# THE PORTFOLIO BUDGET STATEMENTS 2008-2009

## MINISTRY OF HEALTH PORTFOLIO

BUDGET INITIATIVES AND EXPLANATIONS OF APPROPRIATIONS SPECIFIED BY OUTCOMES AND OUTPUTS BY AGENCY

June 2008

## TABLE OF CONTENTS MINISTRY OF HEALTH PORTFOLIO

- A. Introduction 1
  - Document Structure 1
- B. Portfolio Overview 2
  - I. The Role of the Ministry of Health Portfolio 2
  - II. Current Situation 2
  - III. Policy Focus 3
  - IV. Reporting 3
- V. Structure of the Health Portfolio and Breakdown of Appropriations 3 C. Agency Budget Statements 8
  - I. Performance Information by Objective Area, Outcomes and Output Groups 8
  - II. Description of the Outcome Matrixes 8 Over Arching Measures for MOH Outcomes 9 Workplace Measures 20
  - III. Objective Area: Provision of Outer Island Health Care Services 22
     A. Outcome 1: Provide Primary and Preventative Health Care to Improve the Health Status in the Outer Islands 22
  - IV. Objective Area: Provision of Majuro Atoll Health Care Services 27A. Outcome 2: To provide Primary and Preventive Health Care on Majuro 27
  - V. Objective Area: Provision of Majuro Atoll Health Care Services 31
    A. Outcome 3: To provide Effective Hospital Service on Majuro 31
  - VI. Objective Area: Provision of Kwajalein Atoll Health Care Services 36A. Outcome 4: To Provide Normal Hospital Operations for Kwajalein Atoll (Daily Operations) 36
  - VII. Objective Area: Provision of Kwajalein Atoll Health Care Services 41A. Outcome 5: To Improve the Effectiveness of Hospital Service for Kwajalein Atoll 41
  - VIII. Objective Area: Provision of Kwajalein Atoll Health Care Services 44
     A. Outcome 6: To Provide Kwajalein Atoll with Efficient Primary and Preventive Health Care Services and Management 44
  - IX. Objective Area: Provision of Administration and Finance Services 55A. Outcome 7: To provide Effective Management of MOH Personnel and Finance 55
  - X. Objective Area: Provision of Health Information Services 58A. Outcome 8: To provide Timely and Current Health Information System (HIS) Service. 58
  - XI. Objective Area: Provision of Referral Services 60A. Outcome 9: To Provide Referral Service to Patients who require Medical Attention. 60
  - XII. Line Item Budget By Funding Type MOH FY09 63

President Litokwa Tomeing President of the Republic RMI

The Hon Jurelang Zedekiah Speaker of the Nitijela RMI

Dear Mr. President Dear Mr. Speaker

I hereby submit Portfolio Budget Statements in support of the FY09 Budget for the Ministry of Health Portfolio.

These statements have been developed, and are submitted to the Nitijela, as a statement on the outcomes for the portfolio. They also cover the purpose of portfolio budget measures.

I present these statements by virtue of my Ministerial responsibility for accountability to the Nitijela and, through it, the public.

Yours sincerely, Amenta Mathews Minister of Health

## A. Introduction

The purpose of the Portfolio Budget Statements (PBS) is to inform Senators of the reasons for inclusion of proposed provisions in the Appropriation Bill(s). The role of the PBS is to explain requests for funds through the Budget Appropriation Bill(s). The PBS provides sufficient information, explanation and justification to enable the Nitijela to understand the purpose of each item in the Bill(s) and the accrual budgets of the Portfolio.

## Document Structure

The PBS is presented in three sections:

## Section A- User Guide

The User guide provides information regarding using the PBS

## Section B - Portfolio Overview

This section explains the role, mission and the goals of the organizations within the portfolio. It provides an overview of:

- The role/mission of the portfolio, including the structure of the portfolio,
- Structure of MOH Objective Areas and Outcomes
- Breakdown of Funding by Source, Objective Area and Outcomes

## Section C - Agency Budget Statements

This section provides the following information:

- MOH Budget Statements
- Agency Overview, Appropriations and Budget Measures Summary Details regarding linkages between the resources appropriated and application to Objective Areas, and achievement of outcomes and outputs.
- Objective Areas, Planned Outcomes and Outputs Information Performance information on the planned outcomes and the contributing administered items and agency outputs.

## Enquiries

The contact officer regarding enquiries to this Portfolio is: Justina R. Langidrik, Secretary Ministry of Health Majuro, RMI, MH 96960 Phone 625 5660

## **B.** Portfolio Overview

This section provides information on the Role of the Ministry of Health (MOH), the current situation and policy focus.

## I. The Role of the Ministry of Health Portfolio

The Mission Statement of the Ministry of Health of the Republic of the Marshall Islands is as follows:

To provide high quality, effective, affordable and efficient health services to all peoples of the Marshall Islands through a primary care program to improve health status and build the capacity of each Community family and individual to care for their own health. To the maximum extent possible, the Ministry of Health pursues these goals using the national facilities, staff and resources of the Republic of the Marshall Islands.

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 Outer Island Health Care Services
- Bureau of Majuro Atoll Health Care Services (Majuro)
- Bureau of Kwajalein Atoll Health Care Services (Ebeye)

These are complemented by three Administrative Offices

- Office of Administration, Personnel and Finance (Majuro)
- Office of Health Planning and Statistics (Majuro)
- Office of Medical Referral Services (Majuro)

This is detailed in the MOH reorganization plan that went into affect October 1 2007. This reorganization reflects a change in approach emphasizing preventative Health Care Services.

## **II. 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.

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 curative health 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.

## **III. Policy Focus**

The Minister of Health exercises executive authority for health on behalf of the Cabinet. The Minister is responsible for the development of policy for the Ministry with recommendations from the Secretary of Health and other administration and staff. The Secretary is responsible for the daily management and administration of the Ministry and reports directly to the Minister and closely collaborates with the Chief Secretary.

## **IV. Reporting**

An annual report by the Ministry to the Nitijela is due in January of each year and includes the following:

- Ministry accomplishments for the reporting year
- Identification of constraints and steps being taken to correct or adjust to constraints or deficiencies
- An assessment as to if the/how the RMI Health priorities are being met
- Health statistics for the reporting year

## V. Structure of the Health Portfolio and Breakdown of Appropriations

The MOH Outcomes have remained consistent since FY04, with revisions and adjustments made in FY05, 06 and in FY07 to better associate outputs, results and impacts with identified areas of priority and concern. The FY07 adjustments were designed to increase coordination among the Bureaus of Primary Health (Majuro), Hospital Services (Majuro) and Kwajalein Health Care Services (Ebeye).

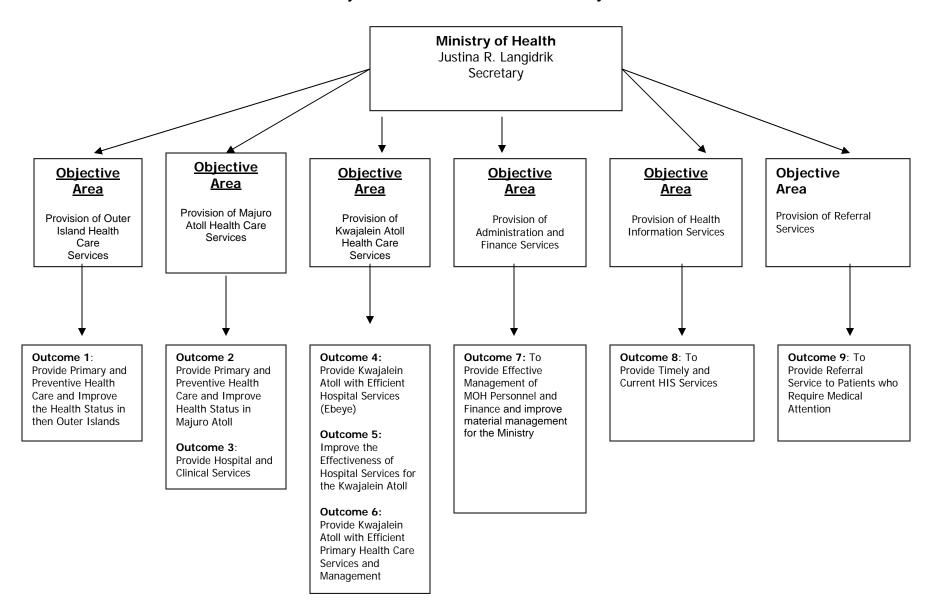
During year (FY07) MOH implemented a major organizational reorganization. This reorganization increased the MOH emphasis on preventative services, and also centralized certain functions in order to promote cost savings and inventory control. This is reflected in the FY09 Portfolio Budget.

The major changes are as follows: 1) The Bureau of Primary Health has been changed to Bureau of Outer Island Health Care will provide primary health care services in the Outer Islands (excluding Ebeye); 2) Majuro Hospital Services is now the Bureau of Majuro Health Care Services which includes Primary Health Care, and the Majuro Hospital; 3) Materials Management, Training and Travel budgets will be centralized under the Assistant Secretary for Finance and Administration. These changes are reflected in the revised FY08 MOH Portfolio Budget Document, including consolidating Majuro Atoll Health Care into two Outcomes, reducing the total number of MOH Outcomes to 9.

In order to maintain organizational coordination the Kwajalein Health Care Bureau will continue to work through 3 Outcomes (as it has since FY06). The three Outcomes "mirror" the three outcomes in the revised Bureau of Majuro Primary Health Care and Hospital Services.

In FY06 each MOH Outcome was revised so that Output Groups became the "building blocks" of the outcomes. The Output Groups remain constant over time, while outputs are revised, replaced or removed as results are achieved. It was expected that the reorganization of MOH and the revisions to the structure of the MOH Portfolio Budget will reduce duplication of effort, assist in the identification of priorities and identify gaps in programs and policies.

Chart 1 on the following page provides an organizational view of MOH, MOH Objective Areas and the 9 MOH Outcomes. The Objective Areas identify with MOH Priority Areas as identified in the MOH long-range plan and the MOH Strategic Plan. The priority areas are clarified annually by MOH administration and staff during the preparation of the portfolio budget. In FY04 all outputs were cross-referenced to the Long Range Plan, and the process was repeated through FY07. For development of the FY08 Portfolio Budget MOH used the 1Q and 2Q FY07 reports, the FY06 annual report, the MOH Strategic Plan and documents developed regarding MOH reorganization. This promotes continuity and emphasizes follow-through regarding achievement of outputs.



#### Chart 1: Objective Areas and Outcomes Ministry of Health-FY09

**Table 1** below provides a breakdown of MOH FY08 funding by source, as it will be applied to the 9 MOH Outcomes.Amounts provided in Table 1 is the total of administrative and direct costs as funded by each funding source.

MOH Outcomes	General Fund	<u>Health Fund</u> Health Care Revenue	Compact Base Grant	Ebeye Special Needs	US Federal Grants	Other Grants	Total
<b>Outcome 1</b> : Provide Primary and Preventive Health Care and Improve the Health Status in	402.240	681,000	777 455	0	430,565	0	2 201 240
then Outer Islands Outcome 2: Provide Primary and Preventive Health Care on Majuro	492,349		777,455	0			2,381,369
Outcome 3: To provide Effective Hospital Service Majuro	411,589	30,000 1,874,000	0 3,085,298	0	1,070,366	96,300	1,608,255 7,517,726
<b>Outcome 4:</b> To Provide Kwajalein Atoll with efficient Hospital Services (Ebeye)	462,593	801,000	1,151,337	1,585,393	25,000	0	4,025,323
<b>Outcome 5</b> : To Improve the Effectiveness of Hospital Service for Kwajalein Atoll	10,169	0	23,000	85,750	15,243	0	134,162
<b>Outcome 6</b> : To Provide Kwajalein Atoll with Efficient Primary and Preventative Health Care Services and Management	27,238	15,000	239,988	72,146	694,940	0	1,049,312
Outcome 7: To Provide Effective Management of OH Personnel and Finance	282,295	308,000	1,802,542	0	784,754	210,400	3,387,991
Outcome 8: To Provide Timely and Current HIS Service	145,549	0	0	0	0	29,300	174,849
<b>Outcome 9:</b> To Provide Referral Service to Patients who Require Medical Attention	75,144	2,268,000	0	0	0	0	2,343,144
Outcome 10: MAWC	•						
	0	0	325,000	0	0	0	325,000
Total	2,984,851	5,977,000	7,404,620	1,743,289	4,501,371	336,000	22,947,13 <sup>°</sup>

**Chart 2** below provides the actual dollar breakdown (by Bureau) of administered appropriations for the FY09 MOH portfolio.

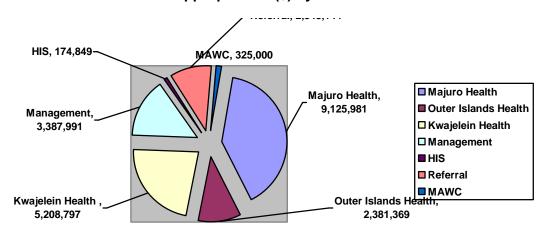
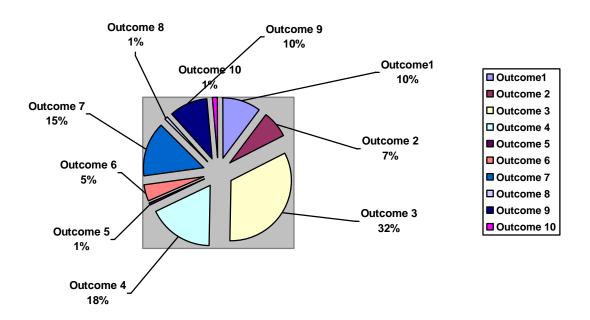


Chart 2: Administered appropriation (\$) by MOH Bureau and Offices FY09

**Chart 3** below illustrates the breakdown of MOH funding, showing the amount funding for each of the 9 MOH outcomes. Chart 3 includes all funding (direct and administrative) from all funding sources as detailed in Diagram 1 above (general fund, compact, special revenues, US Grants, Ebeye Special Needs, etc). The information provided in this section allows MOH to monitor performance with regard to funding for each Outcome in the in the portfolio.



## Chart 3: Administered Appropriations (%) by MOH Outcome FY09

**Chart 4** below provides a breakdown of MOH funding by source, providing the percentage total supplied to MOH from each source. The percentages correspond to the total dollar amounts listed in Diagram 1 above.

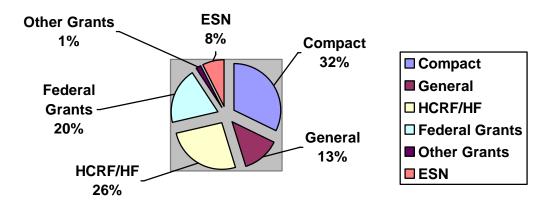


Chart 4: MOH Funding (%) by Source FY09

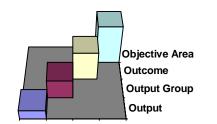
## C. Agency Budget Statements

The agency budget statements provide information necessary to map MOH FY09 expenditure to performance. The information provided in this section allows MOH to monitor performance with regard to funding for each Outcome and Objective Area

## I. Performance Information by Objective Area, Outcomes and Output Groups

In this section information regarding MOH performance is presented. Performance matrixes (1-9) provide performance details for the 9 MOH Outcomes in the 6 MOH Bureaus. The Outcomes in each MOH matrix are broken down into Output Groups. The Output Groups directly relate to MOH priority areas as identified by the MOH long-range plan and Strategic Plan. Each Output Group consists of a series of Outputs. The outputs are the core elements of the Output Group, and as an "Output Group", support the Outcome and link to the Objective Area. Priority activities, staff responsible for implementation and impacts and measurements/targets are identified for each Output.

Chart 5 illustrates the hierarchical relationship among Outputs, Output Groups, Outcomes and Objective Areas.



## Chart 5:Hierarcy of Outputs,Output Groups,Outcome and Objective Areas

## **II. Description of the Outcome Matrixes**

The Outcome matrixes were redesigned in FY08 and this continues into FY09. The Output is stated at the top of the left column. Priority Activities for the Output are listed directly below the Output. Effort focused on stating concise and measurable Priority Activities as opposed to broad longer term statements. This improves reporting.

Reporting should be more consistent using progress of the priority activities and comparing and contrasting progress across quarters and across annual reports with regard to the Key Performance Indicators and (KPI) and Over-arching Measures (OAM). The goal is to "filter" the reporting – reporting only on progress and how this progress relates to implementation of the Outputs and Outcomes as measured by the KPI and the OAM.

In the right column the listing of measures is replaced with a listing of staff responsibility for the priority activities and a "mini" line item budget. A staff member is assigned for each activity. The assignment is listed by Priority Activity. If there is need for coordination with other departments within MOH (or outside of MOH including schools/for immunization and other health issues) this is also identified. This promotes accountability and provides a source for ownership of MOH Outputs and Priority Activities.

The mini-line item budget is included for each Output. It is initially based on best estimates of what it will cost to conduct the priority activities AND all other supporting activities for the output. This is finalized after the Budget Circular is received from Ministry of Finance (MOF) and final budget allocations are made by MOH. The development of mini line item budget for each output leads to the development of the MOH line item budget

Page 9

(adding all mini line item budgets together). By estimating costs for each output **PRIOR** to receiving the budget envelope MOH is better able to allocate actual funding for Outputs, as opposed to plugging figures. Finally the "impacts" of implementing the Priority Activities with regard to the Output and expected efficiency and effectiveness goals are stated. The goal is to link the Output through the workplace measures to the KPI and the OAM.

#### **OVER ARCHING MEASURES FOR MOH OUTCOMES**

Measuring performance is a critical function of performance budgeting. During FY04 MOH performance focused on output measurements. In FY05 measurement in MOH continued to focus on outputs, but also began to focus on impacts. In FY06 measurements in the MOH Portfolio introduced some efficiency measurements and to continue to focus on impacts. In FY07 considerations was introduced for effectiveness considerations. The reorganization of the MOH sector portfolio budget in FY08 expand the focus on impacts as well as efficiency and effectiveness. This continues into FY09. This reorganization also promotes a closer monitoring on infrastructure and equipment, especially for Majuro and Ebeye Hospitals.

In some cases baseline data is still being established so that impacts, efficiency and effectiveness can be measured. Where possible, MOH has established FY04 as the baseline year. Starting in FY06, cost efficiency "breakpoints" have been established for Outputs in Primary Care, Majuro and Ebeye Hospitals and Referrals, this is a continuing exercise. In FY07 the development of MOH Over-Arching Measures (OAM) was initiated and a draft of the OAM was submitted with the FY07 Portfolio Budget. The OAM are designed to reflect overall MOH priorities. The OAM provide a "snapshot" of MOH progress and improvement on an annual basis. The outputs and activities in the FY09 Portfolio Budget are based on these priorities.

Key Performance Indicators (KPI) were established to support the OAM. The KPI ""roll up" into the OAM for reporting purposes. The OAM and linked KPI are located in **Table 2** below. The KPI are designed to be the basis of quarterly reports. This will streamline the reporting process, link MOH outputs to MOH priorities and provide continuity of data. Data collection and confirming the availability and reliability of KPI data is still in progress. KPI are located in Table 2 below.

The "roll up" of measures will lead to the use of "two tiers" of indicators. The first tier is used for the day-to-day (or quarterly) measurements used by managers to manage with. This first tier is then "rolled up" for reporting purposes in order to measure impacts, efficiencies and effectiveness for the whole of MOH.

MOH Bureaus will continue to collect workplace management information and report on workplace management issues as necessary (especially for reports to the Minister and the Budget Committee). This information is most important as the basis for costing and understanding progress in the areas of efficiency and effectiveness. Workplace management information is important for budgeting purposes, for understanding the status of the MOH Bureaus and to improve management and record keeping. Workplace measures/data continues to be collected and provided to HIS to improve costing information and to reflect how daily workplace information supports progress regarding reaching the targets established in the KPI and the OAM.

Some workplace management data is not updated. Factors for this included data that cannot be verified or data that is not currently being collected. Workplace management data will continue to be reviewed during FY09. Data that is not relevant or cannot be collected will be removed. Updated workplace management data will be completed as work continues to collect accurate data for the KPI and the OAM.

Table 1: Ministry of Health Over Ar	ching M	easures (0	DAM)									
OVER ARCHING MEASURES		MAJURO (2004-201			EBEYE (2004-2015	5)	OL	JTER ISLAN (2004-2015			RMI (2004-2015	5)
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Increase Immunization Coverage to 95% by 2015 for 2 yr. olds • % BCG • % OPV (3 doses) • % DPT (3 doses) • % HEP (3 doses) • % HIB (3 doses) • % MMR (2 doses)	51%	70 %	87 %	65%	60 %	80 %	Estimate d 50%	Estimate d 50%	Estimate d 50 %	Estimate d 56%	Estimate d 60%	Estimate d 72 %
Linked to Outputs 1.1.1, 2.1.1 6.1.3												
Increase % of total immunization coverage levels for adolescent and adults to 95% by 2015 HPV Flu Tetanus Linked to Outputs 1.1.1, 2.1.1 and 6.1.3	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV	NO HPV
Maintain maternal mortality ratio at <1/100000 by 2015 (MDG) Linked to Outputs 1.1.3, 2.1.8, 6.1.5	0	0	4	0	0	0	0	0	0	0	0	2
Reduce infant mortality rate by 50% from 2004-2015 (MDG)/1000 live birth Linked to Outputs 1.1.3, 2.1.8, 6.1.5	28	29	33	54	32	39	94	85	94	30	36	33
Reduce child mortality rate by 60% from 2004 to 2015 (MDG)*100000 Linked to Outputs 1.1.3, 2.1.8, 6.1.5	464	248	210	129	42	211	59	58	308	238	133	250
Reduce the Prevalence of NCD by 10% by           2015 (100,000)           Linked to Outputs 1.2.1, 2.1.6, 6.1.10           -         Diabetes	972	2310	2893	4110	4829	3473	No Data	No Data	No Data	Incomple	3510	4638
	912	2310	2893	4110	4829	3473	Available	Available	Available	te Data	3510	4038
- Hypertension	No Data	No Data	No Data	1155	1345	542	No Data	No Data	No Data	Incomple te Data	Incomple te Data	Incomple te Data
- CVD (IHD) and Strokes											to Dulu	15 Dulu
- Obesity				-	-	-	-	-	-			
Reduce the prevalence of diabetes by 16% by 2015 Linked to Outputs 1.2.1, 2.1.6. 6.1.10	972	2984	5103	4110	4829	3473	-	-	-	1,217	1,974	1993

Reduce Diabetes Related Cause of Death (Mortality Rate by 10%) Linked to Outputs 1.2.1, 2.1.6, 6.1.10	20.6%	25%	23.5%	20.4%	15%	27.1%	26.5%	8%	20.6%	21%	22%	24%
Reduce the Prevalence of Cancers by 2015 by 16% per 100000 Population Linked to Outputs 1.1.2, 6.1.13, 2.2.2	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
Cervical Cancers/100,000 Population	7 CASES	4 CASES	6CASES	0	0	0	No data available	No data available	No data available	7 CASES	4 CASES	6CASES
Pulmonary Cancers/Lung	21	46	21	21	0	10	No data available	No data available	No data available	21	33	18
- Buccal and Naso-Pharyngeal	0	0	0	0	0	0	No data available	No data available	No data available	0	0	0
- Breast Cancer	30	8	21	0	0	21	No data available	No data available	No data available	21	6	6
- Liver Cancer associated with HBV	4	4	0	0	10	0	No data available	No data available	No data available			
- Thyroid	17	13	13	0	0	0	No data available	No data available	No data available	12	9	6
- Urinary tract malignancies	4	4	0	0	0	0	No data available	No data available	No data available	3	3	0
- Gastro intestinal malignancy	4	0	8	0	0	0	No data available	No data available	No data available	3	0	24
- Prostate	4	0	0		0	0	No data available	No data available	No data available	3	0	0
Reduce the mortality rate for TB to <1/100000 by 2015 Linked to Outputs 2.1.3, 1.1.4, 6.1.6												
Reduce the Prevalence of TB to <1/100000 by 2015	279	333	420	328	469	428	No data available	No data available	No data available			422
Eliminate Leprosy by 2010 to <1/100000 (Country Goal) Linked to Outputs 2.1.3, 1.1.4, 6.1.6	135	208	162	21	63	52	No data available	No data available	No data available			131
Reduce the Prevalence of teenage pregnancy by 75% by 2015 (Female Population Data between age 11-19 is not available) Linked to Outputs 1.1.3, 2.1.8, 6.1.5	183	207	175	53	66	70	28	24	23	264	297	268
Reduce the Prevalence of HIV/STI in age           15-49yrs to <1/100000 by												
- HIV	0	4	4	11	10	10	0	0	0	2	8	8
- Syphilis	435	899		561	845					307	576	566
- Gonorrhea	59	25		103	271					47	62	55
- Chlamydia	410	853		No Test	250					156	576	331
- Trichomonasis												1

Reduce the Diseases Specific Mortality rate from Malnutrition by 100% from 2004 to 2015 Linked to Outputs 1.1.3, 2.1.7, 6.1.8, 6.1.9	1.06%	2.2%	1.53%	1.85%	0%	0%	0%	0%	6%	1.1%	1.7%	1.7
Eliminate the prevalence of malnutrition in children < 5years old from 2004 to 2015	1,200	66	0	201	229	428	367	295	389	285	176	212
Reduce prevalence of water borne diseases by 2015 - Non-infective Diseases - Infective reportable diseases Linked to Outputs 2.2.1, 1.2.1, & 1.2.2 & 3,1,1& 3.1.3, 6.1.9							Available is only number of encounte rs	Available is only number of encounte rs	Available is only number of encounte rs			
Reduce the Prevalence of Acute Rheumatic Fever to 1/100000 by 2015 Linked to Outputs 1.2.1, 2.1.6, 6.1.10	No Registry for Rheuma tic Fever	No Registry for Rheumatic Fever	No Registry for Rheumatic Fever	No Registry for Rheumat ic Fever	No Registry for Rheumat ic Fever	No Registry for Rheumat ic Fever	No Registry for Rheumati c Fever	No Registry for Rheumati c Fever	No Registry for Rheumati c Fever	No Registry for Rheumati c Fever	No Registry for Rheumati c Fever	No Registry for Rheumati c Fever
Reduce the Prevalence of Acute Rheumatic (Valvular) Heart Diseases to 1/100000 by 2015 Linked to Outputs 1.2.1, 2.1.6, 6.1.10	No Registry for Acute Rheuma tic Heart Disease	No Registry for Acute Rheumatic Heart Disease	No Registry for Acute Rheumatic Heart Disease	No Registry for Acute Rheumat ic Heart Disease	No Registry for Acute Rheumat ic Heart Disease	No Registry for Acute Rheumat ic Heart Disease	No Registry for Acute Rheumati c Heart Disease					
Reduce cases of suicide by half by 2015 Linked to Outputs 2.1.2, 1.1.2, , 1.2.1, 6.1.4	20	9	7	11	12	11	3	Included in Majuro	Included in Majuro	34	21	18
Reduce the average length of hospital stay (days)	8	8	7	4	3	3	NA	NA	NA	6	6	5
Expand child dental program Linked to Outputs 6.1.7, 2.1.4, 1.1.5	2,877 (Age 0- 14 Group)	1,542 (Age 0-14 Group)	2,717 (Age 0-14 Group)	637 School Children	1,310 School Children	1,890 (Age 0- 14 Group)	Specific data is not available	Specific data is not available	Specific data is not available			
HRD training and recruitment Linked to Outputs 7.1.3												
Disease Surveillance (lab services) Linked to Outputs 3.1.3	254,889 tests	178,485 tests	190,998 tests	17,986 tests	19,420 tests		No test done in OI	No test done in OI	No test done in OI	272,875 tests	197,905 tests	

