



Republic of the Marshall Islands

Ministry of Health

3 YEAR ROLLING STRATEGIC PLAN

OCTOBER 2017- SEPTEMBER 2019

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JOINT MESSAGE FROM THE MINISTER OF HEALTH & SECRETARY OF HEALTH



Honorable Kalani Kaneko
Minister of Health



Dr. Kennar Briand
Interim Secretary of Health

The Ministry of Health has reinvented its old traditional planning process of a static five-year plan in the MOH 15-Year Strategic Plan that was reviewed and updated once. In its place, we have created a dynamic three year rolling plan that constantly looks three years into the future, and now each year we expect to update the plan thereby always looking three years ahead. This gives us the flexibility to adjust our policies and programs as new information or technology becomes available, or as circumstances in the Republic change, that translates into improved services for the people of the Republic of the Marshall Islands.

This plan further supports the Ministry's theme that ***Kumiti Ejmour or Health is a Shared Responsibility***. We are all Marshallese who live the "kumit" lifestyle, which shows supporting one another in every effort to improve health, education, lifestyles for Marshallese people for now and in the years to come. Improving lives, health and education is a shared responsibility and a health *kumiti* lifestyle for all.

Further, the RMI Ministry of Health 3-Year Rolling Plan 2017-2019 has been aligned with the RMI Government's priorities for health, "Health Islands" (HI) Vision of the Pacific, Pacific Island Health Officers Association (PIHOA) NCD Declaration, & the United Nation Sustainable Development Goals (SDG).

With this developed plan, we seek support from the community and our global partners for a successful implementation. As such, the Ministry of Health hopes that every stakeholder and MOH partners will create effective course of actions that will protect the wellbeing of individuals and communities in the RMI.

We extend our sincere appreciation to our local partners and stakeholders in the RMI, our regional and international partners and to the RMI Government for your continued support to the Ministry of Health.

Kommol Tata

OUR VISION

To reaffirm the commitment to facilitate the concept of healthy islands and health promotion and protection where

- *Children are nurtured in body and mind;*
- *Environments invite learning and leisure;*
- *People work and age with dignity;*
- *Ecological balance is a source of pride; and*
- *The ocean is protected to sustain our needs*

DEVELOPMENT MISSION

To strengthen the commitment on healthy islands concept in implementing health promotion to protect and promote healthy lifestyles to improve the lives of the people through primary health, and to build the capacity of Ministry of Health, communities, families and partners to actively participate and coordinate preventive services programs and activities as the core resources in primary health care services.

OVERVIEW

The Constitution of the Republic of the Marshall Islands has designated the Ministry of Health as the “State” health agency. It is the only authorized agency that provides health care services to the people of the Marshall Islands.

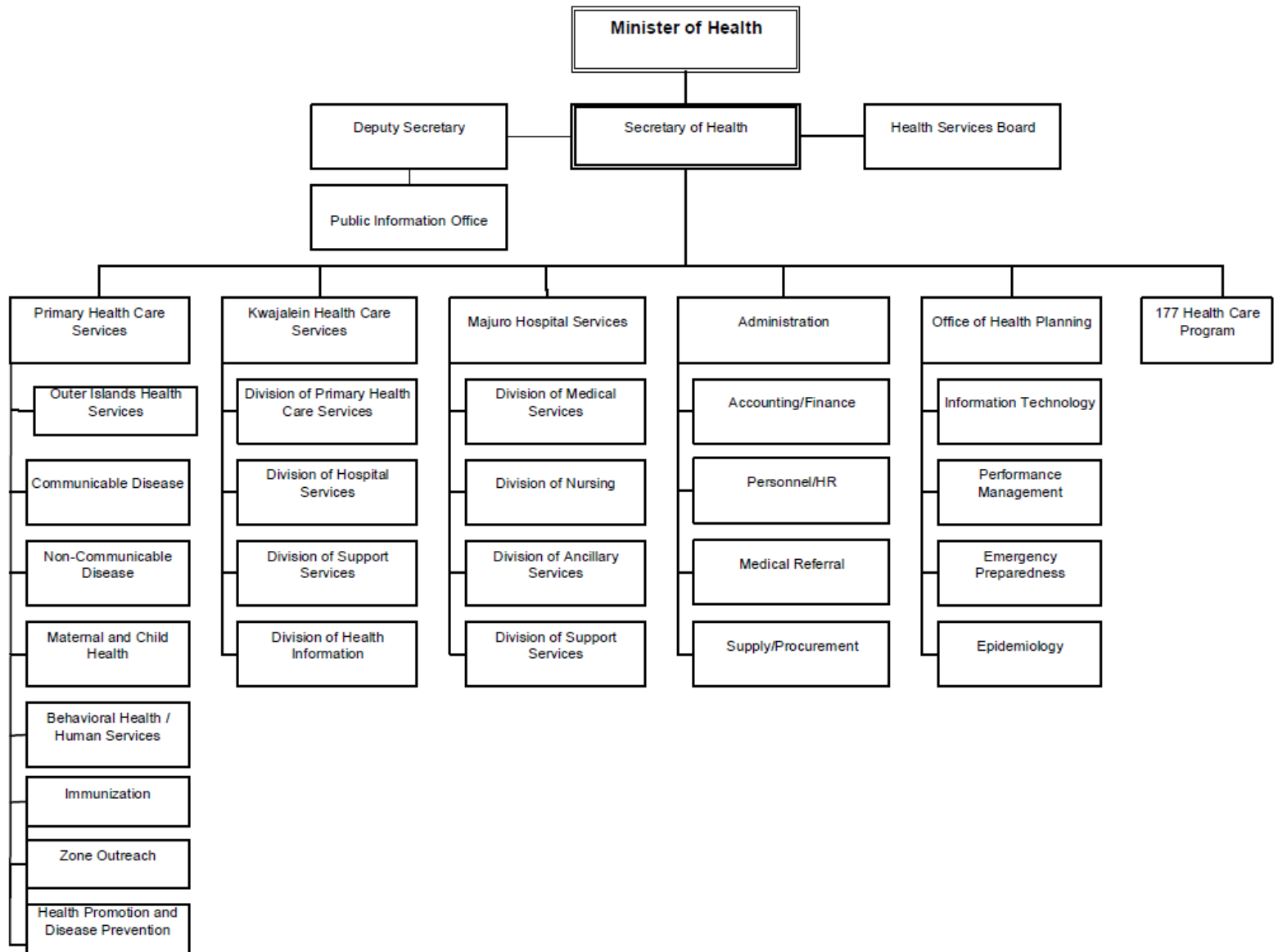
The Ministry of Health has three bureaus providing direct health care service:

- Bureau of Primary Health Care Services (Outcome 1)
- Bureau of Majuro Hospital Health Care Services (Outcome 2)
- Bureau of Kwajalein Atoll Health Care Services (Outcome 3)
- Office of Administration, Personnel and Finance (Outcome 4)
- Office of Policy and Program Development/Planning and Statistics (Outcome 5)
- 177 Program (Outcome 6)

This is detailed in the MOH reorganization plan that went into effect April 12th, 2016. This reorganization reflects a change in approach emphasizing preventative Health Care Services.

REVISED ORGANIZATIONAL CHART

REPUBLIC OF THE MARSHALL ISLANDS MINISTRY OF HEALTH



CURRENT SITUATION

In 1986 the RMI Government adopted the concept of Primary Health Care declared by the WHO in 1978. The Bureau of Primary Health Care was established to target the strengthening of preventive programs/services at the community level. The bureau is renamed the Bureau of Primary Health Care Services.

MOH works in conjunction with the Community Health Councils (CHC) in the outer islands. The system requires community participation in health care and ensures that the community beyond the urban centers are involved and included in the provision of health care services.

The health care system is comprised of two hospitals, one in Majuro and one in Ebeye and fifty six (56) health care centers in the outer atolls and islands. Both hospitals provide primary and secondary care, but limited tertiary care. Patients who need tertiary care are referred to Honolulu or the Philippines.

Health centers in the outer islands are the focus for preventative, promotive and essential clinical care services. All health care centers are permanently staffed by full time Health Assistants who provide health services and work with the Community Health Councils to promote and foster the concept of shared responsibility for health.

In working into the future, the Ministry takes into account the national Goals and Objectives as stated in the Vision 2018 Strategic Development Plan Framework, 2003-2018 with a firm commitment to ensuring the preservation of the culture and heritage of the RMI are aligned to these overall national goals. These goals are summarized below:

Goal 1: Operating in an independent world

Goal 2: Enhanced Socio-Economic Self- Reliance

Goal 3: An Educated people

Goal 4: A Healthy People

Goal 5: A Productive People

Goal 6: Law-abiding People

Goal 7: God-loving People

Goal 8: Respecting Individual Freedom and Fundamental Human Rights

Goal 9: Respecting Culture and Traditions

Goal 10: Environmental Sustainability

MINISTRY OF HEALTH STRATEGIC DIRECTION FY2017-2019

This National Strategic Plan (2017-2019) is a three year overarching revolving plan that replaces a five and MOH 15-Year Strategic Plan. In the process of developing this plan, certain critical stages of important activities were undertaken. It demonstrates the Ministry's Vision, Values encompassing "Kumiti Ejmour" approach to health.

The first stage was to review the immediate and current years' plans in order to ascertain the level of achievement to date. This review was carried out in two parts which involved a review of all necessary documentation, such as the Acts directly associated with or impacting on the Ministry as well as interviewing key personnel within the Ministry. These interviews and the review of documentation formed the basis for the final analytical review of the last and current years' plans.

The Strategic Plan development took into account a few important factors. Those unaccomplished activities of the previous year's plan deemed appropriate for continuation were carried over into the new Plan, and those responsibilities as outlined in the Act specifically for Health that, had somehow been forgotten over the years, needed to be addressed. It also serves as platform for a program collaboration in alignment with the national, regional and international political commitments such as the UN Sustainable Development Goals (SDG's), Health Islands Vision for the Pacific, Pacific Island Health Officers Association (PIHOA) Health Commitments, and others.

While the Policy statements outlined in this plan are directly derived from the various program consultations they are complimentary with the policy frameworks of the Health Act setting up most of the divisions of the Ministry.

The plan is organized according to the six Key Outcome Areas:

- *Key Outcome Area 1: Bureau of Primary Health Care Services*
- *Key Outcome Area 2: Majuro Hospital Services*
- *Key Outcome Area 3: Kwajalein Health Care Services*
- *Key Outcome Area 4: Bureau of Administration*
- *Key Outcome Area 5: Office of Health Planning, Policy & Statistics*
- *Key Outcome Area 6: 177 Health Care Program*

Further, this 3 year rolling plan is set out covering the following delivery of health service areas:

- *Policy statements*
- *The Objectives are derived from the recurring, specific themes*
- *The Outcomes are measurable results of implementing actions*
- *Implementing Actions are strategies for addressing objectives and reaching the stated outcome*

LINKAGE OF OUTCOMES WITH SUSTAINABLE DEVELOPMENT GOALS

Key Area	Targeted Outcome (Goal/Policy Objective-SDG)	Outcome Performance Indicators or Measures (Key Performance Indicators - SDG)	Ministry of Health and Medical Services Outputs
Demographic Indicator	Health Island (HI)	Life expectancy at birth, for males and females	Males : 71.3 Females: 72.5 Source (RMI Household Survey 2011)
	Health Island (HI), Sustainable Developmental Goal (SDG)	Infant mortality (or neonatal mortality) rate per 1000 live births	IMR : 11 per 1,000 live births (Vital Statistics Office)
	HI, SDG	Early child (under 5 years old) mortality rate per 1000 live births	30 per 1,000 live births (Vital Statistics Office)
	HI, SDG	Maternal mortality ratio per 100,000 live births	0 (Vital Statistics Office)
Disease Case Mix Indicators	HI	Top ten causes of death	<ol style="list-style-type: none"> 1 DM 98 2 Cardiovascular disease 25 3 CANCER 20 4 Pneumonia 19 5 drowning 13 6 Hepatitis B 13 7 Accident/injury 10 8 Suicide 8 8 TB 8 9 Cerebrovascular disease 7 10 GI Bleeding 4
	HI	Top ten diagnoses, hospitalized patients	
	HI	Top ten diagnoses, outpatient clinics	
NCD	HI, SDG	30 day tobacco smoking prevalence, High school youth	2012 Youth <18 : Male – 10%, Female – 1.5%, Total – 6.0% Source: RMI Individual Survey, 2010, 2012 , published RMI Behavioral Health 2012 Epidemiological Profile

		30 day alcohol use prevalence, High school youth	2012 Youth <18 : Male – 15.6%, Female – 3.5%, Total – 9.6% Source: RMI Individual Survey, 2010, 2012 , published RMI Behavioral Health 2012 Epidemiological Profile
	HI	Overweight + obesity prevalence, High school youth	2011 Male – 19.2%, Female – 21.2%, Total – 6.0% Source: RMI Individual Survey, 2010, 2012 , published RMI Behavioral Health 2012 Epidemiological Profile
	SDG	Mortality rate, cancer (adults, 30-69 years of age)	77 per 100,000 population Vital Statistics Office
	SDG	Mortality rate, diabetes (adults, 30-69 years of age)	419 per 100,000 population Vital Statistics Office
	SDG	Mortality rate, chronic lung disease (adults, 30-69 years of age)	6 per 100,000 population Vital Statistics Office
	SDG	Suicide mortality rate/100,000/year	15 per 100,000 population Vital Statistics Office
Tuberculosis and Leprosy	HI, SDG	Tuberculosis incidence/1000/year	2 per 1,000 population Source: TB Statistics Proforma Report
	MDG	Tuberculosis treatment success rate under DOTS for a) multi-drug resistant, b) all cases	a. MDR: b. All Cases: 81% (cases of 2014)
	SDG	Leprosy incidence/10,000/year	10 per 10m,000 population Source: RMI HANSEN'S DISEASE PROGRAM ANNUAL REPORT
	HI, SDG	Leprosy treatment success rate	60% Source: RMI HANSEN'S DISEASE PROGRAM ANNUAL REPORT
MCH	SDG	Immunization completeness (19-35 month old children)	DTAP 4: 62%, HepB3 : 78%, Hib1 : 93%, IPV3: 75%, MMR1 : 74% Fully Immunized: 59% Source: National Immunization Program
	HI, SDG	Contraceptive prevalence rate proportion (women 15-44 years)	16% Source: Family Planning Program
	HI, SDG	Teen birth rate per 1000 females in age group (10-14; 15-19)	10-14 years old – 0 per 1,000 female population

			15-19 years old – 58 per 1,000 female population 10-19 years old – 26 per 1,000 female population Source: Vital Statistics Office
	HI, SDG	Proportion of births attended by skilled personnel	99% Source: Vital Statistics Office
Sexually Transmitted Infections & Reproductive Health	SDG	Incidence of new HIV infections/year/1000 population and # of people living with HIV in RMI	0 Source: STD/HIV Program
		Syphilis prevalence among pregnant women (MOH/Prenatal records)	
		Gonorrhea prevalence among pregnant women (MOH/Prenatal records)	
		Chlamydia prevalence among pregnant women (MOH/Prenatal records)	
		Active Hepatitis B prevalence among pregnant women	
		% HPV Coverage of target population	
Child Nutrition	HI, SDG	Prevalence of underweight in children (at 5 years of age)	
	HI	Prevalence of overweight in children (at 5 years of age)	
Expenditures	HI	Per capita health expenditures	
	HI, SDG	Physician to population ratio and nurse to population ratio	
	HI, SDG	Budget and end-of-year utilization % (“burn rates”) for each of the following categories: Health Care Fund, Health Care Revenue Fund, Compact, Other Grants	
Referrals		Number of within-RMI referrals, cost of these referrals, top 5 referral diagnoses	
		Number of International referrals, cost and top 5 referral diagnosis	
Administrati on		Vendor payment turnaround time	
	SDG	Inventory: % items on essential list in stock	

		?need indicators for patient satisfaction, ?staff attendance	
		<u>Only If decision is made to implement:</u> QA program in Ebeye and Majuro Hospital (completeness of program coverage and summary quality score(s))	

KEY OUTCOME AREA 1: BUREAU OF PRIMARY HEALTH CARE SERVICES

Goal: Preventative and public health services will be efficiently maximized through a healthy islands lifestyle concept and with essential medical and administrative functions to ensure that the health and life span of various individuals, families and communities are enhanced.

