

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **MH**

APPLICATION YEAR: **2005**

I. General Requirements

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

II. Needs Assessment

III. State Overview

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

IV. Priorities, Performance and Program Activities

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

V. Budget Narrative

[A. Expenditures](#)

[B. Budget](#)

VI. Reporting Forms-General Information

VII. Performance and Outcome Measure Detail Sheets

VIII. Glossary

IX. Technical Notes

X. Appendices and State Supporting documents

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Ministry of Health will make more effort to have the public be more involved in the MCH programs and reviewing the grant application. Each year public announcements are made for the public to attend such meeting, but not too many people are interested. With the Community Health Councils established, the MOH will coordinate with them for meeting schedule with communities for input and comments on the MCH programs and services. In addition to this, the distribution of the draft report and holding public forums for comment on the report and to hear additional views regarding the RMI Maternal and Child Health Block Grant FY 2005. Furthermore, where to call for more information is being provided to the public. For more information concerning the RMI Maternal and Child Health Block Grant issues, please call MCH program office at: (629)625-6941/5569; send e-mail at davidh@ntamar.com or visit the MCH office during regular working days (Monday thru Friday), (8:00pm - 5:00pm).

/2005/The RMI MCH/CSHCN is collaborating with the Ministry of Health outreach team for meeting with communities for input and comments on the MCH Block Grant. In addition to this, draft report and copies of the MCH block grant can be obtained from the Ministry of Health for the review and make comments. Also, calls for more information is being provided to the public/for more information concerning the RMI MCH/CSHCN Block Grant, please call the MCH/CSHCN office at (692)625-6941 or by e-mail at davidh@ntamar.net or visit the MCH/CSHCN office during working days (Monday thru Friday), (8:00am - 5:00pm.

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

The Republic of the Marshall Islands is geographically in eastern Micronesia at 4-19 degrees North latitude and between 160-173 East longitude. There are 1,225 islands and islets in the Marshall Islands of which only five single islands. The rest are clustered into 29 atolls of "rings" of islands that are interconnected and surrounded by coral reef. These 34 low-lying coral atolls and single islands are scattered over 70 square miles. Of the 34 atolls and islands, twenty-three are inhabited, and two of these atolls are considered as "urban" centers, and the rest as the "outer" atolls. Majuro Atoll is the capital of the Republic. Ebeye Island, located on Kwajalein Atoll, the largest atoll in the world, is the sub-district adjacent to U.A. military missile-testing base located on Kwajalein Island.

The 34 atolls run roughly north-south in two nearly parallel chains about 150 miles apart and 800 miles long. The eastern chain is called "ratak", meaning towards the sunrise, and the western chain is "Ralik" or towards the sunset. The atolls are narrow, low and encircle central lagoon. Most islands are less than 10 feet above sea level. Lagoons within an atoll range from three miles to over 70 miles in diameter.

People travel from Majuro and Ebeye to the outer atolls on a 24-seater Dornier managed the Air Marshall Islands and on government-owned field trip ships that commute between atolls once a month. A small boat that is highly dependent on fuel supplies, availability of boats, and the weather must provide transportation within an atoll. If boats are not available, people walk during low tides on the exposed coral reefs between the islands in order to reach the airstrips.

The total population of the Marshall Islands is estimated at 60,000. More than 50% of the population is under 15 years of age. The average growth rate of 3.6% is the highest in the Pacific. Currently, more than 60% of the population resides in the two urban centers. The remaining 40% reside in the outer atolls. Delivery of health care services to a dispersed population in the RMI is cumbersome.

/2005/The estimated total population for the Marshall Islands is 58,849.

B. AGENCY CAPACITY

The Constitution of the Marshall Islands designates the Ministry of Health and Environment (MOHE) as the "state" health agency. The MOHE is the only legislative authorized agency that provides health care services to the people of the Marshall Islands.

/2004/: The Ministry of Health and Environment (MOHE) has been official changed to Ministry of Health (MOH).

/2005/ No change.

The Bureau of Primary Health Care (PHC) is one of the five major bureaus within the Ministry of Health & Environment. It is responsible for all preventive and primary care and the Division of Public Health is one of the five and the largest with five program areas.

***/2002/:* The Bureau of Primary Health Care (PHC) is one of the five major bureaus within the Ministry of Health. It is responsible for all preventive and primary care and the Division of Public Health is one of the five and the largest with five program areas.**

The MCH/CSHCN Program is not a separate agency. It is one of the programs in Public Health. The nurses and medical staff implement all clinical, follow-up and community outreach programs for all areas in Public Health. The MCH/CSHCN Program provide health care services for mothers, children, infant, adolescents and their families in the RMI. There are currently 22 nurses who implement all clinical services for public health programs, seven medexes (physician assistants), a medical director and an OB-GYN who are assigned to Public Health.

***2002/:* Seven (7) of the public health staff receives support salaries from the MCH Block Grant. The same seven staff (nurses, medexes/physicians) also travel to the outer atoll to implement the programs and services in Public Health.**

/2005/ Oral Health is being one of the MCH/CSHCN program services that receive support from the MCH program in terms of services for pregnant women and children, including the schools and all MCH population. Due to shortage of trained dental health care providers, the MCH/CSHCN program is process of hireing two additional dental assistant to assit in the MCH dental sercvices, and to expand its services into the communities.

The overall health care system in the Republic consists of two hospitals in the two "urban" centers of Majuro and Ebeye, and 57 health centers in the outer atolls. The main hospital on majuro is a 80-bed facility, and Ebeye has a 25-bed hospital. Both facilities mainly provide primary and secondary care with very limited tertiary care. Patients who need tertiary care are referred to hospital in Honolulu or the Philippines. The Bureau of Primary Health Care within the Ministry of Health also offers a full range of preventive and primary care programs in the two main hospitals.

The MCH and CSHCN have been intergrated into one program. This allows for more efficient use of scarce human resources and better collaboration and coordination of services in MCH. The RMI MCH/CSHCN program provides and coordinates the full spectrum of preventive and primary health care services for mothers, infants, children and adolescents both in the hospitals setting and the health centers. The services include prenatal and high-risk prenatal care clinics, postpartum care, and well childcare that includes immunization, high-risk pediatric clinics, school health program, coordination of family planning services, and the coordination of care for children with special health care needs.

In 1986, the government of the Marshall Islands adopted the concept of primary health care as declared by the World Health Organization in Alma Ata in 1978. The Bureau of Primary Health Care was established to target strengthening preventive programs and services at the community level. It was mecessary tp reorganize and reorient the staff in primary health care in order to collaborate closely with the community leaders in implementing preventive and primary health care programs in the communities.

/2005/ No change.

For several years, one of the priorities of the MOH was to develop an effective health information system. Currently, the Ministry does not have a Natinal Health Planner. However, under the Ministry's Health and Population Project that is financilly supported by the Asian Devdlopment Bank, the Ministry has received technical assistance to modify its Health Management Information System (HMIS) in order to improve its capabilities to collect and use data to improve health care services. The Ministry has established a HMIS Committee and Working Group to review all forms and other documents that will enhance the HMIS. All programs in the Ministry have already started using the revised forms for recording and reporting of data which are being collected and channeled to the Bureau of Health Planning and Statistics. Staff training on the use of the revised froms is completed.

/2005/ The Ministry has a new National Health Planner.

