

# MINISTRY OF HEALTH AND COMMUNITY SERVICES

## GOVERNMENT OF MONTSERRAT

### Business Plan for Fiscal Year 2008

#### UNIT: HEALTH

#### 1.0 INTRODUCTION

##### 1.1 Purpose

The Ministry of Health is fully committed to the Primary Health Care Approach and subscribes fully to the core values of ethics, equity and solidarity. In that regard, access to health is viewed as a fundamental human right and in achieving health for all we believe in promoting partnerships and cooperation and ethical conduct in health service provision. By embracing these core values, we aim to ensure that all persons regardless of their socio-economic situation have access to an essential package of quality services.

Throughout Fiscal Year 2008, it is anticipated that the Ministry of Health will be focussing on the following Projects and Plans aimed at addressing the constraints and risks highlighted under section 1.5.

- ❖ Strategic Health Development Project
- ❖ Health Information Systems Development
- ❖ Mentally Challenged Housing Project

At the end of Fiscal Year 2008, we hope to record achievements in the following areas:

- ❖ Improving and sustaining the health gains and well-being of all residents of Montserrat
- ❖ Achieving greater equity, cost effectiveness and efficiency in the allocation and use of health resources
- ❖ Further developing a cadre of well trained and motivated staff
- ❖ Further developing an effective health information system to support evidence based decision making
- ❖ Ensuring an effective quality improvement system capable of monitoring standards and achieving stakeholder accountability
- ❖ Improving health infrastructure

## 1.2 Linkages with Strategic Development Plan

Health can no longer be viewed within the narrow frame of reference that speaks simply to the absence of disease and infirmity but must be viewed more holistically to include the complete physical, mental and social well-being of the individual. The nexus between health and development has been accepted world wide and in 2005, the Caribbean Commission on Health and Development (CCHD) recognised that “health is a critical input into the human capital and that expenditure on health is an investment in development in its broadest sense and not solely a consequence thereof...”

While economic growth is not essential for health, health is crucial for economic growth. Numerous studies have shown that the healthier people are, the more productive they are. The principle of the “health of the nation is the wealth of the nation” was first articulated and adopted by CARICOM Heads of Government in the Nassau Declaration 2001. This has been eloquently captured in the Vision for Montserrat as “... the creation of a healthy and wholesome Montserrat...” as expressed in the Sustainable Development Plan (SDP) which outlines the national development strategy and priorities over the period 2003-2007.

The Ministry of Health and Community Services’ mandate and programme of activities contributes directly to the achievement of **all of the six objectives which underpin the SDP**. However, in the past, we have not addressed health issues comprehensively or treated them as a developmental issue. If the objectives of the SDP are to be realised, then this shortcoming must be remedied now, and the existing deficiencies, such as inadequate human and infrastructural resources.

## 1.3 Departmental Mandate

### Mission Statement:

Our mission is articulated as follows:

- ❖ To promote the health and well being and to enhance the quality of life of persons on Montserrat by empowering individuals and communities and assuring access to promotive, preventative, curative and rehabilitative health care services through the provision of (or access to), affordable, accessible, and acceptable, quality health care in partnership with other stake holders.

In order to achieve our mission the Ministry of Health and Community Services will seek to create a healthy environment and encourage personal responsibility for well-being through the building of alliances and partnerships.

The Public Health Ordinance provides the regulatory framework which guides the provision of health care services in Montserrat. Our core functions have also been informed by obligations under the following regional and international initiatives:

Caribbean Cooperation in Health (CCH)  
Caribbean Charter on Health Promotion  
Millennium Development Goals  
Convention on the Rights of the Child  
Caribbean Charter on the Health of the Aged

Nassau Declaration 2001  
International Health Regulation  
Health for All  
United Nation Principles for Older Persons  
United Nations Standards and Minimum Rules for the Administration of Juveniles

The Ministry of Health has a draft Health Professions Bill, draft amendments to the Food Safety and the Nurses and Midwives Acts.

## 1.4 Key Assumptions for 2008

### Key assumptions

- The exchange rates for the main trading currencies remain stable
- Supplier prices do not significantly fluctuate
- Key staff remains within the departments and continue to be motivated and productive
- No major manmade or natural disaster occurs
- Donor and partnering agencies continue to provide support
- The increased exposure of information on the importance of healthy lifestyles will provide the right environment for the accepting health promotion initiatives
- Other Agencies/Ministries/Departments will be willing to collaborate with the Ministry of Health on the 2008 initiatives.
- New staff will adjust readily to their new positions/responsibilities and the process of implementing initiatives accommodated
- Adequate funding is available to support the unit's activities.

### Impacting Factors

- Level of collaboration, commitment and capacity from other agencies (eg PWD, DFID, Education, PAHO, Housing Unit) to fulfil health department goals
- Changes in Political and Policy direction within and outside the Ministry
- Fulfilment of requests for additional staff and equipment
- Availability of technical assistance for projects

## **1.5 Risk Management**

### **POSSIBLE CONSTRAINTS**

In developing the Business Plan, special emphasis was placed on the following themes and issues, which over the last years were identified as major challenges which needed to be urgently addressed:

- ❖ Our health and service delivery infrastructure is inadequate.
  - The current Hospital site has little room for expansion and service is delivered in a setting which denies patients privacy and confidentiality and often robs patients of their basic human dignity.
  - Patient safety is constantly being compromised due to the fact that surgical and medical patients are treated in the same location.
  - Children are treated in the same location as adults and the mentally challenged – there are no paediatric facilities.
  - The St John's Health Centre cannot adequately house its current staff – the Dental Surgeon for example does not have an office and must perform his administrative duties in the waiting area. The staff of the Mental Health Unit continue to operate from separate locations as there is no space to accommodate the Psychologist and Psychiatrist.
- ❖ Non communicable diseases (NCDs) pose a significant threat to the health and well-being of Montserratians.
  - The Health Promotion Unit is inadequately resourced and as a result our ability to employ effective health promotion and education strategies are constrained
  - Lack of diagnostic capacity means that cancers are discovered at later stages.
- ❖ A significant portion of the population has very limited, and in many cases, no access to primary health care. Recognising our particular circumstances and the extremely limited provision of primary care services in the private sector and the high cost of accessing care overseas, there is a clear need to open up services to a fee paying category.

- ❖ The health system must be strengthened if it is to respond effectively and efficiently to the real health needs of the people of Montserrat.
- ❖ The development of a quality environment through the establishment of a quality assurance framework is of paramount importance. In the absence of this, our risks will increase and our exposure to litigation and the concomitant associated costs will also increase.
- ❖ The health information systems needs to be further strengthened to allow for the efficient and effective management and analysis of data and to support evidence based decision making. This is critical and will allow us to identify cost effective interventions for those diseases which impose the greatest burden and guide us in determining how to deliver those interventions effectively, efficiently and equitably.
- ❖ The care and support of the mentally challenged requires urgent attention.
- ❖ Availability of Technical Assistance for areas of weakness in Primary Health Care
- ❖ Lack of dedicated clerical support for Primary Health Care
- ❖ Non-acceptance of Business Case for staffing of the Health Promotion Unit
- ❖ Lack of human resource capacity to ensure that Montserrat benefits from EU OCT Project

### **RISKS TO THE DEPARTMENT**

- Change in exchange rates and inflation -affecting value for money (quotations received in foreign exchange)
- Changes in staff resulting in low or high usage of funds.
- Unpredictable number of contract workers and migration
- Disasters resulting in increased costs of services.
- Consistency of suppliers of good and services.
- Legislative approval of proposed initiatives.
- Resistance to change.
- Political and stakeholders raised expectations requiring additional funding to match expectations.
- Outcomes of research resulting in immediate need to change focus and expenditure.
- Volcanic/hurricane activity may derail the department's plans and programmes

## Ministry Headquarters

**Mission Statement:** To ensure the availability of high quality, accessible and affordable health services which supports the residents of Montserrat in their efforts to maintain and improve their health and promotes community participation

### 1. Corporate Goals, Core Functions, Strategic Initiatives, and Performance Indicators

Items Highlighted in Blue were presented by MoH, but will not be done in 2008 due to resource constraints

Corporate goal	Related core functions	2008 Strategic initiatives	SDP Strategic Objectives	Performance indicators
To enhance the health of the community utilizing health promotion and prevention strategies and by working effectively with all key stakeholders including health professionals and the wider community	<ul style="list-style-type: none"> <li>Strategic planning and policy development</li> </ul>	Raising public awareness about the future direction of the Ministry and laying the foundation for a long term strategic health development planning	<p>3.1 Mainstreaming social development concerns into policies, programmes and projects based on GoM Social Policy Principles</p> <p>4.5 Ensuring that civil society is fully involved and informed, for genuine participatory processes, which are introduced and maintained at all levels in the development process</p>	<p>At least three Town Hall meetings conducted in Salem, Brades, St John's and Lookout during FY 2008</p> <p>Recommendations available on revised legislation on public/private services by Oct 08</p> <p>Amended revised SRO 11/85 submitted to Council</p> <p>Revised draft legislation on selected areas in health</p> <p>Selected Performance Indicators developed</p>

Corporate goal	Related core functions	2008 Strategic initiatives	SDP Strategic Objectives	Performance indicators
To ensure a framework to guide and measure the quality of health care services provided	<ul style="list-style-type: none"> <li>Clinical governance, risk management and quality assurance</li> </ul>	Improving patient safety through the development of the quality assurance, risk management and clinical governance framework	<p>1.3 Increasing access to and improving the quality of health provision for current and future needs</p> <p>2.7 Promoting the development of the skills and capacity base of the labour force</p> <p>4.3 Improving and strengthening systems, management capacity and human resource development in the public sector to ensure effectiveness, efficiency and sustainability</p> <p>1.3 Increasing access to and improving the quality of health provision for current and future needs</p>	<p>Complaints procedures implemented by July 2008</p> <p><a href="#">Further updated infection control guidelines documented by Dec 2008</a></p> <p>Formalized clinical auditing systems by July 2008</p> <p><a href="#">Agreed protocols on child molestation and domestic violence</a></p> <p><a href="#">Report submitted on quality assurance system September 2008</a></p> <p>Two medical practitioners and two nurses attached to a regional clinical centre of excellence for at least four weeks by October 2008</p> <p>Recommendations available for use of telemedicine.</p>
To ensure that the capacity of the health care resources are sufficient to meet the population needs	Financial management	<p>Review of Health financing options</p> <p>Review of SRO 11/85 and existing fee structure</p>	2.2 Promoting sound fiscal policy aimed at reducing budgetary aid over time	<p>Information Paper made to Executive Council on progress on health financing options by December 2008</p> <p><a href="#">Existing fee structure reviewed</a></p>

Corporate goal	Related core functions	2008 Strategic initiatives	SDP Strategic Objectives	Performance indicators
				<p>and recommendations made to Executive Council by September 2008</p> <p>Commencement of assessment of Health Insurance requirements by December 2008</p>
<p>To ensure that the Ministry of Health has the necessary organisational strength, capability, technical skills and resources to carry out its functions in an efficient, effective, consistent and transparent manner</p>	<p>Human resource management and Development</p>	<p>Improving human resource management systems and addressing retention issues</p>	<p>1. To promote the retention of the present population</p> <p>2.6 Promoting the Development of the skills and capacity base of the labour force</p> <p>3.4 Promoting a culture of respect, non discrimination and equality of access and opportunity through the progressive realisation of Human Rights</p> <p>4.3 Improving and strengthening systems, management capacity and human resource development in the public sector to ensure effect</p>	<p>Organization Review Recommendations submitted by May 2008</p> <p>Retention and Recruitment strategy for clinical staff submitted to PSA by August 2008</p> <p>At least one initiative implemented for staff recognition and motivation by Dec 2008</p> <p>Orientation Packs available for selected health staff</p> <p>Implementation of Occupational Health and Safety Policy commenced by Dec 2008</p>



## Unit: Primary Health Care

**Mission Statement:** To promote the health and well being and to enhance the quality of life of persons on Montserrat by empowering individuals and communities and assuring access to promotive, preventative, curative and rehabilitative health care services through the provision of (or access to), affordable, accessible, and acceptable, quality health care in partnership with other stake holders

### 1. Corporate Goals, Core Functions, Strategic Initiatives, and Performance Indicators

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
To enhance the health of the community utilizing health promotion and prevention strategies and by working effectively with key stakeholders including health professionals and the wider community	Public Health Surveillance Community Nursing Services Health Promotion Unit Environmental Health Services STI/HIV/AIDS Programme Nutrition Services	To maintain the low annual incidence of vaccine preventable and other communicable diseases  Improving the prevention, treatment and management of chronic non communicable diseases	<ul style="list-style-type: none"> <li>To promote human development and well-being and enhance the quality of life for all people on island</li> </ul>	<p>Revised Communicable Disease Surveillance Manual available for use by November 2008.</p> <p>Operational Plans for all National Influenza Pandemic Preparedness (NIPPP) functional areas available for use by December 2008.</p> <p>100% immunisation coverage of target population achieved</p> <p>EPI Manual completed and available for use by June 2008</p> <p><a href="#">Chronic disease protocols discussed, accepted and available for use by March 2008</a></p> <p>All relevant health staff trained in Nutritional Management of NCDs by June 2008</p> <p>Items for the "National Food Basket" agreed on by end of 2008 following CPA</p> <p>Educational materials on Nutrition reviewed and updated by June 2008</p>