The Bureau of Preventative and Public Health includes the following departments:

- *Outer Island Health Services*
- *Communicable Diseases*
- *Non-Communicable Diseases*
- *Maternal Child Health*
- *Immunization*
- *Behavioral Health*
- *Health Promotions*
- *Zone Health/Community Outreach*
- *Administration*

OUTPUT 1.1: OUTER ISLAND HEALTH SERVICES

Output 1.1 Secure high quality health care in the Outer Islands

Output 1.1.1: Outer Island Health Care Services

Objectives	Implementing Actions	Indicators	Responsible Staff/Agency	Time Frame
<i>Secure high quality health care in the Outer Islands</i>	MANAGEMENT <ol style="list-style-type: none"> 1. Replace 4 retired Health Assistants 2. Improve communication structure that allows collaborative communications amongst MoH EOC, National EOC, and outer island Health Dispensaries in pre, during, and post emergencies through establishment of 10 additional DAMA centers 3. Coordinate with all Primary Health Programs to schedule monthly comprehensive mobile medical missions 	<ul style="list-style-type: none"> ▪ New health perspective of health services provided (1) ▪ Communication and health surveillance improved (2, 11) 	<ul style="list-style-type: none"> ▪ OIDS Director ▪ OIDS Clinical Advisor ▪ PH Medical Director 	2017-2019

	<ol style="list-style-type: none"> Develop outer island behavioral health prevention, treatment and training Develop a standard Outer Island Health Care Services Standard of Operations Coordinate with Mayor's Office to improve mobile mission communication services Seek technical assistance from international donors to establish a strategic plan specially on Outer Island Health Care Services <p>TRAINING</p> <ol style="list-style-type: none"> Conduct training on the following programs <ul style="list-style-type: none"> Package of Essential NCD's (PEN) Communicable Diseases Environmental Health Diseases Establish Health Assistant training from FNU to provide 18-month intensive training for 10 health assistants Develop a training plan for all Health Assistants Provide basic Data Collection and reporting all Health Assistants <p>PATIENT CARE</p> <ol style="list-style-type: none"> Improve and or renovate warehouse to ensure quality control of Outer Island Stock Ensure all health centers are fully equipped with proper equipment's and supplies 	<ul style="list-style-type: none"> Program service delivery improved (3,4,5,6,7, 13) Outer Island referrals reduced (8) Quality of medical supplies, equipment maintained (12) Health Assistant medical competency increased (9,10) 		
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OUTPUT 1.2: COMMUNICABLE DISEASES

Output 1.2 Achieve universal access to high-quality care for all people with communicable diseases

Output 1.2.1: Tuberculosis (TB)

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To reduce the burden of TB in RMI and to achieve major progress in the research and development needed for TB elimination</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Engage with CDC/WHO on executing Mass TB Screening (Phase one in Ebeye) Continue to document patient data in the harmonized TB patient register Strengthen the linkage between the TB Program and the services performed at the hospital in terms of identifying the cross cutting issues pertaining to TB management Ensure successful TB shipments to reference laboratory. Document increase the number of MTB positive specimens Continue to maintain and document patient data in the harmonized TB patient register Continue to increase the number of TB cases that are in line with CDC counting criteria and who are reported using the RVCT forms. Continue to document patient data in the harmonized TB patient register. Sustain and maintain quarterly case reviews and indicator analysis Continue to maintain and document patient data in the harmonized TB laboratory register <p>TRAINING</p> <ol style="list-style-type: none"> Continue to increase the number of smear tests that are reported to the ordering clinician within 24 hours of receipt in the laboratory. 	<ul style="list-style-type: none"> Infectious cases among adults across the islands is reduced Completion of Therapy for Active Cases (2,3,4, 14-21) Culture positive for drug susceptibility are tested (3,4, 22) Comprehensive Screenings of TB cases are completed (1,5, 23,34) Surveillance and Reporting of TB 	<ul style="list-style-type: none"> TB Program Manager GF/PCSI Coordinator TB Clinical Advisor PH Director 	2017-2019

	<p>12. Continue to maintain the required AFB-smear microscopy supplies in stock for a total of 6 months.</p> <p>13. Continue to assess the concordance of positive smear results with reference laboratory.</p> <p>14. Continue to maintain and document patient data in the harmonized TB laboratory register.</p> <p>PATIENT CARE</p> <p>15. Continue to increase the number of new pulmonary tuberculosis (NPTB) suspects who have 3 initial sputums collected as consecutively as possible.</p> <p>16. Continue to increase the number of NPTB cases with at least 1 sputum collected by the end of initial treatment phase</p> <p>17. Continue to increase the number of NPTB cases who are AFRB smear positive at initial diagnosis with at least one sputum collected at the end of continuation treatment (CP) phase.</p> <p>18. Continue to increase the number of NTB cases who convert MTB culture from positive to negative.</p> <p>19. Continue to decrease the number of MDR-TB drug resistance TB cases.</p> <p>20. Continue to increase the number of new AFB smear positive cases who received all treatment using direct observation therapy (DOT)</p> <p>21. Continue to increase the number of TB cases who start and complete treatment in population center.</p> <p>22. Continue to increase the number of TB AFB smear positive cases who completed treatment and cured in population centers.</p> <p>23. Ensure that MTB culture positive cases receive drug susceptibility results</p> <p>24. Continue to increase and monitor the number of TB cases ages 15-60 years who received a test for HIV/STD</p> <p>25. Continue to increase and monitor the number of TB cases ages 15-60 years who received a test for Diabetes</p> <p>26. Continue to increase the number of smear tests that are reported to the ordering clinician within 24 hours of receipt in the laboratory.</p> <p>27. Continue to maintain the required AFB-smear microscopy supplies in stock for a total of 6 months.</p> <p>28. Continue to assess the concordance of positive smear results with reference laboratory.</p>	<p>cases are entered into the National Surveillance System (6, 7,8)</p> <ul style="list-style-type: none"> Local AFB-Smear Microscopy TB suspects and cases have received AFB smear microscope testing (9, 25,26,27) National TB program, laboratory and clinical, as well as nursing and hospital staff, are trained on the core activities of TB program management, laboratory activities, and clinical management (10,11,12,13) 		
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Output 1.2.2: HIV/STI

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To establish a coordinated national response against TB, HIV and STIs that promotes sexual and reproductive health, encourages respect amongst all individuals, families & the community, & acknowledges the strength of culture.	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Continue of HIV/STI prevention in the following areas: <ol style="list-style-type: none"> Parents' HIV awareness program. Media involvement in education. Workplace HIV and STI education School education Community education focusing on young people. Conduct quality assurance on laboratory procedures. Develop bilingual blood bank screening form. Continue procurement of HIV and STIs drugs and other related supplies. Continue collection of blood specimen and shipment. Strengthen surveillance of HIV, STIs, and behaviors by improving systems for data collection and disseminate surveillance results to partners Conduct health promotion campaigns to make it easier to talk about HIV, STIs and sexual health in schools, workplaces and families. Continue to support National Advisory Committee on HIV/STI and TB <p>TRAINING</p> <ol style="list-style-type: none"> Provide training in basic HIV knowledge, counseling expertise and referral for staff in community organizations, churches and schools Increase in number of certified VCCT counselors working in community settings and schools. 	<ul style="list-style-type: none"> Increased availability of HIV and STIs and sexual health education (1) Increased in voluntary counseling and testing (9,10,11,12) Provided a safe blood supply (2,3,15,16) Maintained good governance. (8) Maintained quality diagnosis and treatment for 	<ul style="list-style-type: none"> HIV/STI Coordinator PSCI/Global Fund Coordinator HIV/STI Clinical Advisor 	2017-2019

	11. Increase in number of Marshall Islands Counselors' Association members who are certified VCCT counselors. 12. Establish certified VCCT centers. PATIENT CARE 13. Conduct community awareness to explain the need for confidentiality. 14. Continue to maintain zero vertical transmission of HIV by applying the followings: <ul style="list-style-type: none"> - Test all ANC patients for HIV and other STIs. - Provide ART treatment to eligible HIV infected ANC mothers. - Screen all infants born to HIV infected mothers for HIV. 15. Ensure accurate screening of donated blood, using donor interviews and serological screening. 16. Encourage voluntary blood donations from the community. 17. Maintain care and support for people living with and affected by HIV through utilization of health promotion activities, number of health workers for support services, establishing CoC, and providing home delivered meals to PLWHIV. 18. Continue to increase and monitor number of co-infection cases received test for HIV/TB and maintain documentation of HIV/TB patient register. 19. Provide comprehensive diagnosis and treatment of STIs by screening and testing populations at risk for STIs and treating them.	people living with HIV. (4,5) <ul style="list-style-type: none"> ▪ Maintained care and support for people living with and affected by HIV (17) ▪ Strengthened social and moral support (7,13) ▪ Maintained zero vertical transmission of HIV (14) ▪ All co-infection of HIV and TB cases received treatment (18) ▪ Improved comprehensive diagnosis and treatment of STIs (19) ▪ Improved surveillance of HIV, STIs and behaviors (6) 		
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Output 1.2.3: Leprosy & Filarisis

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To provide high-quality services for all persons affected by Leprosy & Filarisis	MANAGEMENT 14. Strengthen leprosy screening efforts in the Outer Islands including 177 Program to ensure all newly diagnosed patients are being reported to the National Leprosy Program (NLP) 15. Create clear guidelines regarding diagnose and treatment of leprosy 16. Educate the political leadership of the current impact of leprosy in the RMI TRAINING 17. Conduct periodic training on Leprosy to reinforce the knowledge and skill to all Health Assistants to be able to diagnose and early treatment 18. Provide training on recognition and management of complications for the following <ul style="list-style-type: none"> - <i>referral for care of complications, when necessary</i> - <i>correct handling of suspected relapses</i> - <i>prevention of disability and self-care (including acceptably designed footwear) for those with nerve damage involvement in MOH rehabilitation Program</i> - <i>referral for specialist rehabilitation interventions, if indicated.</i> 	<ul style="list-style-type: none"> ▪ Numbers of patients being screened (1, 2) ▪ Collaborative results of screening from each bureau that are documented (1,2) ▪ Numbers of patient being seen and treated (1,2) ▪ Numbers of politicians participated in "World Leprosy Day" 	<ul style="list-style-type: none"> ▪ Program Coordinator ▪ Clinical Advisor ▪ PH Director 	2017-2019

	PATIENT CARE <ol style="list-style-type: none"> Timely diagnosis at peripheral health facilities – simple cases with anesthetic patches, both paucibacillary and multibacillary Referral of other suspected cases for further examination Continue provide effective counselling and IEC for patients and family members Continue routine counselling, defaulter retrieval and follow-up Continue to review the records and by counseling of the contacts Intensify early detection to prevent disabilities in all patients Strengthen early treatment with MDT to stop multiply of <i>Mycobacterium leprae</i> Enhance collaboration with the schools, civil societies, faith based organizations in the efforts to educate the public, augment of early detection and intensify the early treatment Newly detected have to be put under MDT which continues for next 6 months in case of PB Ensure the 12 months of treatment for MB leprosy must be completed within 18 months Ensure MDT drugs are being administered effectively and reaching their intended beneficiaries 	<ul style="list-style-type: none"> Community aware/understanding self-reporting (5,6) Outer Island Health Assistants Competency increased (4) Patient management sustained (5,7) Patient compliance & treatment completion rate is managed (9, 14, 15) Early Leprosy detection/screened (10, 13) New cases with grade 2 disability (11) Quality of Leprosy management is assured (12) Patients referred to treatment center (14) Drug supply and management maintained (16) 		
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OUTPUT 1.3: NON-COMMUNICABLE DISEASES

Output 1.3 Provide integrated NCD services along with the tools and support that people need to manage their health

Output 1.3.1: Diabetes & Tobacco including Nutrition

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To prevent, maintain, and manage Diabetes and</i>	MANAGEMENT <ol style="list-style-type: none"> Conduct survey of existing local and jurisdiction-wide tobacco related policies and laws and establish a monitoring system to capture the 	<ul style="list-style-type: none"> Conducted surveillance and monitor the enactment of 	<ul style="list-style-type: none"> Program Manager Diabetes/Tobacco Staff 	2017-2019

<p><i>tobacco-related diseases.</i></p>	<p>enactment of new tobacco related policies and laws.</p> <ol style="list-style-type: none"> Increase the number of health care providers/systems that fully integrate tobacco use treatment into the clinical and community health workflow. Conduct diabetes specific surveillance such as BRFSS, STEPS, CDEMS, or other as appropriate. Create or sustain a team approach for diabetes prevention and management based on an evidence-based model. Increase implementation of quality improvement processes in health systems to improve diabetes care. Develop a health campaign (plan and materials) for restaurants and supermarkets using best practices. Implement the campaign plan to ensure actions are done to prevent and minimize non-communicable diseases. Educate healthcare professionals, allied health workers and public of the need for tobacco and smoke free environments throughout the community including comprehensive 100% tobacco-free health care facilities, schools and community events. <p>TRAINING</p> <ol style="list-style-type: none"> Provide support for educating and informing policy makers and the public about the benefits of physical activity for preventing and controlling diabetes and related complications. Offer workshops or other training/TA opportunities on using CDEMS (or other registries) for continuous quality improvement. <p>PATIENT CARE</p> <ol style="list-style-type: none"> Implement hard hitting health communication/media campaigns that increase awareness of the dangers of tobacco use promote quitting and change social norms related to tobacco use. Increase community outreach for blood pressure and blood glucose management and referral (i.e., worksite, church, and other traditional gathering places/functions). Promote and expand the operation and reach of local farmers and expand operation and reach of local Farmers' Markets in communities. Promote a tobacco-free/smoke free community environment. 	<p>policies and laws related to tobacco control. (1)</p> <ul style="list-style-type: none"> Conduct surveillance and monitor the enactment of policies and practices related to diabetes and associated risk factors. (3,5) Completed workshops or other training/TA opportunities on using CDEMS (or other registries) for continuous quality improvement. (10) Communications/products to promote efforts of the collaborative to policy makers and the public increased (9,13) Increased access to healthy food, and beverages, and community based physical activities (9,13) Health care providers and health care systems following the Public Health Services (PHS) guidelines for treating tobacco dependence increased. (2) Increased implementation of quality improvement processes in health systems to improve diabetes care. (4) Increased number or proportion of schools or school districts that support cessation interventions for students and staff who use tobacco. (8,14) Increased perceived compliance with tobacco-free policies in schools (8,14) Increased number or proportion of schools or school districts with policies that regulate display of tobacco industry promotional items (8,14) Decreased extent of tobacco industry sponsorship of public and private events. (8,14) 	<ul style="list-style-type: none"> Health Promotion staff Clinical Advisor 	
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		<ul style="list-style-type: none"> ▪ Increased number and proportion of community events that prohibit the use of tobacco products.(8,14) ▪ Increased number of 24/7 100% tobacco free health care facilities. (8,14) ▪ Increased number of health care facilities that provide evidence-based cessation services to patients and staff (8) ▪ Increased level of confirmed awareness of anti-tobacco messages. (11) ▪ Increased awareness and knowledge of the dangers of tobacco use. ▪ Increased calls to jurisdiction-based Quitline. (11) ▪ Increased use of evidence-based cessation services within the jurisdiction. (11) ▪ Increased support to decrease young people's access to tobacco. (11) ▪ Increased awareness among parents about the importance of discussion tobacco use with their children. (11) ▪ Increased community outreach events for blood pressure and blood glucose management and referral (12) ▪ Utilization of healthy local food in restaurants, supermarkets, and at homes has increased. (13) ▪ Percentage in NCD – related cases reduced. (13) 		
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Output 1.3.2: Cancer Program

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To reduce the incidence of cancer through primary prevention</i>	MANAGEMENT <ol style="list-style-type: none"> 1. Discuss subK process, scope and details with the 3 Coalitions 2. Draft and finalize subKs 3. Process subKs through the MOH 4. Monitor and evaluate ECC and CSG scope of work or activities. 	<ul style="list-style-type: none"> ▪ Coalition subcontracts to increased (1,2,3,4) ▪ Number of Media Plans increased (5,6,7) ▪ By 6/29/2016, increase the number of Coalition 	<ul style="list-style-type: none"> ▪ Cancer Program Manager ▪ Cancer Clinical Advisor ▪ PH Medical Director 	2017-2019

