at workplace communities and schools.

Some of our service delivery issues or challenges, if we may put it, is the growing burden of NCD which we are now trying to re-strategise and find ways of addressing; the geographical location of some of the health service divisions; there is also delayed health behaviour which is resulting in late detection and treatment; the rapid abomination with an increase in population and demand especially primary health care GOPD type of services in peri urban areas, so we are now re-planning some of our urban and peri-urban facility distribution and delivery of services in those areas.

Gender compositions - So our gender composition is a bit distorted because we are heavily female dominated Ministry. Our nursing cadre makes 59 percent of our staffing and the rest is 41 percent. Even out of the nursing cadre, just 9 percent are males and the rest are females. Even if you move and look at other areas, non-nursing areas we are still a bit female dominated at 57 percent with males at 43 percent.

Just in terms of the way forward, I have a brief summary of our priorities that we will be looking at or have been looking at from that time; expanding service coverage, bringing service closer to the people, especially rural and remote areas; expanding primary health care - we are focusing on strengthening primary health care and its delivery at the rural and remote areas as well as peri-urban areas with the focus on providing quantum of care; strengthening our referral

processes; improving service quality and safety which has been our focus area of sometime and expanding access to essential medicines through Strengthen Supply Chain Management, as well as looking at overall service efficiency improvements.

We have also identified some opportunities that we are working on in terms of partnership and collaboration; working with other sectors, working with NGOs and working with other health partners, increase focus on promoting wellness- that is keeping the healthy people healthy whilst providing a level of service for treating illnesses. The Ministry's longer term vision as per SDG is to work towards achieving universal health coverage and we are looking at policies in this area. Also reforms of improved business processes and performance both at headquarters and at service delivery level. I think that is all from my presentation.

DEPUTY CHAIRPERSON.- Director Training and Policy, Ms. Gounder, thank you for the presentation and now we will allow for questions.

We had sent some questions prior to your presentations so that you are ready with your answers but that is not just it. We have a lot more questions and supplementary questions which will be coming your way. Before we proceed with these questions, I just want to know if the Ministry has a central database whereby you link to all hospitals within Viti Levu, Vanua Levu and the Maritime Zone.

MS. M. GOUNDER.- Yes, we have our patient information systems which is a computerised system and many facilities have that running. So we collect data on that but there is also a manual reporting system through CMRIS.

DEPUTY CHAIRPERSON.- Does that capture all the hospitals in the Maritime Zone?

MS. M. GOUNDER.- No, there is a dual system we have in place. Those that are able to enter on practice we have got that. Then we have got CMRIS and it is recorded on the system. So, when we generate reports it is consolidated both manual as well as the computerised system. That is an area which is still being strengthened.

DEPUTY CHAIRPERSON.- Yes. You feel that that area does need to be strengthened in a lot many more ways than currently it is?

MS. M. GOUNDER.- As our demand for data and evidence base planning is progressing, we are also looking at improving those areas.

DEPUTY CHAIRPERSON.- Definitely, I mean data is a very important aspect especially with the Ministry of Health and Medical Services; all sorts of data. I have been with the Ministry of Health and that is why I am asking all these if there is any work being done or progress in this area.

Record Keeping - Most times there are complaints about one patient having more than one folder. This actually, if you keep on making new record forms for them or prepare records for them, the patient's history is gone. The next doctor who is coming up to check this patient does not have a prior record of that patient and then you start from square one again. So, this record keeping was

one thing which needed to be strengthened in our time as well. So is there any progress being done in that area?

MS. M. GOUNDER.- Yes, this has been discussed for some time and some strategies have been worked out. There are some improvement and we are also working on a more comprehensive policy that will be implemented right down to facility level, for record keeping, health information and information management in the Ministry.

DEPUTY CHAIRPERSON.- Will it be digitised ultimately all the records?

MS. M. GOUNDER. –Ultimately, yes, but it is still in the very early stages.

DEPUTY CHAIRPERSON.- Thank you. I hope this is done. This was one of my ideas when I was in the Ministry of Health pushing for digitising of records and keeping up to-date record whereby one patient does not have five folders and prior records are gone and then you start from the beginning; what was the disease, how was it related and it hinders a doctor's work as well to find out on what exactly was wrong with the patient at the initial stage because you do not have a record of that patient. Anyway, thank you so much for that.

Page 31, Table 10, Lancaster Ward is being upgraded and also Nadi Hospital.

What about the progress to the extension of the Maternity Unit, CWM Hospital, the construction of the new Nausori Hospital, the new Naulu Health Centre and renovation of the St. Giles Hospital. How is the Rotuma Hospital? Last time I was in Rotuma, it was under construction but due to some constraints on labour they were not able to finish that on time and they were some questions raised by the Rotumans as well. Can you shed some lights on these?

MR. I. KHAN.- Thank you, Deputy Chairperson, I may update you on the projects that you had picked from that table. The first one was CWM Maternity Unit. As of now the contractor has mobilised to the site for early works to the Maternity Unit project and there is a ground breaking ceremony that has been planned to come up in the next few weeks possibly early June, so this project is to start off as soon as possible after the ground breaking ceremony.