Table 2: Ministry of Health Key Performance	e Indi	cators	(linked	l to rel	evant C	)AM)			-							
KEY PERGFORMANCE INDICATORS (Supporting the OAM)	FΥ	MAJI 209 KPI b		er	FYG	EBE 09 KPI b		ter	FY	Outer I 09 KPI b	sland y Quarter		F	R Y09 KPI	MI by Quar	ter
OAM Increase % of Total Immunization Coverage to 95% from 2004 to 2015 for 2 yr. olds																
Increasing Overall Immunization Coverage rates - Number of Health Centers with available refrigeration for vaccine cold storage (cold chain)																
<ul> <li>Continue annual training of Health Assistants and HCWs in EPI Vaccines and administration (20 per year)</li> </ul>			40													
<ul> <li>Visit 6 atolls every quarter for immunization coverage and training</li> </ul>																
Increase in % of immunization coverage in each     of the zones in Majuro     Increase number of schools and communities					NA		NA	NA	NA	NA	NA		NA	NA	NA	
Increase number of schools and communities     with complete immunization records for students     Increase school and community awareness activities     - # Health promotion activities in immunizations in																
- # Of Health Mobile Team Visits – (Community Outreach Programs conducted annually																
<ul> <li>% Of children (2years) reached by immunization programs (% of 2yr olds in RMI immunized</li> </ul>								Yearly da	ta is availab	le						
OAM Improve Health Care Service in Outer Islands																
Refresher training for Health Assistants upgrade skills (9/quarter)	0	0	0	0	0	0	0	0	14	14	14	14	14	14	14	14
OAM Sustain maternal mortality ratio at < 1/100000 from 2004 to 2015 (MDG)																
Increase percentage of prenatal visits by mothers during the first trimester	173	173	173	174	38	50	42	57	35	24	39	32	246	247	254	262
Percentage of post natal mothers receiving family planning advice					24%		66%		39%	66%	51%					
Increased number Health Centers providing prenatal, birth and postnatal services (do we have a base line?)	1	1	1	1	1	1	1	1	54	54	54	54	56	56	56	

KEY ENDOMANCE INDUCATORS       Image: Subsection of the section of the sectin of the section of the section of the section of the	Table 2: Ministry of Health Key Performand	e Indi	cators	(linked	l to rel	evant (	DAM)										
statilization (do ve have a baseline?)         Image: statili	KEY PERGFORMANCE INDICATORS (Supporting the OAM)	F١			er	FY			ter	F۱				F			ter
OAM Construction relative rate by ½ from 2004 by ½         Processes         Processes        Processes         Processes <th></th>																	
2015 (MDG)/ 1000 Live birth         Image: Constrained Mathers         Image: Constrained Mathers <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																	
Health Education of Mothers         Image	Reduce infant mortality rate by ½ from 2004 by 2015 (MDG)/ 1000 Live birth																
ORS home treatment of gastroentrifis         Image: basis of the state of th																	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$																	
Vaccinations       220       406       300       273		ated	ted	ated 100	ated	ated	ated	mat ed 100	ated 100	ed	ed	ed	mat ed 100	mat ed 100	ated	ated	ated
· % of infant secting Vitamin A supplements       i		220	406	300	273												
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$																	
$\frac{\text{Team}}{\text{CM}} = \frac{\text{Team}}{\text{Reduce child mortality rate by ½ from 2004-2015}}{(MOC)} = \frac{\text{I}}{\text{I}} = $	months (FY 2005)	73	94	92	67												
Reduce child mortality rate by ½ from 2004-2015 (MOG)       Image: Mode in the section on ORS home treatment of gastroenteritis annually       Image: Mode in the section on ORS home treatment of gastroenteritis annually       Image: Mode in the section on ORS home treatment of gastroenteritis annually       Image: Mode in the section on ORS home treatment of gastroenteritis annually       Image: Mode in the section on ORS home treatment of gastroenteritis annually       Image: Mode in the section on Child nutrition/hygiene/sanitation. (annually)       Image: Mode in the section on Child nutrition/hygiene/sanitation. (annually)       Image: Mode in the section on Child Care       Estim ated       Estim ated <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																	
ORS home treatment of gastroenteritis annuallyImage: constraint of gastroent	Reduce child mortality rate by ½ from 2004-2015 (MDG)																
child nutrition/nygine/sanitation. (annually)       Estim       Estim       Estim       Estim       Estim       Estim       ated       Estim       ated       ated <td>ORS home treatment of gastroenteritis annually</td> <td></td>	ORS home treatment of gastroenteritis annually																
Child Care supplements(annually)       A,727 medicines dispensed       Data is not availa ble       Data is not availa ble       Data ble       Data ble       Data ble       Data is not availa ble       Data is not availa availa ble<		ated	ted	ated 100	ated	ated	ated	mat ed 100	ated 100	ed	ed	ed	mat ed 100	mat ed 100	ated	ated	ated
supplements(annually)       4,72 medicires disputed       is not       availa       ble       ble       ble       ble       ble       ble       is not       availa       availa <th< td=""><td>Child Care</td><td>10070</td><td>10070</td><td>70</td><td>10070</td><td>10070</td><td>10070</td><td>70</td><td>70</td><td>10070</td><td>10070</td><td>10070</td><td>/0</td><td>,,,</td><td>10070</td><td>10070</td><td>10070</td></th<>	Child Care	10070	10070	70	10070	10070	10070	70	70	10070	10070	10070	/0	,,,	10070	10070	10070
by Mobile Health Team (annually) bata is not availa be is		4,72	27 medicir	ies disper	nsed												
<ul> <li># of schools students receiving annual check up</li> <li>% of children receiving deworming medicines</li> <li>Max and the prevalence of NCD by 2015 (100,000)</li> <li>Max and the prevalence of NCD by 2015 (100,000)</li> <li>Max and the prevalence of NCD by 2015 (100,000)</li> <li>Max and the prevalence of NCD by 2015 (100,000)</li> </ul>	1 3	is not availa	is not avail	is not availa	not availabl	not availab	not availabl	a is not avail	a is not avail	is not availa	is not availa	is not availa					
OAM Reduce the Prevalence of NCD by 2015 (100,000)	- # of schools students receiving annual check up							-						-			
Reduce the Prevalence of NCD by 2015 (100,000)	- % of children receiving deworming medicines																
- Diabetes																	

Table 2: Ministry of Health Key Performance           KEY PERGFORMANCE INDICATORS										<b>0</b>	- 1		-		
(Supporting the OAM)	FY	MAJU 09 KPI b		er	FYG	EBE 09 KPI b		ter	F	Outer I 709 KPI b	sland y Quarter	F		MI by Quar	ter
- Hypertension															
- CVD (IHD) and Strokes															
- Obesity															
OAM Increase the % of diagnosed Pre-diabetics who receive diabetes prevention education and follow up 4 times a year (Fasting Blood Sugars of 110 mg/dl-126mg/dl)	11%	16%	12%												
Increase the rate of detection of Gestational diabetes															
% Of GTT (Glucose Tolerance Tests) performed at Prenatal services     % Of Pre-natal mothers who receive diabetes															
education and treatment OAM															
Reduce the Prevalence of Cancers by 2015	Yearly data is available														
Increase screening for:															
- Cervical Cancers															
- Pulmonary Cancers															
- Buccal and Naso-Pharyngeal															
- Breast Cancer															
- Liver Cancer associated with HBV															
- Thyroid															
- Urinary tract malignancies															
- Gastro intestinal malignancy															
- Prostate															
<ul> <li>Increase # of clients identified in cancer registry for follow up</li> </ul>															
DAM Reduce annual Incidence of NCD Risk Factors by 2015															
Nellness participation indicators															
<ul> <li>Increase in # of clients actively participating in physical activities</li> </ul>															

KEY PERGFORMANCE INDICATORS		MAJ	IPO			EBE	VF			Outer I	sland			Б	мі	
(Supporting the OAM)	FY	09 KPI k		er	FY	09 KPI b		ter	FY		y Quarter		F١		by Quar	ter
- Reducing tobacco use and betel chewing prevalence rates																
- Increasing the % of pre-diabetics diagnosed and																
- Increase the number of persons detected with pre diabetes and given health education																
<ul> <li>Increasing the % of facilities provided to increase physical activities in workplaces and communities</li> </ul>																
<ul> <li>Increasing the number of persons participating in Diabetes Wellness Programs</li> </ul>																
<ul> <li>Increase in # of stores providing "healthy choice" section</li> </ul>																
<ul> <li>Increase in # of health messages utilizing mass media on NCD risk factors</li> </ul>																
DAM Reduce the mortality rate for TB																
- Increase number of DOTS compliant patients																
- Increase Cure rate for TB annually																
- Increase Detection Rate for Pulmonary TB																
- Reduce the Incidence of Tuberculosis																
- Reduce the incidence of MDR (Multiple Drug Resistant) TB																
DAM Reduce Prevalence of leprosy to <1/100000 by 2015 (MDG)																
- Increase the detection rate for leprosy annually (Detection Rate?)																
Increasing the treatment completion rate of eprosy																
- # of Blister Treatment packs issued																
DAM Reduce the Prevalence of STI in age 15-49yrs by 2015																
Increase number of outlets distributing condom																
Increasing the rate of condom Use									11	25	21	46				
<ul> <li>Increasing access &amp; # of treatment facilities for STI</li> </ul>	1	1	1	1	1	1	1	1	54	54	54	54	56	56	56	
Increasing diagnostic services for STI and HIV     (How to measure Diagnostic Service)																

KEY PERGFORMANCE INDICATORS	 IAJURO		FD	EYE			Outer I	sland			п	мі	
(Supporting the OAM)	PI by Quarte	er	FY09 KPI		rter	F١		y Quarter		F	к 109 КРІ		ter
- Increasing % of regional Partners for health									[				
education, promotion and treatment of STIs and													
HIV (who are partners)													
- % of Health Assistants employing Syndromic													
Management in Outer Islands													
- % of HCWs employing Syndromic Management													
for STIs.	 												
DAM													
- # of Health Education and Promotion activities	 												
for youth and communities on suicide prevention													
- # of established counseling services for	 												
teenagers													
DAM													
Reduce the prevalence & mortality rate of													
nalnutrition in children < 5years old 2004- 2015													
- Number Health Education activities on child													
nutrition in communities and community groups													
- Number of workshops in Communities and													
Community organizations on malnutrition	 												
- Number of Civil organization participation in the													
care of malnourished child.	 												
Reduce prevalence of water borne diseases by 2015													
Non-infective Diseases													
nfective reportable diseases													
Vater Access and Quantity**													
- % of homes with direct access to safe drinking					1								
water													
- % of schools with direct access to safe water													
drinking supply													
- # of schools with access to hand washing													
facilities													
Vater Quality**													
- Number of water tests performed for microbial													
and chemical water quality					1								
- Number of sanitary survey and community													
mapping carried out													
lealth Education and Promotion**													
- Number of health education and promotion													
activities conducted in communities on water													
born diseases (hygiene & sanitation)				1	1					1	1		

KEY PERGFORMANCE INDICATORS		MAJU	IRO			EBE	VF			Outer I	sland		1	F	RMI	
(Supporting the OAM)	FY	09 KPI b		er	FY	09 KPI b		ter	FY		y Quarter		F		by Quar	ter
**Apart from Health education and promotion activities these indicators are best addressed and collated by EPA OAM														<u> </u>		
Reducing the Incidence of Rheumatic (Valvular) Heart Disease by 50% from 2004 to 2015																
- # Number of Persons registered with Rheumatic Fever Register	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Diseas e	No Regis try for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regi stry for Rhe uma tic Hear t Dise ase	No Regis try for Rheu matic Heart Disea se	No Registry for Rheum atic Heart Disease	No Registr y for Rheum atic Heart Diseas e	No Registry for Rheuma tic Heart Disease	No Regi stry for Rhe uma tic Hea rt Dise ase	No Regi stry for Rhe uma tic Hea rt Dise ase	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regis ry for Rheu matic Heart Disea se
Percentage of persons with RF reviewed three monthly intervals and on prophylaxis treatment	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Diseas e	No Regis try for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regi stry for Rhe uma tic Hear t Dise ase	No Regis try for Rheu matic Heart Disea se	No Registry for Rheum atic Heart Disease	No Registr y for Rheum atic Heart Diseas e	No Registry for Rheuma tic Heart Disease	No Regi stry for Rhe uma tic Hea rt Dise ase	No Regi stry for Rhe uma tic Hea rt Dise ase	No Regist ry for Rheu matic Heart Disea se	No Regist ry for Rheu matic Heart Disea se	No Regis ry for Rheu matic Heart Disea se
OAM Reduce the Incidence of Teenage pregnancy by 2015																
<ul> <li># of Health Education and Promotion activities for youth and Communities on Teenage pregnancy</li> <li># of established counseling services with trained staffs for teenagers</li> </ul>																
OAM Reduce the average hospital stay														L	ļ	
- Increase outpatient clinic referral for reviews after early discharge (locally accessible patients)															ļ	<u> </u>
Surgical Admissions     Established procedures of Overnight Surgery*															<u> </u>	
Pediatric Admissions															<u> </u>	
- Establish Standard case management protocols*																<u> </u>

Table 2: Ministry of Health Key Performance	e Indi	cators	(linked	d to rel	evant (	DAM)							
KEY PERGFORMANCE INDICATORS (Supporting the OAM)	F١	MAJI (09 KPI b		ter	FY	EBE 09 KPI b	 ter	FY	Outer I 09 KPI b	sland y Quarter	F	 MI by Quar	ter
Medical Admissions													
- Establish Standard case management protocols*													
Obstetrics and Gynecology													
<ul> <li>Establish standard length of hospital stay for normal deliveries*</li> </ul>													
<ul> <li>Establish list of surgical procedures requiring overnight stays only (electives &amp; investigations)*</li> </ul>													
*No consensus arrived regarding these measures as the topic needs Strategies in place and there is none yet.													

#### **Workplace Measures**

Tables 3-12 contain workplace management data indicators/measurement for MOH. These are used for daily management, costing and also as the foundation to the KPI and OAM.

Table 3: Outer Island Health Care				
Workplace Measure	2004	2005	2006	Data
Number trained outer island health staff	45	58	14	<ul> <li>Health staff in outer islands</li> </ul>
Number of health staff being trained??	16	18		<ul> <li>Health staff in training</li> </ul>
Percentage of outer islands population with access to trained	45			<ul> <li>Outer islands population with</li> </ul>
health staff				access to trained staff
Number of outer islands health stations with radio connected	20	39		<ul> <li>Outer islands infrastructure</li> </ul>
to health network or communication systems				(condition of buildings)
Increase in number of functional outer islands health centers	45 functional	54	54	<ul> <li>Communication equipment</li> </ul>
(infrastructure)	buildings			inventory
	5			<ul> <li>Inventory of dispensaries 2x/year</li> </ul>

Table 3: Outer Islands Health Care Workplace Data

Workplace Measures	2004	2005	2006	Indicators Data
Increase preventative dental care				<ul> <li>School/community outreach (number</li> </ul>
# of sealant done	657	2110	1,307	programs/number attendees
# of fluoride treatment	305		1,669	<ul> <li>Outreach trips (patients served)</li> <li>Number children with malnutrition</li> </ul>
<ul> <li>-#of check ups and cleaning</li> </ul>				<ul> <li>School visits</li> </ul>
Increase school and community awareness visits regarding targeted health issues				<ul> <li>Family Counseling participants</li> <li>Hypertension/Diabetes patients</li> </ul>
Increase # Outreach trips (patients served)		14		
Increased number of Hypertension/Diabetes patients with controlled H/D	230	555	627	
Increase School visits/workshops in human services		50		7
Increase Family Planning counseling participants (new)	1,015	1,076	916	7

e 4: Majuro Primary Health Workplace Data

Table 5: Day to Day Hospital Operations Majuro					
Workplace Measures	2004	2005	2006	Indicators Data	
Increase/decrease in outpatient services	44,132	37,274	50,524	<ul> <li>✓ Number of in-patients (admissions)</li> </ul>	
Increase/decrease admissions	4,251	4,097	3,968	✓ Number of out-patient encounters	
Increase decrease surgical operations by type	1,292	1,142	1,311	<ul> <li>Number of surgical operations (type)</li> </ul>	
Increase diagnostic tests performed	8,497	7,586	11,760	<ul> <li>Number of diagnostic tests</li> </ul>	
Increase rehabilitation treatments	5,933	6,298	5,987	(radiology and clinical)	
Increase number of prosthesis completed	30	25	18	<ul> <li>Number of rehabilitation treatments performed</li> <li>Number of prosthesis completed</li> </ul>	

#### Table 5: Majuro Hospital Workplace Data

Table 6: Majuro Hospital Effectiveness				
Workplace Measures	2004	2005	2006	Indicators Data
Improve patient satisfaction - Outpatient Hours	1-5 PM, M-F	1-5 PM, M-F	1-5 PM, M-F	<ul> <li>Number Type/ Diagnostic Equipment purchased</li> </ul>
- Inpatient Hours	24 hours/ 7 days a week	24/7	24/7	<ul><li>Number/type Staff hires</li><li>Outpatient hours</li></ul>
Improve Emergency response time				(maintain/increase)
Increased reliability of medicine inventory	132,285	121,703	144,852	<ul> <li>Number/type furniture,</li> </ul>
Increase capacity of staff				computers purchased
Increase capacity for inpatients services/treatment				<ul> <li>Number of meals served</li> </ul>
- No. of Meals Served	85,087	88,676	91,520	<ul> <li>Ambulance Response time</li> <li>Number of prescriptions dispensed</li> <li>Number/type staff training</li> </ul>

Table 6: Improve Majuro Hospital Workplace Data

Table 7: Day to Day Ebeye Hospital Operations					
Workplace Measures	2004	2005	2006	Indicator Data	
Increase/decrease in outpatient services	21,593	24,636		<ul> <li>✓ Number of in-patients (admissions)</li> </ul>	
Increase/decrease admissions	1,542	1,.474		<ul> <li>Number of out-patient encounters</li> </ul>	
Increase decrease surgical operations by type	219	362		<ul> <li>Number of surgical operations (type)</li> </ul>	
Increase diagnostic tests performed	17,986	19,420		<ul> <li>Number of diagnostic tests</li> </ul>	
Increase rehabilitation treatments				(radiology/clinical)	
Increase number of prosthesis completed				<ul> <li>Number of rehabilitation treatments performed</li> </ul>	
Improve satisfaction of mothers in nursery				<ul> <li>Number of prosthesis completed</li> </ul>	
Increase hospital revenue collection				<ul> <li>Nursery satisfaction survey</li> </ul>	
				<ul> <li>Hospital revenues</li> </ul>	

#### Table 7: Ebeye Hospital Workplace Data

Table 8: Ebeye Hospital Effectiveness					
Workplace Measures	2004	2005	Indicator Data		
Increase diagnostic Capacity			<ul> <li>Number Type/ Diagnostic Equipment purchased</li> </ul>		
Increase capacity for inpatients services/treatment			<ul> <li>Number/type Staff hires</li> </ul>		
Increase capacity for inpatients services/treatment			<ul> <li>Outpatient hours (maintain/increase)</li> </ul>		
Increase capacity for inpatients services/treatment			<ul> <li>Number/type furniture, computers purchased</li> </ul>		
Improve patient satisfaction			<ul> <li>Number of meals served</li> </ul>		
Improve Emergency response time			Ambulance Response time		
Increased reliability of medicine inventory			<ul> <li>Number of prescriptions dispensed</li> </ul>		
Increase capacity of staff			Number/type staff training		
Increase capacity for inpatients services/treatment			Number Tele-health Consultations		

Table 8: Improve Ebeye Hospital Workplace Data

Table 9: Ebeye Primary Health Care					
Workplace Measures	2004	2005	Indicators Data		
Increase preventative dental care (measure by 1 <sup>st</sup> & 2 <sup>nd</sup> visits)			<ul> <li>School/community outreach (number</li> </ul>		
Increase school and community awareness regarding			programs/number attendees		
targeted health issues			<ul> <li>Outreach trips (patients served)</li> </ul>		
Increase Outreach trips (patients served)		14	<ul> <li>Number children with malnutrition</li> </ul>		
Decrease number of Hypertension/Diabetes patients			<ul> <li>School visits</li> </ul>		
Increase School visits/workshops in human services		50	<ul> <li>Family Counseling participants</li> </ul>		
Increase Family Planning counseling participants (new)	79	429	<ul> <li>Hypertension/Diabetes patients</li> </ul>		

Table 9: Ebeye Primary Health Workplace Data

Table 10: MOH Personnel and Finance (Support for Primary Health and Hospitals)					
Workplace Measures	2004	2005	Indicators		
Improve equipment and database		14	<ul> <li>Amount and type of equipment</li> </ul>		
Reduce delays in paying vendor			purchased		
Number/type training programs (Improve staff capacity)		1/39	<ul> <li>Payment Records</li> </ul>		
			<ul> <li>New hires/training programs</li> </ul>		

Table 10: Personnel and Administration Workplace Data

Table 11: Health Information System (Support for Primary Health and Hospitals)						
Workplace Measures	2004	2005	Indicators Data			
Improved accuracy of database for all MOH (Is baseline data			<ul> <li>Baseline data</li> </ul>			
and annual data up to date) (YES/NO)			<ul> <li>MDG's coordination</li> </ul>			
MDG reporting completed as required (YES/NO)			<ul> <li>Outer Island statistics</li> </ul>			
Improve reliability of information from Outer Islands (is data			<ul> <li>Primary Health and Hospital statistics</li> </ul>			
collection from outer islands improving) (YES/NO)						
Overarching Measurement information updated (YES/NO)			7			
Table 11: HIS Workplace Data		•	-			

Table 11: HIS Workplace Data

Table 12: MOH Medical Referral System			
Workplace Measures	2004	2005	Indicators Data
Reduce cost per referral (base year 2004)			<ul> <li>Number of referrals</li> </ul>
Decrease in referrals (by type of referral	94	121	<ul> <li>Cost of each referral</li> </ul>
Use of equipment purchases to reduce referrals (measure			<ul> <li>Purchase cost of equipment</li> </ul>
number using new equipment who would have been referred			<ul> <li>Training sessions for staff</li> </ul>
off island/cost analysis			<ul> <li>Staff hires</li> </ul>
Table 12: MOH Referral Workplace Data			

## III. Objective Area: Provision of Outer Island Health Care Services

- A. Outcome 1: Provide Primary and Preventative Health Care to Improve the Health Status in the Outer Islands
- 1. MOH Outcome 1 Performance Matrix

**Matrix 1** provides details for MOH Outcome 1 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Output

Matrix 1: Performance Information for MOH Out	come 1						
Outcome 1: To upgrade local capabilities of the h		or better diag	gnosis of d	liseases see	n and		
managed							
Output Group 1.1 – Affordable, high quality preve				er islands (	\$892,796)		
Dutput 1.1.1		for Activities/Co					
Continue to conduct Outer Island Immunization program	Activities 1-7 Herokko Neamon (Chief Public Health Nurse) Activities 1-7 Mobile Team (7 people)						
Primary Activities	ACTIVITIES 1-7 INO	blie Team (7 peop	ie)				
Continue to train the Health Assistants to administer	Mini Line Item	Budaet					
immunization vaccines according to WHO immunization	1.1.1	GF	CF	FG	Totals		
schedules and proper vaccine management	Salary Ex	0	0	27,735	27,735		
Visit 4 atolls per quarter to administer immunization Continue to immunize pregnant women with 5 doses of TT Increase public education and awareness by dissemination of IEC	Salary M	11,342	85,833	38,000	135,175		
	Fringe E	0	0	3,990	3,990		
<ol> <li>Increase public education and awareness by dissemination of IEC information on immunization.</li> </ol>	Fringe M	1,136	9,012	2,912	13,060		
5. Improve data collection and management of immunization	Travel D	0	0	114,000	114,000		
records in the health centers in the outer islands.	Equipment (NC	2) 0		75,000	75,000		
5. 1 <sup>st</sup> time to administer HPV vaccines for females 9 years to 26	Supplies O	0		8,000	8,000		
years along with increase % for BCG, OPV,DPT, HBV,HIB, and	Housing	0	-	9,000	9000		
MMR with 3 doses. 7. Ensure all children born in the outer islands must receive the 1 <sup>st</sup>	Total	12,478	94,845	278,637	385,960		
<ul> <li>dose of hepatitis B and BCG within 12 hours after birth.</li> <li>To ensure all immunization vaccines are available at all time.</li> <li>To insure cold chains are available for use in the outer islands.</li> </ul>	<ul> <li>✓ decreasing</li> <li>✓ Immunizati or higher.</li> <li>✓ Increase nu</li> <li>✓ The program</li> </ul>	on coverage increa number of childrer on coverage for th umber of children c m will be implemer ficials will be bette r islands.	n contract Hep e outer islands ompleting the nted on 50 of t	atitis B; IMR rec will increase to vaccination. the outer islands	uces 60% or 65%		
Dutput 1.1.2		for Activities/Co	ordination				
Continue to conduct Health and Human Services program including Mental Health and Substance Abuse and Cancer Programs	Activities 1-6 Mr.	. Gerard Mejbon					
Primary Activities	Mini Line Item		05	50	Tatal		
I. Continue to network with the CBOs, church and community leaders regarding suicides and consumption of alcohol in the	1.1.2 Salary M	<b>GF</b> 8,512	<b>CF</b> 4,750	<b>FG</b> 0	Total 13,262		
communities.	Fringe M	893	4,750	0	1,391		
2. Continue to visit the mental health consumers in selected outer	Emp. Ins	1,500	478 0	0	1,500		
islands 3 times a quarter with psychiatrists for assessment of	Travel D	0	0	10,000	10,000		
medications.	Other	0	0	1,488	1,488		
3. Train the parents and relatives of the mental health clients to	Total	10,905	5,248	11,488	27,641		
<ul> <li>understand more about mental disabilities</li> <li>Administer cancer screening in the outer islands by training the health assistants to screen and develop recording systems.</li> <li>Implement the IEC materials on tobacco control and prevention to be sent to the outer island communities.</li> <li>Disseminate information materials/posters on affects of tobacco on human life to educate the young people in the outer islands.</li> </ul>	large so tha in providing ✓ Enable rela ✓ Coordinate ✓ Reduce con	laboration and par at leaders in the ch g advice and couns tives to care for th conducting of cano asumption of tobac	urch and in th eling to young e needs of the cer screening a co/cigar and cl	e community wi /suicidal. clients. and pap smear	,		
Dutput 1.1.3		for Activities/Co					
Continue Maternal and Child Health Programs, Prenatal and Family Planning Programs	Activities 1-7 He Activities 1-7 Mr	r. Ken Jetton					
Primary Activities	Activities 1-7 Me	eshai Laidren, Den	tal Nurse				
<ol> <li>Train health assistants on delivery of reproductive health care, well-baby clinic, and counselling on teen pregnancy.</li> </ol>	Mini Line Item	<u>Budget</u>					

- 2. Conduct awareness program for teenage mothers on proper nutrition
- 3. Conduct education program on breastfeeding for teenage mothers.
- 4. Dissemination of condoms and other contraceptives
- 5. Improve the data collection and recording system for the prenatal and family planning and other public health services.
- 6. Continue to provide dental health services to pregnant mothers in the outer islands through training of the health practitioners.
- 7. Prenatal mothers to be given instruction on ORS for treatment of gastroenteritis.
- 8. Continue to disseminate vitamin A supplements and de-worm medications.
- 9. Health practitioners to do house to house visits to provide family health education and counselling.
- 10. Dissemination of condom during family planning visits to the clinics as well as disseminating during house to house visits.