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
				<p>Self care brochure for patients suffering with NCDs available</p> <p>Continued Education programmes in collaboration with NGOs</p> <p>Implementation of Programmes for early detection of NCDs. 75% of population at selected workplaces screened by Dec 2008</p>
To enhance the health of the community utilizing health promotion and prevention strategies and by working effectively with key stakeholders including health professionals and the wider community	Health Promotion Unit Nutrition Services	Re-vitalise and re-establish the primacy and importance of health promotion and health education in maintaining and protecting the health of the population	To promote human development and well-being and enhance the quality of life for all people on island	<p>Business case for health promotion unit accepted and process of implementation commenced</p> <p>Annual report documenting all health promotion activities</p> <p><a href="#">Information leaflets on inpatient information available and in use by March 2008</a></p> <p>Anger management report completed by March 2008</p> <p>Evaluation reports of health promotion activities completed following each activity</p> <p><a href="#">Wellness Programme initiated in at least one workplace by December 2008</a></p> <p>Finalize and ratify in Council the Nutrition Plan and Policy by June 2008</p>
To ensure that appropriate and comprehensive health policies and legislation are in place to achieve the Mission of the	Strategic Health Development Plan Dental Unit Community Nursing Services	Improving access to and delivery of primary health care services	To promote human development and well-being and enhance the	<p>Policy proposal based on stakeholder consultation re access to dental services formulated and submitted by June 2008</p> <p>Policy proposal based on stakeholder consultation re access to Community Health</p>

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
Ministry of Health			quality of life for all people on island	Centres documented by December 2008  Pilot Project for alternate opening hours implemented by at Salem Clinic by June 2008
To ensure that the capacity of the health care resources are sufficient to meet the populations' health needs including vulnerable groups	Mental Health Services Health Promotion Unit Public Health Surveillance	Improve the treatment, care, management and rehabilitation of mentally ill patients in the community and at Hospital	To promote human development and well-being and enhance the quality of life for all people on island	<a href="#">Recommendations made for amendments to the Mental Health Legislation by Nov 2008</a> <a href="#">Mental Health Policy and Plan submitted to Executive Council by Aug 2008</a> Mental health community care protocols adopted by December 2008 <a href="#">Alcohol and substance abuse programme fully implemented by April 2008</a> Report on activities prepared each quarter Commence construction of Mentally Challenged Housing and Social Care Programme
To ensure that the capacity of the health care resources are sufficient to meet the populations' health needs including vulnerable groups	Epidemiology Unit Community Nursing Services Nutrition Services Health Promotion SHDP STI/HIV/AIDS Environmental Health Secondary Care Services	Improving Health Information Systems to ensure that data are available to support planning and evidence based decision making	To promote human development and well-being and enhance the quality of life for all people on island	Annual health profile published by end of June 2008.  Preliminary findings of the Adolescent Survey discussed with participants and way forward decided on by December 2008  Age appropriate material based on results of Adolescent health survey prepared by December 2008
To enhance the health of the community	Environmental Health	Development of Salem Public	To promote human	Work shed completed by January 2008

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
utilizing health promotion and prevention strategies and by working effectively with key stakeholders including health professionals and the wider community	Services	Cemetery	development and well-being and enhance the quality of life for all people on island	Drainage system completed by January 2008 Paved road and parking area completed by March 2008 Cemetery compound fenced by September 2008 Propose development of Cemetery Site/s by December 2008
	Environmental Health Services	Review legal framework underpinning food safety	To promote human development and well-being and enhance the quality of life for all people on island	Revised Regulations forwarded to Council by March 2008 Public awareness campaign re revised legislation commenced by June 2008
	Environmental Health Services	Improve solid waste management	To promote human development and well-being and enhance the quality of life for all people on island	Negotiations complete and contract awarded by December 2008  Assessment of Landfill Site completed by June 2008

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
To enhance the health of the community utilizing health promotion and prevention strategies and by working effectively with key stakeholders including health professionals and the wider community	STI/HIV/AIDS Programme Health Promotion Community Nursing Services	Development and implementation of an integrated strategy to reduce the incidence of STIs and HIV/AIDS and to improve the treatment and access to care of HIV positive persons in the community.	To promote human development and well-being and enhance the quality of life for all people on island	<p>Training for care providers in management of STI/HIV/AIDS conducted by June 2008</p> <p>Reviewed Post Exposure Prophylaxis Protocol disseminated by June 2008</p> <p>Training in use of VCT Checklist conducted by September 2008</p> <p>First draft of confidentiality policy available by December 2008</p> <p>Revision of workplace policy initiated by December 2008</p> <p><a href="#">Revised Ministry of Education policy to include HIV and AIDS initiated by December 2008</a></p> <p><a href="#">National HIV Strategic Plan accepted by March 2008</a></p>
	STI/HIV/AIDS Programme Community Nursing Services	Continuation and expansion of the Cervical Cancer Programme	To promote human development and well-being and enhance the quality of life for all people on island	<p>Training in Pap smear techniques implemented for Care Providers by June 2008</p> <p>Data base of all women receiving smears and effective recall system implemented by December 2008</p> <p>Annual Pap smear Report to include number of smears done, training and retraining of staff, continuation of public education, use of data base and recall system</p> <p><a href="#">Cervical Cancer Prevention Plan accepted by Council by March 2008</a></p>

## Secondary Health Care

**Mission Statement:** To promote the health and well being and to enhance the quality of life of persons on Montserrat by empowering individuals and communities and assuring access to promotive, preventative, curative and rehabilitative health care services through the provision of (or access to), affordable, accessible, and acceptable, quality health care in partnership with other stake holders

### 1. Corporate Goals, Core Functions, Strategic Initiatives, and Performance Indicators

Corporate goal	Related core functions	2008 Strategic initiatives	SDP Strategic Objectives	Performance indicators
To ensure that the Ministry of Health has the necessary organisational strength, capability, technical skills and resources to carry out its functions in an efficient, consistent and transparent manner	Clinical care to patients and outpatients  Diagnostic care services to Primary and Secondary care patients	Improving emergency response and disaster mitigation	<ul style="list-style-type: none"> <li>To promote human development and well-being and enhance the quality of life for all people on M/rat.</li> <li>To ensure that M/rat's Development is environmentally sustainable and includes appropriate strategies for disaster mitigation.</li> </ul>	<p>Review and agree Mass Casualty and Disaster Plan by June 2008</p> <p>At least 1 Mass Casualty simulation exercise completed by December 2008</p> <p><a href="#">New arrangements for ambulance service operational by August 2008</a></p> <p>Update Hospital Hurricane business continuity plan by June 2008</p>
To ensure that all Departments are operating at full capacity with the necessary facilities and equipment	Clinical care to patients and outpatients  Diagnostic care services to Primary and Secondary care patients	<p>Maintaining and upgrading key health services in the following areas:</p> <p>Nursing</p> <p>Nutrition Services</p> <p>Clinical and Ancillary Services</p>	<ul style="list-style-type: none"> <li>To promote human development and well-being and enhance the quality of life for all people on M/rat.</li> </ul>	<p><a href="#">Review of model of nursing care completed and report submitted by April 2008</a></p> <p>Nursing standards published by June 2008</p> <p>Reports on in-service nursing development programmes produced quarterly</p> <p>Centralised Food Service Programme piloted by December 2008</p> <p>In service ECG training for at least five persons completed by June 2008</p>

Corporate goal	Related core functions	2008 Strategic initiatives	SDP Strategic Objectives	Performance indicators
To ensure that all Departments are operating at full capacity with the necessary facilities and equipment	Hospital Management	Hospital Development	To promote the retention of the present population and encourage the return of Montserratians from overseas	<p>Procure equipment per Locally Funded Project and continue reassessments by December 2008</p> <p>Upgrade Psychiatric Secure Room by December 2008.</p> <p>Conduct comprehensive assessment of Infrastructural needs at Glendon Hospital by June 2008</p>

## MINISTRY OF HEALTH HEADQUARTERS

### Core Functions and Key Outputs

The core functions and related outputs to be delivered in FY 2008 are shown in the table below. In order to guide the allocation of resources, the responsible and supporting officers and staff are identified, and the timing of the related output is classified as being Continuous (C), Weekly (W), Monthly (M), Quarterly (Q) or Yearly (Y).

Core Function	Related Outputs	Timing	Responsible Officer	Supporting Staff	No.
Strategic Planning and Policy Development	Strategic/Business plans and work programmes	Y	PS, Health	Senior Management Team	6
	Effective governance of divisions	C	PS Health Minister	Senior Management Team	6
	Policies and legislation	C	PS Health Minister	Senior Management Team	6
Human Resource Management and Development	Performance management reports	M	PS, Health	Heads of Departments	6
	Occupational health and safety and employee welfare	C	PS, Health	Heads of Departments	6
	Developing and reviewing management practices and human resource management guidelines	C	PS, Health	Heads of Departments	6
	Training needs and gap analyses	C	PS, Health	AS, Personnel	1
	Development and implementation of in-house training programmes	Q	AS, Personnel	Heads of Departments	5
	Records management	C	AS, Personnel	ASFS, SCO, COs	5
	Nominal Roll	Y	AS, Personnel	ASFS,, SCO	3
	Advice and support to all divisions	C	PS, Health	AS, Snr M/ment Staff	2
Financial Management and internal audit	Estimates of Revenue and Expenditure	A	PS Health	ASFS, Heads of	6



Core Function	Related Outputs	Timing	Responsible Officer	Supporting Staff	No.
				Departments	
	Procurement and stock management	C	SCM, ASFS	Heads of Department	6
	Management accounts and reports	M	ASFS	Heads of Departments	6
	Payments	M	ASFS	PS, AS, P, Heads of Departments, SCO, COs	12
Health Systems Development	Development and monitoring of essential services package	Q	Surgeon Specialist/SMO	CMO, Heads of Departments	6
	Health facilities development	A	CMO,SCM	PS, SMO, SCM, PNO	5
	Production of core health data	C	Epidemiologist	Medical Records	4
	Disaster management and business continuity planning	A	CMO	PS, Health Disaster Co-ordinator, SMO, SCM, DCD, PNO	6
Administration and Performance Management	Office management	C	AS, Personnel	AS, F&S	2
	Review and development of information management systems	C	AS Personnel, ASFS	AS, P	2
	Performance management reports	Q	PS, Health	Heads of Departments	6
	Ministerial and senior managers' meetings and reports	M	PS, Health	AS, P	2
Quality Assurance and clinical governance	Establishing norms, standards and systems for delivery of quality services	C	CMO	SMO, DMO, Heads of Departments, Technical Health Team	
	Legislative/regulatory framework for Quality of Care Monitoring	C	PS, Health	CMO, Heads of Departments	6
	Risk management systems and procedures	C	PS, Health	Senior Management Team	6
	Continuing professional clinical	C	CMO	PS, Health, Surgeon	4

<b>Core Function</b>	<b>Related Outputs</b>	<b>Timing</b>	<b>Responsible Officer</b>	<b>Supporting Staff</b>	<b>No.</b>
	development			Specialist, AS, P	
Registration of Health Professionals	Registration of medical practitioners, dentists, opticians, chemists and druggists	C	CMO	Registrar, PS Health	3
	Registration of Nurses	C	CMO	Registrar, PNO	3
	Code of Nursing Conduct, Nursing education, including examinations	C	PNO	CMO, Nurse Tutor	3

## PRIMARY HEALTH CARE DIVISION

### Core Functions and Key Outputs

#### **Identification: PRIMARY HEALTH CARE**

The core functions and related outputs to be delivered in FY 2008 are shown in the table below.

In order to guide the allocation of resources, the responsible and supporting officers and staff are identified, and the timing of the related output is classified as being Continuous (C), Weekly (W), Monthly (M), Quarterly (Q) or Yearly (Y).