DEPUTY CHAIRPERSON.- This is a how many bed-project.

MR. I. KHAN.- It is a 90-bed Maternity Hospital in addition to the existing Maternity Unit.

DEPUTY CHAIRPERSON.- Yes, the Anderson and Morrison. Will the current Maternity Unit be upgraded as well?

MR. I. KHAN.- After the completion of this then the second phase will be the upgrading of the existing Maternity Ward.

DEPUTY CHAIRPERSON.- Because you need to put the patients somewhere. Thank you.

MR. I. KHAN.- The next one was Makoi Low Risk that you have picked out, Madam Deputy Chairperson.

DEPUTY CHAIRPERSON.- I think that has been done; the Makoi Low Risk. But the construction of new Nausori Hospital, what is the update on that?

MR. I. KHAN.- The new Nausori Hospital we have just recently had a meeting with the Construction Implementation Unit (CIU) of the Ministry of Economy. What we have been informed is that the CIU is basically looking after that project on behalf of the Ministry in terms of getting the consultancy and all these other works being done but I think one issue was the land problem and they are looking into that to identify a suitable land. The initial land that was identified I think was not really suitable, there were some issues on that.

DEPUTY CHAIRPERSON.- The Vunivivi Hill?

MR. I. KHAN.- Yes

DEPUTY CHAIRPERSON.- So, you might shift away from there.

MR. I. KHAN.- We might shift. Identification of the land is a major issue.

DEPUTY CHAIRPERSON.- But that project is still on.

MR. I. KHAN.- That is still on and we have been informed by CIU that there will be some budget allocated in the next financial year for preparatory works in terms of the hospital too.

DEPUTY CHAIRPERSON.- Thank you. Naulu Health Centre?

MR. I. KHAN.- Naulu which is the Nakasi Health Centre, the building is actually completed. We will be handing over the building probably by end of next week to the Ministry of Health. Currently the Ministry is in the process of procuring all the furniture, fixtures and the equipment to fully equip the facility before it is used. So, our aim is to have the building fully equipped before we actually start the services and our aim is that by end of June we should have that centre up and running. So, that is our aim at the moment.

DEPUTY CHAIRPERSON.- This is where the abattoir was? Is this the one?

MR. I. KHAN.- Yes, Madam.

DEPUTY CHAIRPERSON.- What is the demography - number of people who want to ...

MR. I. KHAN.- I think it is close to 15,000 people in that area.

DEPUTY CHAIRPERSON.- Who will be serviced by this particular

MR. I. KHAN.- Very heavy densely populated area.

DEPUTY CHAIRPERSON.- Thank you. And renovation of St. Giles Hospital?

MR. I. KHAN.- For St. Giles Hospital, this has been ongoing but we have again secured the confirmation of the CIU from Ministry of Economy. We have received the quotations, the valuation has been done which is with the Government Tender Board. It has been confirmed that as soon as the approval is given the money will be allocated in the budget for next year and the work will kick off.

DEPUTY CHAIRPERSON.- So, this will be renovation to the current structure?

MR. I. KHAN.- Current kitchen, the toilet block and a bit of work in that area where the landslide has taken place; at the back of the kitchen. Just a bit of a small retaining wall to hold that

DEPUTY CHAIRPERSON.- Yes, obviously the kitchen was sinking away slowly. What would be the timeframe?

MR. I. KHAN.- The timeframe that is given from the project documents it is about 8 months. While the other works are quite all right in terms of renovating like painting, roof changing, et cetera, particularly the toilet area there is a bit of extra work because the land is not very stable, it is sinking a bit so they have to really strengthen that base before they can reconstruct the toilet facility. It is not exactly on the same place, it is a few metres away from that area.

DEPUTY CHAIRPERSON.- Thank you. What is the status of Rotuma Hospital?

MR. I. KHAN.- Madam Deputy Chairperson, the update we have is that this construction is carried out by RFMF. What I have been updated is that the first phase of the work has been completed which is like the foundation and the walls. There were some variation in costs which the Ministry and CIU has worked with the RFMF and have agreed and the project is going to progress on the second phase of the work.

DEPUTY CHAIRPERSON.- You do not have a timeframe of completion time?

MR. I. KHAN.- I do not have a time frame for that, Madam.

DEPUTY CHAIRPERSON.- Thank you. Anything important on the others? Has the Lautoka Hospital Emergency Department been done after the fire?

MR. I. KHAN.- It was completed and opened in July 2017, the fire was after that.

DEPUTY CHAIRPERSON.- Yes, that is what I thought. After the fire, what happened?

MR. I. KHAN.- The place has been surveyed, again CIU has been involved in that. We have been working very closely with the CIU unit. They have a consultant in terms of assessing that place and as soon as they are completed, we will work on that.

Basically, there is a consultant on the ground at the moment doing the assessment which would be completed in the next two weeks or so before we can start....

DEPUTY CHAIRPERSON.- Currently, that asset is not utilised?

MR. I. KHAN.- At the moment, yes.

DEPUTY CHAIRPERSON.- Thank you very much. Honourable Members, you have any supplementary questions on that before we move on?