#### Output 1.1.4

Continue TB & Leprosy Program through health education, treat, DOT and early detection

#### Primary Activities

- 1. To increase number of DOTS compliant patients to 100% in the outer islands.
- 2. Continue to develop and update IEC materials on TB and Leprosy and send to the outer island health centers.
- 3. Health practitioners to provide instructions on TB and Leprosy in schools with the PH mobile team.
- 4. Plan to have 4 trips of PH mobile teams to the outer islands each quarter.
- 5. To reduce the TB and Leprosy burdens by doing house to house visits to households.
- 6. Increase the detection rate by 5% for Leprosy.
- 7. Train the health practitioners to administer DOTS in the outer islands.
- 8. Increase the cure rate of TB by family and public education. Output 1.1.5

Continue the Dental Program in the Outer Islands

#### Primary Activities

- 1. Purchase of 1 dental portable units for the Outer Islands
- 2. Training of Health Assistants in few dental procedures; 2 each quarter (until FY015)
- 3. Mobile team makes 4 trips to Outer Islands each quarter.
- 4. Stock necessary dental supplies and instruments for the Outer Islands Health Centers.
- 5. Education and materials about dental hygiene provided
- Provide dental care to school children in Outer Island schools, pregnant mothers and small children, including dissemination of toothbrushes and toothpastes
- Continue to administer procedures such like cleaning, fluoride, and other procedures that may need the attention of a real Dentist.
- 8. Continue to educate the people about dental hygiene.

#### Output 1.1.6

Continue to improve the HIV/STI program through staff training and treatment and management

#### Primary Activities

- 1. Establish a surveillance and recording system for the Outer Islands in the Health Centers.
- 2. Screen for HIV and other STI for all pregnant women.
- 3. Expand access to HIV CTR to the Outer Islands.
- 4. Train the Health Assistants to screen and treat Syphilis, Chlamydia, and Gonorrhea for youth and adults
- 5. Provide IEC materials on STI/HIV to be disseminated especially in the school system.
- 6. Introduce the Health Assistants to the use of Rapid Test method.

1.1.3	GF	CF	FG	Total
Salary M	8,925	88,239	0	97,164
Fringe M	905	9,265	0	10,170
Travel D	0	0	37,386	37,386
POL	0	0	3,000	3,000
Printing	0	0	2,000	2,000
Total	9,830	97,504	42,386	149,720

#### Desired Impact

To ensure reproductive health care is provided regularly.

- ✓ To ensure healthy children and mothers (prenatal and postnatal)
- ✓ Improved family planning (number of birth decline/steadies)
- To improve collection for better data analysis.
- Identify children with special needs.
- ✓ To develop family hygiene

#### **Responsibility for Activities/Coordination**

Activities 1-8 Dr. Kennar Briand, National Director of Public Health Activities 1-8 Dr. Godfrey Waidubu, Public Health Program Director Activities 1-8 Arti Motella, Health Educator Activities 1-8 Mobile team

#### Mini Line Item Budget

1.1.4	GF	CF	Total
Salary M	8,844	87,359	96,203
Fringe M	905	9,173	10,078
Total	9,749	96,532	106,281

#### Desired Impact

- ✓ Increase the detection and cure rate of TB
- $\checkmark$  ~ To increase number of DOTS compliant patients
- ✓ Increase detection rate for Leprosy
- ✓ To reduce the incidence and prevalence of TB
- ✓ To reduce the incidence and prevalence of Leprosy

#### Responsibility for Activities/Coordination

Activities 1-8 Mr. Meshai Laidren, Dental Nurse

#### <u>Mini Line Item Budget</u>

	Duuget			
1.1.5	GF	CF	FG	Total
Salary M	13,500	27,248	0	40,748
Fringe M	2,006	2,861	0	4,867
Standby	3,600	0	0	3,600
Employ Ins	1,386	0	0	1,386
Travel D	0	0	29,500	29,500
Total	20,492	30,109	29,500	80,101

#### Desired Impact

To ensure simple dental procedures are performed in the Outer Islands.

- ✓ Dental care will be available regularly in the Outer Islands and people will have access to dental care.
- ✓ Reduce the dental service backlog in the Outer Islands.
- ✓ Avoid shortage of supplies for the Outer Islands.

#### ✓ Guarantee healthy teeth and healthy life.

Responsibility for Activities/Coordination

Activities 1-8 Mr. Will Alfred, Assistant Chief Public Health Nurse Activities 1-8 Mr. Temsa Andrike, Practical Nurse

#### Mini Line Item Budget

1.1.6	GF	CF	FG	Total
Salary M	6,424	82,954	0	89,378
Fringe M	675	8,710	0	9,385
Travel D	0	0	43,330	43,330
Supplies O	0	0	2,000	2,000
Total	7,099	91,664	45,330	144,093

## Desired Impact

Reduce the prevalence and incidence of STI in the Outer Islands

7.	Increase the rate of condom use in the outer islands		e rate of condom u			undo o o	
8.	Health practitioners shall provide public education on HIV/STI through outreach to the villages.		nalysis of the HIV/ egimen can start a			ands so	
1	anough out cuch to the vinages.		lowledge of people			sexually	
		transmitted	0 1 1			, see a s	
			cess to faster inter			seling) can be	
L			rly as possible to p	revent further d	amage.		
	tput Group 1.2 –Health Education and Health Promotion (\$5		<u> </u>				
-	put 1.2.1 htinue Health Education/Promotion and Diabetes Prevention and		for Activities/Co				
	ntrol		r. Donny Andrike a				
001		Activities 1-0 mi	. Doning Andrike a				
Pri	mary Activities: OIHCS will continue to do the following:	Mini-line Item	Budget				
1.	Mobile team makes 4 trips per quarter outreaching to the Outer	1.2.1	GF	CF	FG	Total	
	Islands for at least 2 weeks per visit.	Salary M	2,173	6,010	0	8,183	
2.	Provide training for Health Assistants to do health education in the Outer Islands on public health issues as well as health	Fringe M	228	631	0	859	
	complication related to diabetes.	Travel D	0	0	23,224	23,224	
3.	Continue to develop IEC materials on all public health issues for	Other supp Total	6,500 <b>8,901</b>	0 6,641	0 23,224	6,500 38,766	
	Health Assistants to use in their health promotion activities.	Total	8,901	0,041	23,224	30,700	
4.	Continue to collaborate with schools regarding healthy activities.	Desired Impac	:t				
5.	Workshops on health education when visiting the Outer Islands.		dence and prevale	nce of Diabetes	and other dise	eases included	
6.	Develop posters and billboards to be used in the Outer Islands		each programs and				
7.	on such topic as TB, HIV/STI, tobacco control and many others. Create pamphlets on breastfeeding, foot care for diabetic		amount of education				
7.	population.		n information will b		for the people	to read and	
8.	Activities relating to non communicable diseases		eir own healthy life		vir family boalt	h	
9.	Division of Health Education shall work with the Health Assistants		will be empowere n will grow up with			11	
	to foster collaboration and partnership with people in the		e number of perso			and given	
	communities on health promotion activities and exercise		ation and participa				
10	initiatives.						
10.	Assist Community Health Councils in developing, implementing and monitoring community health projects and programs.	health activ	<ul> <li>Increase opportunities for the people in the communities to participate health activities to create interest and empowerment.</li> </ul>				
	and monitoring community health projects and programs.			cst and empore	erment.		
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Out	put 1.2.2	Responsibility	for Activities/Co				
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Re- ass. Em, Prin 1. 2. 3. 4. 5. 5. <b>Ou</b> t <i>Im</i> , <i>Hea</i> <i>Prin</i>	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         care Service.         tput 1.3.1         prove and Maintain Human Resource Development and Capacity of         adth Service Delivery in the outer islands         harry Activities:       OHCS will continue to implement these:         Appoint a new Program Manager for the OHCS clinic         Hire one counterpart to work with the Director for the OHCS <td>Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓         Improve pa         ✓         Empower Ic         Mini-Line Item         1.3.1         Salary M</td> <td>for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF GF 6 8 2 2 3 3 3 5 5 5 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7</td> <td>ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         sistant Secretary         o         communities in arding changing         pordination         sistant Secretary         e public health p         CF         152,078</td> <td>Plant Maintenal y/OICHS <b>F</b> 8,573 900 0 <b>9,473</b> health related to a healthy I //OICHS physicians <b>HF</b> 0</td> <td>Total           8,573           900           8,250           17,723           issues           ifestyle</td>	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓         Improve pa         ✓         Empower Ic         Mini-Line Item         1.3.1         Salary M	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF GF 6 8 2 2 3 3 3 5 5 5 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         sistant Secretary         o         communities in arding changing         pordination         sistant Secretary         e public health p         CF         152,078	Plant Maintenal y/OICHS <b>F</b> 8,573 900 0 <b>9,473</b> health related to a healthy I //OICHS physicians <b>HF</b> 0	Total           8,573           900           8,250           17,723           issues           ifestyle	
Re- ass. Em,           Prin           1.           2.           3.           4.           5.           Out           Imp Heat           Prin           1.           2.	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         Care Service.         tput Group 1.3 –Service Delivery (\$677,374)         put 1.3.1         prove and Maintain Human Resource Development and Capacity of         any Activities:       OIHCS will continue to implement these:         Appoint a new Program Manager for the OIHCS clinic         Hire one counterpart to work with the Director for the OIHCS         (Outer Islands Community Health Syste	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower loc         Mini-Line Item         Marchites 1-8 Re         Activities 1-8 Re         Activities 1-8 Re         Activities 1-8 Re         Mini-Line Item         1.3.1         Salary M         Fringe M	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF 6F 8 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         sistant Secretary         o         communities in arding changing         pordination         sistant Secretary         public health p         CF         152,078         9,796	Ilant Maintenai y/OICHS 8,573 900 0 9,473 health related to a healthy I //OICHS physicians HF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713	
Re- ass. Em, Prin 1. 2. 3. 4. 5. 5. <b>Ou</b> t <i>Imp</i> <i>Hea</i> <i>Prin</i> 1.	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         care Service.         Eput Group 1.3 –Service Delivery (\$677,374)         put 1.3.1         prove and Maintain Human Resource Development and Capacity of offith Service Delivery in the outer islands         mary Activities:       OHCS will continue to implement these:         Appoint a new Program Manager for the OHCS clinic         Hire one counterpart to work with the Director for the OHCS	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower log         Mini-Line Item         1.3.1         Salary M         Fringe M         Salary M         Fringe M         Standby	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF GF 6 8 2 2 3 3 3 5 5 5 6 6 6 7 6 7 6 7 8 7 7 8 7 8 8 8 8 8 8 8	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         sistant Secretary         public health p         CF         152,078         9,796         15,000	Ilant Maintenai y/OICHS 8,573 900 0 9,473 health related to a healthy I //OICHS physicians HF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713           15,000	
Re- ass. Em,           Prin           1.           2.           3.           4.           5.           Out           Imp Heat           Prin           1.           2.	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         care Service.         type 11.3.1         prove and Maintain Human Resource Development and Capacity of         mary Activities:       OHCS will continue to implement these:         Appoint a new Program Manager for the OHCS clinic         Hire one counterpart to work with the Director for the OHCS         (Outer Islands Community Health System).         Continue to implement plan to select sup	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower loc         Mini-Line Item         1.3.1         Salary M         Fringe M         Travel	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF GF 6 8 3 3 5 5 5 6 6 6 6 6 6 7 6 7 6 7 6 7 7 7 8 7 8 8 8 8	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         sistant Secretary         public health p         CF         152,078         9,796         15,000	l'ant Maintenai y/OICHS	Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713           15,000           5,000	
Re- ass. Em,           Prin           1.           2.           3.           4.           5.           Out           Imp Hear           Prin           1.           2.           3.           4.           5.           Out           Imp Hear           3.           3.	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         care Service.         Eput Group 1.3 –Service Delivery (\$677,374)         put 1.3.1         prove and Maintain Human Resource Development and Capacity of offith Service Delivery in the outer islands         mary Activities:       OHCS will continue to implement these:         Appoint a new Program Manager for the OHCS clinic         Hire one counterpart to work with the Director for the OHCS	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower loc         Mini-Line Item         1.3.1         Salary M         Fringe M         Travel	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF 6 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         istant Secretar         o         communities in arding changing         ordination         istant Secretar         public health p         CF         152,078         9,796         15,000         5,000         0	Ilant Maintenai y/OICHS 8,573 900 0 9,473 health related to a healthy I //OICHS ohysicians HF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713           15,000           5,000           8,250	
Re- ass. Em,           Prin           1.           2.           3.           4.           5.           Out <i>Imp Hear</i> Print           1.           2.           3.           4.           5.           Out <i>Imp Hear</i> 1.           2.           3.	create health councils to support the work done by the health         istants and public health mobile teams. – Community         powerment/ Community Representative         hary Activities         Meet with the communities and their leaders to form         collaboration and partnerships to recreate the Health council.         To empower the communities to participate in the changing         lifestyle activities.         To do gardening and other healthy activities to assist the health         assistants.         Get more clients to be involved in diabetes health activities to be         administered by the health practitioners and members of the         Public Health Mobile team.         Get the health councils involved in creating healthy activities in         each islands/atoll and provide necessary advice on community         health needs to the health practitioners or the office of the         Director and/or Assistant Secretary for the Outer Islands Health         care Service.         tput 1.3.1         prove and Maintain Human Resource Development and Capacity of         attra new Program Manager for the OIHCS clinic         Hire one counterpart to work with the Director for the OIHCS         (Outer Islands Community Health System).         Continue to implement plan to select supervisors for the health         assistants. (Hire 13 new supervisors) <td>Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower loc         Mini-Line Item         1.3.1         Salary M         Fringe M         Travel</td> <td>for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF 6 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</td> <td>ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         istant Secretar         o         communities in arding changing         ordination         istant Secretar         public health p         CF         152,078         9,796         15,000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0</td> <td>Ilant Maintenai y/OICHS 8,573 900 0 9,473 health related to a healthy I //OICHS physicians HF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713           15,000           5,000</td>	Activities 1-5 Li         Activities 1-5 Th         Activities 1-5 Ri         Mini-line Item         1.2.2         Salary M         Fringe M         Travel         Total         Desired Impac         ✓ Improve pa         ✓ Empower loc         Mini-Line Item         1.3.1         Salary M         Fringe M         Travel	for Activities/Co ina Matauto, Assist nompson Keju, Ass ussell Edwards, As Budget GF 6 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ordination         ant Director/PH         stant Director/F         sistant Secretar         0         0         0         250         250         communities in arding changing         pordination         istant Secretar         o         communities in arding changing         ordination         istant Secretar         public health p         CF         152,078         9,796         15,000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Ilant Maintenai y/OICHS 8,573 900 0 9,473 health related to a healthy I //OICHS physicians HF 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total           8,573           900           8,250           17,723           issues           ifestyle           170,333           11,713           15,000           5,000	

skills, management skills (54 current Health Assistants/in-service training to be held in 3 groups during the FV07       Supplies M       0       0       189:000       199         Supplies M       0       0       189:00       0 <td< th=""></td<>
training to be held in 3 groups during the FV07         Training of the health assistants during each visits of the mobile with by the assigned physician for the OHCS.         Minital health Assistants on all islands (54 salaries)         Purchase of officer equipment: radios, treatment tables, bicycles.         Bit implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         Discussion of the case stage of the mobile of the mobile of the mobile of the mobile of the case stage of the mobile
with by the assigned physican for the OHCS.         Maintain Health Assistants on all islands (54 salaries)         Purchase of officer equipment: radios, treatment tables, bicycles,         Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         Descret Imsurance       2,000       0       0       1         Rentals       15,300       0       0       2         Rentals       15,300       0       0       2         Total       278,118       210,256       189,000       677         Desired Imsurance       4,000       0       0       2         Imsurance       2,000       0       0       2         Imsurance       16,300       0       0       2         Imsurance       2,000       0       0       2         Imsurance       2,000       0       0       2         Imsurance       16,300       0       0       2         Imsurance       2,000       0       0       2         Imsurance       16,300       0       0       1         Output Grou
6.       Maintain Health Assistants on all Islands (64 salaries)         7.       Purchase of officer equipment: radios, treatment tables, bicycles,         8.       Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         8.       Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.         9.       Insurance       2,000       0       0       28         10.       Repairs       23,156       28,382       0       51         11.       Insurance       2,000       0       0       0       23         11.       Treat       23,000       0       0       23         11.       Total       278,118       210,256       189,000       677         Desired Impact       *       Increase supervisory role in the outer islands, roviding improved to residents       *       Increased supervisory role in the outer islands, roviding improved to residents       *       Increased capacity of OHIC's to deliver services         2.       Increase supervisory role in the outer islands, roviding improved to residents       *       Increased capacity of OHIC's to deliver services         3.       Patients are transported from Outer Islands to Majuro or Ebeve as needed       3.       Restal Solo       0
1. Purchase of officer equipment: radios, treatment tables, bicycles, DUDs, CDS, filing cables, set.       Printing       4,000       0       0       4         2. DDS, filing cables, set.       Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.       Imsurance       2,000       0       0       12         2. Medical Center in Majuro for 3 weeks each group of two each time.       Insurance       2,000       0       0       12         2. Medical Center in Majuro for 3 weeks each group of two each time.       Increase Sulls of OHC staff       23,156       189,000       677         2. Medical Corup 1.4 - Inter-Island Referral Program (\$637,193)       Output Group 1.4 - Inter-Island Referral Program (\$637,193)       Output I.4.1       Provide Inter-Island Referral Service       Printing Hammat Annual Section 13       Provide Inter-Island Referral Service         2. Medical decision is made on the cases       3. Patients are transported from Outer Islands to Majuro or Ebey as needed       1. All GF       CF       HCRF/HF       Total         2. Medical decision is made on the cases       3. Patients are transport and Infrastructure (\$116,517)       Output 1.5.1       Germatic Section 14       <
DVDs, CDs, Filling cabinets, etc.         8.       Implement an attachment/rotation program at Leroij Atama Medical Center in Majuro for 3 weeks each group of two each time.       Repairs       23,136       28, 332       0       51         Repairs       23,136       28,032       0       0       22         Retails       15,300       0       0       23         Total       278,118       210,256       189,000       677         Desired Impact        Increase skills of OHC staff           Increase dagacity of OHCS to deliver services        Increase dagacity of OHCS to deliver services          Increase dagacity of OHCS to deliver services        Increase dagacity of OHCS to deliver services         Output Group 1.4 - Inter-Island Referral Program (\$637,193)       Responsibility for Activities 1-3 Russell Edwards, Assistant Serretary Activities 1-3 Russell Edwards, Assistant Director for clinical services         Primary Activities       1       Communicate with the RMI Referral Office/Program         2.       Medical decision is made on the cases       14.1       GF       CF       HCRF/HF       Total         2.       Medical decision is made on the cases       1       1       1       1       1       1       1       0       0       1 <t< td=""></t<>
9. Implement an attachment/rotation program at Leroj Atama Medical Center in Majuro for 3 weeks each group of two each time.       1000000000000000000000000000000000000
Medical Center in Majuro for 3 weeks each group of two each time.       Image: 15,000       0       0       0       12         Rentals       15,000       0       0       0       12         Rentals       15,000       0       0       0       12         Total       278,118       210,256       189,000       677         Desired Impact       -       Increase skills of OHC staff       -       Increase dapatyly of OHCS to deliver services         -       Increase dapatyly of OHCS to deliver services       -       Increased types of treatment available in outer islands, providing improved to residents         Output Group 1.4 - Inter-Island Referral Program (\$637,193)       Output I.4.1       Primary Activities       -       Increased types of treatment available in outer islands         Output I.4.1       Primary Activities       -       -       Communicate with the RMI Referral Office/Program         1.       Communicate with the RMI Referral Office/Program       -       -       -       -         2.       Primary Activities       -       -       -       -       -         3.       Patients are transported from Outer Islands to Majuro or Ebeye as needed       -       -       -       -       -       -       -       -       -       -
time.       Image:
Primary Activities       23,000       0       0       0       23         Total       278,118       210,256       189,000       677         Desired Impact       -       Increase skills of OIHC staff       -       Increase skills of OIHC staff         -       Increase dispervisory role in the outer islands, providing improved to residents       -       Increased capacity of OIHC staff         -       Increased supervisory role in the outer islands, providing improved to residents       -       Increased capacity of OIHC staff         -       Increased supervisory role in the outer islands, providing improved to residents       -       Increased capacity of OIHC staff         Output Group 1.4 – Inter-Island Referral Program (\$637,193       -       Increased apacity of OIHC staff       -         Output 1.1.1       Provide Inter-Island Referral Office/Program       -       Increased apacity of OIHC staff       -         1       Communicate with the RMI Referral Office/Program       -       Activities 1-3 Russell Edwards, Assistant Director for clinical services         Minicial decision is made on the cases       -
Desired Impact <ul> <li>Increase skills of OIHC staff</li> <li>Increased supervisory role in the outer islands</li> <li>Increased supervisory role in the outer island staft</li> <li>Increased supervisory role in the outer island staft</li> <li>Intrastructure constructs and repair and infrastructure (\$116,517)</li> </ul> <li>Dutput 1.5.1         <ul> <li>Intrastructure constructs and repair and revise this output)</li> <li>Primary Activities</li> <li>Intrastructure constructs and repair and revise this output)</li> </ul> </li> <li>Desired Impact         <ul> <li>Intrastructure projects underway (completed where possible) as</li> </ul> </li>
✓       Increase skills of OHIC staff         ✓       Increase skills of OHIC staff         ✓       Increased supervisory role in the outer islands, providing improved to residents         ✓       Increased supervisory role in the outer islands, providing improved to residents         ✓       Increased supervisory role in the outer islands, providing improved to residents         ✓       Increased types of treatment available in outer islands         ✓       Increased types of treatment available in outer islands         ✓       Increased number/type preventive programs available in outer islands         Øutput 1.4.1       Provide Inter-Island Referral Service       Responsibility for Activities 1-3 Russell Edwards, Assistant Secretary Activities 1-3 Dr. Godfrey Waidubu, Public Health Program Director Activities 1-3 Dr. Godfrey Waidubu, Public Health Program Director Activities 1-3 Dr. Godfrey Waidubu, Public Health Program Director Activities 1-3 Mr Arata Nathan, Assistant Director for clinical services         Primary Activities       1       1.3,755       91,126       0       1004         Fringe M       1,4,44       9,568       0       11         Com       7,500       0       0       0       5         Output Froup 1.5 – Transport and Infrastructure (\$116,517)       V       Improve recovery of outer island patients       ✓         Vultue 1.5.1       Output 1.5.1       Gesponsibility for Act
Primary Activities         1. Communicate with the RMI Referral Office/Program         2. Medical decision is made on the cases         3. Patients are transported from Outer Islands to Majuro or Ebeye as needed         Image: Primary Activities         1. 4.1       GF       CF         Image: Primary Activities       1.4.1       GF       CF         Image: Primary Activities       0       0       104         Primary Activities       0       0       0       0         Image: Primary Activities       0       0       0       0       0         Image: Primary Activities       0       0       0       0       0       0         Image: Primary Activities       Image: Primary Activities       0 <t< td=""></t<>
2.       Medical decision is made on the cases         3.       Patients are transported from Outer Islands to Majuro or Ebeye as needed         4.1.       GF       CF       HCRF/HF       Total         Salary M       13,755       91,126       0       104         Fringe M       1,444       9,568       0       11         Com       7,500       0       0       7         Rental       15,300       0       0       492,000       492         Other Sup       6,500       0       0       492,000       492         Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients       ✓       Improve ability to provide treatment to outer island patients         ✓       Improve ability for Activities/Coordination       Activities 1-3 Arata Nathan       Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       1.       Infrastructure projects underway (completed where possible) as       1.5.1       GF       CF       Total
3. Patients are transported from Outer Islands to Majuro or Ebeye as needed       Salary M       13,755       91,126       0       104         Salary M       13,755       91,126       0       104         Fringe M       1,444       9,568       0       11         Com       7,500       0       0       7         Rental       15,300       0       0       15         Other Sup       6,500       0       0       492,000         Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients       ✓       Improve recovery of outer island patients         ✓       Improve recovery of outer island patients       ✓       Improve ability for Activities/Coordination         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan         Primary Activities       1.       Infrastructure projects underway (completed where possible) as       Mini-Line Item Budget         1.       1.5.1       GF       CF       Total
as needed       Fringe M       1,444       9,568       0       11         Com       7,500       0       0       7         Rental       15,300       0       0       15         Other Sup       6,500       0       0       6         Referrals       0       0       492,000       492         Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients         ✓       Improve recovery of outer island patients         ✓       Improve ability to provide treatment to outer island patients         ✓       Improve ability for Activities/Coordination         Activities 1-3 Arata Nathan       Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       1.       Infrastructure projects underway (completed where possible) as
Pringe M       1,444       9,388       0       11         Com       7,500       0       0       7         Rental       15,300       0       0       0       15         Other Sup       6,500       0       0       6         Referrals       0       0       442,000       492         Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients       ✓         V       Improve recovery of outer island patients       ✓       Improve ability to provide treatment to outer island patients         Output Group 1.5 – Transport and Infrastructure (\$116,517)       Ministructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities/Coordination Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Mini-Line Item Budget       1.5.1       GF       CF       Total
Rental       15,300       0       0       15         Other Sup       6,500       0       0       6         Referrals       0       0       492,000       492         Total       44,499       100,694       492,000       637         Desired Impact         ✓       Improve recovery of outer island patients         ✓       Improve recovery of outer island patients         ✓       Improve ability to provide treatment to outer island patients         ✓       Improve ability for Activities/Coordination         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Activities 1-3 Arata Nathan         Primary Activities       1.       Infrastructure projects underway (completed where possible) as         1.       Infrastructure projects underway (completed where possible) as       1.5.1
Other Sup       6,500       0       0       6         Referrals       0       0       492,000       492         Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients       ✓         ✓       Improve recovery of outer island patients       ✓       Improve ability to provide treatment to outer island patients         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan         Primary Activities       1.       Infrastructure projects underway (completed where possible) as       1.5.1       GF       CF       Total
Referrals       0       0       492,000       492         Total       44,499       100,694       492,000       637         Desired Impact        Improve recovery of outer island patients         ✓       Improve recovery of outer island patients          Output Group 1.5 – Transport and Infrastructure (\$116,517)       Improve ability to provide treatment to outer island patients         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Mini-Line Item Budget       1.         1.       Infrastructure projects underway (completed where possible) as
Total       44,499       100,694       492,000       637         Desired Impact       ✓       Improve recovery of outer island patients         ✓       Improve recovery of outer island patients       ✓       Improve ability to provide treatment to outer island patients         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       1.       Infrastructure projects underway (completed where possible) as
Desired Impact         ✓       Improve recovery of outer island patients         ✓       Improve ability to provide treatment to outer island patients         Output 1.5.1       ✓         Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       Mini-Line Item Budget         1.       Infrastructure projects underway (completed where possible) as
✓       Improve recovery of outer island patients         ✓       Improve ability to provide treatment to outer island patients         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       1.       Infrastructure projects underway (completed where possible) as
✓       Improve recovery of outer island patients         ✓       Improve ability to provide treatment to outer island patients         Output 1.5.1          Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       Mini-Line Item Budget         1.       Infrastructure projects underway (completed where possible) as
✓       Improve ability to provide treatment to outer island patients         Output Group 1.5 – Transport and Infrastructure (\$116,517)       Responsibility for Activities/Coordination         Output 1.5.1       Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities 1-3 Arata Nathan         Primary Activities       1.       Infrastructure projects underway (completed where possible) as         1.       Infrastructure projects underway (completed where possible) as
Output Group 1.5 – Transport and Infrastructure (\$116,517)         Output 1.5.1       Responsibility for Activities/Coordination         Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Responsibility for Activities/Coordination         Primary Activities       Activities 1-3 Arata Nathan       Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       Mini-Line Item Budget       Mini-Line Item Budget
Using the report from BECA on infrastructure constructs and repair outer island health centers as targeted. (need to look at report and revise this output)       Activities 1-3 Arata Nathan         Primary Activities       Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Mini-Line Item Budget       Mini-Line Item Budget
outer island health centers as targeted. (need to look at report and revise this output)       Activities 1-3 Thompson Keju, (will be paid from Dr. Briand's salary)         Primary Activities       Mini-Line Item Budget         1.       Infrastructure projects underway (completed where possible) as
1.       Infrastructure projects underway (completed where possible) as       1.5.1       GF       CF       Total
detailed n BECA infrastructure report (continue) Salary M 7,425 12,766 20
2. Completion of 13 new health centers increasing the number of health centers from 40 to 53 (continue)       Fringe M       780       1,340       2         Travel D       8,250       0       8
2. Continue to support the baselihood of the support of the suppor
maintenance.         Total         22,955         14,106         37
Desired Impact         ✓       Increase health infrastructure development in the outer islands for primary health         ✓       Increased availability of health services and drugs
Output 1.5.2 Responsibility for Activities/Coordination
Continue to expand and Improve outer island communication network Activities 1-6 : Arata Nathan; Thompson Keju; Jiran Jiran
Mini-Line Item Budget
Primary Activities 1.5.2 GF CF Total
1.Radios installed in selected outer island health centers.Salary M5,25018,446232.Plan to install solar powers in selected outer island healthFringe M5511,9372
management of patients.     Total     59,073     20,383     79       4. Provide preventive maintenance of the radio equipments.     Total     59,073     20,383     79

	the nurse supervisors will have a weekly radio conference with	Des	ired Impact
	the health assistants and if necessary, with representatives of the	$\checkmark$	Increased health information (consultations) to outer islands
	health councils.	$\checkmark$	Increase the radio communication network from 50% to 80% of the total
6.	Continue to install satellite internets in the outer islands		health centers in the outer islands
7.	Start a feasibility survey study with regard to purchasing a 90		
	footer-ship for the OIHCS/MOH		

Matrix 1: Performance Information Outcome 1

#### **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and OAM. As MOH gathers more data for specific outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

#### Measures Affecting Outcome 1 FY09

At this time there are no issues foreseen that will affect implementation of outputs in FY09. Work to develop baseline data and increase the reliability and accuracy of data is ongoing.