Core Functions	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
Public Health Surveillance	Prevention, treatment and control of diseases	C	CMO	Medical and clinical staff, STI/HIV/AIDS, Primary and Secondary health care teams	20
	Disease prevalence and outbreaks investigated	C	CMO	Epidemiologist, Surveillance Response Team	12
	Reports providing information on the health status of the population	Q	CMO	Epidemiologist, Medical Records Staff, Heads of Sections	12
Community Nursing Services	Management and delivery of health services in the community to include management of Communicable and Non-communicable diseases along with specialist services such as audiology, ophthalmology and podiatry	C	CMO	Primary Care Team	10
	Maternal and child health and family planning programmes	C	CNM	MCH Committee	10
	Expanded Programme on Immunisation	C	CNM(EPI Manager)	MCH Committee	10
	Domiciliary Visits (House bound, antenatal and post natal, clinic dropouts,	C	CMO	CNM, District Health Team	7

Core Functions	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
	emergencies)				
Environmental Health	Removal or correction of nuisances and conditions injurious to public health	C	PEHO	Environmental Health Team	4
	Management of liquid and solid waste	C	PEHO	Environmental Health Team, MAHLE	4
	Monitoring water quality	C	PEHO	Environmental Health Team, MWA	6
	Port Health and Quarantine Services	C	PEHO	Environmental Health Team, MALHE	6
	Vector identification and control	C	PEHO	Vector Control Team	5
	Review building plans	C	PEHO	SEHO	2
	Inspection of all premises		PEHO	Vector Control Team, Environmental Health Officers	5
	Management of public cemeteries and all places connected with the interment, transportation and disposal of the dead	C	PEHO	CMO, Environmental Health Team, PS Health, DPWD	15
	Regulation of food safety and food handling	C	PEHO	CMO, PS, Health, Legal Department, Trade and Consumer Affairs Division, Nutrition Officer	12
Dental Unit	Provision of dental services to school children, pensioners, indigent, vulnerable and exempt persons	C	Dental Surgeon	Dental Unit Staff, CSD	6
Health Promotion	Development of healthy policies aimed at promoting healthy lifestyles	C	CMO	CMO, Health Educator, HIV coordinator, PEHO, Nutrition Officer, other non-health sectors	5
	Collaboration with health and non-health sectors, NGOs, youth and the wider community in the implementation of health	C	Health Educator	Health Promotion Team, heads of sections, media, NGO leaders,	14

Core Functions	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
	promotion activities			Ministry clerical staff	
	Provision of accurate and timely health information to the community	C	Health Educator	Health Promotion Team, media, NGOs	
	Collaboration with Ministry of Education and schools regarding health education programme in schools	C	Health Educator	Staff of Ministry of Education, Principals	14
	Reports of monitoring and evaluation of health promotion initiatives	C	Health Educator/Health Promotion Officer	Epidemiologist	6
Mental Health	Prevention, treatment, rehabilitation and care of the mentally challenged and substance abusers in the community and at Hospital	C	CMO	Community Psychiatric Nurse, Psychiatric Nurse, Visiting Psychiatrist, Mental Health Team	15
	Mental Health education and promotion	C	Community Psychiatric Nurse	CMO, Mental Health Team, Visiting Psychiatrist, Health Educator	15
Nutrition and dietary education and surveillance services	Finalisation and ratification of Food and Nutrition Policy	C	PS Health	Nutrition Officer, CMO	3
	Development and implementation of nutrition education programmes	C	Nutrition Officer	CMO, HPO	3
	Provision of nutrition counselling and patient management services in the community	C	Nutrition Officer	DMO, CNM, PHN	4
STI/HIV/AIDS Programme Implementation	HIV incorporated into the SDP	C	PS Health	STI/HIV/AIDS Coordinator, Health Team	20
	Inclusion of HIV/AIDS in workplace and education policy	C	PS Health	STI/HIV/AIDS Coordinator, Health Team	20

Core Functions	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
	Availability of a documented confidentiality policy for the MoH	C	PS Health/ STI/HIV/AIDS Coordinator	Health Team	20

## SECONDARY HEALTH CARE

### Core Functions and Key Outputs

Core Functions	Related Outputs		Responsible Officer	Supporting Staff	No.
		Timing			
Clinical Care to Inpatients and Outpatients					
	<b>Surgical procedures</b>	C	Surgeon/SMO	Nurses	
	Orthopaedic procedures	C	Surgeon/SMO	Nurses	
	Obstetric & Gynaecological procedures	C	Surgeon/SMO	Nurses	
	Paediatric consultations	C	Physician specialist	Nurses	
	Casualty/Emergency care	C	Surgeon/SMO	Doctors, SCM, Nurses Orderlies, Drivers	
	Medicine	C	Physician Specialist	Medical Staff, Nurses	
	Nursing services and management	C	PNO	Nursing Staff	
	Nutrition and Dietetic services	C	Nutrition Officer	SCM, Cooks	
	Pharmacy dispensing	C	Senior Pharmacist	SMO, Pharmacy Staff	
	Ambulance service	C	SCM	Facilities Manager Orderlies, Drivers	
	Mass Casualty response	C	SCM	Mass Casualty Team	
	Referrals Overseas and visiting specialist services	C	CMO	Doctors	
Diagnostic services to Primary and Secondary care patients	Laboratory investigations	C	Snr, Lab Technologist	Lab Technologists, Facilities Manager	
	Radiography	C	Radiographer	X-ray Technician, Facilities Manager	
	ECG	C	Physician Specialist	Doctors	
	Ultrasound	C	Physician Specialist	Nurses, doctors	
Geriatric Care	Provision of residential housing for the elderly.	C	SCM	Home Manager, Facilities Manager	
	Nursing care for the elderly	C	HNM	Nurses, Home Care Manager	
	Physiotherapy	C	Physiotherapist		
	Occupational Therapy	C	Occupational Therapist		
	Medicine	C	Physician Specialist	Medical Staff	

<b>Core Functions</b>	<b>Related Outputs</b>		<b>Responsible Officer</b>	<b>Supporting Staff</b>	
Facilities Management	Provision of cleaning, laundry and sewing services	C	SCM	Supervisor of Housekeeping Maids and Seamstress	
	Nutrition services	C	Nutrition Officer	Cooks	
	Maintenance and replacement of infrastructure, furniture and equipment	C	SCM	SCM, Unit heads	
	Disposal of hazardous waste	C	SCM	Facilities Manager, HNM, Orderlies	
	Mortuary Services	C	SCM	Facilities Manager	
	Security of hospital compound	C	SCM	Drivers, Orderlies	
Hospital Management	Staff management, development and training	C	SCM	Unit heads	
	Maintenance of personnel records	C	SCM	Unit heads	
	Maintenance of patient records	C	SCM	Medical Records officers, Nurses	
	Preparation of statistical and other reports	C	Medical records officers		
	Administer fee collection System	C	SCM	Medical records officers	
	Preparation of work programmes and plans	Y	SCM	Unit Heads	
	Transport/messenger service	C	Facilities Manager	Drivers	



## **2.1 CHANGES IN CORE FUNCTIONS FOR FY 2008**

The role and function of the Ministry of Health Headquarters is to provide strategic direction and leadership. While it is unlikely that there will be a change in core functions, there will be strong focus on the development of a Strategic Health Development Plan as this project was approved in July 2007.

The functions of the Primary and Secondary Health Care Units are mandated by the Public Health Ordinance and obligations arising from regional and international initiatives such as the Caribbean Charter for Health Promotion, the Millennium Development Goals, the Caribbean Cooperation in Health.

- While it is not anticipated that the core functions will change in FY 2008, the Ministry of Health and Community Services would continue to place a greater emphasis on disease prevention and the promotion of healthy choices which will ultimately result in a healthier population, improved quality of life and a reduction of the cost of providing Secondary Health Care and the concomitant social and economic cost to the nation.
- Reorientation of the health services and that in particular, the role and function of the Health Promotion Unit will be reviewed and that the Unit will be appropriately re-structured and staffed to achieve an enhanced and expanded mandate. This will result in a general improvement in the health and well-being of the community and a reduction in mortality and morbidity from communicable and chronic non communicable diseases.
- A holistic and integrated approach to the prevention, treatment and suppression of diseases.

## **2.2 SERVICE DELIVERY ISSUES FOR CORE FUNCTIONS**

### **Non Staffing Issues**

- Inadequate accommodation at every level in the health system:

Headquarters staff – the existing accommodation is inadequate in size and rapidly deteriorating, structurally.

Hospital – there is no paediatric or psychiatric ward, medical and surgical patients are not separated which increases the risk of cross infections, patients cannot be treated privately or confidentiality, patients at Casualty must sit outdoors

The Nutrition Officer is not adequately accommodated as there is little privacy for the counselling of patients.

The available space at the St John's Clinic is limited and key Units such as Dental and Mental Health currently do not have sufficient space to adequately house existing staff.

The space currently occupied by the Community Services Department is a threat to health and safety and does not afford clients any privacy or confidentiality.

- Lack of communication between some organization levels
- Low morale amongst some staff
- Lack of written policies and procedures in some areas
- Inadequate plant to deliver quality assurance programmes, particularly at the St John's Hospital
- Delays in processing supplier payments
- Shortage of staff/moderate staff turnover
- Lack of recruitment and retention strategy at the policy level (responsibility for, no autonomy, packages for incentives) will further deplete staff.
- Unclear arrangements for public and private clinical services with some potential conflicts of interest.
- The lack of a formal Quality Assurance Framework reduces performance measurement.

## Staffing Issues

- The additional staffing requirements in the Mental Health Unit to facilitate the implementation of the Mental Health Housing Project was approved by Executive Council, namely increasing the days of the Visiting Psychiatrist, Hospital mental Health Warden and combining the Psychology and Mental Health Unit into a single Unit. The cost of a visiting Psychiatrist has been prohibitive during 2007 and a full time medical doctor specializing in Psychiatry will better provide the extensive services required to implement the mental health programs as per the Housing for Mentally Challenged Housing Project. A visiting Psychologist is recommended. The Project Manager for the Mentally Challenged Housing Project is now in post.

The other elements of the Mentally Challenged Housing Project are reflected in the Community Services Department's Work Plan.

- Health Promotion is the foundation on which public health is built. The present capacity of our Health Promotion Unit is a staff complement of one Health Education Co-ordinator. This is inadequate and if we are to ensure the health and well-being of our citizens, we would require an additional post of Health Promotion Officer and 2 part time counsellors.
- The administrative capacity at the primary care level is unsupported by clerical staff. An additional Clerical Officer is included in the 2008 budget.
- The Ministry will continue to be affected by the global shortage of health care workers and endemic staff shortages, particularly in nursing are likely to continue.
- Technical advice in biomedical engineering and radiology unavailable locally. Access to a Radiologist through tele-medicine will be explored in 2008.
- Insufficient staff (clerical, doctors, nurses, diagnostic, security, biomedical)
- Single trained persons and number of staff impedes ability to do training, approve leave etc
- Delivery of specialist services depends on availability of specialists from overseas
- Several key staff members who will be away during 2008 on study leave will result in slower progress of some programmes.
- PSRU commenced the Organizational Review which will address Organizational Structure and further assess Human Resource needs for the development of a policy and guidelines for Human Resource Development.

Perceived lack of remuneration for overtime, allowances etc may further de-motivate staff affecting staff turnover and productivity.

## ACTIVITIES RELATED TO STRATEGIC AND POLICY INITIATIVES

### MINISTRY HEADQUARTERS

#### Strategic Initiatives

##### Identification:

The strategic initiatives and related outputs to be implemented in FY 2008 are shown in the table below. They are listed in order of priority. The source of funding is indicated in terms of budgetary allocation (B), internally-generated funds (I) or project funding (P).

In order to guide the allocation of resources, the responsible and supporting officers and staff are identified, and the timing of the related output is indicated by the quarter in which the initiative is to be implemented.

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff
Raising public awareness about future direction of the Ministry and laying the foundation for long term strategic health development planning	P	Implementation of a Communication Strategy	1 <sup>st</sup> -4 <sup>th</sup>	Project Manager	PS, Health, CMO, Epidemiologist, PSRU
	P	Recruitment of short term consultant/s	1 <sup>st</sup> -4 <sup>th</sup>	PS, Health	Project Manager, CMO
	P	Public Awareness activities and Town Hall meetings to share ideas and obtain feedback on the development of the Plan	1 <sup>st</sup> -4 <sup>th</sup>	Project Manager	PS, Health, HPO, CMO Epidemiologist
	P	Child Molestation, domestic violence protocols	4 <sup>th</sup>	PS, Health,	Project Manager, CMO, Community Services
	P	Recommendations for revision of legislation to ensure clarity on public/private service delivery	4 <sup>th</sup>	PS, Health	Project Manager
	P	Review and update selected health legislation	3 <sup>rd</sup>	PS, Health	Project Manager
	P	Review SR&O 11/85	3 <sup>rd</sup>	PS, Health	CMO, Epidemiologist, Project Manager
		Development of performance indicators	4 <sup>th</sup>		Project Manager, Epidemiologist

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff
	P	Train project leaders and stakeholders in strategic planning	4 <sup>th</sup>	Project Manager	
	P	Providing progress reports	1 <sup>st</sup> - 4 <sup>th</sup>	Project Manager	Epidemiologist
Development of quality assurance, risk management and clinical governance framework	P	Complaints procedures implemented	2 <sup>nd</sup>	PS, Health	CMO, SMO, SCM, DCD, PNO
	B	<a href="#">Further Review of Infection control guidelines</a>	4 <sup>th</sup>	HNM	SCM, PNO, CMO, SMO
	P	Review insurance options for health professionals	2 <sup>nd</sup> -3 <sup>rd</sup>	CMO	Surgeon Specialist/SMO
	P	Continued review of Clinical Auditing systems	2 <sup>nd</sup>	CMO	SMO, Heads of Departments, Epidemiologist
	P	Implementation of “buddying” system, continuing professional development and peer review programme	2 <sup>nd</sup>	CMO	PS, Health
Determination of an appropriate model of health care for Montserrat	P	Medical services reviewed and recommendations made for essential services package	1 <sup>st</sup> - 3 <sup>rd</sup>	CMO	SMO, SCM, PNO, DCD, Epidemiologist
	P	Public awareness campaign with respect to new essential services package	4 <sup>th</sup>	Project Manager	CMO, PS, Health, HPO
	P	Recommendations on the use of telemedicine	3 <sup>rd</sup>	SMO	CMO, Epidemiologist
	P	Research and analysis on comparative models and health care systems	1 <sup>st</sup> -4 <sup>th</sup>	Project Manager	PS, CMO, Epidemiologist, Project Manager
Reviewing Health Financing	P	<a href="#">Review of health financing options including Health Insurance</a>	1 <sup>st</sup> - 4 <sup>th</sup>	Project Manager	PS, Health, Project Manager, CMO, MoF, Legal
	P	<a href="#">Review of SRO 11/85 and fee systems</a>	1 <sup>st</sup> - 3 <sup>rd</sup>	Project Manager	AS, F&S, MoF, Legal

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff
Improving Human Resource Management and Development systems	B+P	Development of a strategy to recruit and retain nursing staff	3 <sup>rd</sup>	PNO	CNM, HNM
	B+P	Conduct Organizational Review	2 <sup>nd</sup>	PS, Health	Project Manager, Snr m/ment staff, PSRU
	B	Produce Orientation packs for all categories of staff	1 <sup>st</sup> - 3 <sup>rd</sup>	Heads of Depts	
		Identify individuals and seek training awards in the areas of; <ul style="list-style-type: none"> <li>- Ultrasound studies</li> <li>- Occupational Therapy</li> <li>- Medical Laboratory Technology</li> <li>- Dental Nursing</li> <li>- Pharmacology</li> <li>- Biomedical Engineering</li> <li>- Environmental Health M/ment</li> </ul>			
	P	Occupational Health and Safety Policy and Procedures implemented	4 <sup>th</sup>	OHS Committee	PS, SCM, CMO, Heads of Departments

## PRIMARY HEALTH CARE

### Strategic Initiatives

#### Identification:

The strategic initiatives and related outputs to be implemented in FY 2008 are shown in the table below. They are listed in order of priority. The source of funding is indicated in terms of budgetary allocation (B), internally-generated funds (I) or project funding (P).