	<p>5. Conduct media assessment (Majuro, Ebeye and Outer Islands).</p> <p>6. Convene MEDIA PLAN meeting to review assessment findings and draft plan.</p> <p>7. Convene meeting with RCC to finalize and approve RMI Media Plan. To be incorporated in Years 4-5 Work plans</p> <p>8. Continue to engage ETG and coalitions in drafting an assessment plan.</p> <p>9. Conduct assessment activities</p> <p>10. Analyze data and draft report</p> <p>11. Respond to RCCC requests for pre-work prior to semi-annual CCPI meetings (At least 2 pre-work documents per year)</p> <p>12. Conduct activities according to the plan Monitor and evaluate activities.</p> <p>13. Plan Church-to-Clinic campaigns with ETG and CSG</p> <p>14. Draft Quarterly Events Calendar</p> <p>15. Plan the Church-to-Clinic re-launch</p> <p>16. Implement Church-to-Clinic campaign activities.</p> <p>17. Draft Quarterly Events Calendar</p> <p>Training</p> <p>19. Convene 4 ETG quarterly meetings to review the progress of work plan and evaluation activities</p> <p>20. Convene 2 ETG face-to-face to with Evaluator to review the progress of work plan and evaluation activities</p> <p>21. Draft ANNUAL cancer data (diagnosed, mortality, etc.) report</p> <p>22. Work with coalition partners to distribute report (including medical staff, policy makers, community organizations, etc.)</p> <p>Patient Care</p> <p>23. Work with cervical cancer screening and HPV immunization programs, providers and/or database specialist(s) to complete annual status update on cervical cancer prevention and screening activities and infrastructures</p> <p>24. Complete annual status update on availability & barriers to cancer screening, diagnosis and treatment</p> <p>25. Complete and present semi-annual NCD-related success story (2 success stories per year)</p> <p>26. Plan& implement Church-to-Clinic campaign activities</p> <p>27. Present overview of Survivorship Program and Needs Assessment results to key stakeholders and conduct a strategic planning workshop (and M&E component) with representatives from cancer coalition, survivor's group, and key MOH staff</p> <p>28. Seek endorsement of the Survivorship Program Plan from MOH Secretary of Health, Cancer Coalition, and Survivor's Group</p>	<p>assessment activities from (8,9,10_</p> <ul style="list-style-type: none"> ▪ Number of completed regional CCC-related assessment activities increased (11,12, 23,24,25) ▪ Number of PSE interventions to improve physical improved (13) ▪ Number of Church-to-Clinic campaigns to educate the community on the RMI National Cervical Screening Guidelines increased (14,15,16,17) ▪ Number of Church-to-Clinic campaigns to educate the community on the RMI National Colorectal Cancer Screening Guidelines increased (18) ▪ Number of coalition members engaged in CCCP evaluation increased (19,20) ▪ Dissemination of surveillance report to stakeholders is increased(21,22) ▪ Number of Church-to-Clinic campaigns to educate the community on the RMI National Breast Cancer Screening is increased (26) ▪ Number of Survivorship Support plans increased (27,28) 		
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OUTPUT 1.4: MATERNAL CHILD HEALTH

Output 1.4: Strengthen national capacity to deliver high quality maternal, infant, child & adolescent health and community based interventions for family resource management

Output 1.4.1: Children with Special Care Needs

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure priority health care needs of maternal and child population are being met.</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Develop clear referral system, facilitating prompt referrals of high risk pregnancy cases to the main hospitals 2. Facilitate Access and Availability of Effective Neonatal Care and Post-natal care 3. Ensure service deliveries are met/and comply with a basic and/or comprehensive obstetric care standards 4. Provide and ensure the adolescent population is aware and have readily access of family planning/reproductive health. 5. Review and standardize clinical guidelines and protocols for obstetric care 6. Develop quality assurance and quality improvement (QA and QI) to monitor and evaluate delivery services 7. Review management guideline (screening and management) on breast, cervical and colorectal cancer by the two Cancer coalitions from Majuro and Ebeye. 8. Utilize NCD Coalition to advocate to the politicians and advisory group for support on the screening, prevention, management and treatment of cancer. 9. Develop Standardized Developmental Screening tool 10. Develop and implement an Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program <p>TRAINING</p> <ol style="list-style-type: none"> 11. Conduct training to health staffs on Emergency Obstetric Care (EMOC) 12. Provide training to traditional birth attendance on basic obstetric care 13. Provide training of staff in mammogram and ultrasound 14. Conduct a training for staff/users on applying the developmental screening tool <p>PATIENT CARE</p> <ol style="list-style-type: none"> 15. Conduct community awareness, promote early booking of mothers before 12 weeks of gestation and get mothers to attend at least 4 Pre-Natal clinics before delivery 16. Enhance community awareness on the effectiveness of breastfeeding 	<ul style="list-style-type: none"> ▪ Reduced maternal mortality rate (1,18,14) ▪ Increased in healthy pregnancies and healthy births (3,4,18) ▪ Provide and ensure the adolescent population is aware and have readily access to family planning/reproductive health services. (4) ▪ Improved early detection, management, and prevention of cancer (5,6,7,17) ▪ Local communities are more aware of cancer and its risks (pregnant women have access to a comprehensive emergency obstetric care (2) ▪ NCD Coalition to advocate to the politicians and advisory group for support on the screening, prevention, management and treatment of cancer is utilized(7) ▪ decrease the number of hospital admissions for non-fatal injury among children ages 0 through 19 (8) ▪ provide quality services to Children with Special health care needs (9) ▪ Staff trained and skilled on emergency obstetric care (10,11,12) ▪ Supported growth and development of babies and helped mothers recover from post partum delivery (15) ▪ Conducted routine screening and provided treatment for syphilis and STIs for all pregnant women (16) ▪ high standard services and supplies are in place and provided to accommodate hospitalization of non fatal child injuries (20) ▪ Supplies needed for screenings and management are readily available (21) 	<ul style="list-style-type: none"> ▪ Program manager ▪ MCH Planning Nurses ▪ Clinical advisors ▪ PH Director 	2017-2019

	17. Conduct routine screening and treating for syphilis and STIs for all pregnant women (1) 18. Provide education to schools (Middle School, High School and College) on cancer, risk factors, early screening, and availability of services in the Ministry of Health 19. Provide available and accessible quality services to new mothers and their newborns 20. Community awareness on the screening tool and availability of health care services for 10 to 71 months children 21. Ensure high standard services and supplies are provided to accommodate hospitalization of non fatal child injuries. 22. Ensure supplies needed for the screenings and management is readily and sufficiently available			
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Output 1.4.2: Family Planning Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To provide and maintain high quality of family planning/reproduction health services within the RMI.</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> To print and disseminate at the national level RH Policy launch. Convene RH Technical Committee meetings/trainings to review RH Policy and Detailed Implementation Plan and M&E framework Conduct quality assurance meetings quarterly to discuss the assessment, conduct ongoing review, and identify actions/initiatives for improvement with the collaboration from the National Performance Improvement Initiative and Title X Project Officer Implement the actions/initiatives identified for improvement of the program Conduct assessment of health systems response to care for adult physical and sexual assault. Continue collect data for the Family Planning Annual Report Provide staff support for delivery of YFSRH services <p>TRAINING</p> <ol style="list-style-type: none"> Select health care practitioners to participate in the National Reproductive Health (Title X) Conference at the Clinical Training Center for Family Planning (CTCFP) Conduct Training on Family Planning Guidelines with Family Planning nurses and health assistants Conduct in-service training for all the RH/Family Planning staff Conduct Gender Based Violence GBV training for health workers. Conduct national workshop on Strengthening Health System responds to care for adult physical and sexual assault. <p>PATIENT CARE</p>	<ul style="list-style-type: none"> Day to day management maintained (1) National Policy and Strategy on SRH, FP, STI's including HIV and Emergency Preparedness developed and finalized (2) Identified the break in the chain between the service providers and the clients and helped reformulate the strategies to improve service qualities at local and national levels (3) Country implemented at least two key demand generation on interventions for modern methods of contraception (4) Number of health workers and national relevant partners implement RH Policy –Detailed Implementation Plan/Strategy (7,8) Clinical service guidelines/protocols that guide delivery of care to survivors of sexual and physical violence established (5) Country national planning office and health Ministry routinely monitor and report on MDG Target 5b (6) Staff's knowledge and understanding of program policies/guidelines via pre/post training evaluation tool are measured (9) 	<ul style="list-style-type: none"> Program manager Family Planning Nurses Clinical Advisors PH Director 	2017-2019

	<p>13. Continue providing breast and cervical cancer screening by collaborating with the Comprehensive Cancer Program</p> <p>14. Continue providing STDs/HIV screening by collaborating with STDs/HIV Prevention Program</p> <p>15. Continue promoting breastfeeding and providing nutrition information to increase infants' health by collaborating with Maternal and Child Health Program</p> <p>16. Continue providing assessment on client's reproductive life plan and preconception services during the family planning counseling</p> <p>17. Conduct community outreach to ensure the access and the availability of quality family planning counseling services at the health facilities</p> <p>18. Continue providing educational awareness , family planning counseling services and the post-partum clinic services</p>	<ul style="list-style-type: none"> ▪ An in-service training with Majuro and Ebeye staffs on RH/FP policies and procedures is conducted (10). ▪ Number of health workers sensitized to GBV and trained on Essential Services for survivors of sexual and physical violence and referral (11,12) ▪ National Strategy on Prevention of Adolescent Pregnancy developed with implementation plan established (11) ▪ Completed service delivery through FP Clinic and community and outer island outreach (16,17,18) ▪ Increased number of visitations to the male clinics(17,18) ▪ Early detection and prevention of breast and cervical cancers thru screening(13) ▪ New identified STD/HIV cases and early counseling and management issued(14) ▪ Mothers are more aware of the importance of breastfeeding (15) ▪ Program team conducted monthly meetings (12x) to discuss actions and improvement plans for Family Planning Services (16) ▪ Information and Education Advisory Committee established (16) ▪ Community is informed and more knowledgeable about family planning services (17) ▪ More participants at each awareness events. (17,18) ▪ trained MOH and national stakeholders on the endorsed National Prevention of Adolescent of Pregnancy Strategy (7) ▪ Trained youth peer educators (7) ▪ Young people utilized YFS Centres (7) ▪ Distributed family planning information materials (7,15,18,19) ▪ Modern Contraceptive distributed (7,15,18,19) ▪ Controlled teen pregnancy and maintained population growth (16,17,18) 		
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OUTPUT 1.5: BEHAVIORAL HEALTH SERVICES

Output 1.5: To increase access to community-based care and supports for adults and children with mental illness and/or substance use disorders through a network of service providers that are committed to a person-centered and recovery oriented system of care

Output 1.5.1: Human Services Program

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>Provide a comprehensive system of community programs and services for people w/ intellectual & developmental disabilities seeking community-based living options or who desire to remain in their home</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Conduct Substance Abuse Prevention and Treatment, mental health, suicide and rape prevention activities at schools and communities. 2. Conduct mental health screenings for new clients and to follow up on old clients in the Outer Islands 3. Provide outpatient consultations and counseling 4. Hire female nurse 5. Establish a crisis holding unit for MH patients 6. Conduct screening for both new and old clients in communities and schools 7. Conduct outreach visits in Majuro and outer atolls to schools and various communities 8. Conduct an anti-stigma campaign 9. Collaborate with Non-governmental Organizations (NGOs), faith based community groups to develop a document on the roles of traditional health practices. 10. Coordinate with other medical departments for psychiatric evaluation and treatment services 11. Coordinate with the MCH program to work with children with special needs 12. Update the registry database of mental health clients updated on a regular basis 13. Conduct regular meetings with the council 14. Conduct a survey on domestic violence 15. Coordinate with PSS to establish Rape prevention and education program at schools 16. Continue sharing reports analyzing services including recommendations for future provision of services <p>TRAINING</p> <ol style="list-style-type: none"> 17. Request technical assistance for in-service training on domestic sexual violence 18. Rape prevention and education program at schools (to start this year) – need funding 19. Develop and implement a peer mentoring model that community partners can use to support new service providers 20. Develop and provide training, tools, coaching, and incentives for continuous quality improvement in community partner organizations 21. Conduct mhGAP Training for the Outer Island Health Assistants 22. Identify, evaluate and access curricula and training in practices that are culturally and linguistically competent, evidence-based, family-focused and strengths-based <p>PATIENT CARE</p>	<ul style="list-style-type: none"> • Community informed on mental health and behavioral issues (1, 8) • Number of people served increased by Human Services Department (2,3, 6, 7) • Number of female consumers served increased (4) • Patients/clients mental stability increased (5) • Alternative placement/treatment options for individuals who have had multiple hospitalizations and do not respond to traditional treatment is developed (5, 26) • Number of community supports/services for people with a serious mental illness is increased (7, 9, 10, 11) • Readmissions to MOH-mental health program/behavioral health is reduced (5, 10) • Policies created for Behavioral Health (13) • Data, evaluation and outcomes is utilized to determine the effectiveness of the MOH behavioral health system (12,16) • Domestic and sexual violence database established (14) • Continuing care plans are transmitted to the next level of care 	<ul style="list-style-type: none"> ▪ Human Services Program Manager ▪ Human Services Program Staff ▪ Human Services Clinical Advisor ▪ PH Director 	2017-2019

	<p>23. Improve the efficiency of the discharge process by monitoring post discharge continuing care plans</p> <p>24. Establish a Community Treatment Program to help individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services</p> <p>25. Establish three pilot employment sites for individuals with SMI</p> <p>26. Expand access to crisis services and divert individuals from more restrictive environments such as jail, hospitalizations, etc</p>	<p>within five days of discharge (20)</p> <ul style="list-style-type: none"> • Service quality through the provision of training and support to the workforce is improved (17,18, 19, 21, 22) • Community partner accountability for continuous quality improvement is established (20) • Service quality through a well-informed, culturally and linguistically competent and engaged workforce is improved (21) • Employment options for adults with serious and persistent mental illness is developed (25) 		
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OUTPUT 1.6: IMMUNIZATION

Output 1.6: To increase immunization rates and reduce preventable infectious diseases

Output 1.6.1: Immunization Program

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<p>Achieve and maintain at least 90% vaccination coverage for all antigens</p>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Annually submit Population Estimates Survey (PES) and Cost and Affordability Tool (CAT) based on guidance from CDC 2. Review and analyze vaccine purchases monthly and provide updated data for PES as necessary 3. Track and report vaccine storage and handling incidents that result in vaccine loss, including reasons for and the number of doses involved in the loss. 4. Develop a plan designed to improve immunization program performance, focusing on low or lagging vaccination coverage among children, adolescents, adults, and/or special populations 5. Review "The Guide to Community Preventive Services" to identify applicable evidence based strategies for improving and sustaining immunization coverage. 6. Assess vaccination coverage and exemption levels on each vaccine appropriate for kindergarten entry according to local/state requirements 7. Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases (VPDs). 8. For routine surveillance, collaborate with appropriate staff to submit timely and complete electronic case 	<ul style="list-style-type: none"> ▪ PES/CAT data submitted (1,2) ▪ Implemented vaccine management and accountability policies. (3) ▪ 317-funded vaccine use policy has been developed and implemented (8) ▪ Annual Program strategic plan submitted (4) ▪ Prioritized list of activities and evidence-based justifications submitted. (5,20) ▪ Hepatitis B Serosurvey Completed. (22) ▪ Prioritized list of activities with evidence-based justifications submitted. This can be included in the annual immunization program strategic plan as described in B-1a (21, 22). 	<ul style="list-style-type: none"> ▪ Program manager ▪ Perinatal Hepatitis B Coordinator ▪ Immunization Coordinator ▪ Clinical Advisor ▪ PH Director 	2017-2019