## Outcome 1 Resources

Statement 1 (below) details how the FY09 appropriation translates to allocated resources to outcome 1. The totals include are revenue sources for the outcome. The statement show the breakdown of allocation by output group included in matrix 1 (above). Included in matrix 1 (above) is the allocation for each output shown in a mini-line item.

Statement 1: Total Resources for MOH Ou	Statement 1: Total Resources for MOH Outcome 1					
	Budgeted Estimated FY09	Budgeted FY08				
Administered Appropriations						
General Funds	492,349	\$492,349				
Compact Directed Funds	777,455	777,455				
Health Funds & Health Care Revenue Fund	681,000	648,000				
US Grants*	430,565	468,760				
Total administered expenses	\$2,381,369	\$2,386,564				
Ministry appropriations						
<b>Output Group 1.1</b> – Affordable, high quality preventive health care programs in the Outer Islands	\$893,796	\$667,760				
Output Group 1.2 – Health Education and Health Promotion	56,489	38,238				
Output Group 1.3 – Service Delivery	677,374	1,254,112				
Output Group 1.4 – Inter-Island Program	637,193	316,798				
Output Group 1.5- Transport and Infrastructure	116,517	109,656				
Total price from Ministry outputs	\$2,381,369	\$2,386,564				
Total revenues and appropriations	\$2,381,369	\$2,386,564				

Statement 1: MOH Outcome 1 Resources

## IV. Objective Area: Provision of Majuro Atoll Health Care Services

## A. Outcome 2: To provide Primary and Preventive Health Care on Majuro

#### 1. MOH Outcome Performance Matrix

**Matrix 2** provides details for MOH Outcome 2 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Output.

Matrix 2 Performance Information for MOH Outco	me 2			
Outcome 2 To Provide Primary and Preventative H				
Output Group 2.1 – Affordable, high quality preventive health c				
<u>Output 2.1.1</u>	Responsibility for	Activities/Coordi	nation	
Continue Immunization Program	Activity 1-5 M Korne	lios		
Priority Activities				
1. Increase immunization coverage for all children prior to school	Mini Line Item Bu	<u>daet</u>		
entry	2.1.1	F Grants	Other Grants	Total
<ol> <li>Immunize all mothers attending ante-natal clinic</li> <li>Provide flu vaccine for adults over 55 years of age</li> </ol>	Salary M	114,725	0	114,725
<ol> <li>Provide on-site or in-service training to improve or increase</li> </ol>	Fringe M	12,046	0	12,046
immunization coverage	Supplies O	8,000	0	8,000
5. Continue (catch-up in 2008) FOR HPV, Diarrhea, Meningitis,	Repair	10,000	0	10,000
Whooping Cough, Etc.	Incentives	10,000	0	10,000
6. Expand services to the Laura Health an Rong Rong Health	Registry	40,000	0	40,000
Centers	Training	0	4,000	4,000
	Other Charges	0	3,500	3,500
	Total	194,771	7,500	202,271
Output 2.1.2         Continue Mental Health/Alcohol and Substance Abuse Program         Priority Activities         1. Provide psychiatric counseling and treatment	Responsibility for Activity 1- M Edwin Activity 2 -8 Arti Hick Mini Line Item Bu	king		
<ol> <li>Collaborate with local communities, NGO's, and faith-based</li> </ol>	2.1.2	Gen Fund	F Grants	Total
organizations to increase awareness on alcohol and substance	Salary Ex	0		44,000
abuse	Fringe Ex	0		9,830
3. Collect and analyze data on suicide rates, mental health, alcohol	Salary M	20,780		20,780
and substance abuse	Fringe M	2,182		2,182
4. Conduct field trips to the outer islands on a regular basis to	Emp. Ins	1,734	0	1,734
provide psychiatric services, preventive programs, and other	Overtime	500	0	500
activities to increase awareness	Equipment (NC)	0	9,950	9,950
5. Provide in-service training for staff to improve knowledge and skills in areas of mental health and substance abuse	Supplies O	0	6,218	6,218
6. Expand services to the Laura Health Center	Dom Travel	0	568	568
o. Expand services to the Ladra Health Center	Communications	0		2,565
	Printing	0		3,065
	Other Sup/Mat	0		2,000
	Other	0		11,400
	Total	25,196	89,596	114,792
	<ul><li>✓ Increased comr</li><li>✓ Better planning</li></ul>			stance abuse

	tput 2.1.3	Responsibility for	r Activities/(	Coordination			
Сог	ntinue TB & Leprosy Programs	Activities 1-9 Risa	Bukbuk				
Pric	prity Activities	Mini Line Item D	udaat				
1.	Ensure active TB cases receive full recommended treatment	Mini Line Item B	General	F Grants	Other	Total	
	regimen (inpatient and outpatient cases)	2.1.5	Funds	i orants	Grants	Total	
2.	Carry out preventive measures through contact screening and	Salaries Ex	13,045	0	0	13,045	
2	patient education (for TB cases and their contacts) Ensure that DOTS therapy is carried out efficiently	Fringe	1,370	0	0	1,370	
3. 4.	Improve data collection and analysis of TB/Leprosy	Salary M	12,220	42,215	0	54,435	
5.	Treat all confirmed Leprosy cases	Fringe M	1,283	4,432	0	5,715	
6.	Conduct annual workshops for all stakeholders involved in	Equip Employee IN	0 2,500	4,000	0	4,000	
	TB/Leprosy eradication (health care providers, local communities,	Supplies O	2,500	1,000	0	1,000	
7.	NGO's, church groups) Conduct workshops to address issues of TB drug resistance	Supplies M	0	0	10,000	10,000	
7. 8.	Improve data collection through training/workshops	Other	0	0	17,400	17,400	
9.	Expand services to the Laura Health and Rong Rong Health	Total	30,418	51,647	27,400	109,465	
	Centers	Impact	с. н. н. н.	. (10/1 000			
			nfant mortality e of contracept	rate (19/1,000	to 18/1,000 pc	pulation)	
			een pregnancy				
			ternal/child he				
				nd breast cancer	s		
		✓ Well-trained,					
	t <u>put 2.1.4</u>	Responsibility for		Coordination			
Сог	ntinue Dental Program	Activity 1-4- Dr. Of	nnmar Tut				
Pric	prity Activities	Mini Line Item B	udaet				
<u>1.</u>	Continue to provide daily dental services/procedures	2.1.4	Gen Fun	d F Grants	HF	Total	
2.	Continue dental school health programs throughout RMI	Salary Ex	144,00			200,500	
3.	Continue outreach activities (acute care, health education, prevention, maternal dental care) on Majuro and the outer islands Expand services to the Laura Health and Rong Rong Health Centers	Salary M	95,43			116,541	
		Fringe E	15,12		-	15,120	
4.		Fringe M	11,91			14,166	
4.		Standby Dif	8,00		-	8,000	
		Overtime	2,50		-	2,500 4,000	
		Employ Ins Equipment	4,00	0 28,000	-	28,000	
		Off. Supp	4,09			4090	
		Supplies /materia			-	26,000	
		Med Supp	10,00	0 0	30,000	40,000	
		Other	1,11			17,510	
		Total	301,16	0 145,267	30,000	476,427	
		1					
		Impact         ✓       More school-age children with healthier teeth         ✓       Increased awareness of dental care during pregnancy         ✓       Increased awareness on prevention of common dental problems         ✓       Better dental coverage to Laura Village and the outer islands         Efficiency       ✓         ✓       Cost of preventive programs (fluoride distribution and other programs)					
					ution and othe	r programs)	
		to decrease in children who need fillings <i>Effectiveness</i>					
			population nee	ding acute denta	al care		
Out	tput 2.1.5	Responsibility for	r Activities/0	Coordination			
	ntinue STD/HIV Programs	Activity 1-6 Dr Zac					
✓	Staff training	Minister					
√ √	Counseling, Testing, Referral (CTR) Surveillance	Mini Line Item B 2.1.5	¥	ate Oth	or C	Total	
v √	Surveillance Treatment & Management	2.1.5 Salary M	F Gran	nts Otr 38,025	ner G	<u>Total</u> 88,025	
-		Fringe M		9,250	0	9,250	
Pric	prity Activities	Med Supplies		20,191	0	20,191	
1.	Implement CTR activities (HIV/AIDS) to target high risk groups	Supplies O		3,795	0	3,795	
	(young adolescents, STD clients, TB cases, pregnant mothers)	Repairs		2,000	0	2,000	
2.	Provide acute and long-term care for HIV/AIDS cases through	Other Sup/Mat		5,672	0	5,672	
3.	various sources/grants (i.e. RYAN WHITE FOUNDATION) Continue STD/HIV screening activities through contact tracing	Other Charges		18,314	3,000	21,314	
3. 4.	Continue health education – on STD/HIV prevention through	Total	14	7,247	3,000	150,247	
т.	mass media, schools, mass forums/gatherings						

6. Expand services to the Laura Health and Rong Rong Health						
Centers Output 2.1.6	Responsibility for Activ	vition (Coordinat	ion			
Continue HTN and DM Programs (NCD Program)	Activity 1- 3 Ione Debrum		.1011			
	Activity 4 – 5 Janet Nemr					
Priority Activities	5					
1. *Adapt NCD Survey results to improve current services	Mini Line Item Budget					
2. Ensure better collaboration between hospital care and preventive	2.1.6	Gen Fund	F Grants	Total		
care of DM and HTN cases (health care providers)	Salary M	19,840	61,050	80,890		
3. Create a multi-disciplinary approach to management of NCD's	Fringe M	2,083	6,411	8,494		
<ol> <li>Staff/continue "Wellness Center"</li> <li>Follow-up participants of the Wellness Center</li> </ol>	Dom Travel	0	2,400	2,400		
5. Follow-up participants of the weilness center	Printing	0	6,307	6,307		
	Meetings	0	160	160		
	Freight	0	3,500	3,500		
	Contractual Advertisement	0	50,000 2,500	<u>50,000</u> 2,500		
	Equipment	0	5,500	5,500		
	Rental	0	4,480	4,480		
	POL	0	5,000	5,000		
	Utilities	0	4,200	4,200		
	Supplies/Materials	0	4,448	4,448		
	Office Sup	0	4,500	4,500		
	Other Charges	0	4,087	4,087		
	Total	21,923	164,543	186,466		
	Impacts					
	✓ Decrease incidence of the second secon					
	✓ Decrease prevalence			ations of DM/HTN		
Output 2.1.7	Responsibility for Activ Activity 1- 9 Ione Debrum		lion			
Continue Health Education and Health Promotion through <ul> <li>Health education and promotional materials</li> </ul>	Activity 1- 9 Tone Debrun	1				
<ul> <li>Staff training</li> </ul>	Mini Line Item Budget					
olan naning	2.1.7	F Grants	Other Gran	ts Total		
Priority Activities	Supplies Other/Mat	1,668		400 60,068		
1. Continue development of IEC materials including pamphlets,	Other Charges	4,901		0 4,901		
articles, posters, videos, radio spots (on health promotion and	Total	6,569	58,4	400 64,969		
disease prevention) – in English and Marshallese						
<ol> <li>Ongoing outreach programs at grass root levels and outer islands on common diseases, immunization, STD/AIDS, hygiene, and</li> </ol>						
NCD's as well as CD's						
3. Develop graphic pictogram, posters and billboards on the dangers						
of tobacco use						
4. Continue to develop policies regarding tobacco labelling and						
packaging						
5. More collaboration with the NGOs, CBOs, and Faith-Based						
Organizations (FBO's) on health promotion and disease						
prevention						
<ol> <li>Carry out health promotion activities in schools and communities</li> <li>Regular staff training on-site or regionally</li> </ol>						
8. Review delivery of service and adjust as necessary						
9. Early detection screening implemented						
Output 2.1.8	Responsibility for Activities/Coordination					
Continue Reproductive Health Services	Activities 1-7 : Hellen J. D					
Priority Activities	Mini Line Item Budget		0	Tatal		
<ol> <li>Ensure that all women of child-bearing age have access to antenatal and postnatal care</li> </ol>	2.1.8	Federal		Total		
<ol> <li>Ensure that women of child-bearing age have access to</li> </ol>	Salary Ex		77,215	77,215		
gynecologic care, including family planning services	Fringe Ex Salary M		13,557 89,630	<u>13,557</u> 89,630		
3. Ensure that newborn babies have access to postnatal or well	Fringe M		6,192	6,192		
baby care	Standby		6,600	6,600		
4. Provide counseling services or educational programs for teenage	Equip		9,000	9,000		
mothers on pregnancy, breastfeeding, maternal/child nutrition,	Printing		2,500	2,500		
STD's and substance abuse during pregnancy	Supplies M		3,000	3,000		
<ol> <li>Provide a comprehensive screening program for breast and conviced capeers</li> </ol>	Other Sup/Mat		2,906	2,906		
<ul><li>cervical cancers</li><li>6. Conduct staff training on-site or regionally where applicable to</li></ul>	Travel Int		44,042	44,042		
improve knowledge and skills	Com		4,186	4,186		
7. Expand services to Laura Health Center	POL		4,500	4,500		

	Repair	3,398	3,398
	Other	4,000	4,000
	Total	270,726	270,726
utput Group 2.2 –Health Promotion and Disease Promotion (\$3			
<u>utput 2.2.1</u>	Responsibility for Acti		
Continue Health Education and Health Promotion through	Activity 1- 9 Ione Debrur	n	
<ul> <li>Health education and promotional materials</li> </ul>			
Staff training	Mini Line Item Budget		
	2.2.1	General Funds	Total
riority Activities	Salary M	29,281	29,28
. Continue development of IEC materials including pamphlets,	Fringe M	3,611	3,611
articles, posters, videos, radio spots (on health promotion and disease prevention) – in English and Marshallese	Total	32,892	32,892
<ul> <li>Ongoing outreach programs at grass root levels and outer islands on common diseases, immunization, STD/AIDS, hygiene, and NCD's as well as CD's</li> <li>Develop graphic pictogram, posters and billboards on the dangers of tobacco use</li> <li>Continue to develop policies regarding tobacco labelling and packaging</li> <li>More collaboration with the NGOs, CBOs, and Faith-Based Organizations (FBO's) on health promotion and disease</li> </ul>	<ul> <li><i>Efficiency</i></li> <li>✓ Ratio cost of develo</li> <li>✓ Ratio amount of IEC</li> </ul>	ealthier communities, healthier r ping IEC materials to increased c materials distributed in Marsha sured by health indicators)	awareness

## **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and OAM. As MOH gathers more data for specific outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

## Measures Affecting Outcome 2 FY09

At this time there are no issues foreseen that will affect implementation of outputs in FY09. Work to develop baseline data and increase the reliability and accuracy of data is ongoing.

#### **Outcome 2 Resources**

Statement 2 (below) details how the FY09 appropriation translates to allocated resources to outcome 2. The totals include are revenue sources for the outcome. The statement show the breakdown of allocation by output group included in matrix 1 (above). Included in matrix 2 (above) is the allocation for each output shown in a mini-line item.

Statement 2: Total Resources for MOH Outco	me 2	
	Budgeted Estimated FY09	Budgeted FY08
Administered Appropriations		
General Funds	411,589	378,697
Health Care Funds	30,000	30,000
Federal Grants	1,070,366	775,634
Other Grants	96,300	73,720
Total administered expenses	\$1,608,255	\$1,258,051
Ministry appropriations		
Output Group 2.1 – Service Delivery	1,575,363	\$1,237,543
Output Group 2.2 – Health Education and Health Promotion	32,892	20,508
Total price from Ministry outputs	\$1,608,255	\$1,258,051
Total revenues and appropriations	\$1,608,255	\$1,258,051

Statement 2: MOH Outcome 2 Resources

## V. Objective Area: Provision of Majuro Atoll Health Care Services

## A. Outcome 3: To provide Effective Hospital Service on Majuro

#### 1. MOH Outcome Performance Matrix

**Matrix 3** provides details for MOH Outcome 3 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Output.

Matrix 3 Performance Information for MOH Ou	Itcome 3					
Outcome 3 To Provide Effective Normal Hospit		Majuro				
Output Group 3.1 –Normal (Routine) Hospital Medical Ope						
Output 3.1.1	Responsibility	for Activitie	es/Coordina	tion		
Provide patient registration & medical records services	Activity 1- 2 Dar					
	Activity 3 - Marly	yne Note				
Priority Activities	Activity 4 – Dani	iel Hone				
1. Patient registration						
2. Medical Records are provided to health care providers	Mini Line Item				0	
3. Medical Records are code and filed for prompt retrieval	3.1.1		Gen Fu		T	otal
4. Full operation of complete records system	Salary M			89,980		89,980
	Fringe M			9,448		9,448
	Employee Ins 1,500					1,500
	Total			100,928		100,928
Output 3.1.2	Responsibility		es/Coordina	tion		
Provide radiology services	Activity 1-11 Dr	Garry				
	N	Budant				
Priority Activities	Mini Line Item					Tatal
1. Diagnostic General x-rays provided	3.1.2	Gen Fund			HF	Total
2. Diagnostic Fluoroscopy services provided	Salary Ex	14,8		0	0	14,895
3. Diagnostic Mammography services provided	Fringe Ex	1,5		0	0	1,564
4. Diagnostic Cat-scan services provided	Salary M	46,1		3,480	0	59,590
<ol> <li>Diagnostic EKG services provided</li> <li>Diagnostic Ultrasound services provided</li> </ol>	Fringe	4,8		1,415	0	6,257
7. Barium services provided	Standby Diff	7,0		0	0	7,000
8. IVP services provided	Employee In	1,5		0	-	1,500
9. Films are provided effectively	Supplies M		0	0	50,000	50,000
10. 100% of all radiology diagnostic tests within our capacity	Total	75,91	11 12	1,895	50,000	140,806
was performed						
11. Staff to be trained/upgraded						
Output 3.1.3	Responsibility		es/Coordina	tion		
Provide clinical laboratory services	Activity 1- Paul I					
	Activity 2-11- Dr	Batil				
Priority Activities		_				
1. Diagnostic Biochemistry services provided	Mini Line Item					
2. Diagnostic Microbiology services provided	3.1.3	Gen	Compact	HF	FG	Total
3. Diagnostic Pathology services provided		Fund				
<ol> <li>Diagnostic Hematology services provided</li> <li>Blood banking services provided</li> </ol>	Salary Ex	39,000	0	0		
<ol> <li>Biodd barking services provided</li> <li>Diagnostic Serology services provided</li> </ol>	Fringe Ex	4,095	0	0		
<ol> <li>Diagnostic Services provided</li> <li>Diagnostic Immunoassays services provided</li> </ol>	Salary M	66,850	15,580	(		
8. Diagnostic Cytology services provided	Fringe M	7,019	1,635	0		
<ol> <li>Off-island laboratory services provided</li> </ol>	Standby	24,500	0	0		
10. 100% of all laboratory diagnostic tests within our capacity	Emp ins	1,500	0	(		
was performed	Med Supplies	0	0	150,000		
11. 90% overall laboratory diagnostic request are performed	Contractual	0	0	40,000		40,000
domestically	Total	142,964	17,215	190,000	8,547	358,726
12. Determine the number of Lab Units measured						
Output 3.1.4	Responsibility	for Activitie	es/Coordina	tion		
Provide pharmacy services	Activity 1- Sandy					
	Activity 2-4 – Ale	eli Lupuz				
Priority Activities						
1. Dispensing of drugs provided	Mini Line Item			••		
2. Management of proper drug inventory provided	3.1.4	Ge	en Fund	HF		Total
<ol> <li>100% of prescriptions within our formulary was filled instantly.</li> </ol>	Salary Ex		21,000		0	21,000
instantly 4. Carry out an expenditure analysis	Fringe Ex		2,205		0	2,205
4. Carry out an expenditure analysis	Salary M		59,795		0	59,795

	1						
	Fringe M	6,278	0	6,278			
	Employee Ins	1,500	0	1,500			
	Med Supplies	0	1,524,000	1,524,000			
	Freight	0	100,000	100,000			
	Total	90,778	1,624,000	1,714,778			
Output 3.1.5 Provide biomedical service	Responsibility for Activities/Coordination Activity 1- Kun Kun						
Priority Activities 1. Medical equipment repaired and maintained	Mini Line Item Budget           3.1.5         Gen Fund         Compact Fund         Total						
	Salary Ex	21,000		21,000			
	Fringe Ex	2,205	0	2,205			
	Salary M	15,975	0	15,975			
	Fringe M	1,677	0	1,677			
	Repair Supplies	0	50,000	50,000			
	Total	40,857	<b>50,000</b>	90,857			
Outrad 2.4.4				10,001			
Output 3.1.6 Provide dietary services Priority Activities	Responsibility for Activities/Coordination Activity 1- 3 – Sharon Acueza Mini Line Item Budget						
1. Provide meals for admitted patients	3.1.6 Gen Fund Compact Fund Total						
<ol> <li>Procure food for patients</li> </ol>	Salary Ex	18,000	0	18,000			
<ol> <li>Provide clinical dietary consultations</li> </ol>	Fringe EX	1,890	0	1,890			
	Salary M	47,915	0	47,915			
	Fringe M	4,031	0	4,031			
	Employee Insurance		0	1,500			
	Food	73,037	187,343	260,380			
	Water	13,000	6,000	19,000			
	Total	159,373	193,343	352,716			
Output 3.1.7		Activities/Coordina		552,710			
<ul> <li>Provide nursing services</li> <li>Priority Activities</li> <li>1. Nursing services for emergency department, outpatient department, medical ward, surgical ward, maternity ward,</li> </ul>	Activity 1- 2 – Cathelina Untoloa Activity 3 – Salome Lanwi Mini Line Item Budget						
	3.1.7	F Grants	Compact	Total			
pediatric ward, operating theater, obstetrics services	Salary Ex	0	438,210	438,210			
2. 75% of nursing requirements met	Fringe EX	0	44,901	44,901			
3. Continue Education activities	Salary M	51,850	908,769	960,619			
	Fringe M	5,444	99,325	104,769			
	Standby Diff	0	24,300	24,300			
	Night Diff	0	19,250	19,250			
	Insurance	0	2,321	2,321			
	Total	57,294	1,537,076	1,594,370			
0.1.1040							
Output 3.1.8 Provide medical care both in curative and preventive services	Responsibility for Activities/Coordination Activity 1- Dr Mario Korean						
Priority Activities	Activity 2- Dr Kinnar E	Briand					
<ol> <li>Provide physicians to all required services of the hospital</li> <li>100% of medical requirement approved were met</li> </ol>	Mini Line Item Bud		Compact	Total			
2. 100% of medical requirement approved were met	3.1.8	F Grants	Compact	Total			
	Salary Ex Fringe Ex	66,000	624,025 65,523	<u>690,025</u> 72,453			
	Salary M	6,930	209,000	209,000			
		-					
	Fringe Standby Diff	0	21,945 56,700	21,945			
	Extra Hours	0	33,388	<u>56,700</u> 33,388			
	Exita Hours         0           Total         72,930		1,010,581	<u> </u>			
		· · · · · · · ·					
Output 3.1.9	Responsibility for Activities/Coordination						
Provide anesthesia/respiratory care services	Activity 1- Dr Vincente Samosa Activity 2- Xavier R						
Priority Activities 1. Provide local/general anesthesia on surgical cases	Mini Line Item Bud	act					

2. Provide respiratory care services	3.1.9	Gen Fund		Compact	Total		
	Salary EX	18,000		0	18,000		
	Fringe Ex	-	1,890	0	1,890		
	Salary M	-	0	20,000	20,000		
	Fringe M		0	2,100	2,100		
	Employee Ins		1,500	0	1,500		
	Total	2	1,390	22,100	43,490		
Output 3.1.10 Provide rehabilitation services	Responsibility for Activities/Coordination Activity 1- Mina Manrique						
	Activity 2- James El						
Priority Activities							
1. Provide rehabilitative treatments	Mini Line Item Bu	udaet					
2. Provide prosthetic services	3.1.10	Gen	Compa	act HF	Total		
		Fund					
	Salary Ex	37,000		0	0 <b>37,000</b>		
	Fringe Ex	3,885		0	0 <b>3,885</b>		
	Salary M	7,735		,020	0 <b>23,755</b>		
	Fringe M	812	1	,682	0 <b>2,494</b>		
	Empl. Ins	1,500		0	0 <b>1,500</b>		
	Med Supplies	0		0 10,00			
	Total	50,932	17,	702 10,00	0 78,634		
Output 3.1.1	Responsibility fo	or Activities.	/Coordin	ation			
Provide mortuary/autopsy services	Activity 1- Nixon Ja	mil					
5 , 5	Activity 2-3- Dr Batil						
Priority Activities	5						
1. Provide embalming services to clients	Mini Line Item Bu	udget					
<ol> <li>Provide entibalming services to clients</li> <li>Provide autopsy services as needed</li> </ol>	3.1.11	Ge	en Fund		Total		
<ol> <li>Provide management of mortuary services</li> </ol>	Salary M	10,025		025	10,025		
5. Trovide munagement of mortuary services	Fringe M	1,052			1,052		
	Employee Insurar	ce 1,500			1,500		
	Total         12,577         12,577						
Output Group 3.2: Normal (Routine) Hospital Non-Medica	Operations (\$1,94	6,333)					
Output 3.2.1	Responsibility for Activities/Coordination						
Provide security services	Activity 1- 2 -Kaja						
Priority Activities	Mini Line Item Budget						
1. Provide safety/security to hospital facilities and patients	3.2.1	Gen Fu	ind	Compact	Total		
2. Provide support services to ambulances	Salary M		54,370	6,795	71,165		
	Fringe M		6,759	713	7,472		
	Night Diff		20,000	750	20,750		
	Employee Ins		1,500	0	1,500		
	POL		26,332	39,797	66,129		
	Total	11	8,961	48,055	167,016		
Output 3.2.2	Responsibility for	r Activities/	Coordina	ation			
Provide building and ground maintenance services	Activity 1- 3 –Erak						
Priority Activities	Mini Line Item Budget						
1. Repair & maintain structural buildings, air-conditioning &	3.2.2	Gen Fu	Ind	Compact Fund	Total		
surrounding ground areas	Salary M		33,495	0	33,495		
2. Repair & maintain vehicles	Fringe		3,517	0	3,517		
3. Coordinate needed repairs with appropriate units or	Standby Diff		3,500	0	3,500		
departments within the Ministry	Employee Ins		1,500	0	1,500		
	Repairs		58,895	50,000	118,895		
	Total	11	0,907	50,000	160,907		
			. —	_	_		
-		_					
Output 3.2.3 Responsibility for Activities/Coordination							
	Provide hospital management and administrative services         Activity 1- 5 – Dr Marie Lanwi Paul						
Provide hospital management and administrative services	Activity 1- 5 – Dr M	larie Lanwi Pa	aul				
	Activity 6 – Jaluren	Matauto	aul				
Provide hospital management and administrative services Priority Activities	Activity 1- 5 – Dr M Activity 6 – Jaluren Activity 7 – Francis	Matauto	aul				

1. Provide leadership to all essential services of the hospital		1			
<ol> <li>Establish contractual and rental services for needed services beyond the capacity of the hospital</li> <li>Procure computer and office supplies and furniture for</li> </ol>	Mini Line Item Bud 3.2.3	Gen Fund	Compact	Federal Grants	Total
hospital	Salary M	34,020	5,630	0	39,650
4. Manage recruitment and repatriation of needed staff;	Fringe	4,572	591	0	5,163
5. Institute/implement a quality management unit under its	Employee Ins	1,500	4,417	0	5,917
portfolio	Repatriation	0	40,000	0	40,000
6. Establish criteria and standards to be monitored under the	Printing	0	3,000	0	3,000
quality/assurance/infection control mechanism of an overall	Advertising	0	2,000	0	2,000
Quality management system	Other Supp/materia		11,278	0	16,278
	Office supplies	0	5,000	18,321	23,321
	Travel-D	5,000	5,000	0	10,000
	Travel-Int	10,000	0	0	10,000
	Subscription	0	1,000	0	1,000
	Other Charges	0	1,000	0	1,000
	Equipment NC	2,239	0	0	2,239
	Equipment	0	7,000	0	7,000
	Rental	3,000	0	0	3,000
	Furn& Fix	0	5,000	0	5,000
	POL	0	6,000	0	6,000
	Insurance	0	2,000	0	2,000
	Total	65,331	98,916	18,321	182,568
Output 3.2.4	Responsibility for	Activities/Coordina	tion		
Provide Housekeeping Services	Activity 1- 2 - Lillia A				
······································	·······	5			
Priority Activities	Mini Line Item Bud	daet			
1. Linens and scrubs are washed and available for use	3.2.4	Gen Fu	nd	Tot	al
2. Facility is cleaned	Salary Ex		13,045		13,045
3. Sanitary supplies are available	Fringe Ex		1,370 <b>1</b> ,		
	Salary M		64,345	64,345	
	Fringe M		6,756		6,756
	Employee Insurance	e	1,500		1,500
	Total	87,016 8		87,016	
Output 3.2.5	Responsibility for	Activities/Coordina	tion		
Bioterrorism	Activity 1-Francis Silk				
	notifity i ranoio oni	•			
Priority Activities	Mini Line Item Bud	daet			
1. Transfer administration of Bioterrorism Grants to the to be	3.2.5	Compact	Fed Grants	Total	
established Grants Office.	Salaries Ex	0	228,000	)	228,000
	Salary M	23,000	112,414	1	135,414
	Fringe M	2,415	26,282	2	28,697
	Standby Diff	0	24,100	)	24,100
	Contractual	0	339,539		339,539
	Travel D	0	14,384		14,384
	Travel Int	0	75,000		75,000
	Utilities	0	17,049		17,049
	Communication	0	1,995		1,995
	Printing	0	4,340		4,340
	Freight	0	8,844		8,844
	Tax	0	4,422		4,422
	POL	0	6,750		6,750
	Equipment NC	0	28,274		28,274
	Other Supp/Mat	0	73,172		73,172
	Equipment	0	315,836		315,836
	Other Charges	0	38,310		38,310
	Office Comp/Sup	0	4,700		4,700
	Total	25,415	1,323,411	'	1,348,826
1					

Matrix 3: Performance Information Outcome 3

# **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and OAM. As MOH gathers more data for specific outputs, the evaluation and monitoring will become more reliable. This will allow

MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

#### Measures Affecting Outcome 3 FY09

At this time there are no issues foreseen that will affect implementation of outputs in FY09. Work to develop baseline data and increase the reliability and accuracy of data is ongoing.