While data and information systems have improved in the past year, this improvement has occurred primary within the urban health care settings. There is still a need to improve the data collection from the health centers int he outer atolls. The HMIS Committee has revised the recording/reporting froms, which will enable the health providers in the health centers to collect essential data and statistics. In addition to the encounter forms used by health facilities in the urban centers, a mothly form was developed to ensure that reports are regularly submittedf to the Office of Outer Islands as underreported by agencies within the Government due to inadequacy of reports submitted from the health centers. Therefore, mechanisms have been developed to improve the reporting of the number of births, deaths and encounters for all clinical and preventive services provided in the outer atolls.

/2005/ On going.

The Health Management Information System (HMIS)

**The HMIS is a computerized database to handle all health and health-related data in the MOHE. Based on the File Maker Pro software, it was designed to be a user friendly and menu driven system that can be used to monitor the progress of various health program, meet the reporting requirements of US Federal Grants, WHO, and other external agencies.
/2005/ No change.**

**The HMIS has four goals that aim to meet the information needs in the RMI. The first goal is to support the expand role of Primary Health Care. The Ministry believes that by implementing a wide range of effective and sustainable PHC programs, we can significantly reduce disease burden. Therefore data management and monitoring PHC is critical. The second goal is to provide accurate, consistent, and timely reports on the broad range of health services and programs offered by the MOH. These reports can also assist health managers in decision making. The third goal is to provide the MOH with a wider range of information on the personnel and financial resources that are available. This will assist in the health planning for the future. The fourth goal is to ensure that the HMIS is a sustainable system that can be used to provide timely and accurate data for managers tasked with policy making decisions.
/2005/ No change.**

HMIS Modules

**The HMIS database is divided into five modules: Medical Records, Public Health and Epidemiology, Referrals, Finance and Personnel, and Benefits, Monitoring and Evaluation (BME).
/2005/ No chnge.**

**The main purpose of the Medical Records modules is to accurately record a patient's life and medical history. This information will be useful for clinical providers in treating the patients and to health service managers responsible for health planning, supervision and evaluation of health services.
/2005/ No change.**

1. Medical Records

**The main focus of HMIS activities so far has been on the Medical Records component since it was where most of the data collected had to be consistent and able to accommodate all the curative and preventive care departments who see patients.
/2005/ No change.**

Therefore, a comprehensive encounter form was developed.

The Encounter Form

**The Outpatient encounter form contains the patient's name, medical record number, encounter date, date of birth, age gender, atoll of residence, type of visit, and the health provider's name. A list of diseases classified by their International Classification of Diseases 9th Edition (ICD-9) codes, procedures, and referral destinations are listed in boxes for the health provider to complete.
/2005/ On going.**

The encounter form was originally designed for the hospital's outpatient activities. In collaboration with the HMIS Working Group, which comprised of the Secretary of MOHE, the Assistant Secretary, PHC, and various departments and programs directors, the original encounter form was modified and the name changed to "MOHE Encounter Gorm" to reflect the number of departments for which this form was redesigned. While it resembles the format of the original for, there have been numerous changes and modifications. The International

Classification of Diseases,9th Edition (ICD-9) was used to standardize and classify patient findings. Sections of the form have also been rearranged to address the needs of each department.

/2003/ For the upcoming year, the encounter form will undergo a major overall integrating the recommendations and lessons learned from the two years it has been used. The redesign will make the form more user-frendly for the clinicans and data entry clerks who use it on a daily basis.

/2005/ Integrating the recommendations has been implemented and on going.

The MOH Encounter Form is also being used in the Outer Islands and complemented with a monthly report form to be sent to majuro each month by the Health Assistants. The MOH Encounter already includes categories related to cancer screening and treatment. Combined with the patient's medical chart, the Encounter Form will assist both the clinican and the Ministry's data management and surveilance efforts.

/2005/ On going.

Public Health and Epidemiology

The Public Health and Epidemiology components do not have a starndard form (excluding those for Births and Deaths) and relies on the monthly reports sent by each department to the Planning Office. While some data can be obtained from the Planning Office, a form, which lists specific data categories, was designed for selected public health departments. This format will enhance monthly data reproting to the Planning Office and provide HMIS with the necessary information to assist in documenting vital and other health-related statistics. The data will enchanche the data collected from public health and medical records. As part of the cancer screening and early detection program coordinator's duties, a monthly report will be sent to the Office of Planning and Statistics to ensure that the data is collected and appropriately disseminated.

/2003/In order to assist in the improvement of data management particularly for the vertical programs in public health, standarized forms was crfeated. These forms designed for monthly and quarterly rteporting to ensure tha the ministry is able to maintain information that are timely, accurate, and current.

/2005/ No change.

Referrals

The Referral component will be essential to determining the incurred costs for overseas referrals. Like the MOH Encounter Form, patient information will also be included. The modules primary objectives are to document the amount spent on each type of referral. The patient and financial information can be used for long term planning. Through this module, the number of cancer related referrals to tertiary hospitals in the Philippines or Honolulu and cancer related deaths that occur overseas are documented.

/2005/ No change.

Finance and Personnel

The Finance and Personnel Module was designed to provide the MOHE with a system that identifies financial information available and utilized by the Ministry. A Five-Year Budjet Planning Model and Program Budget Allocation Program designed with the assistance of MOH staff is being implemented to ensure that the services we provide are sustainable.

/2005/ On going.

Benefits, Monitoring, and Evaluation (BME)

The objective of the BME module is to ensure the accuracy and relaevance of the data we generate. In addition, the module is intended to provide a series of indicators to monitor and

evaluate the efforts undertaken by MOH staff. We will be able to see which health programs or services have had the most impact and which needs refinements.

/2005/ No change.

Training and Professional Development

The ministry and donor agencies fund the continuing education and training of public health staff. The assistant secretary or program directors assign the personnel who attend training program. The training has been in various formats like workshops, seminars, and certificate programs or academic programs.

/2005/ No change.

Evaluation Plan

Monitoring and evaluation duties will be assigned to the individual program managers and directors and to the Bureau of Health Planning and Statistics. In the process of monitoring and evaluating the implementation of activities for the grant, the Health Management Information System is being tailored to address the needs of a database that will be flexible to collect epidemiological data that can be used as a tool for investigations and policy making decisions. Monthly reports from the various programs will provide significant data on the health services being provided and the types of cases seen in the clinical and public health offices. Data such as morbidity and mortality number of cases seen involving fever, cases of diarrhea, number of chronic diseases like high blood pressure and diabetes will assist the Bureau of Health Planning and Statistics in identifying potential contributors to an outbreak. Preventive measures can then be taken to minimize the number of cases.

/2005/ No change.

A formal evaluation will be done through the HMIS's Benefits, Monitoring and Evaluation module (BME). This module will complement other evaluation and monitoring tools that may be proposed by the Ministry's technical committee. The following table lists some of the measures that will be included in the BME.

/2005/ No change.

These measures were selected to assist the Secretary of Health, Assistant Secretaries, department managers, program coordinators, and the Health Planning and Statistics Bureau in developing contingency, staffing, and organizational plans to ensure that the MOH will have the means to collect and analyze data for tracking the National and Jurisdictional performance Measures.

/2002/ There have been several problems that have affected the ministry's data management as a whole. It has been frustrating since data that were easily obtained last year is difficult to obtain this year. Some of the problems identified have been the lack of trained staff to work as data entry clerks full time, the need of newer computers, lack of a functional computer network to enable data be readily available rather than solely relying on monthly reports, and the actual software used to program the HMIS database where there are no local experts on-island.

/2005/ A computer consultant has hired so data is more easily to obtained.