	<p>and/or death notifications to CDC for cases that are reportable in the jurisdiction.</p> <p>9. Designate a VAERS Coordinator with overall responsibility for VAERS-related activities: Comply with activities related to VAERS reporting and monitoring as stated in the online Manual for the Surveillance of Vaccine-Preventable Diseases</p> <p>10. Ensure EHR-IIS interoperability readiness using IIS Functional Standards and facilitate Meaningful Use of EHR-IIS data.</p> <p>11. Hire and work with an IIS Consultant familiar with WebIZ implementation in the Pacific Islands to engage with the RMI Ministry of Health (MOH) in EHR planning in order to build required functionalities in the EHR to interface with WebIZ to exchange information.</p> <p>12. Develop a written plan and timeline to implement Modeling of Immunization Registry Operations Workgroup (MIROW) guidelines</p> <p>13. Update (years 2015-2017) the written five-year IIS Business Plan (Strategic Plan).</p> <p>14. Develop or revise plans for responding to vaccine-preventable disease (VPD) outbreaks in coordination with equivalent public health preparedness programs.</p> <p>15. In conjunction with public health preparedness programs, develop or revise plans for responding to influenza pandemics using vaccination, including detailed sections on implementing mass vaccination and identifying and vaccinating priority groups and critical infrastructure personnel.</p> <p>16. Conduct or support pandemic or seasonal mass vaccination clinics and/or exercises in conjunction with the immunization program's public health preparedness partners, including exercising the use of immunization information systems (IIS) or systems that report to the IIS for tracking influenza doses administered</p> <p>TRAINING</p> <p>17. Provide training on vaccines and vaccine preventable diseases to immunization staff. (a)</p> <p>18. Conduct training for nurses on prenatal, postpartum, and pediatric care to develop and disseminate education on screening all women during every pregnancy for HBsAg. (b)</p> <p>19. Train appropriate program staff on the upgraded version of WebIZ once installed. (c)</p> <p>PATIENT CARE</p> <p>20. Identify communities or geographic clusters with lower vaccination coverage levels and/or higher incidence of Vaccine Preventable Diseases (VPDs).</p> <p>21. Conduct routine outreaches to all islands/atolls to improve and sustain immunization coverage levels.</p> <p>22. Conduct a Hepatitis B study among grade 1 students to determine the effectiveness of the Hepatitis B vaccination program</p> <p>23. Continue to develop, implement, and update plans to provide services to remote locations to reduce geographical disparities in coverage that exist by using coverage level information obtained nationally and locally.</p> <p>24. Identify activities to eliminate barriers (and disparities) in HPV vaccination coverage.</p> <p>25. Continue to collaborate with other public health programs in RMI's Primary Health Care Program within</p>	<ul style="list-style-type: none"> ▪ Staff training on VPDs and vaccine storage/handling complete. (17) ▪ Prioritized list of evidence-based strategies and partnerships developed based on outcome of needs assessment (25,26) ▪ Prioritized list of communication needs and activities with data justifications submitted (11) ▪ Annual School Assessment report submitted by April 30 with required information.(6) ▪ Submitted the Annual Progress Report (Disease Surveillance) (7,8) ▪ VAERS Coordinator with overall responsibility for VAERS-related activities is designated (9) ▪ Individualized evaluation Plan is submitted and data collection instruments (DCIs) are submitted for awardee's participating in the CDC-led HPV vaccination evaluation.(27) ▪ Training nurses on prenatal, postpartum and pediatric care (18) ▪ Established relationship with local and state chapters of national organizations and other organizations that focus on prenatal, postpartum and pediatric cares (24) ▪ Developed and implemented action plan to reduce or eliminate identified factors within the program's control that prevent infants from obtaining timely PVST. () ▪ Ensured collaboration with Laboratory to guarantee reagents for PVST are stocked and available for testing infants enrolled in case management. (29) ▪ EHR planning and interoperability Plan completed. Completed WebIZ upgrade. (10,11) 		
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	<p>the Ministry of Health to conduct coordinated mobile campaigns to the outer islands and other outreaches on Majuro and Ebeye.</p> <p>26. Continue to partner and work with the Cancer Prevention Program and Ministry of Education to promote and conduct HPV vaccination to 6th grade girls in school.</p> <p>27. Conduct an individualized evaluation focused on one of four evaluation topic: Adult vaccination; HPV vaccination, awardee-led; Vaccine billing/financing; Alternative topic.</p> <p>28. Identify and work with local and state chapters of national organizations and other organizations that focus on prenatal, postpartum, and pediatric care to develop and disseminate education on screening all women during every pregnancy for HBsAg.</p> <p>29. Collaborate with the Laboratory to ensure reagents for PVST are stocked and available for testing infants enrolled in case management.</p> <p>30. Work with health care institutions (e.g., hospitals, long-term care facilities, ambulatory care centers) and other partners to improve influenza immunization rates of healthcare personnel.</p>	<ul style="list-style-type: none"> Completed Implementation Plan for MIROW Guidelines. (12) Completed WebIZ Training by IIS, Management Staff, Nursing and Data Entry staff (19) Annual IIS business plan is updated and submitted by the deadline and approved by designated IIS consultant. (13) Developed or revised plans for responding to vaccine-preventable disease (VPD) outbreaks in coordination with equivalent public health preparedness programs (14) Pandemic influenza vaccine response plan has been updated or revised (15) Pandemic or seasonal mass vaccination clinics and/or exercise(s), which specifically incorporated use of the IIS or systems that report to the IIS have been conducted or supported by the immunization program (16) Health care workers provided seasonal influenza vaccine. (30) 		
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OUTPUT 1.7: ZONE OUTREACH

Output 1.7: Promote and educate the public in healthy lifestyle changes

Output 1.7.1: Community Health

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
Educate and promote the various preventative and public health care services to the hard to reach communities, thus capacitating each individual and family to have full	MANAGEMENT <ol style="list-style-type: none"> Develop an annual schedule of a comprehensive mobile team 10 - 12 atolls to be visited by the comprehensive mobile team annually based on the health profile of each atoll Identify a physician leader for each mobile team Identify the most prevalent disease in each atoll and develop intervention measures for noted disease Create a job aide to conduct needs assessment to identify true needs Continue to install satellite internet to allow Health Assistants to interact with other physicians in the urban centers collaborate with the Community Health Councils 	<ul style="list-style-type: none"> Healthy lifestyle (22,24) Improved quality of life Extended life span (23,24) Comprehensive mobile team schedule (1) Comprehensive mobile teams to 10-12 atolls (2) Physician leader hired (3) Job aid selected and hired (5) Installed satellite internet Increased community participations (6,7) House to house visits 	<ul style="list-style-type: none"> Health assistants and providers Mobile teams Physician team leader Community leaders Schools Comprehensive team 	2017-2019

ownership of their health.	8. To fully utilize radio systems and internet email system to frequently communicate with health centers 9. Strengthen the current record keeping system 10. Conduct regular review with Public Health Medical Director and the Health Planning and Statistics office to review and analyze data 11. Create a working committee to develop plans and schedule for Laura, Uliga and Rita Centers 12. Hire a physician 13. Coordinate with CMI Health Center and Laura Health Center 14. Conduct a needs analysis and disease burden 15. Develop a plan of action for delivery of services 16. Seek funding opportunities to develop a health center in Rita 17. Expand roles/responsibilities of the School Health Coordinator to include other services 18. Coordinate with Ministry of Education and school principals TRAINING 19. Train and capacitate the health providers on site PATIENT CARE 20. To have a system to adequately provide supplies, equipment and staff needed in health centers 21. Conduct house to house visits and collect population data regularly 22. Promote and conduct community health education programs and other primary interventions 23. Refer high risk patients to the urban centers as needed 24. Mobile team to conduct education on public health issues including hygiene, general cleanliness, exercise, diet and water issues in 25. Set up comprehensive school site visits/annual school visits 26. Identify what services will be provided during school visits	Improved monitoring and intervention of diseases (4,14,23) Decreased high risk diseases (14,26) Trained health providers (19) Improved referral system/reduction in referrals (19) Investment and savings (16) Health Assistants to do more house-to-house preventive services in the communities (21) CMI and Laura Health centers are highly coordinated (13) Roles/responsibilities of the School health Coordinator set up (17) Coordinated with MOE and school principals (18) Conducted rue Needs analysis (14) Equipped health centers (20) Supplies and services are available at all times (20,21,23,26) Data analysis (10) Adequate record keeping established (9) Constructed a working committee to develop plan and schedule for Laura, Uliga, and Rita centers. (11) Hired physicians for Majuro health centers (12) Established extended primary services to the schools (25) Expanded and enhanced accessible preventative and public health services to the various communities of Laura, Uliga and Rita Center and Rita Health (15,26)		

OUTPUT 1.8: HEALTH PROMOTIONS

Output 1.8: Promote and educate the public in healthy lifestyle changes

Output 1.8.1: Health Promotions

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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Educate and promote the various preventative and public health care services to the hard to reach communities, thus capacitating each individual and family to have full ownership of their health.	<ul style="list-style-type: none"> ▪ Link with MOE to produce IEC materials on Health and physical education ▪ Produce and disseminate IEC materials in public and private sectors and during outreach activities ▪ Collaborate with the various NGO's and community leaders ▪ Provide a list of local food that is easily available in the Marshall Islands ▪ Provide IEC materials and information on local foods that are healthy and nutritious ▪ Conduct cooking demonstrations during the outreach visits ▪ Educate all mothers to increase their breast feeding up to two years and beyond ▪ Develop and implement a weight loss control and physical activity program ▪ Develop and implement a tobacco cessation program ▪ Introduce community based healthy lifestyle and physical activities ▪ Build partnerships with the other public, private and nongovernmental organizations ▪ Provide IEC materials and information on local foods that are healthy and nutritious ▪ Improve control of tobacco and betel nut ▪ Improve control of alcohol ▪ Promotion of physical activity ▪ Encourage good nutrition 	<ul style="list-style-type: none"> ▪ Improved quality of life ▪ Extended life span ▪ Reduction in obesity ▪ Increased number of sites implementing regular physical activities ▪ Increased number of sites implementing weight loss activities ▪ Produced and disseminated IEC materials ▪ Community participation ▪ Partnerships ▪ Decreased prevalence of pre-diabetes and diabetes patients 	<ul style="list-style-type: none"> ▪ Program Director ▪ Health Educators ▪ Clinical Advisor ▪ PH Director 	2017-2019
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OUTPUT 1.9: ADMINISTRATION

Output 1.9: To provide efficient and effective administrative and coordinated functions of preventative and public health care services

Output 1.9.1: Primary Health Care Administration

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
Ensure effective and Administration of the Primary Health Care Services	<ul style="list-style-type: none"> ▪ In conjunction with Personnel to develop criteria for a succession line (in-house) ▪ Working with Personnel to identify perspective students for medical training to eventually replace all expatriate professional staff with properly qualified Marshallese individuals as indicated in the succession line in Activity 1 ▪ To develop a schedule for all doctors to attend various types of short term training for them to retain their medical profession ▪ Continue CE education trainings on site for all medical staff (for the doctors to provide training, in house) ▪ Continue to train health care providers in the use of certain diagnostic equipment and procedures ▪ Identify and purchase all equipment and supplies needed to deliver better diagnostic services (in coordination with units within the hospital and finance) 	<ul style="list-style-type: none"> ▪ Accelerate training of existing doctors ▪ # of training sessions ▪ # of people trained at various sessions ▪ Criteria developed ▪ Increased retention rates ▪ Increased morale and self esteem ▪ Availability of diagnostic equipment 	PH Director	2017-2019

KEY OUTCOME AREA 2: MAJURO HOSPITAL SERVICES

Goal: To improve and the level of health care, the health status and a sustainable livelihood of the people living in the outlying islands/atolls in the Marshall Islands

The Majuro Hospital Service includes the following departments:

- *Medical Services*
- *Nursing Program*
- *Clinical Support Services*
- *Non-Clinical Support Services*
- *Administration*

OUTPUT 2.1: NURSING SERVICES

Output 2.1: To improve and the level of health care, the health status and a sustainable livelihood of the people living in the outlying islands/atolls in the Marshall Islands.

Output 2.1.1: Hospital Nursing Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Hospital Nursing Services	MANAGEMENT <ol style="list-style-type: none"> Chief Nurse to continue to Maintain a schedule for nursing management for each unit Chief Nurse to continue to conduct monthly meetings with each unit Coordinate with MOH HR to develop a nursing clinical ladder criteria including training needs and performance assessment TRAINING <ol style="list-style-type: none"> Coordinate with MOH Administration to conduct training through medical missions on site Ensure all staff attend CME program on site when scheduled Ensure that three nurses attend the annual APNLC Workshop Coordinate with WHO and other donors to fund current nurses to attend Universities in order to achieve their BSN degrees (FY19 target date) Train nursing staff in specialized areas (midwives, ICU) off island (Taiwan, WHO Funding) PATIENT CARE <ol style="list-style-type: none"> To provide a list of needed inventory and equipment to Supply Department on monthly basis Coordinate with HR to employee qualified nursing staff (FY17 budgeted for 12-15 additional hires in FY18 and FY19 to a total of 26 nurses) 	<ul style="list-style-type: none"> Day to day management maintained (1,2) Promotion of nurses based on assessment and performance (3) Recertified nurses in CPR, BLS, & ACLS (5) Trained staff (4,6) Nursing staff trained on patient care guidelines, equipment use (4,5) Increased knowledge and understanding of patient care (7,8) Increase in number of BSN nursing staff (7) Increase in number of specialized nurses (8) Supplies & equipment are provided in a timely manner (9) Adequately staffed units (10) Quality of patient care is improved (9,10) 	<ul style="list-style-type: none"> Chief Nurse Deputy Chief Nurse, Patient Care Deputy Chief Nurse, Continuing Education 	2017-2019

OUTPUT 2.2: MEDICAL SERVICES

Output 2.2: To ensure effective and efficient Hospital Medical Services

Output 2.2.1: Medical Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Hospital Medical Services</i>	MANAGEMENT <ol style="list-style-type: none"> Each unit has department head who is responsible for ensuring SOPs and protocols are followed Chief of Staff to continue to conduct monthly meetings with all Department heads. TRAINING <ol style="list-style-type: none"> Ensure all medical staff continue to attend CME trainings on site when scheduled Conduct trainings to renew licenses as needed (scheduled expiration dates to be maintained by CE Office) PATIENT CARE <ol style="list-style-type: none"> Chief of staff to identify immediate specialist positions to be filled by FY17 To provide a list of needed inventory and equipment to Supply Department on a monthly basis To start utilizing Hyperbaric Chamber as a medical treatment for diabetic wounds <ol style="list-style-type: none"> To hire staff To conduct trainings With current staff, ensure that units are adequately staffed 	<ul style="list-style-type: none"> Day to day management maintained (1,2) Increased knowledge and understanding of patient care (3) Renewed licenses for medical staff (4) Improved patient care (5,8) Supplies and equipment are provided in a timely manner (6) Decrease in number of amputations (7) Reduce costs in medical expenses (7) Decrease in length of stay for diabetic patients (7) 	<ul style="list-style-type: none"> Chief of Staff Department Heads 	2017-2019

OUTPUT 2.3: CLINICAL SUPPORT SERVICES

Output 2.3: To ensure effective and efficient Clinical Support Services

Output 2.3.1: Laboratory Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Laboratory Services</i>	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> Provide regular preventive maintenance of equipment: <ul style="list-style-type: none"> Provide a monthly regular maintenance schedule to Biomed Develop a service contract for Clinical Chemistry Equipment (1-Siemens), Hematology Analyzers (Horiba-2), Immunochemistry Analyzer (Modern Lab Services-1), and other regular maintenance services (IMF), GeneXpert (2) Coordinate with Health Promotions to revitalize blood drive <ul style="list-style-type: none"> Need: vehicle access, fuel, beds (2), snacks for donors 2-3 blood drives Coordinate with MOH Administration for the purchase of Vitech equipment for better detection of pathogens of septicemia. – expensive equipment we do not have but it does have to happen – needs to be budgeted for FY17 or FY18 (\$50,000 for Vitech) Coordinate with MOH Administration for the purchase of autoclave sterilizer (2) Coordinate with Supply to increase the supplies contract timeframe from three months to six months. Need a minimum of 16 staff members in the lab (currently at 12, with 2 employment announcements in place) <ul style="list-style-type: none"> Coordinate with HR & Emergency Preparedness Department on hiring of an additional Lab Tech 	<ul style="list-style-type: none"> Preventive maintenance contracts exist with authorized dealers (1) Uninterrupted services (1) No shortage of blood supply necessary for medical procedures (2) Improved turnaround time for identification of pathogens and antimicrobial drugs sensitivity testing (3) Guaranteed sterilization of equipment (4) Medical waste disposed properly (4) Increase in sterilized lab equipment (4) Uninterrupted lab services to patients and doctors (5) 	<ul style="list-style-type: none"> Lab Manager Supply Director Majuro Hospital Administrator Chief of Staff 	2017-2019

	<p>7. Develop a plan to establish a Lab Department in Laura Health Center:</p> <ul style="list-style-type: none"> ▪ Determine the space and equipment needed. ▪ Determine cost ▪ Determine staff needed ▪ Renovate the space and purchase the equipment. Hire and train a staff for Laura lab. <p>TRAINING To send one staff to Lab training program in New Zealand on Hematology, Microbiology, or Blood Transfusion Science (WHO, ELC, New Zealand Aid)</p>	<ul style="list-style-type: none"> ▪ Reduced overseas referrals for diagnosis (5) ▪ reduced overseas costs for diagnostic referrals (5) ▪ Adequately staffed (6) ▪ Improved lab services in Majuro Hospital and in the outer islands (6) ▪ Improved patient services in Laura. (7) ▪ Increased knowledge and capacity (8) 		
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Output 2.3.2 Biomedical Department