## **Outcome 3 Resources**

Statement 3 (below) details how the FY09 appropriation translates to allocated resources to outcome 3. The totals include are revenue sources for the outcome. The statement show the breakdown of allocation by output group included in matrix 1 (above). Included in matrix 3 (above) is the allocation for each output shown in a mini-line item.

Statement 3: Total Resources for MOH Outcome 3						
	Budgeted Estimated FY09	Budgeted Estimated FY08				
Administered Appropriations						
General Funds	\$1,077,925	\$1,110,817				
Compact Directed Funds	3,085,298	\$3,014,918				
Health Funds	1,874,000	\$1,609,000				
Federal Grants	1,480,503	\$1,318,796				
Total administered expenses	\$7,517,726	\$7,053,531				
Ministry appropriations						
Output Group 3.1 – Normal (Routine) Hospital Medical Operations	\$5,571,393	\$4,167,187				
Output Group 3.2 – Normal (Routine) Hospital Non-Medical Operations	\$1,946,333	\$2,886,344				
Total price from Ministry outputs	\$7,517,726	\$7,053,531				
Total appropriations and revenues	\$7,517,726	\$7,053,531				

Statement 3: MOH Outcome 3 Resources

# VI. Objective Area: Provision of Kwajalein Atoll Health Care Services

# A. Outcome 4: To Provide Normal Hospital Operations for Kwajalein Atoll (Daily Operations)

#### 1. MOH Outcome 4 Performance Matrix

**Matrix 4** provides details for MOH Outcome 4 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Outputs. The Ebeye Special Needs Grant (ESN) is integrated into this Matrix.

Matrix 4: Performance Information for Outcome 4							
Outcome 4: To Provide Normal Hospital Operations	s for Kwaja	alein (Da	ay to Day	Hospita	I Manag	gement)	
Output Group 4.1 – Normal (Routine) Hospital Med	dical Opera	tions (\$	2,416,927)				
Output 4.1.1	Responsibi	ity for Act	tivities/Coo	rdination			
Provide emergency services	Activity 1- Di	ana Napa					
	Mini-Line It						
Priority Activities	4.1.	1	GF	Comp		ESN	Total
<ol> <li>Acquire needed instruments</li> <li>Training for ER staff: BLS, AED and ACLS (including boat crew)</li> </ol>	Salaries EX		0	2	0,000	0	20,000
3. VHF radio for boat and ambulance, Outer island HF radio and	Salaries M		8,785		0	0	8,785
Base at ER	Fringe EX		0 922		100 0	0	100 922
4. Purchase an ambulance	Fringe M Ebeye diff			-	0	0	
	Employee I	nc	2,356 50		0	0	2,356 50
	Night Diff	115	<u> </u>		2,000	0	2,000
	Equip NC		0		2,000	12,000	12,000
	Freight		0		0	2,000	2,000
	POL		0		0	6,215	6,215
	Total		12,113	22	2,100	20,215	54,428
Output 4.1.2	Responsibil	ity for Act			1.00		
Provide medical records services	Activity - Wil		11111103/000	<u>ramation</u>			
	, ioung min						
Priority Activities	Mini Line It	em Budge	<u>et</u>				
1. Implement system for archiving patient records	-						
2. Continue to improve records availability to retrieve records		4.1.2		GF	ES		Total
throughout the hospital at point of entry.	Salaries M			18,810		0	18,810
3. Implement recommendation from task force on establishment of	Fringe M			2,289		0	2,289
electronic health record (EHR)	Ebeye Diff			3,633		0	3,633
	Employee	oloyee Ins 150 er Sup/Mat 0			0	150	
		viat		0		7,500	7,500 1,000
	Freight Total			24,882	-	8,500	33,382
Output 4.1.3.	Responsibil	ity for Act	tivities/Coo		<u>-</u>	8,500	33,302
Provide radiology services	Activity Dr Lo			amation			
Fronde radiology services	rioting bi Lo	ulo ourriag	<b>j</b> 0				
	Mini Line It	em Budge	e <u>t</u>				
Priority Activities	4.1.3	GF	Compact	ESN	Fed	HF &	Total
1. Hire one x-ray technician		-			grant	HCR	
2. Staff training on ultra sound procedures and radiation protection	Salary Ex	0	0	33,000	0	0	33,000
3. Monitoring radiation for the staff	Salary M	7,735	15,925	0	0	0	23,660
<ol> <li>Undergo training on record handling, x-ray film filing</li> <li>Purchasing color Doppler</li> </ol>	Fringe Ex	0	0	3,465	0	0	3,465
5. Purchasing color Doppier	Fringe M Standby	812	1,672	0	0	0	2,484
	Ebeye Dif	773 1,547	1,592 3,185	6,600 0	0	0	8,965 4,732
	Equip NC	1,547	3,185	0	25,000	0	25,000
	Med Sup	0	0	0	23,000	15,000	15,000
	Employee	0	0	0	0	10,000	10,000
	Ins	45	85	0	0	0	130
	Training	0	0	2,500	0	0	2,500
	Total	10,912	22,459	45,565	25,000	15,000	118,936
					-		

<u>Output 4.1.4</u>	Responsibility f		es/Coordinatio	<u>n</u>		
Provide clinical laboratory services	Activities: Foliaki I	Paolo				
Defender Arthur						
Priority Activities	Mini Line Item		• · · ·		l	]
1. Staff In-house training of staff on laboratory procedures	4.1.4	GF	Compact	ESN	HF &	Total
2. Hire a Microbiologist					HCR	
3. Continue the laboratory upgrading	Salary Ex	0	33,000	18,000	0	51,000
4. Recertification of staff on handling and shipping of infectious	Salary M	7,735	7735	0		15,470
materials.	Fringe Ex	0	0	1,890	0	1,890
<ol> <li>Review Blood Banking System operation and adjust as necessary</li> <li>Improve monitoring and implementation of safety standards</li> </ol>	Fringe M	805	812	0	-	1,617
6. Improve monitoring and implementation of safety standards	Standby Diff	0	7,373	3,600	0	10,973
	Ebeye Diff	1,277	1,547	0		2,824
	Employee Ins	45	45	0	0	90
	Supplies Med	0	0	0	21,000	21,000
	Total	9,862	50,512	23,490	21,000	104,864
Output 4.1 E	Deeneneihility f	or Activitie	o (Coordinatia			
Output 4.1.5	Responsibility for		es/coordinatio	<u>on</u>		
Provide pharmacy services	Activities Zenaida	Agrum				
Priority Activities	Mini Line Item I	Rudgot				
1. Hire 2 pharmacy technicians	4.1.5	GF	Compact	ESN	HF &	Total
<ol> <li>Proposal for storage space and for new storage facility</li> </ol>	4.1.5	0	compact	LSN	HCR	Total
3. Training for inventory records, costing and control	Salary Ex		0 20,000	0	0	20,000
	Salary M	8,78		0	0	8,785
	Fringe M	92		0	0	922
	Ebeye Diff	1,75		0	0	1,757
	Employee	4		0	0	48
	Repair		0 0	5,000	0	5,000
	Pharmaceutical		0 0	0	460,000	460,000
	Total	11,51	2 20,000	5,000	460,000	496,512
Output 4.1.6	Responsibility f	or Activitie	s/Coordinatio	n		
Provide medical material management services	Activities Abner Ju					
,						
Priority Activities	Mini Line Item	<u>Budget</u>				
1. Proposal for storage space and for new storage facility	4.1.6		GF	HF 8	&	Total
<ol><li>Training for inventory records, costing and control</li></ol>				HCF	2	
3. Exploration for new suppliers	Salary M		28,905		0	28,905
	Fringe M		3,035		0	3,035
	Ebeye Diff		5,781		0	5,781
	Employee Ins		200		0	200
	Supp Med		0	3	300,000	300,000
	Total		37,921		00,000	337,921
	•	I	• •			20.7721
<u>Output 4.1.7</u>	Responsibility f		es/Coordinatio	<u>on</u>		
Provide biomedical service	Activity Uberto Ca	bellagan				
Priority Activities	Mini Line Item I					
1. Contracts for equipment servicing and repair with outside service	4.1.	7	ES	N	То	tal
companies	Contractual			12,000		12,000
2. Co-ordinate servicing of minor equipment and instruments with	Total			12,000		12,000
the facility maintenance contractor			-			

<u>Output 4.1.8</u>	Responsibility fo	r Activitios (Cr	ordination		
Provide nursing services	Activities Tony Jose				
	Mini Line Item B				
Priority Activities	4.1.8	GF	Compact		Total
1. Training seminar in Saipan (2)	Salary Ex	13,045	315,18		441,539
2. Equipment and instrument replacement	Fringe Ex	1,370		0 11,589	12,959
	Salary M	51,025	33,51	0 0	84,535
	Fringe M	8,264	1,80	0 0	10,064
	Equip NC	0		0 12,000	12,000
	Night Diff	9,900	25,52	21 0	35,421
	Standby Diff	5,103	11,89	0 0	16,993
	Ebeye Diff	10,205	6,44	3 0	16,648
	Employee Ins	350	12		475
	Travel D	0		0 3,138	3,138
	Travel Int	0		0 4,250	4,250
	Total	99,262	394,47		638,022
<u>Output 4.1.9</u>	Responsibility fo	•			-
Provide medical services	Activity 1- Dr Austo	n Jelke			
Priority Activities	Mini line Item Bu	ıdget			
1. Provide physicians to all required services of the hospital	4.1.9		mpact	ESN	Total
	Salary Ex		101,000	161,000	262,000
	Fringe Ex		0	6,602	6,602
	Salary M		66,000	0,002	66,000
	Fringe M		1,063	0	1,063
	Standby Diff		6,200	2,200	8,400
	Ebeye Diff				
			12,400	0	12,400
	Employee In		375	0	375
	Contractual		0	88,146	88,146
	Freight		0	5,000	5,000
	Total		187,038	262,948	449,986
Output 4.1.10 Provide operating services	Responsibility for Activity 1- Carlton N		<u>bordination</u>		
Priority Activities	Mini Line Item B		-		
1. Replacement of instruments and purchase additional	4.1.10	GF	Compact	ESN	Total
instruments/equipments	Salary Ex	0	18,000	35,000	53,000
	Salary M	34,580	0	0	34,580
	Fringe M	4,231	0	0	4,231
	Standby Diff	3,358	604	0	3,962
	Night Diff	0	1,800	0	1,800
	Ebeye Diff	6,716	0	0	6,716
	Employee Ins	150	0	0	150
	Travel Int	0	0	3,250	3,250
	Equipment NC	0	0	15,040	15,040
	Freight	0	0	6,000	6,000
	Total	49,035	20,404	59,290	128,729
	Responsibility fo		ordination		
Output 4.1.11 1. Provide Physical therapy services	Responsibility for Activity – Heddlesto		ordination		
		on Jeadrik	ordination		
	Activity – Heddlesto	on Jeadrik	ESN	HCFR/FH	Total
	Activity – Heddlesto Mini Line Item Br 4.1.11	on Jeadrik udget Compact	ESN		
	Activity – Heddlesto Mini Line I tem Bu 4.1.11 Salary Ex	on Jeadrik udget Compact 22,000	ESN	) 0	22,000
	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M	on Jeadrik udget Compact 22,000 10,025	ESN ) (	0 0	22,000 10,025
	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M Fringe M	on Jeadrik udget Compact 22,000 10,025 1,052	ESN ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	0 0 0 0 0 0	22,000 10,025 1,052
	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M Fringe M Ebeye Diff	on Jeadrik udget Compact 22,000 10,025 1,052 2,005	ESN 5 0 2 0 5 0 6 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7	0 0 0 0 0 0 0 0	22,000 10,025 1,052 2,005
	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M Fringe M Ebeye Diff Employee Ins	on Jeadrik udget Compact 22,000 10,025 1,052 2,005 65	ESN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0         0           0         0           0         0           0         0           0         0	22,000 10,025 1,052 2,005 65
Output 4.1.11 1. Provide Physical therapy services	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M Fringe M Ebeye Diff Employee Ins Other Sup/Mat	on Jeadrik udget Compact 22,000 10,025 1,052 2,005 65 0	ESN 5 (0 5 (0 5 (0 5 (0 5 (0 5 (0 6 (0 6 (0 7 (0)) 2,000	0         0           0         0           0         0           0         0           0         0           0         0	22,000 10,025 1,052 2,005 65 2,000
	Activity – Heddlesto Mini Line Item Bu 4.1.11 Salary Ex Salary M Fringe M Ebeye Diff Employee Ins	on Jeadrik udget Compact 22,000 10,025 1,052 2,005 65	ESN 0 0 0 0 0 0 0 0 0 2,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         5,000	22,000 10,025 1,052 2,005 65

Output Group 4.2: Normal (Routine) Hospital Non-Medical Operations (\$1,608,396)

Output 4.2.1	Responsibility for		coordination		
Provide security services	Activity 1- Aklina Kal	bua			
Priority Activities	Mini Line Item Bu	daet			
1. Purchase VHF radios	4.2.1	GF	-	ESN	Total
2. Monitor ambulance dispatch and response time	Salary M	2	7,115	0	27,11
<ol> <li>Training for staff on reporting requirements and CPR, AED</li> </ol>	Fringe M		2,847	0	2,847
	Night Diff		2,711	0	2,71
	Ebeye Diff		5,422	0	5,422
	Employee Ins		150	0	150
	Travel D		0	1,000	1,000
	Equip NC		0	2,000	2,000
	Total		3,245	3,000	41,24
Dutput 4.2.2	Responsibility for		coordination		
Provide building and ground maintenance services	Activity Uberto Cab	ellagan			
	Mini Lina Itam Du	daat			
Priority Activities	Mini Line Item Bu 4.2.2	GF	Compact	ESN	Total
Monitoring mechanism to insure housekeeping work is carried	4.2.2 Salaries Ex	<u> </u>	24,000	<b>ESIN</b> 0	24,000
out	Salaries M	64,825	13,045	0	77,870
. Implement training efforts in safety procedures	Fringe M	4,810	1,462	0	6,272
. Proposal for a fence around hospital facility	Standby Diff	9,487	1,402	0	10,879
. Maintenance manual for vehicles, facility and equipment	Ebeye Diff	12,965	2,785	0	15,750
developed and implemented	Employee Ins	400	100	0	500
	Utility	400	204,000	300,000	504,000
	Water	0	204,000	84,000	84,000
	Equip NC	0	0	33,660	33,660
	repair	0	0	52,416	52,410
	Other Sup/Mat	0	0	47,500	47,500
	Furniture	0	0	64,650	64,650
	POL	0	0	25,000	25,000
	Total	92,487	246,784	607,226	946,497
Dutput 4.2.3	Responsibility for				740,47
	Mini Line Item Bu 4.2.3		Compact	ESN	Total
. Continue Staff meetings (by weekly) 2. Expand Hospital networking committee to include safety plan			<b>Compact</b> 84,564	ESN	<b>Total</b> 0 <b>84,56</b> 4
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> </ul>	4.2.3			ESN	
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff		84,564	ESN	0 84,564
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> </ul>	4.2.3 Salaries M Fringe M		84,564 8,879	ESN	0 84,564 0 8,879
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation		84,564 8,879 16,948 465 0	15	0 84,564 0 8,879 0 16,948 0 465 ,000 15,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins		84,564 8,879 16,948 465	15 4	0 84,564 0 8,879 0 16,948 0 465 ,000 15,000 ,000 4,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight		84,564 8,879 16,948 465 0 0 0	15 4 38	0 84,564 0 8,879 0 16,948 0 469 ,000 15,000 ,000 4,000 ,000 38,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int		84,564 8,879 16,948 465 0 0 0 0	15 4 38 26	0 84,564 0 8,879 0 16,948 0 465 ,000 15,000 ,000 4,000 ,000 38,000 ,900 26,900
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Dom		84,564 8,879 16,948 465 0 0 0 0 0 0	15 4 38 26 20	0 84,564 0 8,879 0 16,948 0 469 ,000 15,000 ,000 4,000 ,000 38,000 ,900 26,900 ,292 20,292
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Dom Comm.		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Int Travel Dom Comm. POL		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5	0 84,564 0 8,879 0 16,948 0 465 ,000 15,000 ,000 4,000 ,000 38,000 ,900 26,900 ,292 20,292 ,500 34,500 ,785 5,785
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Int Travel Dom Comm. POL contractual		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Int Travel Dom Comm. POL contractual Printing		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Int Travel Dom Comm. POL contractual Printing Training		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Int Travel Dom Comm. POL contractual Printing Training Off & Comp sup		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,300         7,300
<ol> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ol>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& mat		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 7 2	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,300         7,300
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport Tax		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 7 2 28	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         4,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,300         7,300           ,500         2,500           ,600         28,600
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscription		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 7 2 28 28 22	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotal		84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 2 8 40 7 2 2 8 2 2 8 2 2 5 3,	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,000         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility for	Activities/C	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 2 8 40 7 2 2 8 2 2 8 2 2 5 3,	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility forActivities 1 & 2- Jerr	Activities/C	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 2 8 40 7 2 2 8 2 2 8 2 2 5 3,	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility for	Activities/C	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 2 8 40 7 2 2 8 2 2 8 2 2 5 3,	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3 Salaries M Fringe M Ebeye Diff Employee Ins Repatriation Rental Freight Travel Int Travel Dom Comm. POL contractual Printing Training Off & Comp sup Other sup& mat Import Tax Subscription Total Responsibility for Activities 1 & 2- Jerr Activity 3& 4 – Glorin	Activities/C	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 2 8 40 7 2 2 8 2 2 8 2 2 5 3,	0         84,564           0         8,874           0         16,948           0         465           ,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility forActivities 1 & 2- JerrActivity 3& 4 – Glorir	Activities/C ity deBrum he Jeadrik	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 28 22 8 2 253,	0 84,564 0 8,879 0 16,948 0 469 ,000 15,000 ,000 38,000 ,900 26,900 ,292 20,292 ,500 34,500 ,785 5,788 ,000 20,000 ,500 8,500 ,000 40,000 ,300 7,300 ,500 28,600 ,000 2,000 377 364,233
<ul> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ul>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility forActivities 1 & 2- JerrActivity 3& 4 – GlorinMini Line Item Bur4.2.4	Activities/C ity deBrum he Jeadrik dget GF	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 28 22 28 22 53,	0 84,564 0 8,879 0 16,944 0 469 ,000 15,000 ,000 38,000 ,900 26,900 ,292 20,292 ,500 34,500 ,785 5,788 ,000 20,000 ,500 8,500 ,000 40,000 ,300 7,300 ,500 28,600 ,000 2,000 377 364,233
<ol> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ol>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility forActivities 1 & 2- JerrActivity 3& 4 – GlorirMini Line Item But4.2.4Salaries/marsh	Activities/C ity deBrum he Jeadrik dget BF 18,765	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 28 20 8 40 7 7 2 28 2 253,	0         84,564           0         8,874           0         16,948           0         469           0,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000           377         364,233           N         Total           0         36,765
<ol> <li>Continue Staff meetings (by weekly)</li> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ol>	4.2.3         Salaries M         Fringe M         Ebeye Diff         Employee Ins         Repatriation         Rental         Freight         Travel Int         Travel Dom         Comm.         POL         contractual         Printing         Training         Off & Comp sup         Other sup& mat         Import Tax         Subscription         Total         Responsibility for         Activities 1 & 2- Jerr         Activity 3& 4 – Glorir         Mini Line Item But         4.2.4         Salaries/marsh	Activities/C ity deBrum he Jeadrik dget BF 18,765 2,561	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 28 2 2 28 2 2 53, 5 5 20 8 40 7 7 2 28 2 5 3 40 7 7 2 8 2 5 3 4 5 5 20 8 8 40 7 7 8 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7	0         84,564           0         8,874           0         16,948           0         469           0,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000           377         364,233           N         Total           0         36,765           0         4,422
<ol> <li>Expand Hospital networking committee to include safety plan and infectious control</li> <li>Implement efficiency measurements for services provided by cost centers</li> <li>Coordinate working with hospital donors and the identification of new donors</li> <li>Ensure that all departments are adequate staffed</li> <li>Revitalization of the Pre-vocational Training program</li> <li>Continue staff development through online courses and in-house courses.</li> <li>Improve and expand internal fiscal monitoring capabilities</li> <li>Management training for managers in the identification and measurement of performance indicators.</li> </ol>	4.2.3Salaries MFringe MEbeye DiffEmployee InsRepatriationRentalFreightTravel IntTravel DomComm.POLcontractualPrintingTrainingOff & Comp supOther sup& matImport TaxSubscriptionTotalResponsibility forActivities 1 & 2- JerrActivity 3& 4 – GlorirMini Line Item But4.2.4Salaries/marsh	Activities/C ity deBrum he Jeadrik dget BF 18,765	84,564 8,879 16,948 465 0 0 0 0 0 0 0 0 0 0 0 0 0	15 4 38 26 20 34 5 20 8 40 7 2 28 20 8 40 7 7 2 28 2 253,	0         84,564           0         8,874           0         16,948           0         469           0,000         15,000           ,000         15,000           ,000         38,000           ,900         26,900           ,292         20,292           ,500         34,500           ,785         5,788           ,000         20,000           ,500         8,500           ,000         40,000           ,500         2,500           ,600         28,600           ,000         2,000           377         364,233           N         Total           0         36,765

		1 1	-		1			
	Other sup/mat	0	0	1,500	1,500			
	Travel D	0	0	1,000	1,000			
	Total	27,106	23,560	2,500	53,166			
Output 4.2.5	Responsibility for Activities/Coordination							
Provide dietary services	Activity 1- Hemline H	iram						
	Activity 2 & 3- Glorine	e Jeadrik						
Priority Activities	5							
1. Improve patient dietary program	Mini Line Item Budget							
2. Continue training in safety measures for food preparation	4.2.5	GF	Compact	ESN	Total			
3. Have the nutritionist on board	Salaries Ex	0	18,000	0	18,000			
	Salaries M	34,915	0	0	34,915			
	Fringe/marsh	3,666	0	0	3,666			
	Standby Diff	3,491	0	0	3,491			
	Ebeye	6,983	0	0	6,983			
	Employee Ins	200	0	0	200			
	Travel D	0	0	1,000	1,000			
	Food Stuff	0	0	135,000	135,000			
	Total	49,255	18,000	136,000	203,255			

Matrix 4: Performance Information Outcome 4

#### **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and the OAM. As MOH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting. Selected outputs have been targeted for the development of cost points, so that the cost of providing that service (per unit) can be determined.

## Measures Affecting Outcome 4 in FY09

Ebeye hospital is important to the RMI health care system. The distance of the operation from Majuro sometimes hinders communications and supplies. Every effort is made to minimize this issue. The Ebeye hospital outputs have been designed to mirror the Majuro hospital outputs (Matrix 3) so that health issues can be targeted on a broader basis. This mirroring of outputs will also improve data collection and reporting.

Some outputs are included in the matrix but at this time there is no funding attached. The Assistant Secretary for Kwajalein Health Services continues to track these outputs and if/when money becomes available, these outputs will receive funding.

## Outcome 4 Resources

Statement 1 (below) details how the FY09 appropriation translates to allocated resources for Outcome 4. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 4 (above) is the allocation for each output (listed after the output).

Statement 4: Total Resources for MOH Outcome 4		
	Budgeted Estimated FY09	Budgeted Estimated FY08
Administered Appropriations		
General Funds	\$ 462,593	\$373,637
Compact Directed Funds	\$1,151,337	1,043,707
Ebeye Special Needs	\$1,585,393	1,410,434
Health Care Funds	\$801,000	651,000
Federal Grants	\$25,000	76,204
Total administered expenses	\$4,0285,323	\$3,554,982
Ministry appropriations		
Output Group 4.1 - Normal (Routine) Hospital Medical Operations	\$2,416,927	\$2,430,941
Output Group 4.2 - Normal (Routine) Hospital Non-Medical Operations	\$1,608,396	\$1,045,814
Total price from Ministry outputs	\$4,025,323	\$3,476,755
Total revenues from appropriations	\$4,025,323	\$3,476,755

Statement 4: MOH Outcome 4 Resources

# VII. Objective Area: Provision of Kwajalein Atoll Health Care Services

# A. Outcome 5: To Improve the Effectiveness of Hospital Service for Kwajalein Atoll

#### 1. MOH Outcome 5 Performance Matrix

**Matrix 5** provides details for MOH Outcome 5 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Outputs. The Ebeye Special Needs Grant (ESN) is integrated into this Matrix.