C. ORGANIZATIONAL STRUCTURE

The Government of the Marshall Islands has a parliamentary system. Thirty-three senators are elected to the Nitijela (congress) every four years, and from the Nitijela, a president is elected. The Presidential-appointed members of the Cabinet exercise all executive functions of the Government of the Marshall Islands. The Ministry of Health & Environment (MOHE) is one of nine governmental agencies instituted under the Government of the Marshall Islands.

/2204/ The Ministry of Health is one of nine government agencies instituted under the Government of the Marshall Islands.

/2005/ No change.

The head of the MOHE is an elected senator and a member of the President's Cabinet. The Minister exercises authority for health on behalf of the Cabinet, and he/she is responsible for the development of policies for the Ministry with recommendations from the Secretary of Health and Environment, on the other hand, is appointed as the "permanent" head of the Ministry. The Secretary of Health is responsible for daily management and administration of the Ministry and reports directly to the Minister of Health.

/2004/ The Secretary of Health has changed from Donald F.Capelle as he has moved to be the Secretary of Forigan Affairs.

/2005/ No change.

The MOE has five major Bureaus:

- 1. Bureau of Primary Health Crae**
- 2. Bureau of Majuro Hospital Services**
- 3. Bureau of Health Planning and Statistics**
- 4. Bureau of Kwajalein Atoll Health Care Services**
- 5. Bureau of Administration, Personnel and Finance**

With the exception of the Bureau of Health Planning and Statistics that is headed by the National Health Planner, an Assistant heads each bureau. All Assistant Secretaries and the National Health Planner report directly to the Secretary of Health & Environment.

/2005/ All Assistants Secretaries and the National Health Planner report directly to the Secretary of Health.

The Bureau of Primary Health Care where the MCH program and CSHCN program is based, is further divided into six divisions:

- 1. Division of Public Health**
- 2. Division of Human Services**
- 3. Division of Population, Family Health & Health Promotion**
- 4. Division of Adolescent Health**
- 5. Division of Outer Islands Health Centers**
- 6. Division of Dental Services**

A director who reports directly to the Assistant Secretary for Primary Health Care heads each of the divisions. In the Division of Public Health, there are four program areas in which the MCH/CSHCN program is one. The Assistant Secretary for PHC is responsible for the daily management and supervision of programs carried out under the Title V program in each of the divisions.

/2005/ No change.

D. OTHER MCH CAPACITY

Twenty-two nurses in Public Health implement all the clinical and preventive services for all program areas in Public Health. These same nurses travel to the outer islands in addition to supervising their assigned health zone in Majuro. The nurses must also work on weekends to do cold chain monitoring for vaccines stored in the Public Health clinics and to immunize all new-born babies in the Majuro Hospital with BCG and Hepatitis B vaccines when necessary. The nurses are not compensated for the times they work during weekends. Furthermore, the nurses are the only ones trained in the chold chain monitoring of the vaccines and are responsible for packing them to be sent to the outer atolls on

weekends.

/2003/ Ten of the twenty-two nurses receives support salaries from the MCH Block Grant.

/2004/ Seven of the public health staff (nurses, medexes/physicians) receives support salaries from the MCH Block Grant. These same 7 health care providers provide the service delivery to the MCH population throughout the Republic.

/2005/ The process of hiring two more nurses to work in the MCH/CSHCN is going on this time. This will bring back up to 10 personnels that the MCH Block support with salaries in order in provide a better service delivery.

E. STATE AGENCY COORDINATION

The Ministry of Health and Environment, being the only "state" agency that provides health care services in the Republic, realizes the significance of collaborating with other agencies in the implementation of services to the communities.

/2004/ The Ministry of Health, being the only 'state' agency that provides health care services in the Republic, realizes the significance of collaborating with other agencies in the implementation fo services to the communities.

/2005/ No change.

Since the MCH/CSHCN is one of the programs in Public Health, services are effectively coordinated among the staff in Public Health, who also provides services for other program areas. The MCH/CSHCN program also coordinates with other divisions in the Bureau of Primary Health Care, such as the Mental Health Program, Alcohol & Substance Abuse Provention Program, Vocational Rehabilitation and Social Work. For community outreach purposes, MCH/CSHCN coordinates with the Health Education and Promotion Unit, the Nutrition Unit and the Family Planning Program. For FY 2000, this will be expanded to include other programs that provide services to the MCH/CSHCN population.

/2005/ No change.

The MCH/CSHCN coordinator is also a member of the Iner-Agency Leadership Council which coordinates with all agencies that provide services for children with special health care needs. Through a Memorandun of Understanding, the members of the Inter-Agency coordinate services for all CSHCN and adults who have special needs. The members of the Inter-Agency Council include: Special Education Program in the Ministry of Education, Health Start Program, College of Marshall Islands, Majuro Atoll Local Government, Keajalein Atoll Local Government, Women in Development Office in the Ministry of Inernal Affairs, and the programs in the Ministry of Health & Environment such as the Mental Health Program, Vocartional Rehabilitation and Social Work.

/2005/ No change.

The Core Committee in the MOHE carries out coordination of community awareness on primary health care activities and programs. The MCH Coordinator chairs the Core Committee with other member from Nutrition Program, Hospital Services, Adolescent health, Health Promotion, Family Planning and the Human Services programs. All the international and national health events are coordinated by the Ministry's Core Committee in collaboration with the RMI Iner-Agency Council and the National Population Coordinating Committee.

/2005/ The Core Committee in the MOH carries out coordination of community awareness on primary health care activities and programs.

Some of the activities conducted during the year organizing and participating in the annual World TB Day, National Health Month that concided with World Day (Annually), Breast Feeding Week, World Diabetes Day, World Food Day, World Population Dat, Immunization Week. Mothers' and Father's Day annual Seminars, World AIDS Day, and the National Week for the Disabled.

/2005/ The same activities also conducted during the year as our annual activities.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Health Systems Capacity Indicators: #1, The rate of children hospitalized for asthma (ICD-9 Codes:493.0-493.9) per 10,000 children less than five years of age (Formely HS101): Data is being collected, but it is being reported as just number of cases. The MCH/CSHCN will coordinate with the office of planning and statistic at the Minintry for a reporting that will indclude age breakdown of five years of age. Data will be reported as soon as is available.

/2005/Data that to include age breakdown is in process and will be reported in the five years needs assessment.

#2, #3, #7, & #8: Under the RMI Free Association with the United States, the RMI is not eligible for these services (Medicaid, SCHIP, EPSDT, & SSI).

#4, The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck index (Formerly HS103): The will develop a plan for an inservice training that will include Reproductive Health Nurses, Public Health Nurses, and other health care provider that provide prenatal services in the Marshall Islands.

/2005/ This plan will be carried out by end of 2004 and will be reported in the five years needs assessment.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Based on health data collected by the MCH Program, the RMI MCH/CSHCN has selected the same priority needs as last year's needs. These priority needs have been selected to improved the health status of mothers, infants, children, youths in the RMI in all four of the services described in the pyramid.

These are all indicators that the MCH program and services must challenge each year.

Direct Health Care Services:

B. STATE PRIORITIES

Based on health data collected by the MCH Program, the RMI MCH/CSHCN has selected the same priority needs as last year's needs. These priority needs have been selected to improved the health status of mothers, infants, children, youths in the RMI in all four of the services described in the pyramid.