HON. S.V. RADRODRO.- Thank you Deputy Chairperson and thank you the Ministry of Health team for your presentation. Just on the new Navua Hospital, what is the progress now with the kitchen and the sewerage problems in there?

MR. I. KHAN.- Probably, I will explain the sewerage issue first before the kitchen. The last update we have for the sewerage was that it was a problem. Our Health Inspectors with the Divisional Medical Office team has visited the site. They have bailed out from the overflowing septic tanks and there was a need for an extra soak pit to be done to avoid waste from the sewerage overflowing into the river.

The update is that they have bailed out the sewerage tank and they are also keeping an eye out that as soon as it has overflowed, they will continue to bail out until the soak pit has been constructed. The work on the soak pit has basically started by the Divisional Medical team. They should be completing that within two weeks.

DEPUTY CHAIRPERSON. – Thank you very much.

MR. I. KHAN.- The kitchen is operational. There were some amendments that were required in the kitchen in terms of capacity, burners, shelves, et cetera. They are cooking at that facility at the moment and the food is provided from that kitchen. It is not that fully equipped at that moment, but the basic utensils are there for the necessary food to be done for the patients at the Navua Hospital.

HON. S.V. RADRODRO.- Another question, further to that, Deputy Chairperson is; this is the new Navua Hospital, why has this problem come up? What was the problem? Is it the design or is it the construction, or why has this problem come up so early soon after completion?

MR. I. KHAN.- Deputy Chairperson, the Ministry was not really involved in that project from the initial stages. The project was handled by the Prime Minister's Office and when the project was completed then it was handed over to us. In terms of the Ministry's involvement, we were not really part of it, so it could be the design. Those are some of the things that we are rectifying now when the problem exist.

DEPUTY CHAIRPERSON.- Thank you so much.

HON. R.N. NADALO.- Thank you, just a supplementary question on the Navua Hospital. What is the Ministry's stand on the old Navua hospital?

MS. M. GOUNDER.- We currently do not have any update on that. It was a flood prone area so that was why we had to relocate from there to the new Navua Hospital. Currently I think some of

our services are happening there but not direct patient delivery-kind of the services. Maybe some of our public health services are carried out from there.

DEPUTY CHAIRPERSON.- You also are using it for staff accommodation, some of it?

MS. M. GOUNDER.- Yes, staff still are accommodated there. However, as for the main hospital, we are not doing patient service delivery. We are utilising it for other things.

DEPUTY CHAIRPERSON.- Thank you, Madam Muniamma. In reference to Page 40, you can say the Maternal/Child Health, the number of maternal deaths are nil; they are doing well. I understand that the Ministry of Health is huge. It is very challenging. We know the problems on the ground as well. But, how has the pregnant mother's voucher scheme help reduce the prevalence of anaemia in pregnancy or low birth weights? Has it helped in any way?

MS. M. GOUNDER.- It is definitely a factor which could have contributed to it. We cannot establish a direct linkage that, that was the one thing because there are so many public health activities going on to support Maternal/Child Health but it definitely has helped to a certain extent. Plus anaemia is so prevalent in our community that pregnant mothers are not necessarily safe but we appreciate the voucher programme. It is one initiative but there are also other initiatives in place to support that.

DEPUTY CHAIRPERSON.- Thank you very much.

HON. S.B. VUNIVALU.- Thank you Madam Chairperson, through you. Thanks for the contribution today. It was a comprehensive presentation. Madam Chairperson, can I take us back to Table 10. In regards to

DEPUTY CHAIRPERSON.- Page 31?

HON. S.B. VUNIVALU.- Yes, Madam. The new Nausori Hospital, just for your information Nausori is a town that is different from other towns in Fiji. Nausori town is the hub of three provinces; Naitasiri, Rewa and Tailevu. That is their town, that is their bus stand, that is their market and that is their hospital. They live close to that place. Why I am bringing up this is because you have mentioned that Vunivivi Hill was not a suitable site for the hospital. My question is, what could be a suitable place to build the new Nausori Hospital because these three provinces use Nausori as their town and their hospital? Thank you.

MR. I. KHAN.- Thank you. Maybe I might not answer exactly what you are after but taking your concern that Nausori is a town for three provinces, I think the Ministry has considered all these issues.

The CIU of the Ministry of Economy has also been part of that and to some extent the Prime Minister's Office is also involved in this project. So I cannot confirm at the moment, Sir, what is the site that has been identified. I am quite sure that the site that will be identified will be suitable for the three provinces and for the people of Nausori in terms of the health services that they will be providing.

DEPUTY CHAIRPERSON.- Thank you, Idrish. HIV cases are they increasing or decreasing, the status of HIV in Fiji?

MS. M. GOUNDER.- Looking at the trend, it is fluctuating, overall slight increases but it is mostly due to case reporting and the data - how it is reported and captured. Slight increase over the years but generally it has not significantly increased, but the trend has been a slight increase. We are also attributing that to reporting and data collection.