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
To maintain the low annual incidence of vaccine preventable and other communicable diseases	B	Continued improvement of routine Communicable Disease surveillance & surveillance response  CD Surveillance Manual reviewed	1 <sup>st</sup> – 4 <sup>th</sup>  3 <sup>rd</sup>	Epidemiologist  Epidemiologist	District Nursing Staff, Surveillance Response Team	12
	B	Immunisation Manual reviewed and adopted	2 <sup>nd</sup>	EPI Manager	PNO, PHN, District Nursing Staff	
	B	Influenza Pandemic Preparedness Operational Plans prepared and documented	1 <sup>st</sup> – 4 <sup>th</sup>	Epidemiologist	NIPPP Committee, Sub-committee members	20
To improve the prevention, treatment and management of chronic non communicable diseases	B+P	<a href="#">Standard treatment guidelines developed for all health care providers, for use in the care and management of patients suffering from chronic non-communicable diseases</a>	1 <sup>st</sup>	CMO	PS Health, DMO, SCM, PNO, CNM, NO, Health Educator Diabetes Association	15
	B	All relevant staff trained and/or had their training upgraded in the nutritional management of chronic diseases	2 <sup>nd</sup>	Nutrition Officer	CMO, PNO, CFNI, HPO	
	B	Available educational material on chronic diseases reviewed and updated	2 <sup>nd</sup>	Nutrition Officer/ Health Educator	CMO, Health Promotion Team	
	B	Continue ongoing NCD education programmes in collaboration with NGOs	1 <sup>st</sup> – 4 <sup>th</sup>	Nutrition Officer	CMO, Health Promotion Team, MDA	
	P	Food Consumption Survey undertaken as part of Country Poverty Assessment	1 <sup>st</sup> – 4 <sup>th</sup>	Nutrition Officer	National Assessment Team	
To re-vitalise and re-	B	Business case to change the structure and	1 <sup>st</sup>	PS, Health	CMO, Health Educator	3

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
establish the primacy and importance of Health Promotion		composition of the Health Promotion Unit reviewed				
	B	Information leaflets on in-patient information designed and produced	2 <sup>nd</sup>	Health Educator	PNO, Ministry Clerical Staff	
	B	Anger management survey report completed	1 <sup>st</sup>	Health Educator	Chief Statistician, Epidemiologist	12
	B	Evaluation of Health promotion activities	4 <sup>th</sup>			
	P	Ratified Nutrition Plan and Policy	2 <sup>nd</sup>	Nutrition Officer	PS Health, Project Manager Health Promotion Team	
	B	Explore option of collaborating with NGOs to design and implement workplace wellness programmes to target non clinic attendees	2 <sup>nd</sup> - 4 <sup>th</sup>	Nutrition Officer	Health Promotion Officer	
Improving access to and delivery of primary health care services	B+P	Policy proposal to implement recommendations re access to dental services following stakeholder consultation	2 <sup>nd</sup>	Project Manager	CMO, PNO, P S Health, Epidemiologist, Dental Surgeon,	6
		Policy documented regarding the access of the non-exempt category of the population to the services offered at Community Health Centres following stakeholder consultation	4 <sup>th</sup>	Project Manager	CMO, PS Health, PNO, CNM, Epidemiologist	6
	B	Pilot Project implemented at Salem Clinic to change clinic hours in an effort to better serve the needs of the community	2 <sup>nd</sup>	PNO	PS, Health, CMO CNM, District Nurse	6
	B	Revival of the PHC Team to address issues affecting the community	2 <sup>nd</sup>	CNM	PHN, PEHO, HPO, NO	
	B	Services reorganised to cater for adolescents and young persons	1 <sup>st</sup> – 4 <sup>th</sup>	CNM	PNO, PHN, District Nursing Staff	
	B + P	Review and update the Maternal & Child Health Manual	2 <sup>nd</sup>	CNM(MCH Coordinator)	MCH Committee	
	B	Visiting Specialist services (ophthalmologist, podiatrist, paediatric etc.) organised on a	1 <sup>st</sup> – 4 <sup>th</sup>	P S Health	CMO, CNM, District Staff	



Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
island		regular basis				
Improving the treatment, care, management and rehabilitation of mentally challenged clients in the community and at Hospital	P	Mental health legislation reviewed	4 <sup>th</sup>	CMO	Mental Health Committee Mental Health Project M/ger MHPC	10
	P	Mental Health Policy and Plan Ratified	3 <sup>rd</sup>	PS Health	Project M/ger MHPC, DCD Visiting Psychiatrist, CMO, Mental Health Committee,	12
	P	Warden Assisted Facility for the Mentally Challenged	4 <sup>th</sup>	Project Manager MHPC	Mental Health Committee	
	P	Continued Implementation of new mental health treatment protocols and Social Care Strategy	1 <sup>st</sup>	CMO, Project Manager MHPC	Visiting Psychiatrist, Mental Health Team, Project Manager, Housing	10
	P	Mental health community care protocols developed and documented	4 <sup>th</sup>	Project Manager MHPC	Visiting Psychiatrist, Mental Health Committee, DCD	11
	P	Alcohol and substance abuse programmes for adolescents and youths developed and implemented	2 <sup>nd</sup>	Community Psychiatric Nurse	CMO, Mental Health Committee	11
	P	Programmes to promote mental health using all available media developed and implemented	1 <sup>st</sup> – 4 <sup>th</sup>	Community Nursing Manager	CMO, Mental Health Team, Visiting Psychiatrist	11
	B	Provision of counselling services and public education programmes on conflict resolution, anger management, stress management, and coping strategies for adolescents and youths in collaboration with Ministry of Education	1 <sup>st</sup> – 4 <sup>th</sup>	CMO	Mental Health Team, DoE, DCD, Visiting Psychiatrist	11 6
		The need for employment of a full-time Psychiatrist/Clinical Psychologist assessed	1 <sup>st</sup>	CMO	PNO, Psychiatric Nurse, Community Psychiatric Nurse,	
Improving Health Information Systems to ensure that data are	B	Chronic disease database maintained & expanded	1 <sup>st</sup> -4 <sup>th</sup>	Epidemiologist	Health Information Officer, Nutrition Officer, Senior Pharmacist, District Nurses	8

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
available to support planning and evidence based decision making	B	Age appropriate programmes developed based on the outcome of the adolescent health survey	3 <sup>rd</sup> – 4 <sup>th</sup>	Nutrition Officer	Health Promotion Team, Youth Groups, GIS, Staff of Ministry of Education	
Development of Salem Public Cemetery	P	Drainage system, road and parking area constructed	1 <sup>st</sup> – 2 <sup>nd</sup>	PEHO	PS Health, PWD PS Development,	4
	P	Adequate fencing installed at Salem Cemetery	3 <sup>rd</sup>	PEHO	PS Health, PWD PS Development,	4
	B	Proposed new cemetery site/s	4 <sup>th</sup>	PEHO	CMO,PS	
	P	Work shed constructed	1 <sup>st</sup>	PEHO	P S Health, PWD P	3
Review legal framework underpinning food safety	B	Food safety regulations developed and disseminated	2 <sup>nd</sup>	PEHO	CMO, Legal Department, Nutrition Officer	3
Improve solid waste management	B	Review existing service contracts for solid waste	1 <sup>st</sup>	PEHO	PS Health, Legal Department, Central Tenders Board	
	P	Review of Landfill site management and Solid Waste Strategy	2 <sup>nd</sup>	Project Manager	PEHO, PS,CMO	
Development and implementation of an integrated strategy to reduce the incidence of STIs and HIV/AIDS and to improve the treatment and access to care of HIV positive persons in the community	P	Health care practitioners trained/retrained in STI/HIV/AIDS management	2 <sup>nd</sup>	CMO	Physician Specialist, Technical Team	
	B	Staff trained/retrained in use of VCT Checklist	3 <sup>rd</sup>	STI/HIV/AIDS Coordinator	Health Educator, Health Team, Technical Assistance from PAHO	
	B	Post Exposure Prophylaxis Protocol reviewed and disseminated	2 <sup>nd</sup>	STI/HIV/AIDS Coordinator	Health Educator, Health Team, TA from PAHO	
	P	The process of revising the Workplace Policy to include HIV and AIDS initiated	3 <sup>rd</sup>	STI/HIV/AIDS Coordinator PS, Health	Health Educator, Health Team, STI/HIV/AIDS Coordinator, PS Admin, TA from PAHO	
			<a href="#">The process of revising the Education Policy</a>	4 <sup>th</sup>	STI/HIV/AIDS	Health Team, Ministry of Education, TA from

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
		to include HIV and AIDS commenced		Coordinator PS Health	UNICEF	
	B+P	First draft of Confidentiality Policy available	4 <sup>th</sup>	STI/HIV/AIDS Coordinator PS, Health	CMO, , PAHO, Staff from AGs Officer, TA from PAHO	
	B	Sexual and Reproductive Health Programmes for adolescents continued	3 <sup>rd</sup> -4 <sup>th</sup>	STI/HIV/AIDS Coordinator	Secondary and Primary Care Team, Ministry of Education, MSS Staff	
	B	Acceptance and implementation of National HIV/AIDS Strategic Plan	2 <sup>nd</sup>	STI/HIV/AIDS Coordinator	Staff of Ministries of Health, Education & Legal Dept	
	B	Prepare for implementation of EU/Overseas Territories HIV/AIDS Project	1 <sup>st</sup>	STI/HIV/AIDS Coordinator/ PS Health	Health Team	
Continuation & expansion of the Cervical Cancer Programme	B	Continue Pap smears at Public Health Centres	1 <sup>st</sup> – 4 <sup>th</sup>	STI/HIV/AIDS Coordinator	MCCPCP Management Team	
	B	A recall system for women who have received smears implemented	4 <sup>th</sup>	STI/HIV/AIDS Coordinator	MCCPCP Management Team	
	B	Health Care Providers trained/retrained in Pap Smear Techniques	2 <sup>nd</sup>	STI/HIV/AIDS Coordinator	MCCPCP Management Team	
	B	Public education on the prevention of cervical cancer continued	1 <sup>st</sup> – 4 <sup>th</sup>	Health Educator	MCCPCP IEC Team	
	B	A data base to include data on all women who have been screened in the public system established	4 <sup>th</sup>	STI/HIV/AIDS Coordinator	MCCPCP Management Team	

## SECONDARY HEALTH CARE

### Strategic Initiatives

The strategic initiatives and related **outputs to be implemented in FY 2008** are shown in the table below. They are listed in order of priority. The source of funding is indicated in terms of budgetary allocation (B), internally-generated funds (I) or project funding (P).

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
	B+P	<b>Centralised Ambulance Service and Emergency Response Unit</b>	3 <sup>rd</sup>	SCM	FM, Health Disaster Coordinator (HDC), Fire and Rescue Services	
Maintain and Upgrade key Health Services	B+P	Nursing <ul style="list-style-type: none"> <li>▪ Development and implementation of staff development programmes</li> <li>▪ <b>Documented review of new model for provision of nursing services</b></li> <li>▪ Development and publication of professional standards</li> </ul>	1 <sup>st</sup>	PNO	HNM, CNM, CMO	4
			2 <sup>nd</sup>	PNO	HNM, CNM, CMO	
			2 <sup>nd</sup>			
	B	Nutrition Services: <ul style="list-style-type: none"> <li>▪ Implementation of Pilot Centralised Food Service Programme</li> <li>▪ Implementation of a Dietetics Manual</li> </ul>	4 <sup>th</sup>	Nutrition Officer	SCM, Kitchen Staff	14
	P		3 <sup>rd</sup>	Nutrition Officer	CMO	2
	B	Clinical and Ancillary Services: Capacity building to support expanded ultrasound, radiography and ECG services	1-4 <sup>th</sup>	SCM	Radiographer, PNO	3
Hospital Development	P	Needs assessment and procurement of new and	1 <sup>st</sup> -4 <sup>th</sup>	SCM	SCM, Senior Medical Officer,	12

Activities	Funding	Related Outputs	Timing	Responsible Officer	Supporting Staff	No
		upgraded medical equipment			Heads of Sections	
	P	Infrastructural assessment of entire hospital and upgrading of key areas to include Psychiatric Room and Theatre.	1 <sup>st</sup> -4 <sup>th</sup>	Project Manager	SCM, CMO, SMO, PNO	4

## **COMMENTARY (on Strategic and Policy Initiatives)**

In 2005, the Ministry of Health secured a commitment from the Department for International Development (DFID) to support the development of a Strategic Health Development Plan. The project was approved in July 2007 and implementation began then. It will support the Government of Montserrat (GoM) to develop and begin to implement a Strategic Health Development Plan (SHDP), based on an agreed Strategic Framework. The purpose of the project is to design and lay the foundation through a planning phase, for longer-term improved health provision in Montserrat. The project will support Priority Actions identified in a Strategic Framework based on an initial health sector analysis by key stakeholders agreed at a joint GoM/DFID Workshop in July 2005. A copy of the final Project Memorandum is attached.