1. To reduce infant mortality rates.
2. To reduce the barriers to access prenatal care so women can have prenatal during first trimester.
3. To Increase access to preventive services for women who are at risk for cancer.
4. To improve health status of pregnant women through counseling on nutrition and breast feeding.
5. To strengthen the capabilities of Health Management Information System to provide essential data and statistics on how the Ministry can improve programs and services.
6. To improve accessibility to the MCH/CSHCN services for children 0-17 years and the coordination of services between agencies for CSHCN.
7. To improve preventive services for school children in dental care and nutrition.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

This National Performance Measure is not applicable to the RMI since metabolic screening is not performed.

b. Current Activities

This National Performance Measure is not applicable to the RMI since metabolic screening is not performed.

c. Plan for the Coming Year

This National Performance Measure is not applicable to the RMI since metabolic screening is no performed.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

a. Last Year's Accomplishments

The MCH/CSHCN program conducted six (6) more additional follow-up visits with parents and families on those CSHCN in collaboration with the public health teams and zone nurses. The Core Committee has implemented an on going list of questions for the CSHCN and their families to find out more information concerning knowledge and awareness about the MCH program in order to improve the program services. The MCH/CSHCN program continues similar activities during training and community outreach follow-up with clients and community awareness on MCH programs and activities. The MCH program has shifted from Community Health Councils to Community based to focused more on the community as a whole.

b. Current Activities

The RMI MCH/CSHCN program continues to provide medical health care services to all the MCH population throughout the Republic. Continues Screening and referral of clients to the pediatricians or the physician on call, and an on-going collaboration with medical staff in the hospitals (both urban areas) who provide services for all infants and children in the Marshall Islands. The screening to identify and referral have been on-going during after the baby is born, well-baby, and community out reach activities, including out islands visits.

c. Plan for the Coming Year

For FY'05, the MCH/CSHCN program will continue to improve its efforts to conduct at least six more additional follow-up visits with parents and families of those CSHCN. The Core Comitty will continue to develop plans as they see needed for both clients and familiey to improve their knowledge and awareness of the MCH programs and services. Similar activities will be be continued to implement for the Community rather than for the Community Health Council during the training and community outreach for close follow-up with clients and community awreness on MCH population and services.

Performance Measure 03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

a. Last Year's Accomplishments

This performance maintain it's level at 100%: The Ministry of Health being the "state" health agency, provides medical health care services to all residents throughout the State Hospitals on Majuro and Ebeye in the Public Health. Infant and children who have been identified were referred to the pediatricians or the physician on call who then became their primary physician for the referred cases. The MCH/CSHCN program has continued to collaborate with medical staff at the hospitals in providing health services to all infants and children. Every child in the RMI is considered as having a "medical/health home.

b. Current Activities

Continues to provide medical health care services to all residents through the State Hospitals on Majuro and Ebeye in the Public Health. Infants and children who are identified are referred to the pediatricians or the physicians who is on call who then become the primary physician. The MCH/CSHCN program collaborate with medical staff in the hospitals in providing health care services to all infants and childern.

c. Plan for the Coming Year

The MOH being the "state" health agency, provides medical health care services to all

residents throughout the State Hospitals on Majuro, and Ebeye in the Public Health. Infants and children who are identified are referred to the pediatricians or physician who is on call who will become the primary physicians for the referred case. The MCH/CSHCN program will continue to collaborate with medical staff in the hospitals in providing health care services to all infants and children. Every child in the RMI is considered as having a "medical home/health care."

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

a. Last Year's Accomplishments

This Performance Measure remains the same as last year. The Republic of the Marshall Islands health insurance policy covers all Marshallese. Medical services are provided to all residents from the Ministry of Health, which includes in two hospitals in the urban centers and the health centers in the outer atolls.

b. Current Activities

The RMI MCH/CSHCN provides medical health care services. This is universal health coverage for all citizens and residents in the RMI. The RMI MCH/CSHCN continues to focus on efforts to screen all children to identify CSHCN and refer to CSHCN program.

c. Plan for the Coming Year

2005 Performance Objective: 100%

Planned Activities: There is universal health care coverage for all citizens in the RMI. The Ministry will continue to focus on efforts to screen all children in order to have children identified with special health care needs and refer them to the CSHCN program.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

a. Last Year's Accomplishments

Annual Performance Objective: 100%

Accomplishment: The RMI does not have actual community-based system yet. However, those families report to the health workers/health assistant who is assigned to that community. Those families of CSHCN have access to information and services which are then referred to the MCH/CSHCN program.

b. Current Activities

The RMI MCH/CSHCN program continues to provide services and receive referral cases/reports from those families of CSHCN or the community through the health workers/health assistants assigned in that community. The MCH/CSHCN continues to provide services for those CSHCN and families in the community.

c. Plan for the Coming Year

2005 Annual Performance Objective: 100%

Planned Activities: The RMI MCH/CSHCN program will continue to improved its services in the community so that families of those children with special health care needs will have a better access to services to use them easily. The progam will implement a designed survey in which it will be included in the up-coming 5 years Needs Assessment. Therefore, data (base line for this performance measure) will be included into the next reporting cycle.

Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

a. Last Year's Accomplishments

Annual Performance Objective: 10%

Accomplishment: The RMI MCH/CSHCN program collaborates with the Ministry of Education in making transition of children/youth with special health care needs. The MCH/CSHCN program referred 5 children to the Special Education program in the Ministry of Education so that they could attend schools, both primary and secondary schools.

b. Current Activities

The MCH/CSHCN program continues to collaborate with Spcial Education and Head Start Program to identifiy those childre/youth who need services necessary to make transition in their lives and refer to the appropriate agencies.

c. Plan for the Coming Year

2005 Performance objective: 15%

Planned Activities: The MCH/CSHCN program will continue to collaborates and coordinates with the Ministry of Education,

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

Accomplishment: This Performance was not met. The result from the immunization campaign has shown that 93% of coverage for measles alone for the whole country. Documentations have also shown that 47.53% of children completed/received DPT4, OPV3, Hep.B3, MMR1, and BGC. This is shown that there is an improvement in the immunization coverage compare to the past which was only 42%. This has also shown that still improvement has to be made to bring up the % for our immunization fully coverage. The combination of the distances between outer islandws, migrations of families from the islands, limited storage facilities for the vaccines, and weak information in the place, have contributed to the low coverage in the outer islands.

b. Current Activities

The zone nurses continue to do outreach in the communities, visits the outer islands to provide immunization for the children who reside on these islands/atolls, and daily immunization clinics at public health on both Majuro, and Ebeye on Kwajalein Atoll.

c. Plan for the Coming Year

2005 Annual Performance Objective: 85%

Planned Activities: The RMI will continue to intensify its immunization coverage rate during community outreach activities (zone activities), outer islands trips/visits, and the public health clinics. These nurses will continue to work closely with the health assistants in the outer islands/atolls, including the public health teams.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

Annual Performance Objective: No more than 175 per 1,000

Accomplishment: In the past, the data for this performance measure could not be specified since the age group in the particular category included teenagers 15 through 19. For FY'03, we were able to sort out 15 through 17 age group. Data for this performance measure has shown that 86 birth for teenagers aged 15 through 17 year, while 265 births to 15 through 19 aged group. With the improvement of HMIS, data has shown that for the aged 15 through 17, the RMI has met this performance measure.

b. Current Activities

Decrease the rate of teenager pregnancies by improving and promoting of health education activities for youths. Improving barriers that inhibit accessibility to family planning services for youths by expanding services into the community and to the public. Conduct training for the community leaders on the issues presented in the National Population Policies. The Youth to Youth in Health provides family planning counseling at the Youth clinics in Majuro and more youth site visits to the outer atolls in collaboration with the Community.