Matrix 5: Performance Information for MOH Outcome 5							
Outcome 5: To Improve the Effectiveness of Hospital S	ervice for Kwajale	in Atoll					
Output Group 5.1 – Staff Recruitment and Retention (\$	21,000)						
Output 5.1.1	Responsibility for Acti			<u>n</u>			
Recruitment of staff based on identified needs of hospital administrator and s	Activities Glorine Jeadrik	and Irene F	Paul				
Priority Activities	Mini Line Item Budget	ł					
1. Hiring of 2 Pharmacy Technicians	5.1.1		ESN		Tota		
2. Hiring of 2 boat operators	Repatriation		21,	000		21,000	
3. Expedite recruitment of replacement staff to vacant posts	Total		21,0	000		21,000	
<ol> <li>Hire an assistant administrator for the hospital</li> <li>Hire a microbiologist</li> </ol>							
6. Hire a cashier/collector							
Output Group 5.2: Purchase and Maintenance of Equipment (\$0)							
Output 5.2.1	Responsibility for Acti	vities/Coo	ordinatio	<u>n</u>			
Replace and/or upgrade medical equipment and systems and establish	Activities Tommy Milne						
maintenance plan for equipment as determined on an annual basis by the hospital administrator and staff	Mini Line Item Budget						
	5.2.1 GF	Comp	ESN	Fed	HF &	Total	
Priority Activities		· · ·		grant	HCR		
1. Purchase equipment requested by department heads	Equipment						
<ol> <li>Other equipment purchased annually based on needs assessment</li> <li>Upgrade ER and supplies in case of emergencies</li> </ol>	Tax						
Output Group 5.3 – Staff Training and Human Resource Developmen	Total						
Output Group 5.3 – Start Training and Human Resource Developmen	Responsibility for Acti	ivities/Cor	ordinatio	n			
Training for medical staff in selected areas medical including ICU and	Activities – Networking C				mmittee		
quality assurance as determined on an annual basis by the hospital	5		5				
administrator and staff	Mini Line Item Budget		-				
Priority Activities	5.3.1		Fed		Tota		
1. Training plan for all hospital staff	Training	y y	grant	0		0	
······································	Dom travel		6,	400		6,400	
	Registration fee			000		2,000	
	Total		8,4	400		8,400	
Output 5.3.2	Responsibility for Acti	vities/Coo	ordinatio	<u>n</u> Iorino, Ioo	drik Olina	do Drum	
Expand hospital career opportunities	Activities 1 – 6 – Irene Pa Medical Director, Chief of					de Brum,	
Priority Activities	medical Director, effer of		Deputy o		ii siriy		
1. Continue to increased awareness of students of health career	Mini Line Item Budget	<u>t</u>					
opportunities	5.3.2		ESN		Tota		
<ol> <li>Increase CMI school of nursing enrollments (carry over from 2008)</li> <li>Medical staff provided continuing education training/ opportunity to</li> </ol>	Training			000		5,000	
earn credit hours to renew practicing licenses	Total		5,0	000		5,000	
4. Continue to establish short term program (3 months) on health							
careers							
<ol> <li>Refine hospital in-house HRD program</li> <li>Secure funding for short term and HRD program</li> </ol>							
6. Secure funding for short term and HRD program Output 5.3.3	Responsibility for Acti	vities/Cor	ordinatio	n			
Implement the pre-vocational training program. This is a program that was	Activities 1 & 2- Deputy (						
designed to train high school graduates for 10 months at Leroij Kitlang	Activity 3- Irene Paul		0				
Memorial Health Center	Matthe D. S. S.						
Priority Activities	Mini Line Item Budget 5.3.3		ESN		Tota		
1. Allocate Funding for the program	Other Charges			750	TOTA	54,750	
2. Collaborate with USAKA hospital	ethor onargos	1	54,			5.,,00	

3. Explore the possibility of getting the program accredited with CMI	Other Supp/mat	:		2,500		2,500
	Total		57	,250		57,250
Output Group 5.4 – Hospital Infrastructure Improvement (\$0)						
<u>Output 5.4.1</u>	Responsibility f	or Activities	/Coordinat	ion		
<i>Improve infrastructure through repair and refurbishment of targeted areas</i>	Activities 1 & 2 -					
as determined on an annual basis by the hospital administrator and staff	Activity 3 – Oling	deBrum				
Priority Activities						
<ol> <li>Redesign Radiology &amp; ER dept.</li> <li>ICU renovation</li> </ol>						
<ol> <li>Kwajalein Atoll Dispensaries renovation (investigate the capital fund</li> </ol>						
for funding)						
Output Group 5.5—Hospital IT System Improvement (\$35,669)						
Output 5.5.1	Responsibility f	or Activities	/Coordinat	ion		
Upgrade the current IT capability	Activities 1- 3 Tor	nmy Milne				
Delayiba Ashi iti s		Dudaat				
Priority Activities 1. Study user needs	Mini Line Item	GF GF	Compact	ES	N	Total
<ol> <li>Implement findings from user study</li> </ol>	Salary Ex	<b>Gr</b> 0	Compact 23,000		0	23,000
3. Upgrade the IT personnel's capabilities	Salaries M	7,735	23,000		0	7,735
	Fringe M	812	(		0	812
	Ebeye Diff	1,547	(		0	1,547
	Employee	75	(		0	75
	in					
	Training	0	0	)	2,500	2,500
	Total	10,169	23,000	) 2	2,500	35,669
Output Group 5.6— Material Management and Inventory System In						
Output 5.6.1	Responsibility f		/Coordinat	ion		
Improve overall material management and inventory system for the bureau of Kwajalein Atoll Health Care Services	Activity 1& 2 – To	ommy wiine				
	Mini Line Item	Budaet				
Priority Activities	5.6.1 GI		ESN	Fed	HF &	Total
1. Coordinate the material management system with Majuro				grant	HCR	
2. Improve coordination with local finance department	Contract					
3. Training in material management skills	Total					
			_	_	_	_
Output Group 5.7—Implement Other Development Plans (0) Output 5.7.1	Deeneneihility	on Activition	Coordinat	lan		
Continue activities on Emergency Preparedness management plan in	Responsibility f Activities 1 – 6 T					
coordination with Majuro	Activities 1 = 0 1			Jun		
Priority Activities	Mini Line Item	<u>Budget</u>				
1. Review proposed plan with Bio-terrorism Coordinator (continue)	(Funded with B	io Grant mo	ney from M	ajuro)		
2. Review coordination of plan with Majuro hospital (continue)						
3. Review plan with concerned parties and appropriate authorities						
<ul><li>(continue)</li><li>4. Review and discuss with staff and respective parties (continue)</li></ul>						
<ol> <li>Review and discuss with staff and respective parties (continue)</li> <li>Plan ready for implementation (continue)</li> </ol>						
<ol> <li>Obtain our stock pile of emergency preparedness supplies</li> </ol>						
	1					
Output Group 5.8— Quality Assurance Sub-Committee (\$6,843)						

<ul> <li><u>Responsibility for Activities/Coordination</u></li> <li>Activities 1 – 5 The QA committee and the Chairperson</li> </ul>			
Mini Line Item Budge	<u>et</u>		
5.8.1	Fed Grants	Total	
Salaries	6,843	6,843	
Fringe	0	0	
Total	6,843	6,843	
	Activities 1 – 5 The QA Mini Line Item Budge 5.8.1 Salaries Fringe	Mini Line Item Budget         5.8.1       Fed Grants         Salaries       6,843         Fringe       0	

Matrix 5: Performance Information Outcome 5

#### **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and the OAM. As MOH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting. Selected outputs have been targeted for the development of cost points, so that the cost of providing that service (per unit) can be determined.

## Measures Affecting Outcome 5 in FY09

Ebeye hospital is important to the RMI health care system. The distance of the operation from Majuro sometimes hinders communications and supplies. Every effort is made to minimize this issue. The Ebeye hospital outputs have been designed to mirror the Majuro hospital outputs (Matrix 3) so that health issues can be targeted on a broader basis. Some outputs are significant to Ebeye and the Output Groups have been noted as such. This mirroring of outputs will also improve data collection and reporting.

Some outputs are included in the matrix but at this time there is no funding attached. The Assistant Secretary for Kwajalein Health Services continues to track these outputs and if/when money becomes available, these outputs will receive funding.

#### **Outcome 5 Resources**

Statement 5 (below) details how the FY09 appropriation translates to allocated resources for Outcome 5. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 6 (above) is the allocation for each output (listed after the output).

Statement 5: Total Resources for MOH Outcome 5						
	Budgeted Estimated FY09	Budgeted FY08				
Administered Appropriations						
General Fund	\$10,169	-				
Compact	\$23,000	\$59,429				
Ebeye Special Needs	\$85,750	91,884				
Federal Grants	\$15,243	28,740				
Total administered expenses	\$134,162	\$180,053				
Ministry appropriations						
Output Group 5.1 – Staff Recruitment and Retention	\$21,000	\$44,482				
Output Group 5.2 - Purchase and Maintenance of Equipment	0	\$20,000				
Output Group 5.3 – Staff Training and Human Resource Development	\$70,650	\$66,457				
Output Group 5.4 – Hospital Infrastructure Improvement	0	\$5,000				
Output Group 5.5 – Hospital systems Improvement	\$35,669	\$19,445				
Output Group 5.8 Quality Assurance Committee	6,843	-				
Total price from Ministry outputs	\$134,162	\$141,500				
Total revenues from appropriations	\$134,162	\$141,500				

Statement 5: MOH Outcome 5 Resources

## VIII. Objective Area: Provision of Kwajalein Atoll Health Care Services

# A. Outcome 6: To Provide Kwajalein Atoll with Efficient Primary and Preventive Health Care Services and Management

#### 1. MOH Outcome 6 Performance Matrix

**Matrix 6** provides details for MOH Outcome 6 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Outputs. The Ebeye Special Needs Grant (ESN) is integrated into this Matrix.

<ul> <li>2. Schedule one doctor to Kwajalein Atoli outer-island visit at least once a month</li> <li>3. Provide health awareness and education</li> <li>4. Form community patterships to improve community health promotion</li> <li>5. Improve outer-island dispensary services</li> <li>6. INCREASE outer-island visits</li> <li>7. Ensure qualified nurse practitioner/s is/are assigned to manage each outer-island bid highersary pervices and outer-island bid highersary pervices and bid highersary we would have had at least once a month visit in Santo (baseline: FVO7 with 4 visits made)</li> <li>9. Improve communication/radio capabilities for dispensaries</li> <li>7. We would have had at least once a month visit in Santo (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have had at least once a month visit to Carlos and Carlson (baseline: FVO7 with 4 visits made)</li> <li>7. By 9/2009, we would have h</li></ul>	Matrix 6: Performance Information for MOH Outc	come 6				
Dubut 6.1.1         Essonsibility for Activities/Coordination.           Upgrade Kwajalein Atol Dispensary Services         Bessonsibility for Activities/Coordination.           Major Activities FY09         Provide preventive and primary health care services in Kwajalein Atol outer-island communities and in the different zonal communities.         Impliciting the Advisor of the Services Coordination.           Schedule one doctor to Kwajalein Atol outer-island visit at least once a month         Schedule one doctor to Kwajalein Atol outer-island visit at least once a month         Improve outer-island visit at least once a month           Provide health avareness and education         Especial for a segment of the outer-island the different zonal communities outer-island visits         Improve outer-island visits         Improve outer-island visits           Improve outer-island visits         Fravel being for adspensary services         0         10.000         0         10.000           Improve communication/radio capabilities for dispensaries         Improve communication/radio capabilities for dispensaries         Impact         Impact <th></th> <th></th> <th>tive Health</th> <th>Care Serv</th> <th>vices and Mana</th> <th>agement</th>			tive Health	Care Serv	vices and Mana	agement
Continue improving Outpatient Clinical Services       Person/s Responsible for Activities: Connie Jack (Out-Patient Clinic Supervisor)         Major Activities FY09       Mini-Line Item Budget         1. Continue "one-stop shop" concept in providing services       6.1.2       Comp       Fed Grants       Total         2. Provide efficient, affordable, and high-quality primary healthcare       Salaries Ex       0       116,497       116,497	<ul> <li>Output Group 6.1: Preventive and Primary Health</li> <li>Output 6.1.1</li> <li>Upgrade Kwajalein Atoll Dispensary Services</li> <li>Major Activities FY09</li> <li>Provide preventive and primary health care services in Kwajalein Atoll outer-island communities and in the different zonal communities</li> <li>Schedule one doctor to Kwajalein Atoll outer-island visit at least once a month</li> <li>Provide health awareness and education</li> <li>Form community partnerships to improve community health promotion</li> <li>Improve outer-island dispensary services</li> <li>INCREASE outer-island visits</li> <li>Ensure qualified nurse practitioner/s is/are assigned to manage each outer-island health dispensary</li> <li>Establish prenatal clinics and DM/HPN clinics in the outer-island communities</li> </ul>	Care (1,049,312) Responsibility for Ad Person's Responsible f Island Services Coordin Mini-Line Item Budd 6.1.1 Salaries Ex Salaries M Ebeye Diff Employee Ins POL Dom Travel Rental Other supp Other Charges Total <i>Impact</i> ✓ By 9/2009, we wo (baseline: FY07 ✓ By 9/2009, we wo carlson (baseline) ✓ By 9/2009, we wo in our dispensarie FY07: 1079 pati ✓ By 9/2009, we wo in our dispensarie FY07: 1079 pati ✓ By 9/2009, we wo in our dispensarie FY07: 1079 pati ✓ Cost of emergenc regular prenatal c <i>Effectiveness</i> ✓ Determine data o	ctivities/Coor         for Activities: Mator         act         GF         0         10,570         2,114         75         0         12,759         ould have had         ould have had         e: FYO7 with         ould have asigni         sthrough our         iest Frough our         iest served)         ould have incree         amin A suppler         , and other pub         care and intervand         are and intervand </th <th>rdination: Is. Oling de B ESN 0 0 0 0 2,000 7,560 1,000 10,000 500 21,060 at least once made) at least o visi at least once 4 visits made) at least once 500 21,060 at least o visi at least once 9 made) at least o visi at least once 10 model 10 mode</th> <th>Fed Grants 43,636 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>TOTAL         43,636         10,570         2,114         75         8,750         7,560         1,000         10,000         500         84,205    the second state of the second s</th>	rdination: Is. Oling de B ESN 0 0 0 0 2,000 7,560 1,000 10,000 500 21,060 at least once made) at least o visi at least once 4 visits made) at least once 500 21,060 at least o visi at least once 9 made) at least o visi at least once 10 model 10 mode	Fed Grants 43,636 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL         43,636         10,570         2,114         75         8,750         7,560         1,000         10,000         500         84,205    the second state of the second s
1.       Continue "one-stop shop" concept in providing services       6.1.2       Comp       Fed Grants       Total         2.       Provide efficient, affordable, and high-quality primary healthcare       Salaries Ex       0       116,497       116,497					Out-Patient Clinic Su	pervisor)
2. Provide efficient, affordable, and high-quality <i>primary healthcare</i> Salaries Ex 0 116,497 116,497						
						59,564 922

Eboyo Diff	1 757	0		1,757
			+	55
			+	9,000
			+	2,010
			+	2,010
	÷		+	190,664
Impact ✓ By 9/2009, we would patient department ✓ By 9/2009, we would health program and ✓ By 9/2009, maintain with regards to our satisfactory patient set Efficiency	d have increased f (baseline FY07: d have increased i outreach program ed or improved pa out-patient service satisfaction)	the number of <b>8,560 encou</b> number of refe as <b>(baseline (</b> atient satisfact as (baseline 07	<b>inters)</b> errals from sc <b>D7: 56 refer</b> ion (through	in the out- chool-based <b>rals)</b> a survey)
<ul> <li>✓ Determine medical s</li> <li><i>Effectiveness</i></li> <li>✓ Perform patient satistical set in the set of the set</li></ul>	staff productivity sfaction survey vities/Coordina Activities: Mela La	tion:	munization Co	oordinator)
	ESN			Total
				31,114
		-		28,304
				1,79
				1,370
				80
				6,80
		-	· · · · · · · · · · · · · · · · · · ·	5,00
9			-	1,00
	es			800
		-		5,000
	3,0		-	3,000
		-		2,010
<u> </u>				1,359
Total         ✓       By 9/2009, 99% of a or completed immur         ✓       By 9/2009, immuniz 99% (baseline: FY         ✓       By 9/2009, immuniz 99% (baseline: FY         ✓       By 9/2009, the num least 6 months of ag would have increase         ✓       By 9/2009, the num risk to develop influe (baseline: FYO7 11         ✓       By 9/2009, at least 6         ✓       By 9/2009, at least 6         ✓       By 9/2009, at least 6         ✓       By 9/2009, the num rusers)         ✓       By 9/2009, the num require receiving Human Pa new program)         Efficiency       Efficiency	4,5 children 0-2 years nization (baseline ation rate of schoo '07 95%) ber of influenza in ge and at-risk to d cd (baseline: FYC ber of influenza in enza-related comp 091 adults; 98% ased by 132% cd 90% of prenatal u nunization (baseli ber of Hepatitis B ave increased (baseli li be a significant r pillomavirus (HPV)	old on that ye e: FY07 92% ol children wou nmunization ar evelop influen: 07 199 childr nmunization ar dications would of the diabut ompared to F sers for that ye ne: FY07 55% vaccination ar seline: FY 07 number of fem	91,054 ear would hav J uld have incre za-related co ren) mong adults v d have increa etes registr FYO6) ear would ha % of total p mong adults a 7 none – new nales 12-26 ye	95,554 ve updated eased to n who are a mplications who are at- ased by 259 ry; overall ave had orenatal at-risk for w program ears old
	<ul> <li>✓ By 9/2009, we woul patient department</li> <li>✓ By 9/2009, we woul health program and</li> <li>✓ By 9/2009, maintain with regards to our satisfactory patient ?</li> <li><i>Efficiency</i></li> <li>✓ Determine cost per</li> <li>✓ Determine medical st</li> <li><i>Effectiveness</i></li> <li>✓ Perform patient satifactory patient satisfactory patient ?</li> <li><i>Effectiveness</i></li> <li>✓ Perform patient satifactory for Acti Person/s Responsibility for Acti?</li> <li>Person/s Responsible for</li> <li>Mini-Line Item Budger</li> <li>6.1.3</li> <li>Salaries Ex</li> <li>Salaries M</li> <li>Fringe M</li> <li>Fringe Ex</li> <li>Utilities</li> <li>Travel Int</li> <li>Comm.</li> <li>Printing</li> <li>Office Computer supplie</li> <li>POL</li> <li>Equipment NC</li> <li>Other supp/mat</li> <li>Other charges</li> <li>Total</li> <li><i>Impact</i></li> <li>✓ By 9/2009, 99% of or or completed immuri</li> <li>✓ By 9/2009, the num least 6 months of ag would have increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, at least 0 Tetanus Toxoid immurisk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage increase</li> <li>✓ By 9/2009, the num risk to develop influe (baseline: FY07 1 percentage inc</li></ul>	Employee Ins       55         Utilities       0         Equipment       0         Other Charges       0         Total       11,519         Impact       •         •       By 9/2009, we would have increased t patient department (baseline FV07:         •       By 9/2009, we would have increased t nealth program and outreach program         •       By 9/2009, maintained or improved pawith regards to our out-patient service satisfactory patient satisfaction)         Efficiency       •         •       Determine cost per medical visit/encou         •       Determine medical staff productivity         Effectiveness       •         •       Perform patient satisfaction survey         Responsibility for Activities: Mela La         Mini-Line Item Budget <ul> <li>6.1.3</li> <li>ESN</li> <li>Salaries M</li> <li>Fringe M</li> <li>Fringe Ex</li> <li>Utilities</li> <li>Travel Int</li> <li>Comm.</li> <li>Printing</li> <li>1,0</li> <li>Office Computer supplies</li> <li>POL</li> <li>Equipment NC</li> <li>3,0</li> <li>Other charges</li> <li>5</li> <li>Total</li> <li>4,50</li> </ul> <li>Impact</li> <li> <ul> <li>By 9/2009, 99% of children 0-2 years or completed immunization (baseline</li></ul></li>	Employee Ins       55       0         Utilities       0       9,000         Equipment       0       2,010         Other Charges       0       859         Total       11,519       179,145         Impact       •       By 9/2009, we would have increased the number of patient department (baseline FVO7: 8,560 encoud)         •       By 9/2009, we would have increased number of referse health program and outreach programs (baseline O) satisfactory patient satisfaction)         Efficiency       •       Determine cost per medical visit/encounter         •       Determine cost per medical visit/encounter         •       Determine medical staff productivity         Effectiveness       •       Perform patient satisfaction survey         Responsibility for Activities/Coordination:       Person/s Responsible for Activities: Mela Lawanivalu (Imr         Mini-Line Item Budget       •       •         Salaries Ex       0       •         Salaries M       0       •         Fringe M       0       •         Fringe Ex       0       •         Utilities       0       •         Older supp/mat       0       •         Printing       1,000       •         Office Computer supplies<	Employee Ins         55         0           Equipment         0         2,010           Other Charges         0         859           Total         11,519         179,145           Impact         *         By 9/2009, we would have increased the number of referrals from so health program and outreach programs (baseline 07: 56 refer           *         By 9/2009, we would have increased number of referrals from so health program and outreach programs (baseline 07: 56 refer           *         By 9/2009, maintained or improved patient satisfaction (through with regards to our out-patient services (baseline 07: survey reversatisfactory patient satisfaction)           Efficiency         *         Determine cost per medical visit/encounter           *         Determine medical staff productivity           Effectiveness         *         Perform patient satisfaction survey           Responsibility for Activities: Mela Lawanivalu (Immunization Comins)         Salaries M           Salaries M         0         28,304           Fringe M         0         1,370           Utilities         0         800           Travel Int         0         6,800           Comm.         0         2,010           Other supp/mat         0         2,010           Other supp/mat         0         2,010

Major Activities FY09

- 1. Promote mental health and improve services geared towards timely diagnosis and prevention of poor outcomes associated with poor mental health
- 2. Improve services on alcohol and substance abuse prevention including tobacco-use
- 3. Address issues on child abuse and neglect
- 4. Establish better database programs for case recording; create encounter forms for various services of the program
- 5. Increase psychology/social work activities
- 6. Improve physician provider support
- 7. Ensure psychiatry services at least every 3 months
- 8. Renew certifications of counselors
- 9. Provide more training for staff

6.1.4	Comp	ESN	Fed Grants	TOTAL
Salaries Ex	0	0	37,634	37,634
Salaries M	25,305	0	0	25,305
Fringe M	2,657	0	0	2,657
Travel DI	0	1,253	2,500	3,753
Ebeye Diff	5,061	0	0	5,061
Employee ins	193	0	0	193
Travel Int	0	2,800	0	2,800
Comm.	0	0	1,000	1,000
Other Supp/Mat	0	0	800	800
Supplies Med	0	0	0	0
Other Charges	0	0	14,127	14,127
Total	33,216	4,053	56,061	93,330

#### Impact

Mini-Line Item Budget

- By 9/2009, at least 200 adolescents would have had mental health screening on that year (baseline: FY06 178 adolescents)
- By 9/2009, at least 50% of Diabetic patients would have had depression screening on that year (baseline: FY07 5%)
- ✓ By 9/2009, the number of <u>attempted</u> suicide would not exceed 2 cases per year (baseline: FY 07 8 cases of attempted suicides)
- ✓ By 9/2009, the number of <u>completed</u> suicide would not exceed 1 case per year (baseline: FY 07 1 case of completed suicide)
- ✓ By 9/2009, at least 200 children would have had behavioral assessments annually (baseline: FY 07 202 behavioral and mental assessments for children)
- ✓ By 9/2009, at least 500 adolescents would have received health talks on suicide and mental health (no baseline data)
- By 9/2009, there would be a significant number of psychiatric and/or psychologist consults made in a year (baseline: FY 07 one psychiatry visit with 22 consultations made) goal: 4 visits a year/at least 100 consultations/year
   By 9/2009, there would be an increase in the number of referrals for
- By 9/2009, there would be an increase in the number of referrals for assessment and counseling on alcohol-related problems (baseline: FY 07 136 patients) 200 patient consultations
- ✓ By 9/2009, there would be a decrease in alcohol-related emergency visits (baseline: none – new measure)
- By 9/2009, a significant number of adolescents would have documented expression of disapproval against substance abuse (baseline: none new measure)
- By 9/2009, there will be a significant number of children and adolescents who have had health education on alcohol and/or substance abuse (baseline: none – new measure)
- By 9/2009, a concrete information on child neglect and abuse would have been made (no baseline data)
- By 9/2009, at least 200 parents would have had seminar or education on parental skills and on child neglect and abuse (no baseline data)
   By 9/2009, at least 50% of teenage mothers would have had received
- counseling and education on parental skills and motherhood (no baseline) *Efficiency* 
  - Determine cost per mental health counseling encounter

Comp

Effectiveness

Determine the number of youth/adolescent with verbal/written expression of disapproval to alcohol-use and/or substance abuse after counseling

Fed grants

18,623

5,000

15,000

800

4,000

2,000

0

Total

36,623

1,890

5,000

800

4,000

2,000

15,000

#### Responsibility for Activities/Coordination:

Mini-Line Item Budget

6.1.5

Salaries Ex

Fringe Ex

Travel D

Utilities

Comm.