### **3.1 Expected Benefits:**

#### **3.1.1 Strategic Health Plan Development:**

- A more focussed approach to health services development and planning
- Ability to identify and target spending to priority areas
- More effective delivery of health services and greater client satisfaction
- Effective utilisation of funds and greater value for money
- Creation of a patient centred approach and information sharing
- Motivated and more productive staff

#### **3.1.2 Development of quality assurance framework:**

- Standards for service delivery
- Greater emphasis on patient safety issues
- Reduction in complaints
- Development of a system to measure performance

#### **3.1.3 Appropriate Model of Care**

- Development of a health care system which meets the needs of the people of Montserrat
- Ensuring that the Ministry does the best for the most persons

#### **3.1.4 Health Information Systems Development:**

- Ensures analysis of data will guide evidence based decision making

#### **3.1.5 Human Resource Development:**

- Less dissatisfied staff
- Improved management capacity

#### **3.1.6 Review of Health Financing Options**

- Ensuring that health services are accessible to all and that resources are available to ensure service provision

### **3.1.7 Improving prevention, treatment and management of chronic NCDs:**

- By improving prevention, treatment and management of chronic non communicable diseases it is anticipated that there will be a reduction in mortality and morbidity and in the number of admissions and readmissions to hospital of persons suffering from chronic diseases.
- Improved health status of the population and reduction in loss of productive time due to illness from non-management of chronic NCDs among the working population.
- Reduction in expenditure on provision of treatment for persons suffering from chronic NCDs
- Empowered patients

### **3.1.8 Revitalising Health Promotion:**

- A healthier public
- Information on key health issues brought to the attention of the population
- The involvement of the population in preventative care

### **3.1.9 Improving Access to Primary Health Care**

- Increasing the access to health care, particularly to the productive and working population will ultimately result in an improved quality of life for all citizens.
- Improvements in the quality of care and delivery of service to the citizens of Montserrat at the primary health care level.

### **3.1.10 Improving Mental Health Care**

- Reduction in the development of stress and lifestyle induced instances of mental disorders and the social and economic costs of providing treatment and care.
- Improving the provision of treatment and care of the mentally challenged in the community.

### **3.1.11 Health Information Systems**

- Improvements in surveillance and health information systems will provide the necessary information to aid evidence based decision making and the development of policies and programmes to address the real health issues affecting the people of Montserrat.

### **3.1.12 Public Cemetery Improvement and Development and Landfill site assessment**

- Adequate provision for the safe disposal of the dead
- Improved management of the landfill site/s and solid and liquid waste disposal

### **3.1.13 STI/HIV/AIDS**

- Maintaining the health gains in reducing the incidences of STIs/HIV/AIDS, Cervical cancer and other communicable diseases and the concomitant social and economic costs associated with the provision of treatment and care.
- Reduction in the cost of providing treatment and specialist care services.
- Reduction in the negative impact of HIV/AIDS on social and economic development and poverty reduction.

### **3.1.14 Improving emergency response**

More effective and acceptable level of ambulance service provided to the population

### **3.1.15 Upgrading key health services**

#### **Dietetic manual;**

- establishes standards to enable performance measurement
- provides a tool for quality assurance
- defines roles of each unit enabling resource allocation for efficiency

- **Centralized Food service;**

- standardized portion sizes ensuring suitable diets
- Improved staff efficiency in managing time for serving etc

- **Expanded X-Ray and ECG**

- Trained competent staff to perform procedures
- Reduced overseas referrals
- Improved diagnostic integrity which impacts treatment options
- Reduce problems associated with single trained staff

- **Improved Facilities and Equipment**

- Adequate staff and patient security with secure psychiatric room.
- Improved control of infections and diseases with Paediatric Ward and Infection Control programmes
- More effective treatment due to adequate casualty infrastructure.
- More updated equipment will provide more effective diagnosis and treatment, reduces maintenance issues, reduces down times.
- Facilities and Housekeeping Manuals allows continuity when there are staff changes and makes available guidelines allowing timely and effective replacement of equipment and supplies.

### **3.1.16 Increased access to Primary Health Care with a concurrent reduction in spending on Secondary and Tertiary care**



**3.1.17 Reduced morbidity/mortality associated with communicable and non-communicable diseases and all the associated social and emotional consequences**

**3.1.18 Development of evidence based policy to ensure that limited financial resources are spent in the most effective manner**

### **3.2 Consequences of Non or Reduced Delivery of Core Functions**

1. Lack of public confidence in the services on m/rat leading migration and increasing cost of accessing services outside M/rat.
2. Spiralling cost of providing treatment and care at the Secondary level.
3. A population with a reduced ability to meet developmental goals.
4. Increase in death rates, reduced life expectancy and quality of life, (morbidity and mortality rates)
5. Increase in the cost of referrals overseas and reduction in access to basic services as more people become unable to afford treatment overseas.
6. Increased health costs due to minimal preventative and advanced diagnostic services.
7. Increased health risks for the population with minimal preventative and diagnostic service.
8. Unavailable equipment to aid in diagnosis and treatment.
9. High rate of staff turnover due lack of infrastructure leading to frustrated staff.
10. Inability to provide health statistics leads to reduced access to funding, low visitor arrivals, inability to make decisions and plans within the health sector, low ranking of M/rat within other territories.
11. Non collection of fees affects continuity of services.

### **3.3 Implementation issues**

Areas of Funding Required;

- 3.3.1 Recruitment of additional staff and locum staff to cover programmes while staff are on leave
- 3.3.2 Recruitment of additional staff per 5.0
- 3.3.3 Recruitment of consultants to provide technical assistance under the Strategic Health Development Project
- 3.3.4 Staff recognition initiative to encourage and build staff morale and motivation, ensuring maximum productivity
- 3.3.5 Procurement of medical and other equipment

Implementation Issues;

1. Determining appropriate fee structure for new services
2. Development of some existing infrastructure may be costly due to current design
3. Funding for training personnel in key areas and to utilise some equipment may not be available
4. Small available land space limits implementation of proposals to respond to many infrastructural needs
5. Capacities for partnering Ministries to provide service eg PWD
6. Private sector disagreement on extension of services (dental, clinical)

## **4.0 CURRENT RESOURCE ALLOCATION**

### **4.1 2007 Recurrent Vote**

See Annex II - Recurrent Budgetary allocation  
Annex III - Establishment

#### **4.1.1 Year to Date Performance**

See Annex IV – Expenditure as at September 11 and September 24<sup>th</sup> (August 31<sup>st</sup> not available)

#### **4.1.2 Variance Analysis**

By 11 September 2007 the Ministry of Health had spent approximately 68% of its re-current budget in the Headquarters and Secondary Care departments. Community Services Department had spent 76% by 24<sup>th</sup> September. This shows that the budgets were (in total) being spent consistently through the year. 56% of the Primary Care budget was spent by that date. Spending was low in this department due to a number of vacancies. Virements were requested to increase Supplies and maintenance votes by this date. The votes that were significantly under spent were Minor Works, disaster, printing uniforms, sundry and CSD wages.

### **4.2 Recurrent Budget for 2008**

See Annex V – Estimates for Recurrent Budget 2008

### 4.3 2007 Development Fund Estimates

Development Fund Allocation

<b>Project</b>	<b>2007 Allocation</b>
Operating Theatre	302,539
Health Development Plan	500,000
Housing for the Mentally Challenged	2,000,000
Hill View Home Renovation	1,098,970

#### 4.3.1 2007 Year to Date Performance

**Actual Development Fund Expenditure**

<b>Project</b>	<b>Expenditure @11/9/07</b>
Operating Theatre	Nil
Health Development Plan	15,532
Housing for the Mentally Challenged	178,257
Hill View Home Renovation	1,098,970

#### 4.3.2 Development Fund Estimates for 2008

<b>Project</b>	<b>Estimates 2008</b>
Operating Theatre	262,539
Health Development Plan	956,786
Housing for the Mentally Challenged	6,260,000
Hill View Home Renovation	Nil

## 5.0 CURRENT RESOURCE ALLOCATION

### 5.0 Staffing & Non-Staffing Implications

The following tables contain proposals for the management of the unit's budgetary allocation for FY 2008. They are put forward in response to the service delivery and implementation issues highlighted in the preceding work programme:

#### Staffing:

Proposal	Justification
<b><u>Health headquarters</u></b>	
Executive Officer - \$40,248	An Executive Officer is required at Ministry Headquarters to provide direct administrative support to the Permanent Secretary and the Assistant Secretary in dealing with the huge and varied activities. The Ministry has the highest proportion of the national recurrent budget and is one of the largest departments with respect to staffing. This is indicative of the volume of correspondence related to staffing matters and payments within the Ministry and the staff is experiencing huge difficulties in coping with the existing volume of invoices and administrative work. As a result of the throughput and the resultant inefficiencies and delays in processing invoices, supplier relationships have deteriorated.
Health Information Officer - \$40,248	The Chief Medical Officer and Epidemiologist requires specialist assistance with routine weekly surveillance activities, collection and collation of data, assistance with report formulations and dissemination and the maintenance of databases. The Ministry has invested in the training of two officers who completed Associate Degrees in Health Information Management in August 2007. Adequate provision must be made to derive the benefit of this investment by establishing these posts. The past Chief Medical Officers suffered due to the lack of this kind of administrative support.
<b><u>Primary Health Care</u></b>	
Senior Clerical Officer (Primary Health Care) -\$32,196	There is currently no Clerical support directly available to the Primary Health Care Team and this is vital in order for the team to maximize their output.

<p>Dental Assistant - \$0</p>	<p>The Clerical Officer will be located at the St Johns Health Centre or the Health Promotion Unit to be accessed by Environmental Health, Community nursing, HIV/ AIDS Coordinator and the Health Promotion Co-ordinator.</p> <p>This additional post of Dental Assistant is a re-classification of the existing vacant Dental Nurse post which will enable service delivery improvement and facilitate the implementation of an appointments system which will reduce waiting times and unnecessary inconvenience to clients. No additional budget is required, but rather a reduction in the budget.</p>
<p>Health Promotion Officer - \$49,392  Part time Counsellors (x2) - \$32,196  Allowances 9,600</p>	<p>The additional staff is needed to provide administrative and technical support to allow the Unit to properly deliver its core functions. The additional support would also be utilised to provide additional support to the Nutrition Officer and the STI/HIV/AIDS Coordinator</p>
<p>Medical Officer - Psychiatry - \$78,000  Allowances 98,700</p>	<p>A Medical Officer who specializes in Psychiatry is required on a full time basis as it is neither cost effective nor practical to have a visiting Psychiatrist. Montserrat has an unusually high incidence of mental health disorders and the existing Mental Health Team is understaffed to adequately cope with the current clientele.</p>
<p><b><u>Secondary Health Care</u></b></p>	
<p>Health Information Officer (Medical Records) \$40,248</p>	<p>Medical Records requires specialist staff. Two officers have returned from training at the Barbados Community College and it is recommended that one be based at Hospital to replace the Snr Clerical Officer who will be assigned to the Secondary Care Manager and to provide general administrative support at the hospital.</p>
<p>Upgraded Clerical to Snr Clerical Post (Storekeeper) \$9,252</p>	<p>A Clerical Officer at the hospital functions full time as the Storekeeper for both Primary and Secondary Care Services and in some instances for Health Headquarters and Community Services. The Ministry handles supplies each</p>

Fill vacancies of Maintenance Technician and nurses	<p>year of over \$1m which the officer has responsibility for and should comply with Financial Orders. This requires a very responsible, knowledgeable and mature individual who should at least be at Snr Clerical level.</p> <p>The core functions and other initiatives cannot be adequately carried out unless these vacancies are filled</p>
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**Staff Reallocations:**

Proposal	Justification
Reallocate Snr Clerical Officer post at Medical Records to Secondary Care Manager and Hospital Administration	The Secondary Care Manager holds a very senior position and is expected tot direct the service for the secondary health care sector, one which is complicated and varied. The responsibility is reflected in the elaborate sections of this Business Plans where the post is expected to either carry responsibilities or support others. For the post holder to be effective, clerical support is necessary.