DEPUTY CHAIRPERSON.- Thank you very much. Looking at the questionnaire, Honourable Members, you are most welcome to ask some questions which are not answered here because we might have asked some questions off the cuff. Please explain what are the challenges faced by the Ministry in implementing the decentralisation of mental health services? Can you just shed some light on that?

MS. M. GOUNDER.- The Ministry's strategy has been to move away from institutionalisation to decentralisation. It has been progressing and we have mentioned quite a number of areas where we have now decentralised those services. For the Western and Northern, it is mostly executed from the hospitals themselves but other smaller centres, we have the nursing cadre delivering those services. The major challenge has been training and HR because it is quite a specialised area and some of the training is not locally available but we are working with the institutions and our providers/partners on how best we can address that and also conducting local training of nurses and those who are working in that area. It is progressing but we have not fully decentralised but it is progressing quite well.

DEPUTY CHAIRPERSON.- And it is pretty challenging as well. I have noticed that you do not have many specialised doctors in this area and patients sometimes do have to wait for the doctors who serve in those particular areas as we have to wait for the doctors. What about the doctor ratio as to patient in this particular area of mental health?

MS. M. GOUNDER.- It is quite low and I think the only specialised doctor is in St. Giles and they are providing support to other areas. There are also training newer graduates but they are still in early stages. We are also working with our partners, our Human Resource Department on sponsorship for further training of not just mental health but other specialised areas that the Ministry has identified.

DEPUTY CHAIRPERSON.- One is the forensic people, people who do post mortems.

MS. M. GOUNDER.- Pathologists.

DEPUTY CHAIRPERSON.- Usually there are long waits unless and until you have the Police Forensic Team to go and do the post mortems, bodies are waiting, eventually the beds are filled up and you do not have enough mortuary space. There are a lot of constraints on the Ministry and I know the Ministry is looking into all the areas because you want to have efficient service deliveries but I can understand the constraints because we have been through all those challenges ourselves. I only hope for the best and hope that these challenges are like fixed and fulfilled and we move forward.

There is a question on Page 1 of the questionnaire. How is the customer complaint lines helping out?

MS. M. GOUNDER.- We are extracting data, analysing and identifying the problems and working with the Risk Managers in those areas to fully address those. Responding to the patients is one issue, also we are looking at how we can improve the systems and processes in those areas with our Risk Managers to ensure that we are able to really address the underlying issues which is what we are looking at. We are evaluating on a monthly basis and discussing options with our teams at facility level to see how we can address it. Taking a more comprehensive systems based approach rather than looking at individual complaints.

DEPUTY CHAIRPERSON.- But taking into consideration the complaints lines, what are numbers? You have any idea? Something I also forgot.

MS. M. GOUNDER.- It was 200 something but it has been decreasing.

DEPUTY CHAIRPERSON.- So it is decreasing?

MS. M. GOUNDER.- It decreased a little bit and we have sort of used analysed data for a couple of months now and identified. There are also calls which are not authenticated so we have zeroed on, on what are the areas we need to now focus more on? So the data is definitely helpful.

DEPUTY CHAIRPERSON.- Thank you very much. Honourable Members, you got any questions? There is one question which I would like you to answer – the opinion provided by the Auditor-General's Report, Page No. 5. Can the Ministry provide an explanation on the qualified opinion provided by the Auditor-General and how has this been addressed?

MR. I. KHAN.- Thank you, Deputy Chairperson. The Ministry has been having some qualifications in the Agency Financial Statement in the audited report. These are basically due to some systems and processes that we had that has led to this.

The three issues that was highlighted in that particular year's report was on the mispostings. The mispostings were basically just from one account to the other. It is not a loss, it is not a misappropriation, it is nothing as such; it is just a misposting. We were of the assumption that the accounts are all balanced but eventually it was picked up the auditors and they said it was a misposting and that is incorrect in terms of accounting. So what we did is, we went back and corrected those mispostings to make sure that it gets posted to the right account and reflects a right picture.

DEPUTY CHAIRPERSON.- Thank you, Director Finance. Question No. 7 - Can you explain how the Ministry overcomes the challenges faced with regards to shortage of staff, the unavailability of medical products, vaccines and the procurement.

MR. J. MATAIKA.- Thank you, Deputy Chairperson. The issue has been addressed to the extent of identifying the gaps in terms of the HR and identifying the new position that needs to fill in those positions and at the same time there is an ongoing process in terms of the recruitments but it actually follows the current system. So the gaps has been identified, the system has been followed in terms of getting the recruitments.

While we are doing that in terms of current existing HR, we are actually working in terms of the available resources and how we can optimise the current system. At this stage in terms of the procurement, we are addressing all the supply chain process in terms of all the components that are actually involved and how we can improve the stock availability. There is a lot of reforms happening as well and the main objective is to improve the stock availability.

DEPUTY CHAIRPERSON.- So you have upgraded your software as to the stock in and stock out on those. Have you done that? I think some things were not captured on the system, maybe only the shortages or the deliveries were captured and that gap was still there. Has that been sought out?

MR. J. MATAIKA.- With that the Ministry is currently working on procuring a new warehouse information system.

DEPUTY CHAIRPERSON.- Yes, yes.