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Biomedical Services</i>	<p>MANAGEMENT & OPERATIONS</p> <ol style="list-style-type: none"> 1. Medical equipment repaired and maintained on a daily basis 2. Quarterly inspection of equipment in the hospital for preventative maintenance 3. Maintain a list of parts that are used most for repair and maintenance 4. Maintain check out list of equipment for tracking and monitoring 5. Coordinate with Hospital Administration & Procurement & Supply to purchase safety equipment <ul style="list-style-type: none"> ○ Defibrillator Analyzer (FY17) ○ Safety Test Analyzer (FY17) 6. Revise Department SOP to include prior assessment of donated equipment & purchasing of equipment 7. Coordinate with Procurement & Supply to incorporate revised equipment purchasing & donation section <p>TRAINING</p> <ol style="list-style-type: none"> 8. Biomed to conduct onsite training with Majuro & Laura staff (conducted during maintenance check for each Department) 9. Coordinate with Administration & Human Resources to identify funds to hire a Biomed technician (FY18) 	<ul style="list-style-type: none"> ▪ Improved patient care (1,2) ▪ Safety of patient is ensured (1,2) ▪ Services are not interrupted (1,2) ▪ Decrease in number of nonworking medical equipment (1,2) ▪ Properly Calibrated equipment (2,5) ▪ Updated list of medical equipment status (3) ▪ Equipment is monitored and tracked (4) ▪ Properly functioned equipment (5) ▪ Quality equipment is donated & purchased for the Hospital (6,7) ▪ Increased knowledge on handling and maintaining of equipment by staff (8) ▪ Adequately staff (9) 	<ul style="list-style-type: none"> ▪ Biomedical Engineer ▪ Biomed Technicians 	2017-2019

Output 2.3.3 Pharmacy

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
	<p>MANAGEMENT & OPERATIONS</p> <ol style="list-style-type: none"> 1. Continue to dispense drugs and give counseling to outpatients 2. Continue to provide pharmaceutical services to Laura Health Center 3. Update and implement Standard Treatment Guideline (treatment guideline for doctors) 4. Continue submission of quarterly reports for medicine consumption rate 5. Pharmaceutical Committee to meet on a quarterly basis or during an emergency 	<ul style="list-style-type: none"> ▪ Improved quality of pharmaceutical dispensing services for both inpatient & outpatient (1-6) ▪ Inventory system for warehouse (incoming & outgoing shipment) is strengthened (7,8) ▪ Patient counseling is improved hence 	<ul style="list-style-type: none"> ▪ Chief Pharmacist ▪ Majuro Hospital Administrator 	2017-2019

	6. To purchase new desktop as back up for M-Supply database 7. Continue to utilize M-Supply database to dispense pharmaceuticals and generate reports 8. To implement the new inventory system (Microix) 9. To coordinate with Majuro Hospital Administration & Procurement & Supply to purchase directly from Manufacturers on a yearly contract 10. To coordinate with HR to hire a pharmacy tech (1) 11. To coordinate with Majuro Hospital Administration and HR to hire pharmacist (1) TRAINING 12. Develop a plan to identify needs for each staff and implement a training schedule conducted by Chief Pharmacist 13. Coordinate with HR & Majuro Hospital Admin to identify FY18 advanced training (and funding) for staff 14. Coordinate with Majuro Hospital Administration to identify funding for Chief Pharmacist to attend Narcotics Training and any other training relevant to Program	improved compliance to medications. (1) ▪ Supply of medicines to the public is maintained (2) ▪ Improved knowledge and understanding of treating patients (3) ▪ Generated report (4,5,6) ▪ Stock is maintained (4,5,6,7) ▪ Decrease in out of stock pharmaceuticals (8,9) ▪ Decrease in pharmaceutical expenditure (9) ▪ Pharmacy services is not interrupted (7,8,9) ▪ Adequately staff Pharmacy Department (10,11) ▪ Increased knowledge and understanding of the Pharmacy Department operations (12) ▪ Advanced knowledge and understanding of Pharmacy operations (13,14)		
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Output 2.3.4 Rehabilitation Department

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Rehab Services	MANAGEMENT 1. Continue to disburse educational materials on foot care awareness to all patients 2. Continue soliciting donations of goods needed for the Department (wheelchairs, crutches, walkers, etc.) 3. Continue to coordinate with health promotion department in carrying out preventative and educational measures to decrease the prevalence of amputation and importance of physical activities 4. Develop a list of equipment needed and coordinate with Administration to identify funds to purchase ✓ Elliptical Machine (1) ✓ 5. Coordinate with Administration and HR to hire one (1) physiotherapist 6. Continue to conduct quarterly community outreach programs TRAINING 7. Rehab Director to identify training needs for Department and to coordinate with Administration & HR.	▪ Increased awareness on foot care (1,3) ▪ Decrease in number of amputation (1) ▪ Supplies provided for patients (2,4) ▪ Improved mobility and functionality for patients (2,4) ▪ Increased awareness in importance of physical activities (3) ▪ Increased awareness on methods of controlling diabetes through daily exercise (3) ▪ Improved patient care (4) ▪ Improved Rehab services (4) ▪ Adequately staff (5)	▪ Rehab Director ▪ Majuro Hospital Administrator	2017-2019

		<ul style="list-style-type: none"> Rehab services provided in the community (6) Trained staff (7) Increased knowledge and skills regarding Rehab services (7) 		
Output 2.3.5 Radiology Department				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Radiology Services	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> Continue to implement the Pictorial Archiving Computerized System (PACS) To continue to provide daily diagnostic Radiology services: <ol style="list-style-type: none"> General Xrays Mammography services EKG services Ultrasound services Barium services IVP services To implement diagnostic Fluoroscopy services <ol style="list-style-type: none"> Coordinate with Hospital Administration to purchase a fluoroscopy machine Upon purchase of CAT Scan (FY16), to implement CAT Scan services Coordinate with Hospital Administration to identify funds to purchase four (4) EKG (OR, Radiology, ER, ICU) Continue to develop an equipment upgrade/replacement schedule for the next 3-5 years and to seeking funding source and to purchase <ol style="list-style-type: none"> C-ARM Coordinate with Hospital Administration to identify funds to purchase safety jackets/aprons/pregnancy shields Coordinate with Hospital Administration to contract out services to monitor and read radiation exposures on staff Coordinate with Hospital Administration to identify funds to hire: <ol style="list-style-type: none"> Two (2) Radiographers Continue to provide a monthly & quarterly Equipment maintenance schedule to Biomed Coordinate with IAEA to conduct quality assurance & evaluation assessment TRAINING <ol style="list-style-type: none"> Continue to provide Staff training (local and regionally) <ol style="list-style-type: none"> Radiology Director to coordinate with Hospital Administration & HR to identify trainings to attend Coordinate with IAEA on training schedule for Radiology staff 	<ul style="list-style-type: none"> Improved Radiology services (1,2) Decrease in duplication of patient information (1) Improved turnaround time for results (1) Decrease in information error & loss of files (1) Services are not interrupted (2,3,4,5,6,10,12) Patient care is improved (2,3,4,5,6,12) Fluoroscopy services provided (3) CAT Scan services provided (4) C-Arm services provided OR Unit services improved (6) Decrease number of off island referrals (6) Safety of staff & patients is improved (7,8) Adequately staff (9) Improved quality of services (9,11,12) Schedule generated (10) Equipment are maintained (10) Gaps identified (11) Staff skills improved (12) 	<ul style="list-style-type: none"> Radiology Director Chief of Staff Hospital Administrator 	2017-2019

OUTPUT 2.4: NON-CLINICAL SUPPORT SERVICES

Output 2.4: To ensure effective and efficient Non-Clinical Support Services

Output 2.4.1: Medical Records Department

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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To ensure effective and efficient Medical Record Services	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> 1. Coordinate with Hospital Administration & MOH-Finance to implement 24 hour services (currently from 8:00 AM to 12:00 AM) 2. Coordinate with Hospital Administration to identify funds to hire: <ol style="list-style-type: none"> a. Data Tech (1-2) 3. Coordinate with Hospital Administration to purchase a new Health Information System 4. Coordinate with Hospital Administration to implement a flagging system for disease control with a reportable disease form 5. Coordinate with Hospital Administration to establish a Medical Records Committee to develop and endorse patient forms, revise patient forms & admission forms) 6. Coordinate with IT to establish medical records database in Laura & Rongrong Clinics 7. Coordinate with Hospital Administration to finalize the establishment of hospital identification cards 8. Coordinate with Hospital Administration implement a service fee for re-issuance of Hospital number/cards. 9. Coordinate with Hospital Administration develop a plan and identify funds to expand storage space 	<ol style="list-style-type: none"> 10. Services are not interrupted (1) 11. Accurate patient information is provided to ER (1) 12. Filing is improved (1,2) 13. Adequately staffed (2) 14. Decrease in backlog of data (2) 15. Turnaround time for sharing information (Medical Records, Outpatient, & Doctor) is decreased (3) 16. Decrease time in waiting time for patients (3) 17. Improved data information (3,6) 18. Developed disease form (4) 19. Improved monitoring of diseases (4) 20. Designated Committee to review and endorse forms (5) 21. Data is shared between Majuro, Laura, & Rongrong (6) 22. Identification cards developed and issued (7,8) 23. Developed plan for storage space (8) 	<ul style="list-style-type: none"> Medical Records Director Hospital Administrator IT Director 	2017-2019
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Output 2.4.2: Maintenance Department

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Maintenance Services	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> 1. Continue daily inspection of the buildings and grounds 2. Continue to provide monthly preventive maintenance on AC, electrical and plumbing 3. Continue to provide a list of consumables (all maintenance materials, tools, and parts) to PMU twice a year 4. Continue to develop and implement the monthly maintenance plan 5. Continue to provide daily incident reports to hospital administrator 6. Continue to maintain and update basic inventory for building maintenance equipment 7. Continue to implement SOPs for Department 8. Coordinate with PMU to construct new MOH storage warehouse 9. Coordinate with PMU to construct Rita Health dispensary 10. Coordinate with PMU to construct expanded Majuro Dental Lab 11. Monitor and generate report on the Hospital Redevelopment Project 	<ul style="list-style-type: none"> Buildings and grounds are maintained (1,4) AC, electrical, plumbing, and plumbing maintained (2,4) List is provided (3) Service is not interrupted (3,4) Reports are generated (5,11) Basic inventory is maintained and updated (6) Protocols and policies are followed (7) Expanded storage warehouse (8) Rita Health Dispensary constructed (9) 	<ul style="list-style-type: none"> Maintenance Director Associate Administrator, Support Services Hospital Administrator 	2017-2019

		<ul style="list-style-type: none"> Expanded Majuro Dental Lab (10) Redevelopment project progress updated (11) 		
Output 2.4.3: Housekeeping				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Housekeeping Services</i>	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> Continue to maintain a daily cleaning schedule. Continue to coordinate with Hospital Administration to procure supplies on a quarterly basis Develop a plan for a pest control contract and coordinate with Hospital Administration to identify funds to support Coordinate with Infection Control Nurse to conduct training on infection control with Housekeeping staff (FY17) Continue to ensure that policies and procedures are followed Coordinate with HR to hire a grounds housekeeping staff (trash collector & medical waste) 	<ul style="list-style-type: none"> Hospital is clean & spotless (1,2,5) Adequate cleaning materials (2) Developed plan (3) Pest controlled (3) Safe staff (4,5) Policies & procedures are followed (4,5) Adequately staffed (6) Designated staff to focus on medical waste & trash collection (6) 	<ul style="list-style-type: none"> Housekeeping Director Associate Administrator, Non-Clinical Support Services Hospital Administrator 	2017-2019
Output 2.4.4: Security Department				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Security Services</i>	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> Continue to maintain a security schedule Shifts to be continually adequately staffed 3 and attendance at standard level Continue to implement visitation regulations Continue to assist the Medical Units with patient transfer (to Morgue) and oxygen supply after working hours (and holidays) Continue to generate incident reports Continue to ensure that policies and procedures are implemented. Security Director to conduct monthly meetings with staff Coordinate with Hospital Administration to identify funds to purchase protective gears To coordinate with Hospital Administration to purchase a desktop (1) TRAINING <ol style="list-style-type: none"> Develop a training plan based on needs of staff and coordinate with Hospital Administration & Associate Administrator to identify training availability Continue to coordinate with Emergency Preparedness programs to conduct training on basic life support, CPR, AED, and other relevant trainings 	<ul style="list-style-type: none"> Schedule is maintained (1) Security is maintained (1, 2) Visitation hours are regulated (3) Services provided in a timely manner (3) Traffic is controlled (3) Decrease in the spreading of diseases (3) Services are not interrupted (4) Improved patient care (4) Generated reports (5) Policies & procedures are followed (6) Safety of patients and staff is ensured (6) Updated information provided to Hospital Administration (7) Safety of staff is ensured (8) Reports generated (9) Adequately supplied with office equipment (9) Plan is developed and training identified (10) Staff is certified (or re-certified) (11) 	<ul style="list-style-type: none"> Security Director Associate Administrator, Non-Clinical Support Services Majuro Hospital Administrator 	2017-2019

2.4.5: Mortuary Department				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Mortuary Services	<ol style="list-style-type: none"> Continue to provide embalming services Coordinate with Hospital Administration to develop & implement an SOPs Continue to maintain Morgue Department Coordinate with Hospital Administration to identify funds to purchase: <ol style="list-style-type: none"> Morgue Chiller (6-body compartment) Gurneys (2-3) Desktop Computer & Filing Cabinet (1) Air Conditioner Coordinate with Majuro Administration to hire an additional staff (1) 	<ul style="list-style-type: none"> Embalming services are provided (1) Remains are well preserved (1,3) Developed SOPs (2) Protocols and procedures are implemented (2) Increased preservation timeframe for remains (4) Reports are generated electronically (4) Files are stored properly (4) Adequately staffed (5) 	<ul style="list-style-type: none"> Morgue Director Hospital Administrator 	2017-2019
2.4.6: Kitchen Department				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Kitchen Services	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Coordinate with Hospital Administration to procure supplies for Kitchen: <ol style="list-style-type: none"> Food items Non-Food items Continue to develop menu on a daily basis for inpatient consumption Develop a clinical dietary consultation plan Continue to generate quarterly and annual reports Coordinate with Hospital Administration for upgrade salary Develop a plan to expand temporary Kitchen and coordinate with Hospital Administration for approval Coordinate with Hospital Administration & Procurement and Supply on the possibility of a three month contract for primary food items <ol style="list-style-type: none"> Contractor will assist with storage Constant supply of food Continue to conduct monthly inventory updates <p>TRAINING</p> <ol style="list-style-type: none"> Kitchen Services Director to continue to conduct training on basic cooking and advanced cooking Kitchen Services Director to identify training needs for staff and coordinate with Hospital Administration & HR to identify availability of training and funding 	<ul style="list-style-type: none"> Food supplies are provided (1) Improved patient care (1,2) Developed menu (2) Implemented plan (3) Increased awareness among inpatients on food safety and healthy diets (3) Report generated (4) Updated information on Department (4) Salary increments applied (5) Expanded kitchen (6) Storage and workspace expanded (6) Services are not interrupted (7) Decrease in need for storage space (7) Decrease in procuring of goods on a monthly basis (7) Stocks are updated and maintained (8) Decrease in out of stock items (8) Increase knowledge and understanding of healthy cooking (9,10) 	<ul style="list-style-type: none"> Director of Kitchen Services Support Service Associate Administrator Hospital Administrator 	2017-2019

OUTPUT 2.5: MAJURO HOSPITAL ADMINISTRATION

Output 2.5: To ensure effective and efficient Administration of the Majuro Hospital

Output 2.5.1: Majuro Hospital Administration

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Administration of the Majuro Hospital	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> 1. In conjunction with Personnel to develop criteria for a succession line (in-house) 2. Working with Personnel to identify perspective students for medical training to eventually replace all expatriate professional staff with properly qualified Marshallese individuals as indicated in the succession line in Activity 1 3. To develop a schedule for all doctors to attend various types of short term training for them to retain their medical profession 4. Continue CE education trainings on site for all medical staff (for the doctors to provide training, in house) 5. Continue to train health care providers in the use of certain diagnostic equipment and procedures <i>NOTE: All of the above activities can be accomplished with payroll cost only.</i> 6. Identify and purchase all equipment and supplies needed to deliver better diagnostic services (in coordination with units within the hospital and finance) <i>NOTE: No funding available for purchasing equipment and supplies</i> 	<ul style="list-style-type: none"> ▪ Accelerate training of existing doctors ▪ # of training sessions ▪ # of people trained at various sessions ▪ Criteria developed ▪ Increased retention rates ▪ Increased morale and self esteem ▪ Availability of diagnostic equipment 	<ul style="list-style-type: none"> ▪ Assistant Secretary of MAHCS/Hospital Administrator ▪ Associate Administrator, Nonclinical Support Services 	2017-2019

KEY OUTCOME AREA 3: BUREAU OF KWAJALEIN HEALTH CARE SERVICES

Goal: To improve health outcome for the people of Kwajalein Atoll within constraints of limited resources.