**Non Staffing Costs**

Proposal	Justification
<p>Recurrent budget increases in the following areas:</p> <ul style="list-style-type: none"> <li>a. Airfare and International Travel \$ 10,000</li> <li>b. Maintenance \$18,000</li> <li>c. Purchase of furniture and equipment \$28,000</li> <li>d. Supplies \$58,000</li> <li>e. Rental of Assets \$78,480</li> <li>f. Training \$125,600</li> <li>g. Grants and Contributions \$20,000</li> <li>h. Fees and Rewards \$37,700</li> <li>i. Health Prom (Solid Waste Management) 101,020</li> <li>j. Visiting Advisors 300,000</li> <li>k. Utilities 18,000</li> </ul>	<p>a, b,d,g,h,k Anticipated increase due to market prices and inflation</p> <ul style="list-style-type: none"> <li>c. Health Information Systems computers</li> <li>e. Rental of office space for Health Development Project staff</li> <li>f. Stipends for student nurses, student nurses and clinical staff attachment overseas</li> <li>g. Increased regional subscriptions and Ecclesiastical support</li> <li>h. Fees for health staff lecturers at M/rat Community College, and staff recognition initiatives.</li> <li>j. Public demand for the introduction of more visiting specialists and frequency of existing visiting specialists</li> </ul>

**Facilities and Equipment:**

Proposal	Justification
<p>1. Upgrade/restructure facilities</p> <p>2. Nutrition consulting Room</p> <p>3. Continue to procure medical and other equipment to facilitate the functioning of the hospital.</p> <p>4. Dental office space 5. Clinic consulting rooms 6. HIV Co-ordinator Office</p>	<p>1a. A new ambulance response team required a secure and appropriate site for response and training.</p> <p>b. The existing secure psychiatric room is not currently used since the design is inadequate and would further endanger both psychiatric patient and staff. The current arrangement of placing patients either on the wards or at the prison is unsuitable.</p> <p>2. The Nutrition Officer requires a consulting room/office to offer some degree of privacy when counselling patients.</p> <p>3. Appropriate equipment is essential in performing core functions and are either a means of saving lives, reducing suffering or improving services provided.</p> <p>4,5,6. There is currently no provision of these spaces which hinders productivity</p>

**6.0 FINANCING STRATEGY**

Details of the proposed budget and additional resources required are shown in Appendix V.

- Sub projects under the ‘Development of Strategic Health Plan Project’ require EC\$ 956,786 for the 2008 FY, funded under this DFID project
- Facilities and Equipment Items above will be financed under the Strategic Health Development Project.
- Staffing Cost and non-staffing costs above are to be funded under the 2008 Recurrent Budget

Hill View Home Project Phase II funding which was already approved in the original project, will be reviewed in 2008 in light of the health Development project infrastructural upgrades and inflation. This project is not likely to commence until 2009.



*The following table contain proposals for the improved generation of non-taxation revenues in FY 2008. They are put forward in response to the resourcing gaps highlighted in the preceding work programme:*

**User Fees:**

Proposal	Justification
An increase in the fees charged for use of the cemetery to \$250.	These fees are currently set at \$15 and have not been reviewed for many years
Introduction of user fees for offering primary health care services to exempt Categories	<p>A significant portion of the population has no or limited access to primary health care services and it is unlikely, given the current volcanic situation and economic climate that on island private sector availability of services will improve.</p> <p>Access to health care is a right of every citizen and for this reason, we cannot morally deny treatment but where possible, it would be prudent to provide these services on a fee paying basis.</p>
Review and increase hospital user fees through the Health Development Project.	Some user fees are relatively low and some persons have indicated willingness to pay higher fees (based on 2003 Quality of Care Survey).

- Some funding for initiatives to improve the treatment, care and prevention of chronic non communicable diseases will be provided under the DFID Strategic Health Development Project and through regional programmes and initiatives funded by PAHO/WHO.
- Funding for STI/HIV/AIDS initiatives will be sought under the PANCAP project, the CAREC/PAHO/WHO and the EU project for the Dutch and British OTs. We also expect to be included in Phase 2 of the HAPU funded by the GFATM.
- Project funds were approved for some improvements to the Salem Cemetery which for varying reasons were not utilised in FY2006. There was some Expenditure in 2007 but it is suggested that additional funds be provided in FY2008 to complete the project.
- Funding for improvements to the Health Information Systems could be continued under the Development of Strategic Health Plan Project.

### **Initiatives for improving collection of hospital fees**

1. Formulate direct payments from institutions for health services provided (eg from social security, treasury salaries)
2. Formulate arrangements with institutions for up front payments to hospital before receiving other services (eg birth paper, immigration extensions)
3. Encourage the utilization of insurance coverage to charge realistic fees since this is covered.
4. Continue to cease arrangements for waivers from Community Services Dept so that actual funds are collected.
5. Implement legal actions for collection of arrears.

## Unit: Community Services Department

### 1.1 Purpose

The department responds to the social services needs of all persons on Montserrat. More specifically it is tasked with encouraging development and ensuring the well-being of all persons on Montserrat. It provides social care and support to those in need, encourages empowerment of vulnerable groups and promotes the advancement and development of all communities in Montserrat.

Services are provided with the collaboration of numerous Public Sector Departments, Private Sector Agencies, Non-Governmental Organizations and various Regional and International Organizations.

Key Themes for 2008:

- Departmental Capacity Building
- Social Welfare Scheme Improvement
- Child Protection Implementation
- Youth Policy Implementation
- Community Development Programmes
- Parole & Probation Program development & Implementation

### 1.2 Linkages with Strategic Development Plan

The Community Services Department responds to the SDP Strategic Objectives that focus on improving the quality of health provision; increasing recreational, cultural, spiritual and community activities; promoting skill development, capacity building, employment and self-employment; and empowering people through community development, participatory processes and coping strategies. Its main focus is on reducing poverty and hardship; providing security and protection to vulnerable groups and rebuilding social capital.

### 1.3 Departmental Mandate

**Mission Statement:** To promote the development and well-being of all persons on Montserrat by providing policy advice on social care and community development issues to the Government of Montserrat, ensuring departmental capacity building, encouraging participation and providing protection and care to those in need.

### **Enabling Legislations**

- Juveniles Ordinance 1982
- Community Service Orders Act 1994
- Family (Protection against Domestic Violence) Act 1998
- Social Welfare Act 1999
- Parole Act 2004 & Parole Rules 2005

### **1.4 Key Assumptions for 2008**

- Human resources increased
- Staff capacity developed
- Budget allocation increased adequately
- Departmental restructuring achieved
- Occupational Therapist post filled
- National Youth Policy adopted by Executive Council
- Mentally Challenged Housing Project implemented on schedule
- Public Service Review near completion
- Community groups actively participating
- Volcanic Activity remains low

## 1.5 Risk Management

The opposite effect for any of the assumptions listed above would constitute a serious challenge for the department. However, the first five assumptions are the most critical; and failure to achieve these will result in reduced and ineffective service provision. In addition, as experienced in 2007, serious staff illness can have a crippling effect on service provision and operation in general and this is exacerbated by the fact that the department is severely short staffed for the magnitude of the mission it is expected to fulfil.

- The Community Services Department operates in an environment which poses grave health and safety risks to staff and very sensitive intakes are done in an atmosphere which lack confidentiality and strips individuals of their basic human dignity.
- The number of elderly and vulnerable in our community is increasing and the capacity and resources available to the Community Services Department are inadequate. There is a growing demand for residential and community care for the elderly. As the population ages and life expectancy increases, it is expected that this trend will continue.
- There is a need to improve the Apprenticeship Programme to assist the youth in developing employable skills

## CORPORATE GOALS, CORE FUNCTIONS, STRATEGIC INITIATIVES AND PERFORMANCE INDICATORS

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
1. To promote programmes geared at encouraging Community Development	(1) Community Development	1. Community Groups encouraged to develop action plans  a. Target Group/s approached and committed  b. Project Planning and Management training provided	1.5 Increasing the opportunity for recreational, cultural, spiritual and community activities on island  3.3. Supporting the empowerment of people by: 3.3.1 Promoting and strengthening community development. 3.3.2 Promoting and strengthening participatory processes for policy-programme and project development.	<a href="#">Community Action Plans by July</a> <a href="#">Community Programme reports by December</a>
2. To provide effective Social Welfare services to those in need	(3) Social Welfare Services	2. One-off Grants incorporated into Social Welfare Scheme  3. Social Welfare Scheme reviewed	3.3.3 Strengthening people's livelihood and coping strategies.  3.3.4 Rebuilding people's social capital. 3.6 Promoting poverty reduction using targeted actions for the poor.  3.2 Promoting security and protection for poor, vulnerable and marginalized groups especially through social welfare provision and community care.	<a href="#">Amended Social Welfare Act and SR&amp;O for One-off Grants by December</a>  <a href="#">Consultant's report and recommendations on Social Welfare Scheme by September</a>
3. To ensure that	(4) Elderly and Vulnerable Care	4. Domestic Violence Programme	3.2 Promoting security and	Domestic Violence Committee

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
<p>appropriate Care initiatives are afforded to vulnerable persons</p>	<p>Services</p>	<p>advanced</p> <p>a. Domestic Violence Committee reactivated</p> <p>b. Domestic Violence Programme formulated and implemented</p> <p>5. Appropriate Child Care Services provided</p> <p>a. Child Care Officer post filled</p> <p>b. Child Care Programme implemented</p> <p>6. Appropriate Probation and Parole Services provided</p> <p>a. Probation Officer post filled</p> <p>b. Probation and Parole Programme formulated and implemented</p> <p>7. Appropriate care services provided to the mentally challenged in the community</p> <p>a. Mentally Challenged Housing</p>	<p>protection for poor, vulnerable and marginalized groups especially through social welfare provision and community care.</p> <p>3.6 Promoting poverty reduction using targeted actions for the poor.</p>	<p>meeting Minutes and Programme document and reports by December</p> <p>Case submitted for Child Care Officer by September 2008</p> <p>Child Care Programme reports</p> <p>Case submitted for Probation Officer by April 2008</p> <p>Probation &amp; Parole Programme document and reports by September (dependant on approval of appointment of Officer)</p>

Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
<p>4. To empower youths to be actively participating members in society.</p>	<p>(2) Youth Development</p>	<p>Project advanced</p> <p>b. Community Awareness &amp; Education Strategy advanced</p> <p>c. Warden post filled</p> <p>d. Cleaner post filled</p> <p>e. Community Mental Health Care Programme formulated and implemented</p> <p>8. National Youth Policy Action Plan Initiatives implemented</p>	<p>1.5 Increasing the opportunity for recreational, cultural, spiritual and community activities on island</p> <p>3.3 Supporting the empowerment of people by:</p> <p>3.3.1 Promoting and strengthening community development.</p> <p>3.3.2 Promoting and strengthening participatory processes for policy programme and project development.</p>	<p>New buildings and refurbished dwellings for the mentally challenged by December</p> <p>Education schedule on target by January</p> <p>2 Wardens appointed by April</p> <p>1 Cleaner appointed by April</p> <p>Community Mental Health Care Programme document and reports by September</p> <p>Recommendations on the Meals on Wheels system for the mentally challenged persons by December</p> <p>Home Care system by December</p> <p>Community Supervisors by December</p> <p>Minutes of Action Plan Committee meetings by May</p> <p>NYP Action Plan Initiatives Programme reports by December</p>



Corporate goal	Related Core Functions	2008 Strategic Initiatives	SDP Strategic Objectives	Performance Indicators
<p>5. To encourage the formulation and adoption of effective policies and procedures.</p> <p>6. To ensure capacity building of the department and provision of an adequate and complement of suitably trained personnel.</p>	<p>(9) Formulation of Policies and Procedures</p> <p>All</p>	<p>9. Two key policies completed and submitted to Executive Council</p> <p>a. Social Medical Policy</p> <p>b. Community Mental Health Care Policy</p> <p>10. Departmental capacity building advanced</p> <p>a. Attachment schedule developed and implemented</p> <p>b. New officers appropriately trained</p> <p>c. Data base developed</p>	<p>3.3.3 Strengthening people's livelihood and coping strategies.</p> <p>3.3.4 Rebuilding people's social capital.</p> <p>1.3 Increasing access to and improving the quality of health provision for current and future needs.</p> <p>3.1 Mainstreaming social development concerns into policies, programmes and projects based on GoM Social Policy Principles.</p> <p>4.3 Improving and strengthening systems, management capacity and human resource development in the public sector to ensure effectiveness, efficiency of sustainability.</p>	<p>Social Medical Policy approved by EXCO by November</p> <p>Community Mental Health Care Policy approved by EXCO by September</p> <p>One officer completed the on-line BSc Degree by August</p> <p>Certificates in Social Care by December</p> <p><a href="#">Database utilised to generate reports by December</a></p> <p><a href="#">Detailed Reports and data sheets by December</a></p>

## 2.0 CORE FUNCTIONS AND KEY OUTPUTS

### Identification:

The core functions and related outputs to be delivered in FY 2008 are shown in the table below. They are listed in order of priority.

In order to guide the allocation of resources, the responsible and supporting officers and staff are identified, and the timing of the related output is classified as being Continuous (C), Weekly (W), Monthly (M), Quarterly (Q) or Yearly (Y).