c. Plan for the Coming Year

2005 Annual Performance Objective: No more than 150 per 1,000

Planned Activities: The RMI will continue to focus its effort to decrease the rate of teenager pregnancies in the coming year by improving health education and promotion activities for youths, and conduct more training for community leaders on the issues presented in the National Population Policies. More activities on health promotion and family planning will target to meet the needs of youths in the RMI. The Youth to Youth in Health will continue its effort to add two more youth clinics in the rural areas in the urban centers and more youth chapter in the outer atolls in collaboration with the Community.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

Annual Performance Objective: 95% of the proportion of 8 to 14

Accomplishment: The RMI did not meet the objective for the year. However, during the FY'03, the School Dental Health Program examined(grades 1,2,6 &7), and 70.37% of the children received sealants. This shown that there is an improvement compare to the past which was only 49%.

b. Current Activities

As part of the school sealant program, staff provide dental education for the elementary schools that they visits. Oral Health services is being also provided for the schools in the outer islands/atolls during the outer islands visits.

c. Plan for the Coming Year

2005 Performance Objective: 80% of the proportion of children ages 8 and 14

Planned Activities: Increase health education of oral health in the schools by using posters, educational materials on oral health. Implementation of school sealant program in the outer islands. The MCH/CSHCN will give two additional dental assistances with salaries in order to provide/expand oral health services for more school children.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

Annual Performance Objective: No more than 5 per 10,000

Accomplishment: There were no documented deaths to children 1-14 due to motor vehicle crashes in 2003. While other causes of deaths such as malnutrition, pneumonia, congenital health diseases and drowning are more common. However, vehicle related accidents is still a concern considering the rising number in this age and the number of vehicles in the Marshall Islands. During FY'03, 2 deaths and four deaths in FY'02 due to other causes as stated above rather than motor vehicle crashes.

b. Current Activities

The RMI has been able to keep the rates of children in this age group at zero for death caused by motor vehicles for the past year. Our health education and promotion activities continue to address this issue to ensure that no deaths caused by motor crashes occur.

c. Plan for the Coming Year

2005 Annual Performance Objective: No more than 5 per 100,000

Planned Activities: The RMI will continue to provide public awareness through health education and promotion. Our health education and promotion activities will continue to address this issue to ensure that no deaths caused by motor vehicle crashes occur.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

Annual Performance Objective: 95% in early postpartum

Accomplishment: The National Performance was met. The RMI has increase its percentage of mothers who breastfeed their babies upon hospitals discharge from 98% to 100%. The percent of mothers who continue to breastfeed their babies up to six months has also increased from 95% to 96.8%. This is shown that there has been improvement on health education concerning issues on breastfeeding awareness.

b. Current Activities

The MCH in collaboration with the Health Education and Promotion, Core Community and the Breast Feeding Policy Committee continue to develop and distribute educational materials, provide nutrition counseling during prenatal clinics, conduct presentations during prenatal clinics and the maternity ward with mothers, and continue health promotion outreach in the

communities and through mass media. Staff in the Health Education continue to provide information on breast feeding issues on a weekly regular radio program.

c. Plan for the Coming Year

2005 Annual Performance Objective: 80% in early postpartum

Planned Activities: The MCH will continue to collaborate with the Health Education and Promotion Unit, Core Committee and the Breast Feeding Policy Committee in development of educational materials, and will continue to provide nutrition counseling during prenatal clinics. Also, continue to conduct presentation during prenatal clinics and at the maternity ward with mothers. The MCH program will continue health promotion outreach in the communities and through mass media. Breast Feeding policy will be reviewed and discussed with members of the Community Leaders Committee during community outreach and during training in the urban centers. Staff in the Health Education will continue to discuss breast feeding on the a weekly health education radio program.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

a. Last Year's Accomplishments

This is not applicable to the RMI since screening for hearing impairment is not conducted in the hospitals.

b. Current Activities

This performance is not applicable to the RMI since screening for hearing impairment is not conducted in the hospitals.

c. Plan for the Coming Year

This National Performance Measure is not applicable to the RMI. The newborns are not screened for hearing impairment before hospital discharge.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

Annual Performance Objective: 100%

Accomplishment: The RMI health insurance policy covers all Marshallese. Medical services are provided to all residents from the Ministry, which includes the two hospitals in the urban centers and the health centers in the outer atolls.

b. Current Activities

The Ministry of Health continues to focus its efforts on screening of all children and have those children identified with special health care needs refer to the CSHCN program.

c. Plan for the Coming Year

2005 Annual Performance Objective: 100%

Planned Activities: The Ministry of Health will continue to focus on screening of all children in order to have the identified with special health care needs be referred to the CSHCN program.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

This is not applicable to the RMI since there is not Medicaid Program.

b. Current Activities

This Performance Measure is not applicable to the RMI since the RMI is not eligible for the Medicaid Program.

c. Plan for the Coming Year

This Performance Measure is not applicable to the RMI since the RMI is not eligible for the Medicaid Program.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

Annual Performance Objective: 0% of live births

Accomplishment: Very Low birth Weigh infants, infants weighing less than 1,500 grams. For FY'03, data has shown improvement with the percentage slightly lower of 1.19% compared to FY'01 of 1.35% of Very Low Birth Weigh. Eventhough data shows that it is around 0.16% decreased in VLBW, there is still a need to focus on strategies to modify the behavior and lifestyles of expantant mothers.

b. Current Activities

The MCH/CSHCN program collaborate with all programs in the Bureau of Primary Health Care disceminate educational materials on MCH, utilize mass media, community outreach, training for community awareness of MCH. Nutrition counseling is being provided during prenatal care, and close monitoring of high risk pregnant mothers has being implemented with the zoneal nurses. The objective is not to increase the percent of low birth weigh births.

c. Plan for the Coming Year

2005 Performance Objective:0%

Planned Activities: The MCH/CSHCN program, in collaboration with the programs in the Bureau of Primary Health Care, will continue to develop education materials on MCH, utilize mass media, community outreach, training for community awareness on MCH. Nutrition counseling will provide during prenatal care, and close monitoring of hight risk pregnant mothers will be continued with the zonal nurses.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

Accomplishment: There were only 2 documents completed suicides in this age group (15-17

years old respectively) in 2003 compare to 2002 which was also 2 document completed suicides in the same age group. There were 11 document completed suicides in this age (15-25 years old respectively) in 2003 compare to 2002, there were 6 document completed suicides in this age group. It has been long recognized that alcohol and other forms of substance abuse increasing that most of these completed suicide cases have been related to alcohol abuse. Health education and promotion campaigns on mental health and suicide prevention have been expanded to the schools and community groups such as the churches, and youth groups.

b. Current Activities

Follow-up with participants to the National Suicide Prevention training to conduct needs assessments on activities pertaining to suicides. Health Education and the program on Alcohol and Substance Abuse Prevention conduct training with youths, community groups. Educational issues is being provided through radio program and interview on alcohol, substance abuse and suicides. Close monitoring and evaluation on the rate of suicides in each community is being through the year in order to meet the needs of each community.

c. Plan for the Coming Year

2005 Annula Performance Measure: 50% decrease from the current rate

Planned Activities: The MCH program will put efforts in collaborating with the Division of Human Services to follow-up with participants of the National Suicide Prevention training to conduct needs assessments on activities pertaining to suicides. The Health Education and the program on Alcohol and Substance will collaborate to conduct more trainings with youth groups, community groups, parents, church groups, and the schools. More educational materials will be developed and the media will be utilized more in radio spots, radio programs and interviews on alcohol, substance abuse and suicides prevention. Close monitoring and evaluation on the rate of suicides in each community will be expanded throughout the year in order to meet the needs of each community.