The Bureau of Kwajalein Health Care Service's includes the following departments:

- Hospital Nursing Services
- Medical Services
- Clinical Support Services
- Non-Clinical Support Services
- Administration
- Primary Health Care Services

OUTPUT 3.1: NURSING SERVICES

Output 3.1: To improve health outcome for the people of Kwajalein Atoll within constraints of limited resources.

Output 3.1.1: Ebeye Hospital Nursing Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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To ensure effective and efficient Hospital Nursing Services	MANAGEMENT	<ul style="list-style-type: none"> Day to day management maintained (1,2) Promotion of nurses based on assessment and performance (3) Recertified nurses in CPR, BLS, & ACLS (8) Established SOP (4) Assessment & plan completed (5,6) Nursing staff trained on patient care guidelines, equipment use (7,8) Increased knowledge and understanding of patient care (7,8) More qualified staff (8,9) Sustained specialized services (8,9) Increased number of BSN nursing staff (9) Increased number of specialized nurses (10) Supplies & equipment are provided on a timely manner (11) Improved diagnosis and care management (11) Quality of patient care is improved (12) Uniform implementation on standard of care (12) Adequately staffed units (13) 	<ul style="list-style-type: none"> Chief Nurse Nurse Supervisor Ebeye Hospital Administrator Ebeye SLT 	2017-2019
	<p>31. Chief Nurse to continue to Maintain a schedule for nursing management for each unit</p> <p>32. Chief Nurse to continue to conduct monthly meetings with each unit</p> <p>33. Coordinate with MOH HR to develop a nursing clinical ladder criteria including training needs and performance assessment</p> <p>34. Coordinate with Nutritionist to develop an SOP on in-patient nutrition and counseling</p> <p>35. Coordinate with Ebeye Administration and PMU conduct an assessment and develop a plan to retrofit existing Pediatric room into an ICU Pediatric Room</p> <p>36. Coordinate with Ebeye Administration and PMU to assess needed equipment and supplies for Pediatric ICU</p> <p>TRAINING</p> <p>37. Coordinate with MOH Administration to conduct training through medical missions on site</p> <p>38. Ensure all staff attend CME program when scheduled</p> <ul style="list-style-type: none"> ACLS/BLS/PALS Training (PHEP/HPP) Anesthesiology Refresher Course (ESN/WHO) Annual APNLC (ESN, CHC) Request SLT to support 2 nurses for Anesthetists Training HAZMAT Training (PHEP/HPP) Infection Control Training (PHEP/HPP) <p>39. Coordinate with WHO and other donors to fund current nurses to attend Universities in order to achieve a higher level of education (1-2 staff)</p> <p>40. Train nursing staff in specialized areas (midwives, ICU) off island (Taiwan, WHO Funding)</p> <p>41. Chief Nurse to mentor a local staff nurse for the Deputy Chief Nurse post</p> <p>PATIENT CARE</p> <p>42. To provide a list of needed inventory and equipment to Supply Department on monthly basis</p> <p>43. Review, update and conduct trainings on Nursing Care SOP</p> <p>44. Coordinate with HR to employ qualified nursing staff</p> <ul style="list-style-type: none"> ER ASN Nurse, 1 (Compact) QA/QI Nurse, 1 (Compact) 			

OUTPUT 3.2: MEDICAL SERVICES

Output 3.2: To ensure effective and efficient Hospital Medical Services

Output 3.2.1: Medical Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Hospital Medical Services	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Chief of Staff to continue to conduct weekly meetings with medical staffs/administration. Formalize and Chair the Pharmaceutical & Therapeutic Committee (to include the Pharmacist), Protocol Committee, Networking (Leadership) Committee 	<ul style="list-style-type: none"> Day to day management maintained (1,2) Improved coordination between administration and 	<ul style="list-style-type: none"> Chief of Staff SLT Ebeye 	

	<ol style="list-style-type: none"> Establish the Equipment Committee (to include the Biomed Tech and other relevant staff) Continue active coordination with HR and Credentialing Committee on medical staff recruitment Review and update Kwajalein Hospital Book of Protocols and ensure implementation is enforced Chief of Staff will continue to serve as a regular member of the following <ul style="list-style-type: none"> <i>National Medical Referral Committee</i> <i>Joint Medical Committee between Ebeye/Kwajalein Hospital</i> Senior Leadership Team for Ebeye & Majuro <p>TRAINING</p> <ol style="list-style-type: none"> Ensure all medical staff continue to attend CME trainings on site when scheduled <p>PATIENT CARE</p> <ol style="list-style-type: none"> Coordinate with Majuro/Ebeye Hospital Supply Department on essential medical equipments, pharmaceuticals, and supplies With current staff, ensure that units are adequately staffed Coordinate Outer Island medivacs and referrals with Kwajalein Hospital, 177 Program, and Majuro Outer Island Health Care Services. 	<p>clinical services (2, 10)</p> <ul style="list-style-type: none"> Increased knowledge and understanding of clinical and patient care (3) Improved patient care (4,5,6,8,9,10) Renewed licenses for medical staff (7) Supplies and equipment are provided in a timely manner (8,9) 		
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OUTPUT 3.3: CLINICAL SUPPORT SERVICES

Output 3.3: To

Output 3.3.1: Laboratory Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Laboratory Services	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Coordinate with HR and to hire the following <ul style="list-style-type: none"> <i>Microbiologist (1, Compact)</i> <i>Lab Technicians (1, Compact)</i> <i>Lab Technologist (1, Compact)</i> Coordinate with Biomedical Department to ensure laboratory equipments are maintained and calibrated regularly Coordinate with Hospital Administration for renovation of Lab Department (Ebeye IMF) Continue monitor and share syndromic surveillance reports to detect disease pattern Coordinate with Biomed Department to establish a service maintenance contract with training included for the Vitros-350 Chemistry Analyzer (ESN) Continue in-house quality control and external quality assurance Monitor and improve Laboratory Quality Management System (LQMS) <p>TRAINING</p> <ol style="list-style-type: none"> Laboratory Supervisor to conduct International Air Transport Agency(IATA) Shipping Dangerous Goods Training Continue distance learning with POLHN and PPTC 	<ul style="list-style-type: none"> Improved patient care (1,2,6) Adequately Staffed (1) Services not interrupted (2, 3) Improve data management (4) Improved Laboratory Diagnostics (5) Renewed licenses for medical staff (4) Improved patient care (5,8) Day to day management maintained (7) Increased knowledge and understanding of patient care & diagnostics (7,8,9, 10) Supplies and equipment are provided in a timely manner (11) 	<ul style="list-style-type: none"> Lab Supervisor Hospital Administrator Support Services Director 	

	10. Coordinate with PIHOA to plan and develop an attachment program for Ebeye Laboratory Program PATIENT CARE 11. Continue to procure lab supplies and equipment			
Output 3.3.2: Biomedical Services				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
	<i>(New program to commence upon hiring of Biomedical Engineer)</i>		▪	
Output 3.3.3: Pharmacy Services				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Pharmacy Services	MANAGEMENT <ol style="list-style-type: none"> To develop and implement an inventory system based on new formulary To coordinate with Administration office to hire 1 staff To ensure availability of needed office supplies/equipment To develop and implement a SOP TRAINING <ol style="list-style-type: none"> Seek off island training opportunity for staff PATIENT CARE <ol style="list-style-type: none"> Ensure consistent availability of pharmaceuticals 	<ul style="list-style-type: none"> Improved patient care (1, 2, 3, 4, 6) Pharmacy staffed (2) Staff well trained (5) 	<ul style="list-style-type: none"> Chief Pharmacist Staff Administrator Ebeye SLT 	2017-2019
Output 3.3.4: Rehabilitation Services				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To improve physical therapy and rehabilitation services	MANAGEMENT <ol style="list-style-type: none"> Coordinate with HR and HPDP Director to hire one FTE female PT for culture-preference considerations (Diabacco) Improve medical record-keeping and patient charting TRAINING <ol style="list-style-type: none"> Participate in Neurological Disorder and DM Foot management trainings (ESN) Participate in Prosthetic Training in Majuro (ESN) PATIENT CARE <ol style="list-style-type: none"> Improve compliance of PT and Rehabilitation Service referrals To provide a list of needed inventory and equipment to Supply Department on a monthly basis Coordinate with NCD Program to continue DM counseling, foot screenings and community outreach program Develop SOP for PT Rehab Program 	<ul style="list-style-type: none"> Improved # of female patient care(1) Improve patient care (2, 5, 6, 7,8) Improve program reporting (2) Increased knowledge and understanding of patient care (3, 4) Decrease in number of amputations (5) Reduce costs in medical expenses (5) Supplies and equipment are provided in a timely manner (6) Service not interrupted (6, 8) 	<ul style="list-style-type: none"> PT Supervisor Hospital Administrator Support Services Director Surgeons/COS NCD Coordinator 	2017-2019
Output 3.3.5: Radiology Services				
Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and	MANAGEMENT <ol style="list-style-type: none"> Ensure that shifts are adequately staffed 	<ul style="list-style-type: none"> Services are not interrupted (1, 6,7,8) 	<ul style="list-style-type: none"> Radiologist 	2017-2019

efficient Radiology Services	<ol style="list-style-type: none"> 2. Improve annual QA scores 3. Develop and implement a staff safety protocol <p>TRAINING</p> <ol style="list-style-type: none"> 4. Assess training needs for Radiology staff 5. Coordinate with Ebeye Administration to identify on-site and off island training for Radiology Staff <p>PATIENT CARE</p> <ol style="list-style-type: none"> 6. To continue networking of images to critical stations 7. To provide a list of needed inventory and equipment to Supply Department on a monthly basis 8. To coordinate with Ebeye Administration to purchase equipment: <ul style="list-style-type: none"> - CR Portable Unit (X-Ray Machine) 	<ul style="list-style-type: none"> ▪ Improved patient care (2) ▪ Established staff safety protocol (3) ▪ Safety of staff is improved (3) ▪ Training needs identified (4) ▪ Increased knowledge and understanding of patient care (5) ▪ Improved patient care (8) 	<ul style="list-style-type: none"> ▪ Radiology Supervisor ▪ Ebeye Hospital Administrator 	
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OUTPUT 3.4: NON-CLINICAL SUPPORT SERVICES

Output 3.4: To improve health outcome for the people of Kwajalein Atoll within constraints of limited resources.

Output 3.4.1: Medical Record Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To improve management of patients' Medical Record	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. To coordinate with Administration to expand Medical Record area to provide more space for charts 2. To ensure availability of needed supplies 3. To continue to update and provide report on patients' registry 4. Continue to archive inactive patients' charts 5. To seek assistance from Support Services Director in ordering HeavyDuty, extra inch extension folder to replace all current and old ones 6. To coordinate with the IT officer to develop a plan to digitally store all Medical Record, and provide backup battery to avoid losing unsaved data 7. To continue to log incoming and outgoing charts <p>TRAINING</p> <ol style="list-style-type: none"> 8. To coordinate with the Administration office to identify and schedule a training for 1 staff <p>PATIENT CARE</p> <ol style="list-style-type: none"> 9. To continue to provide Medical Records in a timely manner 	<ul style="list-style-type: none"> ▪ More space to store charts (1) ▪ Quality work performed (2, 8) ▪ Patients' registry reported (3) ▪ Inactive patients' registry are kept (4) ▪ Old ones replaced (5) ▪ Charts are secured (5, 6) ▪ Avoid misplacing charts (7) ▪ Well trained staff (8) ▪ Patient care increased (9) 	<ul style="list-style-type: none"> ▪ Medical Record Supervisor ▪ Hospital Administrator 	2017-2019

Output 3.4.2: Maintenance

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
To ensure effective and efficient Maintenance Services	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Continue to maintain a maintenance schedule for all Kwajalein Atoll Health Care facilities, vehicles, boat, and nonmedical equipment. 2. Continue periodic inspection of building conditions and create inventory of building consumables 	<ul style="list-style-type: none"> ▪ Maintained facilities, vehicles, boat and nonmedical equipment (1,2,3) ▪ Increased longevity of facilities, vehicles, boat, 	<ul style="list-style-type: none"> ▪ Support Services Director ▪ Hospital Administrator 	2017-2019

	<ol style="list-style-type: none"> To continue to coordinate with PMU to conduct inspections on extensive maintenance needs and maintenance of the facilities. Construction of new multi-purpose training and conference room To renovate the TB Ward & TB Trailer <p>TRAINING</p> <ol style="list-style-type: none"> Coordinate with Administration to schedule training for staff (PHEP/HPP) 	<ul style="list-style-type: none"> and nonmedical equipment (1,2,3) Cost savings (1,2,3) Identified extensive maintenance needs (2) Workspace expanded (4) Renovated patient area (5) Trained staff (6) Staff competency and safety increased (6) 	<ul style="list-style-type: none"> Maintenance Supervisor 	
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Output 3.4.3: Housekeeping

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Housekeeping Services</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Establish an inventory system to keep track of cleaning supplies To continue to maintain cleanliness of the Hospital environment Coordinate with the Administration to locate a storage room (to be used only by the Housekeeping Department) for stocking purposes Continue to fully utilize waste sterilizer Establish and implement a cleaning checklist/schedule to follow Coordinate with Administration office to ensure availability of needed cleaning supplies <p>TRAINING</p> <ol style="list-style-type: none"> Coordinate with Administration to schedule an on-site training on safety <p>PATIENT CARE</p> <ol style="list-style-type: none"> Coordinate with Chief Nurse to schedule appropriate time to clean patients' rooms 	<ul style="list-style-type: none"> Cleaning supplies available at all time (1) Maintained cleanliness of hospital (1,2) Supplies monitored (3) Waste sterilizer utilized (4) Avoid missing areas to clean (5) Work performance maintained (6) Knowledge increased in safety (7) Prevent injury (7) Doctors/Nurses/Patients are not interrupted (8) 	<ul style="list-style-type: none"> Housekeeping Supervisor Support Services Director Hospital Administrator Asst. Secretary 	2017-2019

Output 3.4.4: Security

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Security Services</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Enforce PSC attendance policy Coordinate with HR and other respective offices to hire one (1) staff Develop and implement a safety protocol Coordinate with Support Services Director to identify funds to renovate the security office Establish and implement a plan to put fence around the hospital Re-establish the using of visitors' badge Coordinate with Administration Office to ensure availability of needed supplies (flash light, uniform, gloves, etc.) To continue to persuade MOH personnel office to coordinate with PSC to allow overtime hours <p>TRAINING</p> <ol style="list-style-type: none"> To coordinate an off island security training for 1 staff To conduct on-site training upon completion of an off island training <p>PATIENT CARE</p> <ol style="list-style-type: none"> To coordinate with Chief of Staff and Chief of Nurse 	<ul style="list-style-type: none"> Employee reporting to work on time (1) Staffed, two security officers per shift (2) Safe environment (3) Fast and easy access to ER and patients' visitors entrance/exit (4) More secure (5) Visitors' monitored (6) Work performance maintained (7) Shifts staffed 24/7 (8) Knowledge increased in security-related duties (9,10) Improve understanding of patient care (11) 	<ul style="list-style-type: none"> Security Supervisor Support Services Director Hospital Administrator 	2017-2019

	to conduct on-site Basic Life Support training for all security personnel 12. Coordinate with Administration to identify "Driving" trainings	<ul style="list-style-type: none"> Assist nursing staff in emergency situation (11) Well trained in driving the Ambulance (12) 		
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Output 3.4.5: Kitchen

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Dietary Services (Kitchen)</i>	MANAGEMENT <ol style="list-style-type: none"> To continue to enforce PSC attendance policy Continue to provide daily meals to admitted patients Prepare and submit quarterly report to Supervisors To establish and implement an inventory system To coordinate with Administration office to renovate the kitchen Establish workplace standards on personal hygiene and dress code To continue to ensure cooking supplies are available at all times To coordinate with Housekeeping to maintain cleanliness of kitchen TRAINING <ol style="list-style-type: none"> To coordinate with Administration office to identify training courses for nutritionist To have a training plan for food safety PATIENT CARE <ol style="list-style-type: none"> To coordinate with a health nutritionist to develop and implement a menu based on therapeutic/nutritionist diet 	<ul style="list-style-type: none"> Work performed (1, 6, 7) Meals provided (2) Quarterly reports submitted (3) Monitored (4) Kitchen renovated (5) Kitchen is cleaned at all time (8) Patients are taken cared off (9, 10, 11) 	<ul style="list-style-type: none"> Kitchen Supervisor Support Service Director 	