POL

Travel Int

Person/s Responsible for Activities: Maserina Paolo (MCH Coordinator) and Mela Lawanivalu (Well-Baby Clinic Coordinator)

18,000

1,890

0

0

0

0

0

#### Major Activities FY09

Output 6.1.5

 Increase infant and child supervision in the health center; increase well-baby consultations
 Improve birth supervision in the outer-islands by improvin

Continue improving Maternal and Child Health through the MCH

Program and the Well-Baby Clinic Program

- 2. Improve birth supervision in the outer-islands by improving dispensary personnel
- 3. Establish monthly prenatal clinics in Santo and Guegeegue
- Decrease number of IUFD/stillbirths, neonatal deaths, infant deaths, and child deaths by improving high-risk prenatal services
- 5. Maintain low Infant Mortality Rate and Child Mortality Rate

. Reduce incidence of Teenage Pregnancy	Other Sup/mat	0	6,010	6,010
<ol> <li>Reduce incidence of repeat pregnancies among high-risk</li> </ol>	Supplies Med	0	6,000	6,000
patients and teenage parents	Other charges	0	859	859
Lower rates of LBW infants by improving maternal and infant	Total	19,890		
<ol> <li>Lower rates of LBW infants by improving maternal and infant nutrition interventions</li> <li>Revise and resume use of prenatal care booklets</li> <li>Increase dental referrals</li> <li>Add one additional staff by filling-up vacant positions</li> </ol>	<ul> <li><i>Impact</i></li> <li>✓ By 9/2009, 75%, trimester of preg.</li> <li>✓ By 9/2009, there with high-risk present of the second secon</li></ul>	o of prenatal users will h grancy (baseline: FY ( e would be a lower num regnancies (baseline: I ast 65% of prenatal use ion (baseline: FY 07 number of LBW infants 07 9% of total delive total number teenage p : FY 07 17.2% of tot ast 200 teenagers per y gnancy (no baseline — ast 50% of teenage mc iteenage years (no base upervision in health cen matal death rate would h eaths and FY 07 with (after 28 days of life but ths and FY 07 had 0 p Death/death in the firs FY 07 with 4 infant	<b>07 54%)</b> her of perinatal mort <b>FY 07 8 perinatal de-</b> ers for that year would <b>79 patients)</b> is per year decreased for eries; a <b>52% decreased</b> regnancies would have <b>al pregnancies)</b> year would have had of <b>new measure)</b> of repeat pregnancies <b>seline – new measure)</b> <b>ter (baseline: FY 06</b> <b>to data deaths</b> <b>to data deaths</b> <b>to for 1 year of age</b> <b>post-neonatal deaths</b> <b>to data bio</b> <b>to most FY 07 CMT is</b> <b>n</b> in the center will hav <b>07 73% of total bir</b> in the well-baby clinic <b>5 1098 encounters</b> ) tality rate, and child n	ality associated eaths) d have had oral by 25% see from FY 06 e decreased by education on build be family among teenage ire) 5:385 FY % (baseline: ) Decrease Post (baseline: FY hs) he: FY 06 with tain or line: FY 06 with 5 deaths less (baseline: 0.6/1000 live ess (baseline: 5.3/1000 live re at least 1 ths) would have
TB & HD Prevention		for Activities: Timota T		Supervisor)
lajor Activities FY09	Mini-Line Item Buc		Fod Croute	Toto
	6.1.6	<b>ESN</b> 0	Fed Grants	Total
<u> </u>	Salaries Ex		45,902	45,902
	Eringo Ev			~ ~ ~ ~
	Fringe Ex	0	2,997	
	Utilities	0	800	
	Utilities Comm.	0	800 1,000	800 1,000
	Utilities Comm. Equip NC	0 0 0	800 1,000 1,000	800 1,000 1,000
	Utilities Comm. Equip NC Other Sup/Mat	0 0 2,000	800 1,000 1,000 2,010	800 1,000 1,000 4,010
	Utilities Comm. Equip NC	0 0 0	800 1,000 1,000	800 1,000 1,000

Continue elevating oral health status through the **Oral and Dental** Health Program

Major Activities FY09

- 1. Continue excellent school-based oral/dental examination and education
- 2. Maintain improvement in number of restorative services versus extractions
- 3. Increase oral health awareness
- 4. Increase oral health care for diabetic patients and prenatal users
- Improve number of preventive procedures such as fluoride varnishing and sealants
   Establish oral screening and examination for oropharyngeal
- 6. Establish oral screening and examination for oropharyngeal cancer
- 7. Establish oral health activities for smokers and alcohol users
- 8. Improve availability of dentures
- 9. Re-operate dental x-ray for diagnostics

#### Responsibility for Activities/Coordination:

Person/s Responsible for Activities: Timota Taniera, DMD (Dental Supervisor)

#### Mini-Line Item Budget

6.1.7	G F	Comp	ESN	Fed Grants	HCRF/HF	Total
Salaries				Grants		
	12.045	00.005	0	0	0	102 040
Ex	13,045	88,995	0	0	0	102,040
Salaries						
М	0	13,045	0	0	0	13,045
Fringe Ex	1,369	8,525	0	0	0	9,894
Fringe M	0	1,890	0	0	0	1,890
Standby						
D	0	12,400	0	0	0	12,400
Ebeye	0	3,600	0	0	0	3,600
Emp. Ins	65	300	0	0	0	365
Comm.	0	0	0	995	0	995
Equip NC	0	0	3,160	0	0	3,160
Off/comp	0	0	1,500	0	0	1,500
Other						
sup	0	0	1,500	2,010	0	3,510
Supp						
Med	0	0	0	0	15,000	15,000
Other	0	0	0	859	0	859
Total	14,479	128,755	6,160	3,864	15,000	168,258

#### Impact

√ .	By 9/2009,	at least	200 par	ents wo	ould ha	ave doc	umented	hea	Ith educa	tion
	sessions on	dental	and oral	health	care f	or their	children	(no	baseline	e data)

- ✓ By 9/2009, there will be a 100% increase in the number of infants and children receiving fluoride varnishing (baseline: FY07 551)
   ✓ By 9/2009, there would be a significant increase in the number children
- ✓ By 9/2009, there would be a significant increase in the number children receiving dental sealants (baseline: FY07 234)
- ✓ By 9/2009, at least 90% of schoolchildren would have had dental and oral examination (baseline: FY07 1,576 students) 100%
- ✓ By 9/2009, at least 90% of schoolchildren would have had health talks on dental and oral health care (baseline: FY 07 1,576 students) 100%
- ✓ By 9/2009, there would be a significant increase in the number schoolchildren referred for acute dental care and/or treatment to the health center (baseline: FY07 778 for which 606 received treatment)
- ✓ By 9/2009, there will be a significant increase in the number of dental encounters (baseline: FY07 4,528 encounters)
- ✓ By 9/2009, there will be a significant increase in the number of restorative services (baseline: FY07 1,198 restorative procedures)
- By 9/2009, at least 70% of the diabetic patients in the DM registry would have had oral and dental examination and education (baseline: FY07 45% of diabetes registry)
- ✓ By 9/2009, there would be an increase in the prenatal users receiving dental supervision (baseline: FY 07 79 patients)
- ✓ By 9/2009, there will be a significant number of adults who received the required oropharyngeal cancer screening (no baseline data new measure)
- ✓ By 9/2009, there will be a significant number of smokers and alcohol users who received oral examination and education (no baseline data – new measure)

#### Efficiency

- Determine cost per dental encounter
- ✓ Determine dental staff productivity
- Determine ratio of dental staff to number of patients

#### Effectiveness

 Increase ratio of number of restorative services over total number of extraction procedures

Major Activities FY09           1.         Maintain almost 100% annual physicals for schoolchildren	Mini-Line Item Bu 6.1.8	ESN	Fed Grants	Total			
Continue health care services in the School-Based Health Program	Person/s Responsible for Activities: Ei Ei Khin (School-Based Health Care Coordinator)						
Output 6.1.8	Responsibility for Activities/Coordination:						
	extraction procedures						

2. Improve growth and nutrition monitoring for children	Salaries Ex	0		21,559	21,559
Establish tie-up between school canteen and health center's	Travel Int	0		6,800	6,800
nutritionist	Utilities	0		800	800
Increase operational school clinics to conduct school-based	Printing	0		2,000	2,000
health activities	Office Comp. Sup	1,000		0	1,000
Increase number of school visits to schools without school clinics Improve personnel for SBHP	Equip NC	3,000		0	3,000
Improve early detection of illnesses and improve referrals for	Other Sup/mat	0		2,010	2,010
specialty care	Other Charges	0		859	859
Improve activities for oral health	Total	4,000	3	4,028	38,028
	<ul> <li>By 9/2009, at least 7 physicals and screeni annual physical ex</li> <li>By 9/2009, there wor for further care (no</li> <li>By 9/2009, there wor baseline data)</li> <li>By 9/2009, at least 9 examination and hyg from kinder to gra</li> <li>By 9/2009, there will fluoride varnishing (r</li> <li>By 9/2009, at least 2 (baseline: FY 07 20 Efficiency</li> <li>Analyze cost of school Effectiveness</li> <li>Determine percentage</li> </ul>	ings (baseline: F ams) Juld be an increase baseline data) Juld be at least 24 0% of year's stud iene education (b de 8 were seen) be a significant n no baseline data 00 children have D2 behavioral & bl-based program	EY07 1139 ed referral i health talk lent enrolle <b>baseline: F</b> ) humber of s a) had behavi a mental a services	P students receipt from the SBHP to as a year for each es receive oral he <b>Y07 70% of st</b> schoolchildren wh oral assessments ssessments for	the bureau school (no ealth udents o received annually children)
tput 6.1.9 ntinue community health promotion and awareness through	specialty care Responsibility for Activ Person/s Responsible for A			th Education Coo	rdinator)
lealth Education Program	Mini-Line Item Budget				
ajor Activities FY09	6.1.9	Com	ESN	Fed Grants	Total
Improve performance measures results	Salaries M	15,470	0	14,176	29,646
Health education on all public health programs	Fringe M	1,624	0	0	1,624
Improve educational materials	Ebeye Diff	3,094	0	0	3,094
Re-issue educational materials in Marshallese language	Employee Ins	110	0	0	110
Improve participation in outreach activities Involve program in Diabetes Screening	Utilities	0	0	800	800
Continue DM education and SMG sessions regularly	Printing	0	0	2,340	2,340
Purchase equipments in producing IEC materials	Office Computer/supplies		1,000	0	1,000
Establish weekly and monthly activities	Other Supp/Materials	0	500	2,010	2,510
5	Other charges Total	0 <b>20,298</b>	0 1,500	859 <b>20,185</b>	859 41,983
	<ul> <li>Impact</li> <li>✓ By 12/2009, at least documented self-mai 25.9% of diabetes</li> <li>✓ By 12/2009, at least registry would have for baseline data)</li> <li>✓ By 12/2009, at least health education on behavior and/or STI</li> <li>✓ By 12/2009, at least HIV/AIDS and/or resident of the self.</li> </ul>	nagement goal- se registry) 70% of our CVD a nad documented s 200 persons agec unintended pregn annually (no bas 200 youths should	etting sessi and Hypert self-manag d 15-24 yea ancy, absti eline data d have reco	on (baseline: F ensive patients ir ement goal- setti ars would have re nence, responsib a) eived health educ	YO7 In the Ing session ceived le sexual ation about
	<ul> <li>HIV/AIDS and/of res</li> <li>data)</li> <li>✓ By 12/2009, there wireceived health educ.</li> <li>baseline data)</li> </ul>	II be a significant	number of	persons who wo	uld have

- baseline data)
- $\checkmark$ By 12/2009, at least 30% of total prenatal users would have had documented self-management goals (no baseline data)

<b>Dutput 6.1.10</b> Continue improving health status and lower early complication of Diabetes Mellitus and Cardiovascular Disease; and lower the overall prevalence of these diseases through the <b>DM/CVD/HPN Program</b>	<ul> <li>By 12/2009, at least 50% of healthy pregnancy (no base)</li> <li>By 12/2009, at least 200 tee education on unintended priving and the state of t</li></ul>	eline data) enagers per yea egnancy (no ba olescents would no baseline da least 500 childri ion on alcohol a rents would have eglect and abus teenage mothe n parental skills materials to for Coordination: s: Johannes Se	aseline data) I have received health ata) ren and adolescents v and/or substance abu ve had seminars or ed the (no baseline data ers would have receiv and motherhood (no health promotion and	eive n talks on vho would se <b>(no</b> lucation on <b>)</b> ed <b>baseline)</b> t education
Major Activities FY09 1. Improved care and quality of life for our Diabetic and	6.1.10	ESN	Fed grants	Total
Hypertensive/CVD patients	Salaries M Travel Int	0	21,662	21,662 1,000
2. Lower incidence of early complications due to Diabetes and	Utilities	0	800	800
Cardiovascular Disease	Office Comp. Supplies	1,000	0	1,000
. Establish new performance measures for diabetes prevention	Equip NC	3,000	0	3,000
and commence organized activities for prevention and early	Other supp	1,000	2,010	3,010
detection; Emphasize diabetes prevention over diabetes control as a more cost-effective way in dealing with this grave public	Other charges	0	10,859	10,859
health issue	Total	6,000	35,331	41,331
early detection	<ul> <li>new measure)</li> <li>By 9/2009, at least 500 your importance of healthy lifesty</li> <li>By 9/2010, our patients will (baseline: FY07 9.2%)</li> <li>By 9/2009, 90% of patients past year (baseline: FY07 41</li> <li>By 9/2009, 70% of patients goals (baseline: FY07 25.9%</li> <li>By 9/2009, 75% of patients prescriptions for ACE Inhibit</li> </ul>	vies for diabetes have an average will have at lea (%) will have had d (5) 55 years old or	s prevention ge HbA1c of 7.0% or I ist 2 HbA1c determina locumented self-mana <sup>c</sup> older will have had c	below ations for the agement

Output 6.1.11 Continue activities geared towards STD, HIV/AIDS and adult Hepatitis B prevention through the STD/HIV Program	<ul> <li>(baseline: none – new</li> <li>✓ By 9/2009, 90% of pa Aspirin or other Antith</li> <li>✓ By 9/2009, at least 95 quit smoking in the pa</li> <li>Efficiency</li> <li>✓ Disease costing needee</li> <li>Effectiveness</li> <li>✓ The number of new D otherwise missed</li> <li>Responsibility for Activi Person/s Responsible for Activi</li> <li>Mini-Line Item Budget</li> </ul>	Ir CVD patients will have appropria / measure) tients with CAD will have had curr rombotic Drugs (baseline: none – % of our CVD/HPN patients are n ast year (baseline: none – new me ed as one factor to determine effic M cases diagnosed through screen ties/Coordination: ctivities: Roy Holopa (STD Program	rent prescriptions for new measure) on-smokers or have easure) iency in the future hing which is n Coordinator)
Major Activities FY09	6.1.11	Fed Grants	Total
1. Improve primary prevention of STD through education,	Office supp	2,000	2,000
counseling of persons at-risk for the disease; improve previous	Comm.	3,000	3,000
guidelines 2. Improve identification of both symptomatically and	POL	1,000	1,000
asymptomatically infected persons through improved screening	Travel D	4,384	4,384
procedures and follow-up	Utilities	800	800
3. Improve diagnosis and treatment of STD	Other Supp/mat	2,010	2,010
4. Improve evaluation, treatment, and counseling of sex partners	Other charges	859	859
of persons infected with STD 5. Decrease the overall seroprevalence of Hepatitis B and its	Total	14,053	14,053
<ul><li>related complications</li><li>6. Improve CTR (Counseling, Testing and Referral) as a major</li></ul>	<i>Impact</i> ✓ By 9/2009, at least 20	0 persons aged 15-24 years would	d have received
<ul> <li>preventive strategy against transmission of HIV/AIDS</li> <li>7. Increase health education and promotion against STD, Hepatitis</li> <li>P. and HIV/AIDS</li> </ul>		nintended pregnancy, abstinence,	
<ol> <li>Increase neartine and promotion against 31D, repartits B and HIV/AIDS</li> <li>Improve data tracking of the required outcome measures for the program; purchase additional computer</li> <li>Make new ways to ensure availability of Chlamydia tests year- round</li> <li>Make provisions for adequate counseling areas/rooms</li> <li>Establish out-patient mini-STD laboratory for quick diagnosis and treatment</li> <li>Improve use of Pacific Island HIV CTR form</li> <li>Ensure continuous training of staff for the continuously evolving approaches on STD/HIV prevention</li> <li>One additional staff by filling-up previously vacated position</li> </ol>	<ul> <li>By 9/2009, at least 10 verbal indication that expressed desire to us By 9/2009, 90% of Prosyphilis, Gonorrhea, Chamydia</li> <li>By 9/2009, 75% of FP Gonorrhea, Chlamydia</li> <li>By 9/2009, 75% of FP Gonorrhea, Chlamydia</li> <li>By 9/2009, 90% of ST Syphilis, Gonorrhea, C</li> <li>By 9/2009, 90% of ST Syphilis, Gonorrhea, C</li> <li>By 9/2009, there wou STI screening tests</li> <li>By 9/2009, at least 90 tests</li> <li>By 9/2009, at least 75 appropriate treatment</li> <li>By 9/2009, at least 75 STI/HIV tests on the t</li> <li>By 9/2009, at least 75 would have had RPR t</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, at least 75 have had received treatment</li> <li>By 9/2009, the number would have had a ratif</li> <li>By 9/2009, the number diagnosed syphilis per</li> </ul>	10 teenagers on that year would have received and HIV during the court chamydia, and HIV during the court champer of teenate cases of Syphilis champer cases would have had champer cases would have had champer cases of prenatal clinic users would hird trimester and/or upon admiss do f infants born to mother with est and PE for congenital syphilis cases wor completion of treatment different within 14 days from diagnosed cases of Syphilis cases wor completion of treatment different within 14 days from diagnosed cases of Chamydra cases of cases of chamydra cases of c	and/or would have eived each test for irse of their each test for Syphilis, d each test for agers who received would have had HIV confirmatory tests s would have had the have had repeat sion syphilis on that year prior to discharge on that year would osis uld have had repeat ea on that year would osis lia infection on that from diagnosis ed per case of syphilis and per case of red for newly-

	<ul> <li>Chlamydia would have</li> <li>By 9/2009, the number diagnosed Chlamydia p</li> <li>By 9/2009, there would HBV infection</li> <li>By 9/2009, at least 50% test result</li> <li>By 9/2009, at least 90% would have had compled by 9/2009, at least 90% would have had compled by 9/2009, at least 90% further services and complet by 9/2009, at least 90% further services and complet by 9/2009, at least 90% (baseline: FV07</li> <li>By 9/2009, at least 50% test counseling (baseline:</li> <li>By 9/2009, at least 75% services on that year (Signa, Signa, Si</li></ul>	r of associates and suspects tre ber case of Chlamydia would ha d be a significant number of add % of persons tested for HBV wo % of persons tested for HBV wo % of persons who are indicated ete vaccination within 6 months % of HBsAg-positive persons we punseling f number of HBsAg-positive indi aced would be equal to 1 or mor r of tests performed in a year wo 7 1240 tests) % of persons tested for HIV wo line: FY07 62%) % of patients tested for HIV wo FY07 31%)	ated for newly- ve had a ratio of 1 ults who are tested for puld have received their puld have had HIV tests for HBV vaccination sould have received viduals over the re vould have increased by uld have received pre- uld have received pre- uld have received their uld have received their law received HIV e received HIV CTR muthat year would have betic patients and <b>R</b> (no baseline) CTR services (no education on HIV/AIDS eline: FYO7 177) unteers who received increased (baseline:
Output 6.1.12	Responsibility for Activit	tes (baseline: FY07 97) ties/Coordination:	
Continue activities geared towards family planning and reproductive		tivities: Ana Valotu (Family Plar	nning and Reproductive
health through the Family Planning and Reproductive Health	Health Coordinator)		
Program			
Major Activities FY09	Mini-Line Item Budget 6.1.12	Fed Grants	Total
1. Significantly increase the number of family planning users which	Salaries M	18,052	18,052
has been persistently low	Travel D	2,500	2,500
2. Improve maternal and child health; reduced child neglect and	Utilities	800	800
malnutrition; and lower socioeconomic burden due to poor	Other Supp/Mat	2,010	2,010
family planning	Other Charges	859	859
3. Improve reproductive health status for teenage mothers and	Total	24,221	24,221
patients with previous high-risk pregnancies			
<ol> <li>Improve early detection of cervical diseases; INCREASE pap smear testing by establishing on-island capabilities</li> </ol>	Impact		
<ol> <li>Cytotechnology training for one local staff</li> </ol>		r of family planning users would	a nave doubled
6. Ensure availability of BTL supplies	(baseline: FY07 186 ✓ By 9/2009, the number	r of encounters for family plann	ing activities would
7. Provide adequate space for counseling		ne: FY07 911 encounters)	ing activities would
		r of encounters for family plann	ina counselina would
		line: FY07 186 encounters)	
	✓ By 9/2009, there will b	e significant number of health t	
		note family planning in the com	
		e a significant number of teena	ge parents who
		g users <b>(no baseline)</b>	rick programov access
		e a significant number of high- nning counseling and usage (no	
		r of family planning defaulters v	
		i or ranning planning defaulters t	

<u>Output 6.1.13</u> Establish and commence activities geared towards Cancer Control and Prevention	<ul> <li>by 25% (baseline: FY07 30 defaulters; a 14% decrease from previous year)</li> <li>By 9/2009, the number of birth control method switchers should significantly higher than defaulters (no baseline)</li> <li>By 9/2009, there would be a decrease of repeat pregnancies among teenage mothers in their teenage years (no baseline)</li> <li>By 9/2009, there would be a decrease of repeat pregnancies among high-ris pregnancy cases (no baseline)</li> <li>By 9/2009, there would be a significant number of encounters in the post-partum clinic (no baseline)</li> <li>By 9/2009, there would be a significant number of encounters in the post-partum clinic (no baseline)</li> <li>By 9/2009, at least 200 adolescents would have expressed desire to use condom regularly (no baseline)</li> <li>By 9/2009, there will be a significant increase in the number of PAP smears done per year (baseline: CY 06 262 smears made)</li> <li>Effectiveness</li> <li>Determine population growth or number of newborns annually</li> <li>Continue performing CBA survey</li> <li>Responsibility for Activities: Dr. FII Bondad (Cancer Prevention Coordinator - temporary)</li> </ul>							
Major Activities FY09	Mini-Line Item Bud							
1. Establish nationally integrated and coordinated approach in	6.1.13	ESN	Fed Grant		otal			
reducing cancer incidence, morbidity, and mortality through	Salaries M	0		,000	18,000			
preventive strategies	Fringe	0	1	,370	1,370			
<ol> <li>Commence cancer surveillance and prevention activities</li> <li>Increase activities for early cancer detection</li> </ol>	Travel Int	2,800		0	2,800			
<ol> <li>Increase activities for early cancer detection</li> <li>Fill-up staff vacancy</li> </ol>	Travel D	1,073		0	1,073			
4. The up stall vacancy	Utilities	0		800	800			
	Comm.	10,000		0	10,000			
	Office Comp. Sup	1,000		0	1,000			
	POL	6,000		0	6,000			
	Other Sup/mat	1,000	2	,015	3,015			
	Other Charges	0		861	861			
	Total	21,873	23,	046	44,919			
<u>Output 6.1.14</u>	<ul> <li>By 9/2009, numb</li> <li>By 9/2009, a colorestablished</li> <li>By 9/2009, a bre</li> <li>By 9/2009, a bre</li> <li>By 9/2009, a can</li> <li>By 9/2009 there required orophar</li> <li>By 9/2009, there receiving HPV va</li> <li>Effectiveness</li> <li>Determine numb</li> <li>Ration between rand compare and compare and</li></ul>	er of cases diagnosed number of cancer case nually ctivities/Coordinati	performed v ion and scree program had mber of adung umber of fen due to scree s over numb	vould have dou ening program d been establish ad been establish ilts who receive nales 9-26 year ening procedure per of patients s	had been ned shed id the r-olds screened			
Continue functions of the <b>Primary Health Care Administration</b> in	Person/s Responsible			Richard Trinida	Ч			
overseeing services of each primary health program	i di soni si Kesponsibile	Tor Activities. Unity De			u			
erereering oor moos or outer primary nouter program	Mini-Line Item Bud	aet						
Major Activities FY09	6.1.14	Compact	ESN	Fed Grants	Total			
1. Improve staff satisfaction in the working area	Salaries Ex	0	0	42,000	42,000			
<ol> <li>Increase training opportunities are provided for the staff</li> </ol>	Salaries M	20,000	0	8,706	28,706			
3. Ensure that each program is delivering the action plans set for	Fringe M	2,100	0	0	28,700			
the fiscal year	Ebeye Diff	4,000	0	0				
4. Continue tracking outcome measures for each primary health					4,000			
care program	Employee Ins	210	0	0	210			
5. Continue providing support services	Office Computer sup		1,000	0	1,000			
<ul> <li>6. Coordinate with Protocols Committee to ensure that new guidelines are being implemented in the bureau</li> </ul>	Total	26,310	1,000	50,706	78,016			
<ol> <li>Coordinate with Quality Assurance Committee to ensure that high quality services are being delivered in the division of primary health</li> <li>Continue leadership in special activities such as in World Health Month and Canvasback and Taiwanese Medical Team Missions</li> </ol>	outcome (baselin improve on traini	satisfaction survey or he: FY07 survey reveal ing opportunities and i ary health care protoco	ed satisfacto mprovement	ry outcome but t in the working	t needed to area)			

<ul> <li>revised (baseline: FY07 PHC book of protocols released but needs revision)</li> <li>By 9/2009, the number of legitimate and useful training for the programs would have increased (no baseline)</li> <li>By 9/2009, a significant percentage of the performance measures for each program would have been achieved (no baseline)</li> </ul>

Matrix 6: Performance Information Outcome 6

#### **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and the OAM. As MOH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting. Selected outputs have been targeted for the development of cost points, so that the cost of providing that service (per unit) can be determined.

## Measures Affecting Outcome 6 in FY09

Ebeye hospital is important to the RMI health care system. The distance of the operation from Majuro sometimes hinders communications and supplies. Every effort is made to minimize this issue. The Ebeye hospital outputs have been designed to mirror the Majuro primary care outputs (Matrix 1) so that health issues can be targeted on and data collection can be coordinated. This will improve the ability of the RMI to measure performance in primary health. Since Ebeye has some stand-alone primary health issues, not relevant to Majuro, there are some differences in the outputs.

Some outputs are included in the matrix but at this time there is no funding attached. The Assistant Secretary for Kwajalein Health Services continues to track these outputs and if/when money becomes available, these outputs will receive funding.

## **Outcome 6 Resources**

Statement 6 (below) details how the FY09 appropriation translates to allocated resources for Outcome 6. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 6 (above) is the allocation for each output (listed after the output).