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

a. Last Year's Accomplishments

Accomplishment: This National Performance Measure is not applicable to the RMI since there are no facilities capable of providing specialized services for very low birth weigh infants.

b. Current Activities

This particular measure is not applicable since there are no health facilities for high risk deliveries and care management in the RMI.

c. Plan for the Coming Year

This performance measure is not applicable since there are no health facilities for high-risk deliveries and care management in the RMI.

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care

beginning in the first trimester.

a. Last Year's Accomplishments

Accomplishment: This performance measure was not met. During FY'03 is comparatively less than previous year (FY'02 was 63.4%)for the first trimester. The percent of first visit to the prenatal clinic during the second trimester is high at 44% percent compare to 28 percent during the first trimester. Getting the pregnant mother for prenatal during the first trimester remains a challenge. The Comprehensive Perinatal Care Program remains to a core priority of the bureau as reflected in the activities including the aggressive health education and promotion campaigns on the importance of perinatal care.

b. Current Activities

Health Education and Promotion Unit Program remains to a Core Committee in providing health promotion activities on community awareness. The nurses continue to provide community outreach with the traditional leaders to follow-up with pregnant mothers at home who have not come in for prenatal care. Coordination with traditional leaders to inform their people to access prenatal care, espically during the first trimester. On going education program campaigns on the radio, newspaper on prenatal care. Delivery in the hospital fee is being inform by the hospital staff during their first trimester as an incentive.

c. Plan for the Coming Year

2005 Performance Measure: 70%

Planned Activities: The Health Education and Promotion Unit in collaboration with the zonal nurses and Core Committee will intensify their health promotion activities on community awareness. Nurses will be providing more outreach into the community with the

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. This National Performance is not applicable to the RMI since metabolic screening is not performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Continues to improve its effort in conducting follow-up visits with parents and families of those CSH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop plans for the CSHCN and their families to learn more about the MCH programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Training of Community Health Council and community outreach for close follow-up with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Community awareness on MCH programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Provides medical health care services to all the MCH population throughout the Republic.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify and refer of clients to the pediatricians or the physician call.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Collaborate with medical staff in the hospitals who provide health services for all infants and chil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Universal health care coverage for all citizens/residents in the RMI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Focus on efforts to screen all children to identify CSHCN and refer to CSHCN program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of mothers who receive nutrition and family planning counseling during prenatal care.*

a. Last Year's Accomplishments

Annual Performance Objective: 90% of pregnant women during the first booking/entry into prenatal care.

Accomplishment: This objective was met. All pregrant women who enter into prenatal for the first booking/registration receive counseling on nutrition and family planning. Counseling and registration on nutrition and family planning are also being provided in the follow-up upon delivery and again when the mother comes back for postpartum clinic.

b. Current Activities

Current Activities: Counseling on nutrition and family planning are provided for all pregnant mothers attending prenatal clinics during first visit which is a part of the interview during booking/registration for entry into prenatal care. It is also provided in the follow-up upon delivery and again during postpartum.

c. Plan for the Coming Year

2005 Performance Measure: 90%

Planned Activities: The nurses in Public Health will be up grade in skills through in-service in nutrition and family planning to be able to provide better counseling to all pregnant women who come to the prenatal clinics and the health zones. While it is anticipated that counseling on nutrition and will not be provided to all pregnant women in the outer atolls because of the

cultural barriers. Plans are being develop to increase the coverage as much as possible. A protocol was implemented to ensure that pregnant women are counseled on nutrition and famil planning for those referred from the prenatal clinic. Diabetes and hypertension will also be added to the counseling schedule. In addition, counseling will no be primary limited to the first visit.

State Performance Measure 2: The percent of pregnant women who receive prenatal care during the first trimester.

a. Last Year's Accomplishments

This State Performance Measure was discontinued since it depicates a National Performance Measure.

b. Current Activities

This State Performance Measure was discontinued since it duplicates a National Performance Measure.

c. Plan for the Coming Year

This State Performance Measure was discontinued since it duplicates a National Performance Measure.

State Performance Measure 3: Percent of Children under 2 years who have completed basic immunization series.

a. Last Year's Accomplishments

Accomplishment: This Measure was discontinued since it duplicates a National Performance Measure.

b. Current Activities

This State Performance Measure was discontinued since it duplicates a National Performance Measure.

c. Plan for the Coming Year

This State Performance Measure was discontinued since it duplicates a National Performanc Measure.

State Performance Measure 4: Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.

a. Last Year's Accomplishments

Annual Performamce Measure: 25

Accomplishment: This State Performance Measure was met. There were 28 documented activities performed by the Division of Human Services, and the Adolescent Health Program in collaboration with Maternal and Child Health Program for Majuro, Ebeye, and outer atolls.

Compare to the previous years activities, training on health issues including activities on suicide have increased. The Division of Human Services, in collaboration with other programs within the Ministry of Health and with other agencies, organized the training for the service providers on suicide prevention.

b. Current Activities

Current Activities: On-going training and seminar is provided to the community to increase the public awareness on issues on suicide prevention during outreach activities and an health education weekly program continues on a regular basis. The trainings and seminars are being held for the youth groups, in both urban areas and the outer atolls.

c. Plan for the Coming Year

2005 Performance Objective: 30%

Planned Activities: Through the RMI Interagency Council, the MCH/CSHCN will continue to conduct training for community leaders in developing community-based preventive programs on suicide, alcohol and substance abuse prevention, and mental health. Such programs will strengthen the network between the Ministry of Health and other agencies such as the Department of public Safety, Majuro Atoll Local Government, Ministry of Education, Women's Groups, and Churches. Health Education will take the initiative to collaborate with the Human Services Program in community outreach to target youths in the communities.

State Performance Measure 5: The percent of women who exclusively breast feed their infants during first six months and continues for up to two years.

a. Last Year's Accomplishments

Annual Performance Objective: 100%

Accomplishment: Data has indicated that there were a total of 955 live births during fiscal year 2003. Of this number, a total of 923 babies were exclusively breastfed. It is an excellent indication of how much health information was disseminated and acquired by different families concerned. The percent of babies breastfed during fiscal year 2003, 97% of babies were exclusively breastfed which is slightly increased, compare to 2002 which was only 96%. The Ministry of is still in the process to assess data collection on breast feeding practices up to six months taking into account in the infants put up for adoption.

b. Current Activities

Current Activities: Data collection from the Division of Public Health clinics, Division of Human Services (Nutrition Unit), hospitals, and the outer islands. Data collection in collaboration with the zone nurses, well baby and postpartum clinics, both Majuro and Ebeye hospitals staff, and the health assistants based in the outer islands.

c. Plan for the Coming Year

2005 Performance objective: 100

Planned Activities: The Ministry of Health, Nutrition Unit, health education staff in collaboration with the hospitals staff from both Majuro and Ebeye has planned to do a survey to measure the progress of promoting breast milk over baby formulas.