MR. J. MATAIKA.- While we are working on that, the current system we are trying to optimise and further analysing data that are currently available.

DEPUTY CHAIRPERSON.- That warehouse system has been mentioned in the Annual Report as well.

MR. J. MATAIKA.- Yes.

DEPUTY CHAIRPERSON.- So basically it is on the waiting list.

MR. J. MATAIKA.- Yes.

DEPUTY CHAIRPERSON.- Thank you very much. Honourable Members, you have got any questions?

HON. S.B. VUNIVALU.- Deputy Chairperson, through you, talking about Non Communicable Diseases, one of my main concern is the shortage of dieticians in our country. I assume that the dieticians cannot man the whole hospital in Fiji, if I am correct. I heard that there are only 87 dieticians. How can we improve on bringing more dieticians because of overweight which is one of the side effects?

MS. M. GOUNDER.- Thank you. In terms of staffing dieticians, we have got our strategic workforce plan where we have planned for nurses as well as allied health workers so definitely we have considered the need for dieticians and what we need to recruit over the years to get to that level. But in terms of addressing NCDs, we are also taking a very community based approach as well and going to settings, schools, communities where people live and we are trying to advocate for healthy behaviour at those settings, because that is a much more effective way of addressing health issues at a much earlier stage. At a hospital level, yes, dieticians' roles are quite valid and we are looking at updating the numbers for all our allied health workers including dieticians.

DEPUTY CHAIRPERSON.- Thank you Madam, Gounder. Actually what is the progress in upgrading maintenance of all the rural health centres, nursing stations and staff quarters? What is the current status of staff accommodation in all divisions because there always has been a problem? Has that been addressed?

MR. I. KHAN.- Thank you Deputy Chairperson. The Ministry has a maintenance and upgrading plan, so what the Ministry does is that at the moment in terms of the status of the health facilities in general and staff accommodation, they all are in a reasonable condition. Some are very good which has been recently upgraded, some require upgrading and maintenance, however, that does not mean that they are depleted or in a bad state. However, the Ministry has a maintenance plan.

What the Ministry has done in our budgetary allocations, we have minor work allocations which are given to the Divisional Medical Office in the divisions. So what they do is they manage minor maintenance of health facilities and staff quarters and we have funds in headquarters. Funding is dependent on, if it is minor work, they will handle it, but if the funding required is huge in nature where you have to do some structural changes or demolish something, that kind of fund is kept at Central Office, which we allocate in terms of doing the work.

So, we have a plan, we have a priority list from the respective divisions and what we do is we work on a priority list. Whichever requires urgent maintenance, that is carried out first, and that which is not a priority now, than can be done later, but it will be eventually done, not that it will be left out. So, that is our maintenance plan and that is the status of the health facilities and the staff accommodation.

DEPUTY CHAIRPERSON.- Thank you very much. Honourable Nadalo, you have a question?

HON. R.N. NADALO.- A supplementary question to that. If you go to the rural nursing stations, they are really bad. We move around a lot and this is the first question that comes to us; how can we maintain all those, especially those in the interior, the inland of Navosa?

DEPUTY CHAIRPERSON.- Is there budget allocation to maintain all those?

MR. I. KHAN.-As mentioned earlier, Deputy Chairperson and the Honourable Member, that we have budgetary allocations for minor maintenance. This is with the Divisional Offices. So, they are the first point of contact for these health centres, subdivisional hospitals and nursing stations because they fall directly under them. They do their routine visits, they identify their areas and it is kind of their responsibility to consider that as a priority for maintenance.

We from head office assist if it is a big maintenance in terms of any major change in the infrastructure or structure, but otherwise we have minor a maintenance allocation given. If there are any facilities that had not been maintained, we are always there to take on board and expedite the process in terms of getting it maintained and bringing it to that standard.

DEPUTY CHAIRPERSON.- Thank you, Mr. Khan.

Some of the Ministry's future plans, if you can highlight?

MS. M. GOUNDER.- Our planning is now focusing on strengthening service delivery which will address a lot of concerns that have been raised.

Also we are looking at strengthening the health system components that support the service delivery. For example, health information that we have discussed, medicinal products, technology and biomedical equipment, supportive infrastructure and finance. We have realised that that we have to really strengthen the key health system components to both sustain the services and to improve on it.

We have identified some strategies of doing that.

- i) Through partnerships and working with our health partners who are active and are able to deliver some of those services in a positive active way;
- ii) Increasingly focussing on promoting wellness because we see that there is a lot opportunity in that area. A lot of our population is still quite healthy so we want to maintain that, taking a more like bottom-up approach going to community, going to setting level and working with them;
- iii) Trying to provide reasonable level of service essential package that can be distributed or delivered right up to the rural remote areas;
- iv) Strengthening our primary health care because that is the first point of care and if we are able to catch cases at that level, we are able to offer them better treatment; and of course
- v) Reforms in terms of business processes and systems which we have realised the anomalies and we need to address for sustainability.

DEPUTY CHAIRPERSON.- Honourable Nadalo?

HON. R.N. NADALO.- Just on your programme on the achievements that you have had. The HPV Vaccination Programme which was introduced to schools in 2016, how many schools did you actually cover? Was it the whole of Fiji or only certain schools?