OUTPUT 3.5: ADMINISTRATION

Output 3.5: To ensure effective and efficient Administration Services

Output 3.5.1: Administration

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Administration Services</i>	MANAGEMENT <ol style="list-style-type: none"> Provide overall leadership to the Bureau of Kwajalein Atoll Health Care based on Ministry of Health mission, and through Team Work Shared Effort Ensures compliance to health policies/procedures and PSC regulations Establish mentorship and succession plans for future health leadership Continue health strategic planning and reporting responsibilities Elevate partnership at local level and national level Elevate collaboration with external partners Ensures compliance with the nineteen CHC program requirements Support personnel management and workforce development Continue to secure funding opportunities for sustaining health programs and promote Fiscal responsibility within the Bureau. 	Outcomes/Results <ul style="list-style-type: none"> Day to day operation is maintained (1, 2, 5, 8) Standard of health care maximized (3, 4, 8, 10,11,12) Service Continuity (3, 4,7,, 8,9, 10) Strengthen community support and ownership(6) Funding security (6, 7,9) Effective leaders SLT (12) Monitoring & evaluating mechanisms (10) 	<ul style="list-style-type: none"> Asst. Secretary Director of Primary Health Care Director of Support Services Hospital Administrator Chief Nurse Chief of Staff PHC Medical Director 	2017-2019

	<p>10. Evaluate progress towards national, regional and global standards: SDG, Healthy People, WHO, CDC, CHC, etc.</p> <p>TRAINING</p> <p>11. Take advantage of training opportunities available through donor partners and the Ministry of Health to empower the administration.</p> <p>PATIENT CARE</p> <p>12. Supports effectiveness at Program Level to maximize standard of care provided to the community.</p>			
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Output 3.5.2: Revenue & Collection Services

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Revenue Collection Services</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> To ensure all collection are properly documented To make certain availability of office supplies/equipment needed Increase revenue collection by 10% per year To coordinate with Administration office to consider renovating existing office Increase and strengthen communication with Majuro MOH to avoid running out of receipts Continue to prepare and submit collection reports to Supervisors daily To conduct monthly meetings with Supervisors To continue to deposit revenue collection on a daily basis <p>TRAINING</p> <ol style="list-style-type: none"> To coordinate with Administration office to identify and schedule training for staffs <p>PATIENT CARE</p> <ol style="list-style-type: none"> To continue to enforce PSC attendance policy 	<ul style="list-style-type: none"> Transparent reporting (1) Tasks performed (2, 5, 8) Projection met (3) Office renovated (4) Daily reports submitted (6) Revenue updated (7) Increased understanding of daily responsibilities (9) Patients are taken care of (10) 	<ul style="list-style-type: none"> Revenue Collection Department Supervisor Support Services Director Asst. Secretary 	2017-2019

Output 3.5.3: Human Resources

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Human Resources (HR) Department</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> To coordinate with Administration office to hire 1 HR Specialist Establish an official matrix to monitor housings, contracts, etc. Continue to work closely with PSC to fast track the hiring, renewing and terminating of personnel To work closely with the office of DCS in notifying the community about Employment Announcements (EAs) To provide a detailed personnel report of each employee to the Administration office once a year Continue to monitor the staff list and provide updated reports to the Support Services Director periodically To continue to ensure availability of needed office supplies/equipment <p>TRAINING</p> <ol style="list-style-type: none"> To involve the Administration office in coordinating a training on HR with Majuro <p>PATIENT CARE</p>	<ul style="list-style-type: none"> HR staffed (1) Housing and Contracts monitored (2) Employees satisfied (3) Community informed of EAs (4) Administration office aware of employees' status annually (5) Support Services Director is aware of changes in the staff list (6) Tasks performed (7) Understanding of daily duties increased (8) Qualified employees 	<ul style="list-style-type: none"> HR Officer Ebeye SLT 	2017-2019

	9. To continue to coordinate with the Clinical Supervisors to hire qualified personnel for clinical post	for the clinical posts are selected (9)		
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Output 3.5.4: Procurement & Supply

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To ensure effective and efficient Material Management Services</i>	MANAGEMENT <ol style="list-style-type: none"> Continue to ensure all medical supplies are adequately stocked Develop and implement an SOP (to coordinate with Jerel) Coordinate with Majuro Material Management Director to expand the number of legitimate suppliers by coordinating with Micronesian Health Government agencies to get list of suppliers they work with. To renovate supply warehouse. To coordinate with Ebeye Administration to develop an expansion plan for storage warehouse. To conduct a physical count on a quarterly basis To hire an additional Medical Supply Tech (Compact – 1) TRAINING <ol style="list-style-type: none"> To coordinate a training on procurement and record keeping of supplies with Majuro Department (ESN) To conduct training with Ebeye Material Management staff upon completion of training in Majuro 	<ul style="list-style-type: none"> Organized (1) Work performed (2, 8, 9) Patient care increased (3) Receive fast and quality medical supplies (3) Warehouse renovated (4) All medical supplies stored (5) Avoid running low/out of medical supplies (6) Supply Tech staffed (7) Understanding increased (8, 9) 	<ul style="list-style-type: none"> Material Management Supervisor Medical Supply Techs Hospital Administrator Support Services Director 	

Output 3.5.5: Information & Technology (IT)

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To continue to upgrade IT capabilities</i>	MANAGEMENT <ol style="list-style-type: none"> To coordinate with Administration to hire 1 IT Specialist To continue to purchase software for upgrading and safeguarding purposes Continue to provide assistance in troubleshooting To renew all internet cables To coordinate with Administration office to limit access to social media To develop a plan to launch a webmail for Kwajalein MOH To establish an inventory of all electronic devices and provide updates and reports to Supervisors periodically To reestablish the database system between Majuro and Ebeye TRAINING <ol style="list-style-type: none"> To identify and attend a website/network training PATIENT CARE <ol style="list-style-type: none"> To support management of health information To ensure that medical staffs are well equipped with computer and electronic accessories 	<ul style="list-style-type: none"> IT Staffed (1) System upgraded and secured (2) Computer maintained (3) Upgrade internet speed (4) Increase job performance (5) Strengthen communication (6) Electronics accounted for (7) Expedite the process of getting the paper works done (8) Increased understanding of website and networking (9) Patient care increased (10, 11) 	<ul style="list-style-type: none"> IT officer Hospital Administrator Ebeye SLT 	

Output 3.5.6: Vital Statistics

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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To ensure effective and efficient Vital Statistics management	MANAGEMENT	<ul style="list-style-type: none"> Work performed (1, 4) Work not interrupted (1) Staffed (2) Well organized (3) Improvement in operation (5) Patient care increase (6) 	<ul style="list-style-type: none"> Vital Statistic Supervisor Hospital Administrator 	2017-2019
	<ol style="list-style-type: none"> To coordinate with IT officer to upgrade/renew database server To coordinate with Administration office to hire 1 staff To development a plan for expansion To ensure availability of needed office supplies/equipment (cabinet, Xerox machine, etc.) 			
	TRAINING <ol style="list-style-type: none"> To coordinate with Administration for possible trainings as needed 			
	PATIENT CARE <ol style="list-style-type: none"> To continue to act promptly and provide needed documents to medical staffs 			

KEY OUTCOME AREA 4: BUREAU OF ADMINISTRATION

Goal: Effective management and administration of Human and Financial resources in the Ministry of Health

The Bureau of Administration includes the following departments:

- Accounting & Finance
- Human Resources
- Procurement & Supply
- Medical Referral Services

OUTPUT 4.1: FINANCE & ACCOUNTING

Output 4.1.1: To provide effective and efficient management of Administration, Personnel, Finance, and off island Medical Referral Services

Output 4.1.1: Finance & Accounting

Objectives	Implementing Actions	Indicators	Responsible Staff/Agency	Time Frame
Maintain Health Finance & Accounting Divisions	MANAGEMENT & OPERATIONS <ol style="list-style-type: none"> Develop evidence based materials to write a Cabinet paper to gain exemption of small purchase limit for the Ministry of Health Consolidate SOPs in order to develop an MOH Finance & Accounting Manual Work with each MOH Program to prepare budget for upcoming budget period Improve paper-filing system by expanding storage capacity & training staff 	<ul style="list-style-type: none"> Procurement process is streamlined regarding purchase limits (1) Reduce number of audit findings to zero due to streamlined procurement process (1) Develop a Finance & Accounting manual (2) Monitor budget on a quarterly basis (1-4) Increase the involvement of 	<ul style="list-style-type: none"> Chief Accountant Finance Director Assistant Secretary, AP&F 	2017-2019

		budget planning with MOH Programs for federal grants (3) <ul style="list-style-type: none"> ▪ Efficient filing system and trained staff (4) 		
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OUTPUT 4.2: HUMAN RESOURCES

Output 4.2: Maintain health human resources Department

Output 4.2.1: HUMAN RESOURCES

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
Maintain health human resources Department	Implementing Actions: <ol style="list-style-type: none"> 1. Continue capacity building through WHO Fellowship Program 2. Continue capacity building with PIHOA on mentoring & and coaching programs 3. Continue to update Human Resources database 4. Improve employee contract by following project periods for federal grants 5. Revise the employment performance evaluation form 6. MOH to assume responsibility of hiring medical staff 7. Develop a Human Resources Strategic Plan 	<ul style="list-style-type: none"> ▪ Trained staff through Fiji National University (1) ▪ More effective HR processes and procedures (2) ▪ Trained and efficient staff (2) ▪ Updated personnel employment files so that HR action can be taken as needed (3) ▪ Less delays in processing of employee contracts (4) ▪ More user-friendly form (5) ▪ Streamlined hiring process (6) ▪ Human Resources Strategic Plan (7) 	<ul style="list-style-type: none"> ▪ Human Resources Director ▪ Assistant Secretary, AP&F 	2017-2019

OUTPUT 4.3: PROCUREMENT & SUPPLY

Output 4.3: Maintain Health Procurement & Supply Division

Output 4.3.1: PROCUREMENT & SUPPLY

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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Maintain Health Procurement & Supply Division	Implementing Actions: <ol style="list-style-type: none"> 1. Extend contract period from three months to six months for fast moving medical supplies pharmaceuticals 2. To expand the number of legitimate suppliers by coordinating with Micronesian Health Government agencies to get list of suppliers they work with. 3. To continue to implement Microix system to track inventory of medical supplies and pharmaceuticals 4. Develop and implement standard operating procedures for the MOH Procurement & Supply Program (to include fixed asset register for internal MOH funds) 5. To conduct physical count of inventory twice a year (end of March & end of September) 6. Hire and train one staff responsible for Abila MIP Accounting system fixed asset register 	<ul style="list-style-type: none"> ▪ Constant supply of fast moving items on stock (1,3,5) ▪ Reduced number of out of stock fast moving items (1,3,5) ▪ Increase number of suppliers and increase in availability of items (2) ▪ Cost-savings due to competitive bidding (2) ▪ Improved monitoring of expiration dates on pharmaceuticals & medical supplies (3) ▪ Develop an SOP for MOH Procurement & Supply Department ▪ Reconciliation of Microix database & physical count and adjust count if necessary (5) ▪ Reduced number of contracts processed (FY18) ▪ Implement MIP fixed asset register for all in-house funds in Majuro & Ebeye (6) 	<ul style="list-style-type: none"> ▪ Human Resources Director ▪ Assistant Secretary, AP&F 	2017-2019
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OUTPUT 4.4: PROCUREMENT & SUPPLY

Output 4.4: Maintain & manage medical referral services

Output 4.4.1: MEDICAL REFERRAL SERVICES (Majuro & Ebeye)

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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Maintain & manage medical referral services	Implementing Actions: <ol style="list-style-type: none"> 1. Conduct training on claims analysis on island 2. Implement revised Off Island Referral Policies <ul style="list-style-type: none"> ▪ Identify procedures most frequently referred overseas ▪ Determine procedures where it would be cost effective to establish on-island care for procedures most frequently referred overseas 3. Upgrade database to include Philippines data (both basic & supplemental plans) 4. Train staff on upgraded database operation 	<ul style="list-style-type: none"> ▪ Trained staff on claims analysis (1) ▪ Method of off island referral is streamlined and decrease in unnecessary referrals resulting in reduced costs (2) ▪ Improved monitoring of Basic and Supplemental patient bills (4) ▪ Decrease in duplication of patient billings (4) ▪ Trained staff on upgraded database (5) 	<ul style="list-style-type: none"> ▪ Medical Referral Director ▪ Ebeye Medical Referral Coordinator ▪ Assistant Secretary, AP&F (All) 	2017-2019
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Output 4.4.2: ADMINISTRATION - HAWAII

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
	Implementing Actions: <ol style="list-style-type: none"> 1. Update the database weekly with patient information for referral program and supplemental program 2. Generate reports on a weekly & quarterly to Majuro Office. 3. Continue to handle patient care and operations for the Hawaii Referral Program 	<ul style="list-style-type: none"> ▪ Updated status on patients & housing for patients (1) ▪ Weekly and quarterly reports generated (2) ▪ Patients receive proper treatment (3) 	<ul style="list-style-type: none"> ▪ Medical Referral Director ▪ Ebeye Medical Referral Coordinator ▪ Assistant Secretary, AP&F (All) 	2017-2019

Output 4.4.3: ADMINISTRATION – PHILIPPINES & OTHERS

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
	Implementing Actions: <ol style="list-style-type: none"> 1. Third Party Administrator (TPA) continues to submit reporting to Majuro as per reporting schedule. 2. RMI Patient Coordinator to do reporting on the Services of the TPA as per reporting schedule. 	<ul style="list-style-type: none"> ▪ Reports are generated (1,2) ▪ Trained staff (3) ▪ Sufficiently staffed PI Referral Office (4) 	<ul style="list-style-type: none"> ▪ Medical Referral Director ▪ Ebeye Medical Referral Coordinator 	2017-2019

	3. Training of RMI Patient Coordinator (Seminar training in case management/possible certification program to be explored) in the Philippines. 4. To hire an additional patient coordinator from the Marshall Islands to the Philippines	<ul style="list-style-type: none"> Decrease burden for current PI Patient Coordinator (4) Improved quality of patient care (4) 	<ul style="list-style-type: none"> Assistant Secretary, AP&F (All) 	
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KEY OUTCOME AREA 5: OFFICE OF HEALTH PLANNING, POLICY & STATISTICS

Goal: Provide cross-cutting policy perspectives that bridges MOH Bureaus, public and private sector activities, and the research community, in order to develop, analyze, coordinate and provide leadership on health policy issues

The Office of Health Planning, Policy & Statistic's includes the following departments:

- Information & Technology (IT)
- Epidemiology & Vital Statistics
- Emergency Preparedness Program
- Performance Management
- Environmental Health

OUTPUT 5.1: INFORMATION TECHNOLOGY

Output 5.1: Expand coverage of health information systems in facilities

Output 5.1.1: Information Technology (IT)

Objectives	Implementing Actions	Indicators	Responsible Staff/Agency	Time Frame
Expand coverage of health information systems in facilities	<p>MANAGEMENT</p> <ol style="list-style-type: none"> Maintenance of existing network and computer systems Inventory of all equipment to be maintained Develop a maintenance schedule for all the inventory Develop a replacement plan for all inventoried equipment Endorse a Maintenance Plan on Network and Computer Systems Endorse a Ministry of Health IT Infrastructure/Network Design Re-enforce a IT/HIS job order system Upgrade of existing network and computer system to accommodate the need of users, systems and data security Conduct a Health Information Systems Assessment in Majuro/Ebeye Develop a Health Information System Strategic Plan Establish Internal Web Domain <p>Training</p> <ol style="list-style-type: none"> Develop Training Plan for IT Department Coordinate with NTA for DAMA Training of IT Staffs Conduct Basic Training on Good Use of Internet 	<ul style="list-style-type: none"> working properly (1,3,4) Updated equipment inventory list (2) System improved (6,7) Completed Systems Assessment (5,8,9) Health Information Systems Strategic Plan developed (10) Enhance health information system in Ebeye and Outer Islands Information shared across all 	<ul style="list-style-type: none"> IT Director IT Staffs 	2017-2019

	Patient Care 15. Develop and/or adapt survey tool and databases for information collection and receive approval from management and clinical management to implement <ul style="list-style-type: none"> Develop protocols for implementation of surveillance Train staff and organize internal processes for surveillance 	programs in MOH (11) <ul style="list-style-type: none"> Staff competency enhanced (13,14,15) Patient management improved (15) 		
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OUTPUT 5.2: PERFORMANCE IMPROVEMENT

Output 5.2: To establish a unit-level monitoring & evaluation standards to improve performance & accountability