State Performance Measure 6: The proportion of children 0-3 who are identified to need

special health care are referred to the Children with Special Health Care Needs program.

a. Last Year's Accomplishments

Annual Performance Measure: 15%

Accomplishment: All children identified to need special health care in 2003, were all referred to the MCH/CSHCN program. The number of children 0-3 who were identified and referred to the program in FY'03 79 which is less than previous years. This is a good indication that there is an improvement in early identification and referral to receive MCC/CSHCN services. Compare to FY'02, there were 163 children under 21 years old, which 0-3 has been included.

b. Current Activities

Current Activities: Screening for all new born at publi health clinics at six weeks after delivery to identify children with special health care needs. Referral from both Majuro, Ebeye hospitals, community on home deliveries, and the outer islnds to the MCH/CSHCN program on-going.

c. Plan for the Coming Year

2005 Annual Performance Objective: 1

Planned Activities: Develop and implement plans of activities for better data collection on screening to identify children with special health care needs. Continues to implement a data collection using computerized system for better monitoring, evaluation, and planning of future activities for the program.

State Performance Measure 7: The number of women who are screened for cervical cancer.

a. Last Year's Accomplishments

Annual Performance Objective: Increased by 10%

Accomplishment: In 2003, a total of.....pap smears where taken compare to 2002 which was 1,334 were taken. This is an improvement over the past, however, there is still a need to improve the services provided in this area, espically to do follow-up after the pap smears are done. Education on performing self-breast exams is an on going which is taught to women who come for check ups and physical exams.

b. Current Activities

Current Activities: Taking pap smears during the first visit for all pregnant women attending prenatal clinics continues. Providing cancer screening during women's health clinics, and provide cancer screening during outreach visits to the outer islands by the public health teams.

c. Plan for the Coming Year

2005 Performance Objective: Increase by 25%

Planned Activities: The MCH/CSHCN program will review its protocol on cancer screening paticularly on cancer of the uterus and cervix. Pap smear screening will be conducted to its implementation in all public health clinics during outreach clinics and trips to the outer atolls. All necessary supplies will be purchased for the screening. Identified women who will need follow-up will be referred to the zonal for follow-up.

State Performance Measure 8: The proportion of school children between ages 8 and 14

who receive dental services.

a. Last Year's Accomplishments

Annual Performance Objective: 75% of school in urban center

accomplishment: The activity was reestablished toward the end of February for the 2001 school year with the addition of dental staff especially assigned to perform this activity in the schools. The dental staff started the dental services in Majuro for Elementary School grades 1,2,6, and 7 for the sealant program. Therefore, for 2001, the School Dental Health Program was able to examine 1,762 students, 857 received sealants, and 2,588 students with teeth sealed. In comparison to FY 2002, the program services documented 2,526 and 721 received sealants, while 637 extractions and filling of teeth. During the last quarter of 2002, the program services were expanded to include fluoride varnishing to children 1 to 3 years old with a total of 86 given varnishes.

b. Current Activities

Current Activities: Visiting the schools to provide dental screening and services. Provide sealant for the students, and referral and treatment at the Dental Clinics. Educating the students on "Oral Health" issues. Issues are also being discussed during Primary Health Care outreach activities where dental staff is part of the team.

c. Plan for the Coming Year

2005 Annual Performance Measure: 75%

Planned Activities: Expanded to include at least schools on the outer islands for children between ages 8 and 14. Partnership with the Marshall Islands Head Start Oral Program through a Memorandum of Understanding (MOU) between the Ministry of Health and Ministry of Education.

State Performance Measure 9: The percent of high-risk pregnant women who are identified and are referred to special prenatal services.

a. Last Year's Accomplishments

Annual Performance Objective: 40% of pregnant women

Accomplishment: This State Performance Measure was met. A total of 1095 pregnant women were screened, and 136 out of this number were identified as high risk on the 1st visit to the prenatal clinics and were referred to additional prenatal services in collaboration with the hospitals. Improvement is still needed that the number of prenatal clinics have been not only increased from once a week to five days a week, but expansion of hours from 8:30am to 11:00 in the past to 8-11:30 in the morning. This is being done to allow the pregnant women for better access to the MCH clinics.

b. Current Activities

Current Activities: Collaboration of the Health Education and Promotion Unit dissemination of educational materials on issues on MCH for community awareness activities and training. These educational materials, include, leaflets, posters, and booklets. The MCH and Health Education staff collaborate with training of Community Health Councils on activities on health promotion. Nurses are still working closely with the traditional leaders to help in informing women to assess prenatal care during first trimester.

c. Plan for the Coming Year

2005 Annual Performance Objective: 60%

Planned Activities: The MCH/CSHCN program will continue working with the Health Education and Promotion Unit in developing educational materials that are essential for community awareness activities and training. These educational materials will include, posters and brochures, which will be disseminated during community outreach program. Additionally, the Health Education and Promotion Unit staff will utilize health education radio to discuss MCH issues and to develop radio spots. During training with Community Leaders, the MCH and Health Education staff will include plans and activities on health promotion. The nurses will continue to work closely with the traditional leaders to help in informing pregnant women to access early prenatal care in their first 3 months of pregnancy.

State Performance Measure 10: *Increase the number of teenager (15-19) acceptors of modern contraception.*

a. Last Year's Accomplishments

Annual Performance Objective: 20% Accomplishment: This performance was not met. Although, this remains a challenge for the RMI, data has shown some improvement. For FY 2003, the total number of teenager acceptors of modern contraception has increased from 104 (FY 2002) to 168. Family Planning outreach activities still having shortage of staff and that makes it difficult to provide these services. Efforts have been taken to strengthen out the MCH/FP outreach activities with the limited staff with some assistance from the zone nurses. Even with this, the MCH program is in need for additional staff to support the program outreach activities, which includes F/P into the community.

b. Current Activities

Current Activities:

Current Activities: Promoting of family planning on modern contraception, the MCH is working closely with Family Planning, Health Education and Promotion office, the Youth to Youth in Health program. On-going training on family planning issues, including culturally sensitive way of approach the community outreach activities, and traditional leaders.

c. Plan for the Coming Year

Plan for the Coming Year:

2005 Annual Performance Objective: 25%

Planned Activities: Promoting family planning to increase the number of modern contraception users, the MCH program will continue to work closely with Family Planning, Health Education and Promotion office, and the Youth to Youth in Health program. Plan of activities has been developed and coordinate with other public health outreach activities. The developed plan of activities, include an approach in a culturally sensitive way in collaboration with public health staff to assist the MCH program staff in clinical activities and with the help and support of traditional leaders, community outreach activities. RMI is recruiting three MCH nurses with at least A.S Degree in Nursing (2 female and 1 male) to work closely with FP nurses in providing the program a better services delivery throughout the Republic.

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of mothers who receive nutrition and family planning counseling during prenatal care.				
1. In-service training in nutrition and family planning for public health nurses to be able to provide it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Counseling on family planning/nutrition is also being provided during postpartum clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Nutrition counseling is being provided for mothers attending prenatal clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. One person from health education provides counseling on nutrition and family planning for women referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of pregnant women who receive prenatal care during the first trimester.				
1. This State Performance Measure was discontinued since it duplicates a National Performance Measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Percent of Children under 2 years who have completed basic immunization series.				
1. This State Performance Measure was discontinued since it duplicates a National Performance Measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.				
1. Education/Public awareness utilizing a weekly radio program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Seminar in the community, with youth groups on issues concerning suicide prevention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) The percent of women who exclusively breast feed their infants during first six months and continues for up to two years.				
1. Training for Community Health Councils on the Breast Feeding policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The MOH Breast Feeding Committee monitors the activities in the Breast Feeding Policy to implement t	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Utilize the mass media to increase community awareness on breast-feeding and its impact on child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Develop and educational materials on breast feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