MS. M. GOUNDER. –When we roll out such programmes, it is throughout all schools but I do not have the exact data on what is our coverage at this stage but such programmes are for all schools. I do not know the exact coverage at the moment – how many schools they have managed to cover.

DEPUTY CHAIRPERSON.- Thank you very much for your presentations Ms. Gounder, Mr. Idrish and Mr. Jeremaia.

Thank you very much for your time and for your availability. Like I said before, Ministry of Health is huge and the challenges are even bigger. So, we wish you all the best in the coming years.

Vinaka once again on behalf of the Secretariat and of course the Members of the Standing Committee.

The Committee adjourned at 3:30 p.m.

APPENDIX 5: RESEARCH ANNUAL REPORT SUMMARY


Annual Report Summary-Ministry of Health and Medical Services 2016 Standing Committee on Social Affairs

Vision-"A Healthy population"

Mission-"To empower people to take ownership of their health, to assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system."

Principal Activity	2016	MPs Comments
	The Ministry of Health and Medical Services acknowledges that it is the right of every citizen of Fiji, irrespective of race, gender, creed or socioeconomic status, to have access to a national health system that provides high quality health services, the principal function of which is to provide accessible, affordable, efficient and high quality health care and strengthen community development leading to improved quality of life.	
Act in place	<ol style="list-style-type: none"> 1 Constitution of the Republic of Fiji 2013 2 Fiji National Provident Fund Decree 2011 3 Fiji Procurement Act 2010 4 Financial Administration Decree 2009 5 Financial Instructions 2005 6 Financial Management Act 2004 7 Financial Manual 2014 8 Occupational Health and Safety at Work Act 1996 9 Ambulance Services Decree 2010 10 Allied Health Practitioners Decree 2011 11 Animals (Control of Experiments) Act (Cap.161) 12 Burial and Cremation Act (Cap.117) 13 Child Welfare Decree 2010 14 Child Welfare (Amendment) Decree 2013 15 Food Safety Act 2003 16 HIV/AIDS Decree 2011 16 HIV/AIDS (Amendment) Decree 2011 17 Illicit Drugs Control Act 2004 	

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 PARLIAMENT OF THE REPUBLIC OF FIJI Research and Library Services		Annual Report Summary 180080
	<ol style="list-style-type: none"> 18 Marketing Controls (Food for Infants and Children) Regulation 2010 19 Medical Imaging Technologist Decree 2009 20 Medical and Dental Practitioner Decree 2010 21 Medical and Dental Practitioners (Amendment) Decree 2014 22 Medical Assistants Act (Cap.113) 23 Medicinal Products Decree 2011 24 Mental Health Decree 2010 25 Mental Treatment Act (Cap. 113) 26 Methylated Spirit Act (Cap. 225A) 27 Nurses Decree 2011 29 Pharmacy Profession Decree 2011 31 Private Hospitals Act (Cap. 256A) 32 *Public Health Act (Cap. 111) 33 Public Hospitals & Dispensaries Act (Cap 110) 34 Public Hospitals & Dispensaries (Amendment) Regulations 2012 35 Optometrist and Dispensing Optician Decree 2012 36 *Quarantine Act (Cap. 112) 37 Quarantine (Amendment) Decree 2010 38 Radiation Health Decree 2009 39 Tobacco Control Decree 2010 40 Tobacco Control Regulation 2012 41 The Food Safety Regulation 2009 42 The Food Establishment Grading Regulation 2011 <p>*currently under review</p>	
Organization structure	<p>The Ministry of Health and Medical Services delivers service throughout the four Divisions, Central, Eastern, Western and Northern.</p> <p>The Ministry is overseen by the Minister → Asst. Minister → PS → Directors → Divisions</p> <p>The Ministry of Health and Medical Services has many units, which are as follows:</p> <p>Hospital Services- is responsible for management and overall operation of the 3 divisional hospitals CWM, Labasa, Lautoka and 2 specialised hospitals, Tamavua/Twomey and St Giles and its achievements are underlined in the Annual Report on page 16.</p> <p>Fiji Pharmaceutical and Biomedical Service Centre (FPBSC) - main core services are:</p>	