Output 5.2.1: Performance Improvement

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>To establish a unit-level monitoring & evaluation standards to improve performance & accountability</i>	MANAGEMENT <ol style="list-style-type: none"> Call meetings for MOH Management team to initiate planning and follow-up meetings as necessary regarding planning implementations Set up Strategic Planning update meetings with all individual divisions throughout the year Identify all reports currently being prepared in the Ministry for either internal or external use Develop an archival system for reports that leave the Ministry Ensure that all required reports are submitted on time to the Planning Office and distributed to proper recipients To prepare a schedule of all required reports Prepare quarterly/annual reports Finalize updated OAM to Cabinet for approval Coordinate with Finance and Performance Budget Coordinator on establishing quarterly financial burn rates Training <ol style="list-style-type: none"> Provide technical assistance for the design of reports to all MOH bureaus Collaboration between OHPPS and other Government agencies for benchmarking exercises Conduct training sessions on planning theory and for health Conduct Program Development Training Patient Care <ol style="list-style-type: none"> Develop and/or adapt survey tool and databases for health information 	<ul style="list-style-type: none"> Health plans and systems monitored (1, 12) Various reports submitted on time (2) Produce schedule of all obligations (6,9) Identification of all reports prepared by the Ministry (3) Creation of a database for archival information (4) Consulting unit established and available (5) Preparation of quarterly/annual report (7) Improved reporting (6, 13) Overarching measures monitored (8,14) 	<ul style="list-style-type: none"> Performance Manager Health Planner 	2017-2019

Output 5.2.2: Quality Improvement & Quality Assurance

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
Establish unit-level monitoring & evaluation	MANAGEMENT <ol style="list-style-type: none"> initiate QA/QI planning and follow-up meetings as necessary regarding planning implementations 	<ul style="list-style-type: none"> Consultant contract issued (7) 	<ul style="list-style-type: none"> Performance Manager 	2017-2019

standards to improve performance and accountability	<ol style="list-style-type: none"> 2. Seek TA or consultancy for QA assessments 3. Develop a QA/QI Improvement Policy 4. Monitor annual Quality Assurance (Standard Base Management) scores of each program (from QA Subcommittee) 5. Perform Quality Assurance (QA) evaluations yearly 6. Develop protocols for implementation of surveillance <p>Training</p> <ol style="list-style-type: none"> 7. Provide technical assistance for the design of reports to all MOH bureaus 8. Provide QA/QI training to all program managers 9. Train staff and organize internal processes for survey 10. Quality Improvement policy Orientation and Training Meetings will be conducted to ensure all staff are well informed, and that all procedures are standardized <p>Patient Care</p> <ol style="list-style-type: none"> 11. Develop and/or adapt survey tool and databases for health information 	<ul style="list-style-type: none"> ▪ QA scoring understood and improved (1,4,9) ▪ Improvement in program and health outcomes (5, 6) ▪ Consultant contract issued ▪ QA assessments completed (2) ▪ Staff competency increased(7,8, 9,10) ▪ Patient reporting improved (11) 	<ul style="list-style-type: none"> ▪ Health Planner 	
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OUTPUT 5.3: EMERGENCY PREPAREDNESS

Output 5.3.1: Enhance national health emergency and disaster preparedness, management and resilience

Output 5.3.1: Public Health Emergency Preparedness Program (PHEP)

Objectives	Implementing Actions	Indicators	Responsible Staff/Agency	Time Frame
<i>To strengthen and manage public health emergency preparedness measures</i>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Establish a scalable operation and coordination structure based on NIMS standards for public health emergency response. 2. Identify a physical space, primary and secondary, for emergency operations and response. 3. To build and sustain a functional communication structure that allows collaborative communications amongst MoH EOC, National EOC, and outer island Health Dispensaries in pre, during, and post emergencies. 4. Director to establish a PHEP SOP, PHEP SWOT Analysis, and portfolio. 5. Coordinate with stakeholders to establish a collaborative mechanism on establishing a Mass Care and Shelter Plan for public health emergencies and preparedness. 6. Ensure that the Multi-functional RSS/HAZMAT Facility is renovated and reconstructed. 7. Expand the capability to conduct rapid detection, characterization, investigative support, and laboratory networking to identify potential and actual exposures to all hazards. 8. Construct a functional structure on public health surveillance and epidemiological investigation that will 	<ul style="list-style-type: none"> ▪ Emergency Operations Plan endorsed (1) ▪ Physical space, primary and secondary, for emergency operations and response identified (2) ▪ Established PHEP SOP, SWOT Analysis Portfolio (4) ▪ Jurisdictional Risk Assessment (JRA) complete (18) ▪ Bought, established and installed DAMAs at needed sites for 	<ul style="list-style-type: none"> ▪ Interim Director ▪ SNS Coordinator ▪ Administrative Assistant ▪ ESAR-VHP Coordinator ▪ Surveillance Officer ▪ Outer Island Coordinator ▪ Solar Specialist ▪ Radio Specialist 	2017-2019

	<p>maintain, support, and strengthen routine surveillance and detection systems.</p> <p>TRAINING</p> <ol style="list-style-type: none"> 9. Ensure all PHEP personnel and stakeholders attend preparedness exercises and trainings: 10. <i>ACLS/BLS/PALS Training (PHEP/HPP)</i> 11. <i>FEMA's NIMS ICS Courses</i> 12. <i>ICS exercises and drills</i> 13. <i>OSHA's HAZMAT Training (PHEP/HPP)</i> 14. <i>Infection Control Training (PHEP/HPP)</i> 15. <i>SNS medical countermeasure</i> 16. Coordinate with CDC and DSNS to conduct a MCM Full Scale Drill. 17. Coordinate with partners, CDC, and WHO to conduct a Mass Care and Sheltering exercise. 18. Coordinate with OIDS for Health Assistant trainings and refresher trainings. 19. Coordinate with CDC to conduct exercise on MCM Receiving and Dispensing. 20. Conduct trainings and exercises on SNS, RSS, and PODs security. 21. Provide trainings for Lab Staff on conducting sample testing, analysis, and reporting. 22. Ensure capacity building for Lab and other on LNR and all the three levels. <p>PATIENT CARE</p> <ol style="list-style-type: none"> 23. Ensure all plans and annexes are in endorsed and disseminated to all key partners: PH EOP, Hospital EOP, Ebola Plan, Zika Plan, PanFlu Plan, CONOPS, Mass Care and Shelter Plan. 24. Conduct Jurisdictional Risk Assessment (JRA) and identify at-risk populations during public health emergencies. 25. Compile and construct a list of needed medical supplies from all preparedness and response partners. 26. Maintain and update an inventory list of state stockpile. 27. Purchase emergency needed equipment such as: Decon Tent, PPEs, Inflatable Hospitals, Back-up Generators, Tents, Cots, Rapid Emergency Kits, Trauma Kits, Lightings, etc. 28. Purchase 10 more DAMA communicating equipment for 10 more outer island dispensaries that will help them compile and submit their reports on time as needed and ensure establish the DAMAs and install them. 	<p>collaborative communication between health care centers within the islands (3,22)</p> <ul style="list-style-type: none"> ▪ Multi-functional RSS/HAZMAT Facility is renovated and reconstructed. (6) ▪ Incident Command Structure in place with roles and responsibilities. (8) ▪ Sustained specialized services ▪ Increased number of specialized nurses (10) ▪ Supplies & equipment are provided on a timely manner (20) ▪ Improved Surveillance structure but need more assistance ▪ Medical supplies and equipment are in place and ready to be used for public health emergencies (19,21) ▪ Uniform implementation on standard of care (12) ▪ Sustained relationship with jurisdictional, regional, and federal partners. (5) ▪ Staff and other partners are trained and skilled in preparedness activities, in responding to and recovering from health emergencies (disease outbreaks, natural 		
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		<p>hazards/disasters, and terrorism). (9,10,11,12,13,14)</p> <ul style="list-style-type: none"> Plans and annexes are endorsed and disseminated to all key partners. (17) Lab staff and others have the capability to manage activities, manage samplings, investigation, packaging, and transporting, and also report results at a professional level. (7,15,16) 		
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Output 5.3.2: HOSPITAL PREPAREDNESS PROGRAM (HPP)

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
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<p><i>To enhance the capacities & capabilities of the Ministry of Health to respond to the needs of the RMI communities during a natural disaster, terrorist attack, or other public health emergencies.</i></p>	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. Organize and facilitate Coalition Meetings and ensure all key players are involved. 2. Ensure that Hospital EOP is endorsed and signed off by Coalition members. 3. Identify other community partners and assess their needs and assets needed during a recovery process. 4. Revive the hospital healthcare coalition and the key members and establish an executive order in order to keep identified members in order 5. Organizational chart for EOC will be establish along with the names for each role essential for emergency filled 6. Identify community partners with the capacity to manage counseling and support for victims' families 7. Ensure a communication structure is in place with full capacity in information sharing. 8. Establish a plan for surge capacity and endorse by healthcare coalition and other stakeholder 9. Ensure Mass Care and Shelter Plan is in place and annexed. 10. Ensure Crisis Standards of Care Guidance is dissembled and endorsed by healthcare coalition and other stakeholders 11. Locate and establish a relationship with the healthcare organizations with the capacity to plan a process to determine the need for volunteers 12. To establish a standard process of managing, deploying, and tracking of volunteers. <p>TRAINING</p> <ol style="list-style-type: none"> 13. Conduct trainings for support services such as maintenance, plumping, mechanics, security, nurses, and doctors. 14. Conduct trainings or send staff to attend training on managing, tracking, and transporting of human remains 15. Conduct training or send off staff to attend training on volunteer demobilization. <p>PATIENT CARE</p> <ol style="list-style-type: none"> 16. Produce an inventory of all needed equipment and items within all departments such as PPEs, AEDs, trauma kits, rapid kits, cots, gurneys. 17. Identify and equip the primary and secondary EOC with all necessary equipment, office supplies, and communications needed during an incident 18. Acquire 10 additional DAMA communicating system for 10 more outer island dispensaries 19. Purchase more handheld radios and repeater for enhancement of communications amongst Hospital staff. 20. Promote networking amongst community partners and also with Public Health, businesses and school systems 21. Assess lesson learned from past outbreaks and identify public health, medical, and mental health recovery needs 22. Formulate an MOU with respective partners with the capacity to manage, track, and transport human remains during a mass casualty incident 	<ul style="list-style-type: none"> ▪ Coalition meetings are facilitated on a quarterly basis. (1) ▪ Hospital EOP has been signed off and exercised at least twice a year.(2) ▪ Necessary trainings in place for all support services.(13) ▪ Hospital is equipped with equipment and PPEs in order to respond during incident.(16) ▪ Needs and assets for community partners are identified and a recovery process is established.(3) ▪ Capacity building in recovery is expanded(21) ▪ Networking with community partners has developed new ideas and build relationships in response and recovery.(20) ▪ Primary and secondary EOC have been identified and equip with all needed equipment(4) ▪ Healthcare coalition is revived and executive order in place(17) ▪ Incident Command Structure based on NIMS protocols is in place.(5) ▪ An MOU on fatality management operations with community partners is in placed and signed off(22) ▪ Capacity building for managing, tracking, and transporting of human remains is accomplished(14) ▪ Community partners with the capacity to manage counseling and support for victims' families are identified.(6) ▪ 10 additional DAMA communicating system 	<ul style="list-style-type: none"> ▪ HPP program coordinator ▪ Preparedness team 	<p>2017-2019</p>
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		<p>for 10 more outer island health dispensaries are installed and operational(18)</p> <ul style="list-style-type: none"> ▪ Communication structure on information sharing is in place with full capacity(19) ▪ All hospital staff along with healthcare coalition members are equipped with handheld radios and repeaters are installed(7) ▪ Plan for surge capacity is in place and endorsed and signed off by members of healthcare coalition.(8)(9) ▪ The Healthcare Coalition and other stakeholders have endorsed the Crisis Standards of Care Guidance.(10) ▪ Healthcare organizations have been identified and with an established relationship.(11) ▪ Volunteer organizations are located and assigned their key roles with a standard process of managing, deploying, and tracking of volunteers is established(12) <p>A demobilization of volunteers plan has been formulated and annexed into MoH EOP(15)</p>		
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Output 5.3.3: ENVIRONMENTAL HEALTH PROGRAM

Objectives	Implementing Actions	Indicators	Responsible Staff / Agency	Time Frame
<i>Enhance national health emergency and disaster preparedness / management and resilience</i>	MANAGEMENT <ol style="list-style-type: none"> 1. Seek laboratory capacity for Arbov virus testing, including providing laboratory support, materials, reagents, and training 2. Coordinate local alert, risk assessment and rapid outbreak response with partners and technical networks, including developing an inventory of response capacities and deploying partners where required 	<ul style="list-style-type: none"> • Surveillance for Aedes mosquitoes, Zika virus disease, neurologic syndromes and congenital malformations is enhanced 	<ul style="list-style-type: none"> ▪ PHEP Director ▪ HPP coordinator ▪ PH Medical Director ▪ Health Planner 	2017-2019

	<ol style="list-style-type: none"> 3. Regularly produce and disseminate updated information products, including situation reports and risk assessments 4. Establish a functional Environmental Health Unit at the Ministry of Health with specific areas with Arboviral Diseases such as Zika Surveillance and Control 5. Coordinate and provide logistics and procurement services, including engineering and telecommunications support to response partners 6. Update guidelines/recommendations on emergency Aedes mosquito control and surveillance 7. Coordinate and collaborate between partners on risk communication messaging and community engagement for Zika <p>TRAINING</p> <ol style="list-style-type: none"> 8. Coordinate preparedness activities, including simulation exercises 9. Seek assistance to strengthen surveillance and monitoring of Aedes vector, including at points of entry 10. Seek support on insecticide resistance monitoring activities, including assessing the environmental consequences of using insecticides 11. Seek support in vector surveillance and control, particularly Integrated Vector Management (IVM), including the provision of equipment, insecticides, PPEs, training of personnel, etc. <p>PATIENT CARE</p> <ol style="list-style-type: none"> 12. Seek support or obtain special care for pregnant women, such as Zika Pregnant Mother Kits (ZPMKs), adequate repellent lotion, treated mosquito nets, etc 13. Develop guidance on mental health and psychosocial assistance to families affected by microcephaly, GBS or other neurological conditions 14. Provide a package of support services (counselling, and social protection) for families to care for their children and address the impact of microcephaly, other congenital anomalies and neurological conditions 15. Provide accessible prenatal counselling and contraception services, including for adolescent girls 	<p>(1,2,3,5,6)</p> <ul style="list-style-type: none"> • Program developed (4) • A coordinated response is conducted by partners across sectors and services at the global, regional and national levels (4, 5) • Efforts to control the spread of the Aedes mosquito as well as access to personal protection measures increased (6,9,10,11) • Risk communication and community engagement established (7) • Patient care established (12,13,14,15) 		
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OUTPUT 5.4: EPIDEMIOLOGY

Output 5.4.1: Improve consistency of key national health data and statistics with partner institutions

Output 5.4.1: Epidemiology

Objectives	Implementing Actions	Indicators	Responsible Staff/Agency	Time Frame
To ensure Vital Statistic and Health Data collection for Analysis leading to better management decision and policy planning.	<p>MANAGEMENT</p> <ol style="list-style-type: none"> 1. To work with consultant on HMIS assessment, planning, implementation and monitoring and evaluation 2. To ensure that Strategic Rolling Plan is updated yearly 3. Expand MOH data collection efforts and coordinate data based on MDG's and other relevant statistical indicators 4. Strengthen and Improve of Ministry of Health Vital Statistics Registration <p>TRAINING</p>	<ul style="list-style-type: none"> ▪ Worked with consultant on HMIS assessment, planning, implementation and monitoring and evaluation. (1) ▪ Ensured that Strategic Rolling 	<ul style="list-style-type: none"> ▪ Medical Records Director ▪ Hospital Administrator ▪ IT Director 	2017-2019

	<p>5. To conduct 2 Health Data and management workshops</p> <p>PATIENT CARE</p> <p>6. To produce accurate, relevant, and current reports on time and to distribute to proper recipients.</p>	<p>Plan is updated yearly(2)</p> <ul style="list-style-type: none"> ▪ Expanded MOH data collection efforts and coordinated data based on MDG's and other relevant statistical indicators (3) ▪ Strengthened and Improved Ministry of Health Vital Statistics Registration(4) ▪ conducted 2 Health Data and management workshops (5) ▪ Produce accurate, relevant, and current reports on time and distributed to proper recipients. (6) 		
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KEY OUTCOME AREA 6: 177 HEALTH CARE PROGRAM

Goal: (insert)

The 177 Health Care Program includes the following departments:

- (insert)