6) The proportion of children 0-3 who are identified to need special health care are referred to the Children with Special Health Care Needs program.				
1. Development of screening elementmechanism to identify child with special health care needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monitoring services as stated in the MCH protocol on CSHCN so that these children can be referred to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. On-site re-training for health care providers on issues concerning CSHCN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outreach activities such as home-vistits, zoneal, outer atoll trips screening for CSHCN and refer to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) The number of women who are screened for cervical cancer.				
1. Outreach into the community, espically toward the women of childbearing age to educate them on cervi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Educating the women of childbearing age on imporance of have pap smear annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide pap smear screening, during prenatal 1st vists, outreach trips to the outer islands.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Follow-up of client/women in the zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The proportion of school children between ages 8 and 14 who receive dental services.				
1. Dental services is on going in the schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. School Sealent Program for both public and private schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Health Education is being provided during visiting the schools by dental staff, outreach to the scho	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) The percent of high-risk pregnant women who are identified and are referred to special prenatal services.				
1. Screen/Identify of any high risk pregnant women during the 1st visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Public Awarenesses mainly to focus on women of childbearing age on importance of early prenatal care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) Increase the number of teenager (15-19) acceptors of modern contraception.				
1. Lecture on family planning issues is being provided during outreach to the schools, prenatal clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Health Educating Radio Program on a weekly basis on issues in health, including family planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Seminar for the youth groups, women's groups, church groups and the community leaders on family plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

The MCH/CSHCN Program is already a program a program area within Public Health. The nurses and medical staff in Public Health provide other preventive services in STD, family planning, non-communicable diseases, immunization, TB and leprosy as well. The MCH coordinator is member of the MOHE Core Committee which coordinate all community awareness activities. The MCH program is also a member of the RMI Interagency Council meets regularly to ensure continuous services is provided to all CSHCN, both in school and those who are not. The Breast Feeding Policy Committee also actively work closely with the MCH program and services in community awareness activities on nutrition and breast-feeding. The MCH program will participate fully in all community awareness and training programs preventive services to women, children, infants, youths and their families.

F. TECHNICAL ASSISTANCE

The MCH/CSHCN program will need TA in the areas specified in the the Form 15. There are weakness in the area of Needs Assessment, Data System Development and performance Indicators. TA is also essential in the evaluation for the CSHCN to ensure services provided and mechanisms for screening are implemented.

V. BUDGET NARRATIVE

A. EXPENDITURES

FY 2000, the RMI spent 100% of its MCH funds. Fifty percent of the total grant award is for personnel. Of the total funds for non-personnel, the RMI spent 25% on direct health care, 11% on enabling services and 4% on infrastructure building services. The allocation of the administrative cost utilized 10% of its allocation. In FY 2001, the Ministry has been authorized to manage its own budget rather than the Ministry of Finance. This will enable the MOH to better allocate and plan our services more efficiently.

FY 2002, the RMI spent 100% of its MCH funds. Forty five percent of the total grant award is for personnel. Of the total funds for non-personnel, the RMI spent 25% on direct health care, 12% on enabling services and 6% on infrastructure building services. The allocation of the administration cost utilized 10% of its allocation. During FY 2003, the RMI spent 100% of its MCH funds. Forty five percent of the total grant award is for personnel. Of the total funds for non-personnel, the RMI spent 25% on direct health care, 12% in enabling services and 6% on infrastructure building services. The allocation of the administration cost utilized 10% of its allocation.

B. BUDGET

Annual Budget and Budget Justification: The Block Grant funds will be used to provide and coordinate routine preventive and primary health care for mothers, infants, and children. The scope of these services includes prenatal care, including special high risk prenatal clinics; postpartum care; well baby care, including immunization; high risk pediatric clinics; school health programs; coordination of family planning services; and provision or coordination of care for children with special health care needs.

To identify children with special health care needs, initial screening of children will be performed by public health nurses at the Majuro and Ebeye Hospitals and by health assistants at the outer island dispensaries.

The Title V funding will be used to support the short term services of specialized consultants to work with children identified as having special health care needs. The specialist will be brought to the Marshall Islands to perform surgery on such children, that may include, plastic surgery and pediatric cardiology (these services are not available on island). The program will also arrange and pay for those children with special health care needs that may need to refer overseas for further medical care that are not available on island (the program pay plane tickets and stipend while receiving medical care off islands for 2 weeks only, otherwise, the RMI Government will carry on the stay will require beyond two weeks).

Administrative Costs:

The RMI Government of has chosen to combine the administrative costs for all components of the project into a single comprehensive category for administering the block grant funds. For the past decade, the RMI Government has consistently applied this approach to the administrative costs associated with the Maternal and Child Health Block Grant projects.

- A. Personnel \$ -0-
- B. Fringe Benefits \$ -0-
- C. Travel \$ 15,000
- D. Equipment \$ -0-
- E. Supplies \$ 4,000
- F. Contractual Services \$ 3,000
- G. Other \$ 2,208

A breakdown of the MCHB is provided here according to the three component of the grant Budget justification follows under.

Component A: Pregnant Women, Mothers and Infants \$189,000

- A. Personnel \$ 69,168
- B. Fringe benefits \$ 5,580
- C. Travel \$ 16,000
- D. Equipments \$ 46,000
- E. Supplies \$ 52,000

Component B: Children & Adolescents \$ 141,811

- A. Personnel \$ 54,125
- B. Fringe benefits \$ 4,330
- C. Travel \$ 25,000
- D. Equipment \$ 10,000
- E. Supplies \$ 19,900
- F. Contractual Serv. \$ 7,000
- G. Others \$ 3,000

Component C: Children with Special Health Care Needs \$ 73,574

- A. Personnel \$ 14,700
- B. Fringe Benefits \$ 1,176
- C. Travel \$ 33,677
- D. Equipment \$ 7,600
- E. Supplies \$ 9,521
- F. Contractual \$ 6,900

Administrative Cost \$ 25,249

MCH Budget(State Federal Allocation) \$242,082

MCH Budget(Federal and State Block Grant Partnership) \$441,867

Total budget for FY 2005 \$1,614,891

3.1.1 Completion of Budget Forms

Detailed budget breakdowns are found in Forms 2,3,4,and 5

3.1.2 Other Requirements

For the FY 2003 budget, 48% is for salaries of personnel who provided direct services for the MCH/CSHCN program. There are 7 personnel under the MCH/CSHCN program. However, other health personnel in Public Health also provided direct health care services to the MCH population as well.

Although travel costs allocated account for 19% of the total budget for FY 2001, this allocation support the goals of the Ministry to improve preventive and primary health care services for the targeted outer islands population in MCH. Traveling within the Marshall Islands is necessary for personnel to provide health care services in support of the health assistants in the health centers. Furthermore, the identified CSHCN will need to travel to and from their own islands to the urban center for follow-up and further treatment and follow-up to Honolulu Shriners' Hospital for Children if necessary.

State Match

The total for the MCHBG application for FY 2005 is \$252,495. This amount is based on the Marshall Islands' FY 1989 Maintenance of Effort Amount of 175,745. The State Match for the MCH grant application is \$189,372.

Documentation of Fiscal Restrictions

The Republic of the Marshall Islands assures the Secretary of Health and Human Services that no more than 10% of the Title V funds will be used for administrative cost for the MCH Block Grant. The total amount will be used by the MOH Administration to: 1) attend meetings that are conducted by the MCHB and other agencies with regards to the MCH Programs and Services, 2) purchase supplies that are needed for administrative support of the MCH services such as office supplies, stamps, and other means to support communication between the funding agencies and the MOH, and 3) contractual services that are needed for the regular maintenance of office equipment used by the MOH Administration.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.