Core Functions	Funding	Related Outputs	Timing	Responsible Officer (s)	Supporting Staff	No.
1. Community Development	B & P	1. Community Action Plans developed and implemented	Y	CDOs	DCD SCO CO	3
	B	2. Project Planning and Management Training conducted	Y	CDOs	DCD SCO CO	3
	B	3. Community profiles updated	M	CDOs	SWOs	2
	B	4. Needs assessment of vulnerable persons performed	C	CDOs, OT, CCO, CMHCO	SWOs	2
	B	5. Community enrichment programmes implemented	C	CDO's, OT, CCO, CMHCO	SWOs, SCO, CO	4
	B	6. Grants to NGOs continued	Y	DCD	Snr CDO, SCO, CO	3
	B	7. Internal and external referral systems utilised	C	CDOs, OT, CCO, CMHCO	SWOs,	2
	B & P	8. Activities for observation of International Days implemented	Y	CDOs, OT, CCO, CMHCO	SWO's, SCO, CO	4
	B	9. Programme & Annual reports prepared	C & Y	DCD, CDOs	SWOs, SCO, CO	4
	B & P	10. Officers trained	C	DCD	Snr CDO	1

Core Functions		Related Outputs		Responsible Officer (s)	Supporting Staff	
	Funding		Timing			No
2. Youth Development	B & P	1. Youth Empowerment Programmes	C	CDO: Youth	CDOs SWOs, ,SCO, CO	8
	B	2. NYC Constitution revised	Y	CDO: Youth	CDOs SCO CO	6
	B & P	3. Implementation of NYP Action Plan Initiatives	C	CDO: Youth	DCD CDOs SCO CO	7
	B	4. Programme reports prepared	C	CDO: Youth	CDOs SCO CO	6
	B & P	5. Officers trained	C	DCD	Snr CDO	1
3. Social Welfare Services	B	1. Monthly financial assistance delivered	M	SWOs	DCD SCO CO	3
	B	2. Rental assistance delivered	M	SWOs	DCD SCO CO	3
	B	3. One-off Grants delivered	C	SWOs & CDOs	DCD SCO CO	3
	B	4. Social Welfare Scheme monitored	C	SWOs	DCD, SCO, CO	3
	B	4. Social Welfare Scheme monitored	C	SWOs & CDOs	SCO, CO	2
	B	5. Data collection performed	Y	DCS	DCD	1
	B	6. Annual Report prepared	Y	DCS	DCD SWOs CDOs SCO CO	10
	B	7. One-off Grants incorporated into Social Welfare Scheme	Y	PS	DCD SWOs CDOs SCO CO	10
B	8. Social Welfare	C	DCD	Snr CDO	1	

Core Functions		Related Outputs		Responsible Officer (s)	Supporting Staff	
	Funding		Timing			No
		<a href="#">Scheme reviewed</a> 9.Officers trained				
4. Elderly and Vulnerable Care Services	B	1. Elderly and vulnerable in the community assessed	C	CDOs OT	Wardens SWOs	4
	B	2. Warden support provided	C	Wardens	CDOs SWOs OT	8
	B	3. OT services provided	C	OT	CDOs, Wardens	7
	B	4. Rehabilitation services provided	C	OT	CDOs , Wardens	7
	B	5. Register of Elderly & Vulnerable in Communities maintained	C	CDO: Elderly Care CMHCO	SWOs CDOs OT SCO CO	9
	B	6. Subventions provided	Y	PS	DCD SCO CO	3
	B	7. Social & recreational programmes implemented	C	CDO: Elderly Care OT	CDOs, SWOs Wardens	8
	B	8. Public buildings accessibility advice provided	C	OT	DCD	1
	B	9.Internal and external referral systems utilised	C	CDO: Elderly Care OT	CDOs SWOs SCO CO	8
	B	10. Reports prepared	C	CDO: Elderly Care Wardens, OT	DCD CDOs SWOs SCO CO	9
	B & P		C	DCD	Snr CDO	1

Core Functions		Related Outputs		Responsible Officer (s)	Supporting Staff	
	Funding		Timing			No
		12. Officers trained				
5. Community Mental Health Care Services	B	1. Garling Hill and Mahogany facilities up-kept	C	CMHCO	Caregivers, CDOs, SWOs	9
	B	2. Care services provided	C	Caregivers	CMHCO, CDOs, SWOs	8
	B	3. Community Mental Health Care Programme formulated and implemented	Y C	CMHCO	DCD PM CDOs, SWOs	9
	P		Y	PS PM	DCD CMHCO	2
	P	4. Buildings repaired and built	C	PM	DCD CMHCO	2
	B	5. Community Education Strategy implemented	Y	PS	DCD PM	2
	B	6. Warden post filled	Y	PS	DCD PM	2
	B	7. Cleaner post filled	C	CMHCO	CDOs, SWOs. SCO, CO	9
	B	8. Internal and external referral systems utilised	C	CMHCO	CDOs, SWOs, SCO, CO	9
	B & P	9. Reports prepared	C	DCD	Snr CDO	1
		10. Officers trained				

Core Functions		Related Outputs		Responsible Officer (s)	Supporting Staff	
	Funding		Timing			No
6. Family and Child Care Services	B	1. Child Care Officer Post filled	Y	PS	DCD	1
	B	2. Child Care Programme implemented	C	CCO	DCD CDOs CMHCO, SWOs SCO CO	11
	B	3. Foster Children monitored	C	CCO	CDOs, SWOs	7
	B	4. Foster Care allowance delivered	M	SWOs	DCD CCO, CDOs, SCO, CO	9
	B	5. Juvenile issues addressed	C	CCO	CDOs, SWOs	7
	B	6. Court requirements fulfilled	C	CCO	CDOs	5
	B	7. Family issues addressed	C	CCO, CDOs	SWOs	2
	B	8. Domestic Violence Programme formulated and implemented	Y C	CDO: Family Services	DCD CDOs SCO CO	7
	B	9. Reports prepared	C	CDOs, CCO, CMHCO	DCD SWOs	3
	B	10. Officers trained	C	DCD	Snr CDO	1
7. Probation & Parole Services	B		Y	PS	DCD	1
	B & P	1. Probation Officer post filled	Y C	IPO	DCD CDOs, CCO, CMHCO, SWOs	10
	B	2. Probation & Parole programmes formulated and implemented	C	IPO	CDOs, CCO, CMHCO	7

Core Functions		Related Outputs		Responsible Officer (s)	Supporting Staff	
	Funding		Timing			No
		3. Court requirements fulfilled				
8. Monitoring obligations to Conventions	B	4. Reports prepared	C	IPO	CDOs, CCO, CMHCO	7
	B & P	5. Officers trained	C	DCD	Snr CDO	1
9. Formulation of policies and procedures	B	1. Obligations & programs monitored	C	DCD	CDOs, CCO, CMHCO, SWO's, OT	10
	B	2. Reports prepared	C	DCD	CDOs, CCO's, CMHCO, SWO's, OT, SCO, CO	12
	B	1. Key Policies finalised and submitted to Executive Council (Social Medical & Com. Mental Health Care)	Y	PS Health	DCD, CDOs, CCO, CMHCO, SWOs, OT, SCO, CO	13
	B	2. Department's Procedures Manual reviewed	Y	PS Health	DCD, CDOs, CCO, CMHCO, SWOs, OT, SCO, CO	13
	B	3. Department's Disaster Preparedness Plan reviewed	Y	DCD	CDOs, CCO, CMHCO, SWOs, OT, SCO, CO, Wardens, Caregivers	16
10. Management and Administrative activities	B	1. Staff administration	C	DCD	Snr CDO	1
	B	2. Financial management	C	PS Health	DCD, Snr CDO, SCO, CO	4
11. Advice to Boards and Committees	B	3. Resource management	C	DCD	Snr CDO, SCO, CO	3
	B		C	DCD, CDOs, CCO, CMHCO, SWOs, IPO PM	SCO, CO	2

Core Functions	Funding	Related Outputs	Timing	Responsible Officer (s)	Supporting Staff	No
social initiatives	B & P	1. Advice provided  1. Input provided	C	OT  PS Health	DCD, CDOs, CCO, CMHCO,IPO, SWOs, OT	12

NB Additional details on Related Outputs can be found at Appendix 1

CSD Programmes are very collaborative and additional Supporting Staff are drawn from all government departments and also NGOs



## 2.1 Changes in Core Functions for FY 2008

There are no changes in core functions for 2008. However, it must be pointed out that, based on the achievement of the assumptions at 1.4, there will be a marked increase in activities and related outputs.

## 2.2 Service Delivery Issues for Core Functions

**Service Delivery Issues:** Constraints:-

### 2.2.1 Staffing Issues

- Inadequate human resources. New posts need to be established and filled to ensure efficient and effective service delivery:
  - Community Mental Health Care Officer - \$40,248.00
  - Child Care Officer - \$40,248.00
  - Probation Officer - \$40,248.00
  - Wardens x 2 (MCWSF) - \$42,912.00
  - Cleaner (MCWSF) - \$16,164.00
  - Travel Allowances - \$28,800.00

### 2.2.2 Non Staffing Issues

- Inadequate financial resources  
Various budget lines will require substantial increases:
  - Operating costs of the Golden Years Home, Meals on Wheels and Home Care service have increased markedly due to escalating economic costs and greater demand. Approx. \$1,500,000.00 per annum
  - Social Welfare Financial Assistance benefits need to respond to the rising cost of living. Approx. \$4,000,000.00 per annum
  - Advancement of the Mentally Challenge Housing Project will increase one-off grants assistance costs for household items. Approx. \$50,000.00
  - Operating costs at the LOCC have increased. Approx. \$25,000.00 per annum
  - Apprenticeship & Skills Training needs are increasing. Approx. \$70,000.00 per annum
  - The Care and Support Programme for the Mentally Challenged will also require substantial funds
  - Implementation of the various Action Plans and Programmes, which are strategic initiatives for 2008, will necessitate budget increase
- Inadequate accommodation
- Inadequate technology, data base etc.
- Re-structuring not agreed
- Lack of adopted policies, procedures and legislation
- Slow pace of Interdepartmental Projects

### 3.0 ACTIVITIES RELATED TO STRATEGIC AND POLICY INITIATIVES

#### **Strategic Initiatives**

##### **Identification:**

The strategic initiatives and related outputs to be implemented in FY 2008 are shown in the table below. They are listed in order of priority. The source of funding is indicated in terms of budgetary allocation (B), internally-generated funds (I) or project funding (P).

In order to guide the allocation of resources, the responsible and supporting officers and staff are identified, and the timing of the related output is indicated by the quarter in which the initiative is to be implemented.

<b>Activities</b>	<b>Funding</b>	<b>Related Outputs</b>	<b>Timing</b>	<b>Responsible Officer</b>	<b>Supporting Staff</b>	<b>No</b>
1. Identify and collaborate with communities targeted for training and development	B	1. Community Action Plans formulated and implemented	4 <sup>th</sup>	CDOs	DCD SCO CO	3
	B & P	2. Increased community programmes and projects	4 <sup>th</sup>	CDOs	DCD SCO CO	3
2. Incorporation of One-off Grants into the Social Welfare Scheme	B & P	1. One-off Grant System and procedures	3 <sup>rd</sup>	PS	DCD CDOs SWOs SCO CO	10
	B	1. Review Report and Recommendations	3 <sup>rd</sup>	PS	DCD SWOs SCO CO	5
3. Social Welfare Scheme reviewed	B	2. Revised Legislation & Procedures	4 <sup>th</sup>	PS	DCD	1
4. Consultation with stakeholders re Domestic Violence Programme	B	1. Domestic Violence Committee reactivated	2 <sup>nd</sup>	CDO: Family Services	CDOs	4
	B	2. Domestic Violence Programme formulated and implemented	3 <sup>rd</sup> – 4 <sup>th</sup>	CDO: Family Services	CDOs	4

<b>Activities</b>	<b>Funding</b>	<b>Related Outputs</b>	<b>Timing</b>	<b>Responsible Officer</b>	<b>Supporting Staff</b>	<b>No</b>
5. Provision of appropriate Child Care Services	B	1. Child Care Officer post filled	3 <sup>rd</sup>	PS	DCD	1
6. Provision of appropriate Probation and Parole Services	B	2. Child Care Programme implemented	4 <sup>th</sup>	CCO	CDOs, SWOs	7
	B & P	1. Probation Officer post filled	2 <sup>nd</sup>	PS	DCD	1
	B	2. Probation and Parole Programme formulated and implemented	3 <sup>rd</sup>	IPO	DCD CDOs CCO CMHCO SWOs SCO CO	12
7. Provision of care services to the mentally challenged in the community	P	1. Appropriate housing	4 <sup>th</sup>	PM	DCD CMHCO	2
	B & P	2. On-going Public Education	1 <sup>st</sup> – 4 <sup>th</sup>	PM	DCD CMHCO CDOs SWOs	9
		3. Community Mental Health Care Programme formulated and implemented	3 <sup>rd</sup> – 4 <sup>th</sup>	CMHCO	DCD CMHCO CDOs SWOs	12
8. .Advance the NYP	B & P		2 <sup>nd</sup> – 4 <sup>th</sup>	CDO: Youth	DCD CDOs CCO CMHCO SWOs SCO CO	9
9. Formulation and submission to EXCO of key policies	B & P	1. Implementation of the NYP Action Plan Initiatives	4 <sup>th</sup>	PS	DCD CDOs SWOs SCO CO	2
	B	1. Improved Social Medical service delivery	4 <sup>th</sup>	PS, PM	DCD, Snr CDO	2
10. Advocate for departmental capacity building	B	2. Improved Community Mental Health Care Services	4 <sup>th</sup>	DCD	DCD, Snr CDO	1
	B & P	1. Increased departmental	4 <sup>th</sup>	DCD	Snr CDO	10