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	<ol style="list-style-type: none"> 1. Procurement and supply management (procuring, warehousing and distribution) of medical or health commodities 2. Essential Medicines Authority – development of product standardization and appropriate usage 3. Inspectorate Regulatory Authority – strengthening quality assurance process of products import into the country 4. Bulk Purchase Scheme – commercial arm providing social support to the private sector <p>The achievements of this unit are underlined in the <i>Annual Report</i> on page 18.</p> <p>Divisional Report-The Ministry of Health and Medical Services delivers health services throughout the four Divisions, Central, Eastern, Western and Northern. The Health services range from general and special outpatient, maternal child health care, oral health, pharmacy, laboratory, x-ray, physiotherapy, environmental, nutritional, outreach, school health and special clinical services. The achievements are underlined in the <i>Annual Report</i> on page 22.</p> <p>Public Health Services-The Deputy Secretary Public Health is responsible for formulation of strategic public, primary health policies and oversees the implementation of public health programmes as legislated under the Public Health Act 2002. Effective primary health care services are delivered through the Divisional and Sub Division Hospitals and National Programs (Family Health, Wellness, Communicable Diseases, Food and Nutrition, Environmental Health, Oral Health and National Health Disaster and Emergency Management). The achievements of this unit are underlined in the <i>Annual Report</i> on page 24.</p> <p>Health Information Research and Analysis Division- The Health Information, Research and Analysis Division is responsible for providing policy advice and management support to the Permanent Secretary for Health and Medical Services on the utilization of health data and information, health research and analysis; management and development of information and communication technology for the implementation of National Health Services Policies and Plan to ensure effective provision of health services throughout Fiji through an established monitoring and evaluation framework. The achievements of this unit are underlined in the <i>Annual Report</i> on pages 32-33.</p> <p>Planning and Policy Development Unit (PPDU)- The department is responsible for the development, formulation and documentation of MoHMS Policies, the development of medium to long term strategies in alignment with the MoHMS long term mission and vision as well as the development of annual</p>	
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	<p>corporate plans. The department also has a healthcare financing section that develops National Health Accounts and assists with development partner coordination activities. PPDU is responsible for an inclusive planning process for national level health plans and strategies.</p> <p>The main areas of work of the Unit can be characterized as follows:</p> <ol style="list-style-type: none"> a) Planning b) Policy c) Health Care Financing d) Gender <p>The Nursing Division- The Division of Nursing is responsible for the planning, development, coordination, monitoring and evaluation of nursing standards, policies, and guidelines and protocols.</p> <p>The objectives of nursing as a service, a profession and a practice is to provide quality nursing care via the overarching provision of nursing technical support mechanism for quality curative and preventative health care in Fiji Health System.</p> <p>Nursing is managed in a 3 facet structure which includes clinical/curative, public health and basic specialization nursing covering midwifery, advanced nursing practice (NP), mental health, TB and Leprosy. Nursing in the three (3) divisional hospitals [CWM/Lautoka/Labasa] including St. Giles Hospital are managed by Manager Nursing whilst the four divisions [Central/Western/Northern/Eastern] are managed by the four (4) Divisional Health Sisters. The other specialist hospital [Tamavua/Twomey] is headed by the Sister In-charge. The achievements of this division are underlined in the <i>Annual Report</i> on page 36.</p> <p>Development Partner Assistance- Development partners and international organisations provide financial and technical assistance to Ministry of Health and Medical Services to deliver its mandate responsibilities and the achievements are underlined in the <i>Annual Report</i> on page 37.</p> <p>Grant Management Unit (GMU) -The Global Fund (GF) grant supports the Ministry of Health on strengthening of health systems and the control of tuberculosis (TB) in Fiji Islands. The Ministry of Health has set up the Grant Management Unit to manage grant implementation, coordination and reporting of the GF grant.</p> <p>The GMU goals are:</p> <ol style="list-style-type: none"> 1. To reduce the burden of TB in Fiji (target: 20/100,000 population in 2015). 2. To achieve improved TB and HIV/AIDS outcomes through strengthening the capacity of the health 	
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	<p>system to deliver services.</p> <p>3. To strengthen the health system by means of improving the production, management and use of information.</p> <p>The GMU objectives are:</p> <ol style="list-style-type: none">1. To improve high quality DOTS in all provinces with increased case detection and high treatment success.2. To address TB in high risk groups and underserved populations, TB-HIV and MDR-TB.3. To engage and empower all health care providers and communities to control TB.4. To strengthen the quality of laboratory services and procurement supply management.5. To strengthen the organisational capacity of the Principal Recipient (MoHMS).6. To improve data quality and management of information. <p>The achievements are underlined in the <i>Annual Report</i> on page 38.</p>	
Projects	<p>The Ministry suffered damage and losses estimated to be around \$13.9m. Due to TC Winston most of the activities planned for MoHMS had to be deferred and realigned to help in the recovery process. Due to this there was a change in the budgetary cycle and this resulted in realigning the Ministry's Annual Corporate Plan 2016 to suit the new budgetary cycle.</p> <p>Completed Projects</p> <ul style="list-style-type: none">• Commissioning of the Dialysis machines for acute dialysis at ICU at CWMH• Launch of Rheumatic heart disease mobile clinic• Two dose Human Papilloma Virus (HPV) vaccination program introduced in the beginning of the school year 2016• Implementation of the —National Fight the Bite Clean Up Campaign that was conducted Nationwide in collaboration with government organization, NGO, corporate bodies, Faith based Organizations, and community groups to combat the spread of dengue fever in the country• Development of the Integrated Management of Acute Malnutrition (IMAM) Guideline for Fiji• Development of the Clinical Information Systems/Health Information Systems (CIS/HIS) Strategic Plan 2016 -2020• Upgrading of Lancaster ward at CWMH• Maintenance and repairs to a number of health centres and nursing stations including Kadavu, Lau and Lomaiviti	