<b>Activities</b>	<b>Funding</b>	<b>Related Outputs</b>	<b>Timing</b>	<b>Responsible Officer</b>	<b>Supporting Staff</b>	<b>No</b>
	B & P	capacity	4 <sup>th</sup>	DCD	CDO's, SWO's, CCO, CMHCO, IPO	12
	B	2. More effective service delivery	4 <sup>th</sup>	DCD	CDOs SWOs CCO	
		3. More detailed reports			CMHCO PM SCO CO	
		4. Evidence-based planning			"	

**Commentary:**

The following explanatory comments are intended to provide information on the implementation of the strategic initiatives and related outputs in FY 2008:

**3.1 Expected Benefits**

1. If the Domestic Violence Programme is advanced it will:
  - Provide continued education on domestic violence
  - Initiate organised programmes to assist the victims and encourage the perpetrator change
  - Reduce the occurrence of domestic violence
  - Increase reporting of incidences of domestic violence
  
2. If Community groups are encouraged to develop Action Plans it will:
  - Build community cohesion and capacity
  - Provide a focussed plan for Programme implementation
  - Allow community specific needs to be addressed
  - Contribute tangibly to the redevelopment of Montserrat
  - Rebuild the Social Capital of people
  
3. If the Social Welfare Scheme is reviewed it will:
  - Garner Public opinions, concerns and support
  - Highlight concerns and make recommendations for change

- Improve the effectiveness and efficiency of the Scheme
  - Reduce the level of hardship of the most vulnerable
4. If One-off Grants are incorporated into the Social Welfare Scheme it will:
- Provide standardised guidelines and procedures
  - Improve the effectiveness and efficiency of the system
5. If appropriate Child Care Services are provided they will:
- Ensure the protection of our children
  - Provide education on child issues
  - Provide programmes and systems to address specific needs
  - Improve family and community life
  -
6. If appropriate Probation and Parole Services are provided they will:
- Limit the number and duration of custodial sentences
  - Reduce recidivism
  - Provide rehabilitation for convicted criminals
  - Provide programmes to address juvenile issues
  - Reduce criminal offences
7. If appropriate Care Services are provided to the Mentally Challenged in the community they will:
- Improve the social and health status of the mentally challenged
  - Allow reintegration into communities
  - Provide rehabilitation and encourage independence
8. If the National Youth Policy Action Plan is implemented it will:
- Provide programmes to address identified Youth issues
  - Increase participation of Youths
  - Improve Youth management and leadership skills
  - Encourage retention of Youth on-island
  - Rebuild Youth's Social Capital
  - Contribute tangibly to the redevelopment of Montserrat
9. If the two key policies (Social Medical, Community Mental Health Care) are completed and submitted to EXCO they will:

- Provide standardised guidelines and procedures for service delivery
  - Improve efficiency and effectiveness of the systems
10. If Departmental Capacity Building is advanced it will:
- Improve the effectiveness and efficiency of service delivery
  - Increase the provision of service
  - Improve the quality of reports
  - Allow evidence-based planning
  - Improve job satisfaction

### **3.2 Consequences of Non-Implementation**

Consequences of doing nothing:-

- Inefficient and ineffective service delivery
- Failure of programmes
- Social Welfare Scheme remains inadequate
- Increasing hardship of vulnerable groups
- Child Care and Protection not provided
- Increased numbers serving custodial sentences, especially juveniles
- Worsening social situation of the mentally challenged
- Continued Youth migration
- Continued social, health and economic impact of domestic violence and child abuse
- Communities fragmented and unproductive
- Systems and services remain ineffective
- Ineffective reporting
- Ad hoc social responses
- Staff burn-out
- Staff loss

### **3.3 Implementation issues**

- Domestic Violence Participatory Workshops
- Domestic Violence Programme Initiatives
- Community Groups Training Workshops
- Community Action Plan Initiatives
- Consultancy for One-off Grant Incorporation
- Consultancy for Social Welfare Scheme Review
- Child Care Officer
- Child Care Programme Initiatives
- Probation Officer
- Probation and Parole Programme Initiatives
- Community Mental Health Care Officer
- Community Mental Health Care Warden
- Community Mental Health Care Cleaner
- Community Mental Health Care Programme Initiatives
- Household Items for the Mentally Challenged and Vulnerable Housing
- National Youth Policy Action Plan Initiatives
- Policy Consultative Workshops
- Staff Training Attachments
- Overseas Training for New Staff Members
- Data Base

## CURRENT RESOURCE ALLOCATION

### 4.1 2007 Recurrent Vote

See Annex II and Annex III

#### 4.1.1 Year to Date Performance

See Annex IV

#### 4.1.2 Variance Analysis

Budget allocations for all subheads have been almost totally utilised at this time and will certainly be fully expended by the end of the fiscal year. It must however, be highlighted that there are shortfalls in the areas of Subventions and Public Welfare, resulting in service delivery issues involving the cancellation or minimizing of some initiatives.

### 4.2 Recurrent Budget for 2008

453 - 210 Personal Emoluments	598,500
453 - 212 Wages	138,400
453 - 220 Travel	115,200
453 - 216 Allowances	5,040
453 - 228 Supplies and Materials	9,000
453 - 260 Grants and Subsidies	25,000
453 - 261 Subventions	1,585,200
453 - 265 Public Welfare Services	3,653,000
<b>Total Head 453</b>	<b>6,129,340</b>



### 4.3 2007 Development Fund Estimates

NIL

#### 4.3.1 2007 Year to Date Performance

N/A

#### 4.3.2 Development Fund Estimates for 2008

NIL

### 5.0 Staffing & Non-Staffing Implications

The following tables contain proposals for the management of the unit's resource allocations for FY 2008. They are put forward in response to the service delivery and implementation issues highlighted in the preceding work programme:

#### **Staffing:**

Proposal	Justification
<p>New:</p> <ul style="list-style-type: none"> <li>➤ Community Mental Health Care Officer - \$40,248.00</li> <li>➤ Child Care Officer - \$40,248.00</li> <li>➤ Probation Officer - \$40,248.00</li> </ul> <p>The following staff may be recruited late in 2008</p> <ul style="list-style-type: none"> <li>➤ Warden (MCWSF) - \$42,912.00</li> <li>➤ Cleaner (MCWSF) - \$16,164.00</li> <li>➤ Travel Allowances - \$28,800.00</li> </ul> <p>Changes: Departmental structure and specific duties need to be adjusted significantly</p>	<p>The restructuring and staffing of the department are essential if the service delivery detailed in 2.0 is to be achieved. In particular, the achievement of the Strategic Initiatives is dependent on increased human resources.</p> <p>Executive Council approved the establishment of several posts to support the implementation of the treatment and care component of the Mentally Challenged Housing Project.</p> <p>The consequences of non-achievement are detailed in 3. 2</p>

**Non-staffing:**

Proposal	Justification
Core Functions: Public Welfare Subventions  Strategic Initiatives: As Above	Service delivery costs continue to escalate in line with the increasing cost of living. Increased development programmes and more effective welfare services are reliant on an increased budget.  The social benefits to be gained far outweigh the value of any amount of money. The consequences of doing nothing, detailed in 3.2, cannot be overstressed and the long-term effect could be devastating to society in general.

**Staffing Reallocations:**

Proposal	Justification
NIL	

**6.0 FINANCING STRATEGY**

The following table contain proposals for the improved generation of non-taxation revenues in FY 2008. They are put forward in response to the resourcing gaps highlighted in the preceding work programme:

**Fines, Licenses, etc:**

Proposal	Justification

**User Fees:**

## 7.0 CONCLUSION

The concept of social service delivery remains new to Montserrat; many aspects only developing as a Government operated function after the start of the volcanic crisis. In order to be effective this effort requires significant amounts of GoM funds; and this need is even more pronounced as our population continues to age and our youths migrate to “greener shores”

If SDP Objective #3 is to have the slightest chance of achievement then there **must** be a deep commitment to providing care and support to the vulnerable. The balance between welfare initiatives – which have no revenue generating capacity – and those activities that try to fill the island’s coffers is the undisputable social worth of all persons and our obligation to uphold all Human Rights.

*Prepared by:*

*Permanent Secretary:*

## DETAILED RELATED OUTPUTS

## Appendix A

<b>Core Function</b>	<b>Related Output</b>	<b>Details</b>
<b>1. Community Development</b>	1. Community Enhancement Programmes	a) Skills Training <ul style="list-style-type: none"><li>▪ Basketry</li><li>▪ Pottery</li><li>▪ Sewing</li></ul>
	6. Grants to NGOs	b) Men's Health Workshop <ul style="list-style-type: none"><li>▪ Boys' &amp; Girls' Brigades</li><li>▪ Girl Guides</li><li>▪ MECA</li><li>▪ MESSC</li><li>▪ MRC</li><li>▪ NYC</li><li>▪ OPWA</li><li>▪ Pathfinders</li><li>▪ PEG</li><li>▪ Boy Scouts</li><li>▪ SEF</li></ul>
	8. Activities for observation of International Days	<ul style="list-style-type: none"><li>▪ Children's</li><li>▪ Commonwealth</li><li>▪ Differently Able</li><li>▪ Men's</li><li>▪ Older Persons</li><li>▪ Women's</li></ul>

**2. Youth  
Development.**

1. Youth Empowerment  
Programmes.

- Apprenticeship
- Career Fair
- Leadership
- Management
- Mentoring
- NYP Action Plan
- School Leavers
- Summer Workshop

**3. Social Welfare.**

3. One-off Grants

- Burials
- Food Packages
- House repairs
- Household items
- Medicals
- Relocation
- School supplies

4. Social Welfare Scheme  
Monitored

- Annual Client Review
- Shopping Basket Review
- Utilities Survey
- Cost of Living Report

**4. Elderly & Vulnerable  
Care Services**

- 1. Elderly & vulnerable in the  
community assessed
- 6. Subventions provided

- Golden Years Home
- MOW
- OPWA

- 7. Social & Recreational  
Programmes

- Look Out
- Salem

**5. Community Mental  
Health Care Services**

- 2. Care services provided

- Garling Hill (5 days a week)
- Mahogany (5 days a week)

**6. Family & Child Care  
Services**

- 5. Juvenile issues addressed

- Counselling
- Mentoring
- Child Protection
- Court Requirements

- 7. Family issues addressed

- Counselling
- Referrals
- Court Requirements

**7. Probation & Parole  
Services**

- 3. Court requirements

- Probation Orders
- Parole Orders

**9. Formulation  
of policies &  
procedures**

1. Policies finalised  
& submitted to  
Executive Council

- Community Service Orders
- Rehabilitation Services

**11. Advice to  
Boards &  
Committees**

1. Advice provided

- Social Medical
- Community Mental Health Care

- BNTF
- Care of the Elderly Committee
- Centre Hills Management Committee
- Domestic Violence Committee
- EIC
- Golden Years Admissions
- Golden Years Executive Committee
- Health Promotion Team
- HLAC
- HRRC
- MCCPCP MC
- MCHP IST
- MDG Committee
- Mental Health Committee
- MOW
- MRC
- NAT
- OPWA
- Parole Board
- School Disciplinary Committee
- Social Welfare
- Montserrat Tourist Board

**12. Collaboration on  
on Regional & International  
Social Initiatives**

1. Input provided

- Juvenile Justice
- Family Law Reform
- MDG

**GLOSSARY**

BNTF	BASIC NEEDS TRUST FUND
CCO	CHILD CARE OFFICER
CDO	COMMUNITY DEVELOPMENT OFFICER
CO	CLERICAL OFFICER
CMHCO	COMMUNITY MENTAL HEALTH CARE OFFICER
DCD	DIRECTOR COMMUNITY DEVELOPMENT
EIC	EMERGENCY IMPLEMENTATION COMMITTEE
GOM	GOVERNMENT OF MONSERRAT
HLAC	HOUSING AND LANDS ALLOCATION COMMITTEE
HRRC	HUMAN RIGHTS REPORTING COMMITTEE
IPO	INTERIM PROBATION OFFICER
LOCC	LOOKOUT COMMUNITY CENTRE
MCCPCP MC COMMITTEE	MONTSERRAT CERVICAL CANCER PREVENTION AND CARE PROGRAM MANAGEMENT



MCWSF	MENTALLY CHALLENGED WARDEN SUPPORTED FACILITY
MDG's	MILLENIUM DEVELOPMENT GOALS
MECA	MONTSERRAT EARLY CHILDHOOD ASSOCIATION
MESSC	MONTSERRAT EVERGREEN SENIOR CITIZENS CLUB
MCHP IST	MENTALLY CHALLENGED HOUSING PROJECT INTERSECTORAL TEAM
MCVHP	MENTALLY CHALLENGED & VULNERABLE HOUSING PROJECT
MOW	MEALS ON WHEELS
MRC	MONTSERRAT RED CROSS
NAT	
NGO	NON-GOVERNMENTAL ORGANISATION
NYC	NATIONAL YOUTH COUNCIL
NYP	NATIONAL YOUTH POLICY
OPWA	OLD PEOPLE'S WELFARE ASSOCIATION
OT	OCCUPATIONAL THERAPIST
PEG	PARENT EDUCATION GROUP
PM	PROJECT MANAGER (MENTALLY CHALLENGED & VULNERABLE PROJECT)
PS	PERMANENT SECRETARY
SEF	STUDENT ENHANCEMENT FORUM
SCO	SENIOR CLERICAL OFFICER
SDP	SUSTAINABLE DEVELOPMENT PLAN
SNR CDO	SENIOR COMMUNITY DEVELOPMENT OFFICER
SWO	SOCIAL WELFARE OFFICER