	<p>Strengthening of Public/Private Partnerships</p> <ul style="list-style-type: none"> Received a brand new neurosurgical drill valued at \$45,552.90AUD donated by DFAT Direct Aid Program to neurosurgical services CWMH 	
Budget	Budget allocated for Ministry of Health and Services for 2016 was \$280,083,700.00.	
Financial Position (Company's)	Total Revenue-\$3,999,762	
	Total Expense-\$146,617,844	
	TMA Total Revenue-\$229,464	
	TMA Gross Profit Transferred to Profit & Loss Statement-\$110,738	
	TMA Net profit for the year-\$70,477	
	Total Assets-\$620,822	
Auditor's Opinion (Auditor General)	<p>Audit Opinion</p> <p>Auditor have audited the financial statement of the Ministry of Health and Medical Services, which comprise the Statement of Receipts and Expenditure, Appropriation Statement, statement of Losses, Trading and Manufacturing Accounts and Trust Fund Accounts Statement of Receipts and Payments for the 7 months period ended 31 July 2016, and the notes to the financial statements including a summary of significant accounting policies.</p> <p>In the Auditor opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the accompanying financial statements for the period ended 31 July 2016 present fairly in accordance with the Financial Management Act 2004, Financial Management (amendment) Act 2016 and the Finance Instructions 2010.</p> <p>Basis for Qualified Opinion</p> <p>1. Agency and State Revenue-Statement of Receipts and Payments</p> <p>Included in the Miscellaneous State Revenue of \$844,360 is License & other revenue of \$679,434.93 posted in error thus overstating Miscellaneous State Revenue by the same amount.</p>	



	<p>2. Main Trust Fund Accounts</p> <ul style="list-style-type: none"> Net adjustments totaling \$873,569 (Note3) relating to prior year trust fund receipts and payments were made in the current year's general ledger for the (1) Cardiology Services Trust Fund and (2) Sahyadri Trust Fund Accounts to reconcile the ending cash balance held against these trust fund accounts. The details of the prior year adjustments were not provided. Proper monthly reconciliation of the cash at bank balance, cash general ledger and cash book for these trust fund accounts were not carried out for all the seven months period ending 31 July 2016. <p>Because of the significant matters noted in the above paragraphs I am not able to ascertain the accuracy and correctness of the closing balance of \$888,768 for Cardiology Services Trust fund Account and \$66,147 for Sahyadri Trust Fund Account in the respective trust fund accounts statement of receipts and payments.</p> <p><i>Without further qualifying the opinion expressed above, I draw attention to Note 2 (a) to the financial statements:</i></p> <ul style="list-style-type: none"> The total retention sums deducted from contractual progress payments for capital works made by the Ministry were neither transferred to a separate operating trust fund account nor were they recognized as capital expenditures during the period. The Ministry was also unable to provide reconciliation for all the retention monies as at 31 July 2016. <p>Auditor have conducted audit in accordance with International Standards on Auditing (ISA). His responsibilities under those standards are described in the Auditor's Responsibilities paragraph of my report. I am independent of the Ministry of Health and Medical Services in accordance with the ethical requirements that are relevant to audit of the financial statements in Fiji and have fulfilled other responsibilities in accordance with these requirements. Auditor believes that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.</p>	
Challenges	In delivering its services the Ministry of Health and Medical Services has identified the following as salient challenges during 2016.	



	<p>Governance</p> <ol style="list-style-type: none">1) Difficult to implement decentralization of mental health services due to inadequate training of staff in the public health sector.2) Major challenge currently faced is the time factor in getting the by-Laws approved. <p>Workforce</p> <ol style="list-style-type: none">1) Human resources shortage at Lautoka Hospital: An acute shortage of HR within the departments and this does not allow the service delivery to flow well thus increasing the waiting time.2) Resignations of staffs especially the nurses and the environmental health officers who have migrated overseas and have joined NGOs in the Central Division.3) Human resource shortage i.e. only 79 dieticians for the entire country. <p>Financing</p> <ol style="list-style-type: none">1) The change in the Government financial year from calendar year to August-July was a major challenge where most of the activities were deferred to commence in the new financial year. <p>Medical Products, Vaccines and Technologies</p> <ol style="list-style-type: none">1) Unavailability of drugs, medical consumables and important biomedical equipment at Lautoka hospital.2) Free medicine budget was not used as RIE submitted was not approved. Items order in 2016 was received in 2016-2017 financial year.	
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Guiding questions

- 1) How does the Ministry evaluate its service delivery (in terms of providing efficient & effective service) to its customers?
- 2) What systems and processes are in place for the Ministry to handle customer complaints?
- 3) Can you advise how the Ministry aligns itself towards achieving SDG3 - good health and wellbeing?
- 4) Can the Ministry provide an explanation on the Qualified Opinion provided by the Auditor General and how has this been addressed?
- 5) Can you explain how the Ministry ensures gender equality at its work place?
- 6) Can you explain how has the Ministry overcome the challenges faced with regards to shortage of staff and the unavailability of medical products, vaccines and technologies?
- 7) Highlight some of the difficulties faced in realigning the programmes after TC Winston?
- 8) Highlight some of the Ministry's future plans?

08 March 2018

Disclaimer

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