Statement 6: Total Resources for MOH Outcome 6						
	Budgeted Estimated FY09	Budgeted FY08				
Administered Appropriations						
General Funds	\$27,238	\$126,363				
Compact Directed Funds;	\$239,988	32,298				
Ebeye Special Needs	\$72,146	68,088				
US Federal Grants	\$694,940	518,046				
Health Care Revenue Fund	\$15,000	15,000				
Total Administered Expenses	\$1,049,312	759,795				
Ministry appropriations						
Output Group 6.1- Preventive and Primary Health Care	\$1,049,312	\$759,795				
Total price from Ministry outputs	\$1,049,312	\$759,795				
Total revenues from appropriations	\$1,049,312	\$759,795				

Statement 6: MOH Outcome 6 Resources

# IX. Objective Area: Provision of Administration and Finance Services

# A. Outcome 7: to provide Effective Management of MOH Personnel and Finance

1. MOH Outcome Performance Matrix 7

**Matrix 7** provides details for MOH Outcome 7 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Output.

Table 7: Performance Information for MOH	Outcome 7			
Outcome 7: To Provide Effective Managemer		nance		
Output Group 7.1 – Personnel (\$70,595)				
Output 7.1.1 Maintain Updated Computer Based Data System Priority Activities	Responsibility for Activit Activity 1- Asst. Sec of Adm Activity 2- HRD coordinator	in, Personnel & Finance		
1. Upgrade software as needed	Mini Line Item Budget			
2. Updated staff database information maintained (annual)	7.1.1	Gen Fund		Total
	Salary M	38,7	45	38,745
	Total	38,74		38,745
Output 7.1.2 Human Resource Management Priority Activities 1. Conduct personnel audit (annual)	Responsibility for Activity Activity 1- Asst. Sec of Adm Activity 2- HRD coordinator Mini Line Item Budget	in, Personnel & Finance		
2. Develop personnel manual that states all policies of the	7.1.2	Gen Fund		Total
ministry as well as the rights of each employee	Salary M	19,8	50	19,850
······································	Total	19,8		19,850
		17,00		17,000
Output 7.1.3 Training and Development Priority Activities	Responsibility for Activity Activity 1 & 2- Asst. Sec of Activity 3 & 4, 5- HRD coord	Admin, Personnel & Fina	nce	
1. Training for staff to improve work productivity	<u>Mini Line Item Budget</u>			
2. Initiate competency mapping seminar	7.1.3	Gen Fund		Total
<ol> <li>Continue to implement Workforce Development Plan</li> <li>Continue with recurrent training for staff in MIP</li> </ol>	Salary M	12,0		12,000
<ul><li>accounting System</li><li>5. Coordinate needed training and workshops both on island and off island for MOH staff</li></ul>	Total	12,00		12,000
Output Group 7.2 – Finance (\$166,627)				
Output 7.2.1 Maintain and expand health accounting division Priority Activities 1. Enforce Accounting procedures developed in FY 05	Responsibility for Activity Activity 1 &2- Asst. Sec of A Activity 3& 4 –Chief Accoun Mini Line Item Budget	dmin, Personnel & Finar		Director
2. Continue to implement consultant's recommendations	7.2.1	Gen Fund	HCRF	Total
3. Comply with and correct pervious years' audit findings	Salary Ex	0	24,000	24,000
4. Conduct feasibility study to transfer collections from	Fringe Ex	0	1,708	1,708
MISSA to MOH	Salary M	38,470	48,945	87,415
	Fringe M	0	4,139	4,139
	Total	38,470	78,792	117,262
Output 7.2.2 Material Management and Inventory Priority Activities 1. Install Inventory system	Responsibility for Activity           Activity 1 &2- Asst. Sec of A           Activity 3- Asst. Sec of APF           Mini Line Item Budget	\PF	Staff	
2. Centralize purchasing for MOH	7.2.2	Gen Fund		Total
<ol> <li>Set up contract for commonly used supplies/drugs</li> </ol>	Salary M	49,3	55	49,365
e. Set up contract for commonly used supplies and ys	Total	49,30		<b>49,365</b>
Output Group 7.3 – Administration (3,150,769)	Total	47,30	,5	47,303
Output 7.3.1 Health Legislations & Policies Priority Activities	Responsibility for Activity Activity 1 –Secretary Activity 2 –Asst. Sec , APF	ies/Coordination		
<u>interry neurilles</u>	1			

1. Perform Secretariat functions for various boards and	Mini Line Item B	udget			
committees within the MOH	7.3.1	Gen Fund	Compact	HCRF	Total
2. Identify and transfer 2 staff from within	Salary M	58,610	0	17,168	75,778
3. Set up a bioterrorism grants management office	Fringe	0	0	1,803	1,803
	Overtime	0	0	200	200
	Night Diff	0	0	1,200	1,200
	Audit Ex	0	0	15,000	15,000
	Training	0	0	20,000	20,000
	Office Equipment	0	0	3,000	3,000
	Office/Comp	0	0	20,000	20,000
	Sup/material	0	0	9,000	9,000
	Freight	0	0	6,500	6,500
	COM	0	0	20,000	20,000
	Food Stuff	0	0	2,500	2,500
	Travel D	0	0	10,000	10,000
	Travel-Int	0	0	70,405	70,405
	Printing	0	0	10,000	10,000
	POL	0	0	6,432	6,432
	Contractual	0	0	10,000	10,000
	Utilities	0	998,000	0	998,000
	Leased Housing	9,000	804,542	0	813,542
	Repair	0	0	3,000	3,000
	Other	0	0	3,000	3,000
	Total	67,610	1,802,542	229,208	2,099,360
Output 7.3.2	Responsibility fo		· _ ·		
Coordinate administration and Management of Federal Grants Primary Results 7.3.2	Activity 1 through 3	3–Secretary, Ass	t. Sec APF, Grant	s office Dir, Fin	ance Director
1. Establish grants management office	7.3.2	Gen Fund	F Grants	Other	Total
2. Transfer fiscal management of federal grants from MOF				Grants	
to MOH 3. Transfer coordination of Bioterrorism Grants to the office	Salary M	56,255	29,505	0	85,760
of the secretary of health from Majuro Hospital	Fringe	0	3,098	0	3,098
of the secretary of health hom majoro hospital	Training	0	50,000	193,000	
of the secretary of health norm majoro hospital					243,000
	Office/Com	0	8,027	0	8,027
	Supp/Mat	0	0	2,000	8,027 2,000
	Supp/Mat Med Supp	0	0 56,962	2,000 0	8,027 2,000 56,962
	Supp/Mat Med Supp Freight	0 0 0	0 56,962 15,000	2,000 0 0	8,027 2,000 56,962 15,000
	Supp/Mat Med Supp Freight COM	0 0 0 0	0 56,962 15,000 43,500	2,000 0 0 12,400	8,027 2,000 56,962 15,000 55,900
	Supp/Mat Med Supp Freight COM POL	0 0 0 0	0 56,962 15,000 43,500 41,016	2,000 0 0 12,400 0	8,027 2,000 56,962 15,000 55,900 41,016
	Supp/Mat Med Supp Freight COM POL Travel-Int	0 0 0 0 0 0	0 56,962 15,000 43,500 41,016 417,514	2,000 0 0 12,400 0 0	8,027 2,000 56,962 15,000 55,900 41,016 417,514
	Supp/Mat Med Supp Freight COM POL Travel-Int Printing	0 0 0 0 0 0 0 0	0 56,962 15,000 43,500 41,016 417,514 45,000	2,000 0 0 12,400 0 0 0 0	8,027 2,000 56,962 15,000 55,900 41,016 417,514 45,000
	Supp/MatMed SuppFreightCOMPOLTravel-IntPrintingUtilities	0 0 0 0 0 0 0 0 0	0 56,962 15,000 43,500 41,016 417,514 45,000 50,000	2,000 0 12,400 0 0 0 0 0 0	8,027 2,000 56,962 15,000 55,900 41,016 417,514 45,000 50,000
	Supp/Mat Med Supp Freight COM POL Travel-Int Printing	0 0 0 0 0 0 0 0	0 56,962 15,000 43,500 41,016 417,514 45,000	2,000 0 0 12,400 0 0 0 0	8,027 2,000 56,962 15,000 55,900 41,016 417,514 45,000

Matrix 7: Performance Information Outcome 7

## **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the DOI and OAM. As MIH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

## Measures Affecting Outcome 7 in FY09

No extenuating circumstances can be specifically identified that would impact on or impair the achievement on any of the Output Groups for the FY09. However, it should be noted that the Assistant Secretary will now be responsible for coordinating and implementing Material Management, Training funds and Travel Funds.

## **Outcome 7 Resources**

Statement 7 (below) details how the FY09 appropriation translates to allocated resources for Outcome 7. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 7 (above) is the allocation for each output.

Statement 7: Total Resources for MOH Outcome 7		
	Budgeted Estimated FY09	Budgeted Estimated FY08
Administered Appropriations		
General Funds	\$282,295	502,630
Compact Funds	1,802,542	1,584,542
Health Care Funds	308,000	252,000
Federal Grants	784,754	584,000
Other Grants	210,400	-
Total administered expenses	\$3,387,991	\$2,924,063
Ministry appropriations		
Output Group 7.1 – Personnel	\$70,595	\$77,734
Output Group 7.2 – Finance	166,627	178,835
Output Group 7.3 - Administration	3,150,769	2,667,494
Total price from Ministry outputs	\$3,387,991	\$2,924,063
Total revenues from appropriations	\$3,387,991	\$2,934,063

Statement 7: MOH Outcome 7 Resources

# X. Objective Area: Provision of Health Information Services

# A. Outcome 8: To provide Timely and Current Health Information System (HIS) Service.

1. MOH Outcome Performance Matrix 8

**Matrix 8** provides details for MOH Outcome 8 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Outputs.

Table 8: Performance Information for MOH Outco	me 8				
Outcome 8: To Provide Timely and Current HIS Se					
<b>Output Group 8.1 – Health Statistics and Informat</b>	ion (\$129,352)				
Output 8.1.1	Responsibility f	or Activities/Co	ordination		
Expand MOH data collection efforts and coordinate data base with	Activity 1-3- Ass S	Sec			
MDG's and other relevant statistical indicators	Activity 4-5- Ass S	Sec			
Priority Activities	Mini Line Item				
1. Using the MDGs as the foundation, coordinate with EPPSO the	8.1.1	Gen		Total	
collection and reporting of relevant health statistics for	Salary Ex		11,500	11,500	
performance budgeting reporting requirements	Fringe Ex		1,208	1,208	
2. Update and complete the quarterly report annual data tables (annual measures) (determine for each outcome what data is	Salary M		26,500	26,500	
available and what data should be used for the measures	FringeM		2,781	2,781	
<ol> <li>Implement data collection for private/church clinics in Majuro is</li> </ol>	Employee Ins		1,050	1,050	
expected to begin 07	Supply O		5,549	5,549	
4. Retraining for 55 outer island health assistants in data	Total		48,588	48,588	
collection/reporting requirements 07					
5. Coordinate with all schools in Majuro (FY05) and outer islands					
(FY05/06) to collect data on school children immunization status					
Output 8.1.2	Responsibility f	or Activities/Co	ordination		
Dissemination of health data using the current manual protocol,	Activity 1-3- Ass S				
moving towards networking of public health information for	Activity 4-5- Ass S				
FY05/FY06	<i>i</i> iounty i o <i>i</i> ioo o				
	Mini Line Item I	Budaet			
Priority Activities	8.1.2	Gen	Fund	Total	
1. Hardware and software completed/ implemented beginning FY 08	Salary Ex		11,500	11,500	
2. Track progress of Networking RFP (network comparability for	Fringe Ex		1,207	1,207	
public clinics and programs in Majuro	Salary M		47,785	47,785	
3. On a monthly basis staff collects information from all public	Fringe M		5,019		
health clinics, programs, and hospital. Information is analysed	Employee ins		2,100		
manually and delivered to the Secretary of Health, EPPSO	Printing		8,000	2,100 8,000	
4. Continue to develop information database for statistical abstract	Fuel		1,153	1,153	
to completed once every three years which is due in 08	Supplies/Mat		3,500	3,500	
5. Develop and distribute a quarterly health indicator report relevant	Ins		500	500	
stakeholders such as EPPSO, WHO etc	Total		80,764	80,764	
Output Group 8.2 – Health Planning (\$45,497)	Total		80,704	80,704	
Output 8.2.1	Responsibility f	or Activition /Co	ordination		
Review and update strategic plan	Activity 1 – Ass Se				
Neview and update strategic plan	Activity 1 - ASS Se	50			
Priority Activities	8.2.1	Gen Fund	Other	Total	
1. Quarterly assessment of the 15-yr strategic with program	0.2.1	Gen runu	Grants	lotar	
directors/managers and make recommendations to the Secretary	Salary M	8,500	0	8,500	
for comments.	Fringe M	892	0	8,300	
	Employee Ins	350	0	350	
	Training	6,455	0	6,455	
	Other	0,455	29,300	29,300	
	Total	-	<b>2</b> 9,300 <b>29,300</b>		
Actuin O. Deufermeenen Information Outcomes O		16,197	29,300	45,497	

Matrix 8: Performance Information Outcome 8

## **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the DOI and OAM. As MIH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow

MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

#### Measures Affecting Outcome 8 in FY09

No extenuating circumstances can be specifically identified that would impact on or impair the achievement on any of the Output Groups for FY09. However, it should be noted that the Assistant Secretary will continue concentrate on accurate and reliable data for OAM and the KPI. This will require coordination with Majuro, Ebeye and the Outer Islands. Furthermore, coordination with other ministries/Agencies specifically EPA will be needed to ensure the reliability of the OAM and the KPI. This new focus on OAM and KPI will most likely have some impact on achievement until the focus is more completed.

#### **Outcome 8 Resources**

Statement 8 (below) details how the FY09 appropriation translates to allocated resources of Outcome 8. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 8 (above) is the allocation for each of the Output.

Statement 8: Total Resources for MOH Outcome 8		
	Budgeted Estimated FY09	Budgeted Estimated FY08
Administered Appropriations		
General Funds	\$145,549	\$145,549
Other Grants	29,300	\$5,000
Total administered expenses	\$178,849	\$150,549
Ministry appropriations		
Output Group 8.1 – Health Statistics and Information	\$129,352	\$124,549
Output Group 8.2 – Health Planning	45,497	\$26,000
Total price from Ministry outputs	\$178,849	\$150,549
Total revenues from appropriations	\$178,849	\$150,549

Statement 8: MOH Outcome 8 Resources

# XI. Objective Area: Provision of Referral Services

# A. Outcome 9: To Provide Referral Service to Patients who require Medical Attention.

1. MOH Outcome 9 Performance Matrix

**Matrix 9** provides details for MOH Outcome 9 in FY09. The Outcome is broken down into Output Groups, and each Output Group is further broken down into specific Outputs.

Matrix 9: Performance Information for MOH Outcon	ne 9			
Outcome 9: To Provide Effective Management of Ref				
Output Group 9.1 – Overseas Referral Management (\$2,343,144)	enarriogram			
Output 9.1.1 Overseas Kereman Management (#2,343,144)	Responsibility for	Activities/Coord	lination	
Administration and Management for the Ministry of Health Referral	Activity 1-3-	Activities/ 0001		
Office (Majuro and Ebeye office)	Activity 4-5-			
	Activity 4-5-			
Major Activities FY09	Mini Line Item Bu	daet		
$\checkmark$ Continue to implement reporting schedule and assign responsibility	9.1.1	H	-	TOTAL
(this is currently underway)	Salary		119,570	119,570
✓ On a guarterly basis meet with MRC and Health Services Board to	Travel		51,500	51,500
review budget status and referral process	Training		5,000	5,000
✓ Hire 1 staff (1 office clerk)	Equipment		4,000	4,000
✓ Improve organization and personnel skills	Communications		10,400	
<ul> <li>Coordinate training opportunities with MOH HRD</li> </ul>				10,400
<ul> <li>Cross training of staff between Majuro, Honolulu and Manila</li> </ul>	Office Supplies		6,465	6,465
offices on referral and staff processes	POL		3,120	3,120
<ul> <li>Training of claims analysts (training in basic database</li> </ul>	Printing		10,000	10,000
programs, CPT & ICD-9)	Advertising		7,000	7,000
<ul> <li>Administrative staff training in basic medical terminology</li> </ul>	Vehicle Repairs		6,000	6,000
<ul> <li>Training in contract negotiations</li> </ul>	Equipment Repairs	;	1,000	1,000
<ul> <li>Develop user satisfaction survey</li> </ul>	Insurance		500	500
✓ Continue to update database management system so that	Total		224,555	224,555
for referral program and supplemental program <ul> <li>Generate reports on a weekly, monthly, quarterly and annually from access database</li> <li>✓ Complete database in 2009</li> <li>Coordinate and implement installation of new database</li> <li>Train staff on new database operation</li> <li>Operating procedures of the new database</li> <li>✓ Exploration of possible referral sites</li> <li>Develop plan of action</li> <li>Continue exploration of possible referral sites (Taiwan/ India)</li> <li>Negotiations underway</li> </ul> Output 9.1.2 Operation and Management for Honolulu Medical Referral Office	Responsibility for Activity 1-3- Activity 4-5-		<u>dination</u>	
✓ Maintenance and Housekeeping of RMI Housing /grounds and/or	Mini Line Item Bu		a and	
facilities		General Fund	HF	TOTAL
<ul> <li>Continue reporting requirements on operation and management to</li> </ul>	Salary	75,070	70,691	145,761
Majuro	Benefits	74	60,000	
<ul> <li>Continue reporting requirements of utility payments to Majuro</li> </ul>	Travel	0	9,100	9,100
<ul> <li>Improve organization and personnel skills</li> </ul>	Training	0	2,000	2,000
<ul> <li>Training of patient coordinator (seminar training in case</li> </ul>	Referrals	0	336,220	336,220
<ul> <li>management/possible certification program to be explored)</li> <li>Administrative staff training in basic medical terminology</li> </ul>	Office Supplies		00.000	00.000
<ul> <li>Training of new database</li> </ul>	& Utilities	0	80,880	80,880
<ul> <li>General management training</li> </ul>	Total	75,144	558,891	633,961
<ul> <li>Database management (old and new database)</li> <li>Update the database weekly with patient information for referral program and supplemental program</li> </ul>				

<ul> <li>Generate reports on a weekly, monthly, quarterly and annually to Majuro</li> <li>Maintain referral program and exercise cost control methods</li> <li>Tighten use of contracted providers</li> <li>Tighten case management controls</li> <li>Identify more cost effective costs to replace locally</li> <li>Monitor and review referral stipend expenses including TAMC and Shriners</li> </ul>			
<ul> <li>Continue to handle patients as require</li> </ul>			
Output 9.1.3         Operation and Management of Philippines Referral         Major Activities FY09         ✓       Third Party Administrator (TPA) continues to submit reporting to Majuro ( Referral and Financial)	Responsibility for Act Activity 1-3- Activity 4-5- Mini Line Item Budge		
✓ Patient Coordinator assign to do reporting on the Services of the	9.1.3	HF	TOTAL
TPA	Salary	49,751	49,751
<ul> <li>Patient Coordinator assign to do reporting on the well-being of the</li> </ul>	Travel	3,750	3,750
patients with the help of TPA (weekly, monthly, quarterly and	Training	1,000	1,000
annually)	Referral	1,295,097	1,295,097
✓ Improve Organization and Personnel skills	Contracting	135,000	135,000
<ul> <li>Training of patient coordinator (Seminar training in case</li> </ul>	Total	1,484,598	1,484,598
management/possible certification program to be explored)	Total	1,404,370	1,404,070
<ul> <li>Cross training of staff between Majuro, Honolulu and Manila</li> </ul>			
✓ Database Management (old and new)			
<ul> <li>Patient Coordinator update the database weekly with patient</li> </ul>			
information for referral program and supplemental program			
<ul> <li>Patient Coordinator generate reports on a weekly, monthly, guartarky and annually to Majura</li> </ul>			
<ul> <li>quarterly and annually to Majuro</li> <li>✓ Maintain referral program and exercise cost control methods</li> </ul>			
<ul> <li>Tighten use of contracted providers</li> </ul>			
<ul> <li>Tighten case management controls</li> </ul>			
<ul> <li>Identify more cost effective alternatives to include in network</li> </ul>			
<ul> <li>Monitor and review referral stipend expenses</li> </ul>			
<ul> <li>Continue to handle patient as require</li> </ul>			
Matrix 9: Performance Information Outcome 9	•		

## **Evaluations**

Monitoring will be completed using workplace data and rolling this data up into the KPI and OAM. As MIH gathers more data for specific Outputs, the evaluation and monitoring will become more reliable. This will allow MOH to better illustrate progress to achieving the OAM and also provide more reliable and accessible data for planning and reporting.

## Measures Affecting Outcome 9 in FY09

No extenuating circumstances could be found that would impact on or impair the achievement on any of the Output Group for the FY09.

## Outcome 9 Resources

Statement 9 (below) details how the FY09 appropriation translates to allocated resources of Outcome 9. The totals include all revenue sources for the Outcome. The statement shows the breakdown of allocations by Output Group. Included in Matrix 8 (above) is the allocation for each of the Output(s).

Statement 9: Total Resources for MOH Outcome 9						
	Budgeted Estimated FY09	Budgeted Estimated FY08				
Administered Appropriations						
Health Funds	\$2,268,000	\$2,075,625				
GF	75,144					
Total administered expenses	\$2,343,144	\$2,075,625				
Ministry appropriations						
Output Group 9.1 - Overseas Referral Management	\$2,343,144	\$2,075,625				
Total price from Ministry outputs	\$2,343,144	\$2,075,625				
Total revenues from appropriations	\$2,343,144	\$2,075,625				

Statement 9: MOH Outcome 9 Resources

# XII. Line Item Budget By Funding Type MOH FY09

Statement below provides a view of the MOH line item budget, with each line item broken down by funding source. In this way MIH can determine how various funding sources contribute to the working of the office and cont4ribe to the achievement of Outcomes.

Statement 10: MOH Line	Item Budget by	Funding Type FY09					
Description	Compact	General	HF/HC	US	Other Grants	ESN	Total
Personnel-related expenses							
	5,465,499	2,361,923	321,610	1,849,873	0	432,251	10,431,156
Salaries & Wages-Expatriates	1,758,405	388,075	0	856,415	0	360,305	3,363,200
Salaries & Wages- Marshallese	1,356,192	1,596,234	257,210	822,782	0	0	4,032,418
Standby Differential	137,451	68,812	0	30,700	0	12,400	249,363
Night Differential	49,321	34,488	1,200	0	0		85,009
Personnel Benefits Expat	986,431	39,618	0	40,930	0	23,546	1,090,525
Personnel Benefits Marshallese	,00,101	0,,010	· · ·	,	Ŭ	20,010	.,.,.,
	221,699	130,866	63,000	80,046	0	0	495,611
Employee Insurance	11,545	34,773	0	0	0	0	46,318
Ebeye Differential	66,425	66,057	0	0	0	0	132,482
Leased Housing	804,642	0	0	9,000	0	0	813,642
Recreation, Repatriation &							
home Leave	40,000	0	0	0	0	36,000	76,000
Overtime	0	3,000	200	0	0	0	3,200
Incentives	0	0	0	10,000	0	0	10,000
Extra Hours	33,388	0	0	0	0	0	33,388
			0	0	0	0	0
Operating Expenses	1,432,942	437,192	5,631,338	2,554,866	336,000	1,143,972	11,536,310
Audit	0	0	15,000	0	0	0	15,000
Allowances	0	0	0	0	0	0	0
Freight	0	23,000	106,500	27,344	0	52,000	208,844
Rentals	2,321	33,600	0	4,480	0	5,000	45,401
Office Communications	0	15,000	30,400	67,241	12,400	44,500	169,541
Printing & Reproduction	3,000	12,000	20,000	67,552	0	9,500	112,052
Advertising	2,000	0	7,000	2,500	0	0	11,500
Office & Computer Supplies	5,000	18,639	46,465	71,249	0	13,800	155,153
Other Supplies/Materials	11,278	39,500	9,000	132,865	60,400	79,500	332,543
Office Equipment & Computer	7,000	0	16,000	364,346	0	0	387,346
Ministerial Official Expense	0	0	0	0	0	0	0
Medical Supplies	0	10,000	2,159,000	86,153	10,000	0	2,265,153

Pharmaceuticals	0	0	460,000	0	0	0	460,000
Food Stuffs	187,343	73,037	2,500	0	0	135,000	397,880
Water	6,000	13,000	0	0	0	84,000	103,000
Contractual Services & Medical	0	0	200,000	389,539	0	120,146	709,685
Referrals	0	0	2,273,243	0	0	0	2,273,243
Domestic Travel	5,000	38,000	61,500	295,576	0	37,316	437,392
International Travel	0	10,000	92,850	565,156	0	40,000	708,006
Training	0	58,023	48,000	50,000	197,000	50,000	403,023
Representation expenses	0	0	0	160	0	0	160
Subscription and Dues	1,000	0	0	42,000	0	2,000	45,000
Utilities	1,202,000	0	80,880	87,449	0	300,000	1,670,329
Equipment & Tool Not							
Capitalized	0	92,283	0	139,224	0	86,860	318,367
Other Charges & Expenses	1,000	1,110	3,000	157,610	56,200	55,750	274,670
Federal Taxes	0	0	0	4,422	0	28,600	33,022
Development and capital							
Expenditures	181,179	185,736	24,052	96,632	0	167,066	654,665
Books & other Instructional	0	0	0	0	0	0	0
materials	0	0	0	0	0	0	0
Equipments	0	0	0	0	0	0	0
Office Furniture & Fixtures	5,000	41,700	0	0	0	64,650	111,350
Insurance	2,000	2,500	500	0	0	0	5,000
Petroleum, Oil and Lubricants	45,797	49,485	9,552	75,016	0	45,000	224,850
Repair	128,382	92,051	14,000	21,616	0	57,416	313,465
Building Renovation & equip	0	0	0	0	0	0	0
Vehicle	0	0	0	0	0	0	0
Financing Outlay	325,000	0	0	0	0	0	1,309,330
Transfer outs	325,000	0	0	0	0	0	325,000
Total Fund	7,404,620	2,984,851	5,977,000	4,501,371	336,000	1,743,289	22,947,131

#### <u>Paq</u>e

# B. Majuro Atoll Waste Company

# I. Overview

In March of 2007 the Government of the Republic of the Marshall Islands created the Majuro Atoll Waste Company with the idea of having it operate as the Governments arm to handle Solid Waste Activities as a private enterprise, operating with a management plan and operating as efficiently as possible, firstly on Majuro, but with the hope of expansion throughout the entire republic in the coming years. Through our developing public awareness program, we are aiming at not only reducing the amount of material entering the waste stream, but intend on creating a recycling environment that will be the envy of other developing nations. We recognize the need to reduce the waste stream in order to maximize the lifespan of our landfill while creating land that can be used for public areas, parks etc. Through cooperative efforts, MAWC will stand and get the Marshall Islands on the right track. MAWC works closely with the Ministry of Public Works, MICS and many other groups on the challenging issues of solid waste in the republic.

- The RMI needs to be a clean & attractive place; the RMI needs to encourage tourism.
- The RMI needs to encourage and expand foreign investment.
- The RMI needs to increase world interest in who we are and what we have to offer and what we can and have accomplished.

With the establishment of MAWC, the RMI is moving in the right direction to address its solid waste issues today and in the future.

# "Working towards a cleaner environment through cooperative efforts"

...is MAWC's new motto emphasizing the need for "cooperative effort" which will result in the Marshall Islands becoming a cleaner more attractive place for all. Through our cooperative efforts, we hope to instill the interest and involvement of the community at all levels. Building ownership with the community will result in more cooperative efforts. MAWC is working closely with the Marshall Islands Conservation Society, The Ministry of Education and the Ministry of Health, developing a public awareness program that will be aimed at increasing community involvement and enlisting cooperative efforts from all groups wishing to participate.

# II. Performance Information for MAWC

**Chart 5** below illustrates the organizational relationship of the NSB Objective Areas and Outcomes.

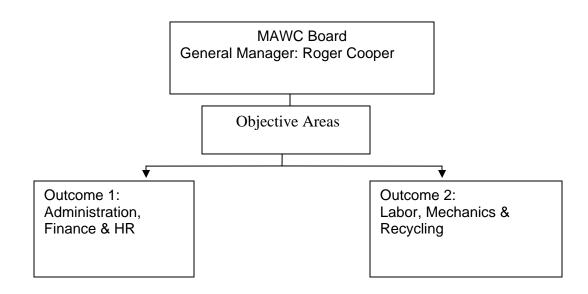


Chart 7: Objective Area and Outcome MAWC-FY09

**Table 13** below provides a breakdown of MAWC FY09 funding by source, as it will beapplied to the MAWC Outcome. Amounts provided in Table 13 are the total ofadministrative and direct costs as funded by each funding source. These funds are alltransferred out from MOH to MAWC.

Majuro Atoll Waste Company	Compact Funds	Special Revenue	Grants	Total
MAWC(MOE Outcome 10):	\$325,000	\$106,380	\$106,380	\$537,760

Table 13: MAWC Appropriations

# (Matrices will be included later)

# II. Line Item Budget by Funding Type MAWC FY09

**Table 14** below provides a view of the MAWC line item budget, with each line item broken down by funding source. In this way MAWC (and MOH) can determine how various funding sources contribute to the working of the office and contribute to the achievement of Outcomes

Description	Compact	Special revenue	Grants	Total	Shortfall
PERSONNEL-RELATED EXPENSES	152,958	103,647	0	256,605	6,170
Salaries & Wages - Expatriates	10,400	78,240	0	88,640	0
Salaries & Wages-Marshallese	119,600	0	0	119,600	0
Personnel Benefits-Expatriates	0	9,307	0	9,307	0
Personnel Benefits Marshallese	12,558	0	0	12,558	0
Employee Insurance Expense	0	0	0	0	0
Leased Housing Expenses Income Tax	0 10,400	9,840 6,260	0	9,840 16,660	0
	10,400	0,200			6,170
Extra hours OPERATING EXPENSES	52,042	0	0 <b>27,000</b>	0 79,042	103,958
Freight	0	0	0	0	0
Land Lease	0	0	0	0	24,000
Office Communications	6,000	0	0	6,000	0
Printing & Reproduction	0	0	0	0	0
Advertising	0	0	0	0	0
Office & Computer Supplies	0	0	0	0	0
Other Supplies/Materials	0	0	27,000	27,000	0
Office Equipment & Computer	0	0	0	0	0
Food Stuffs	0	0	0	0	0
Contractual Services	0	0	0	0	12,000
Domestic Travel	0	0	0	0	0
International Travel	0	0	0	0	12,000
Dredging	40,042	0	0	40,042	55,958
Representation Expenses	0	0	0	0	0
Utilities	6,000	0	0	6,000	0
Rent	0	0	0	0	0
Equipment & Tools Not Capitalized	0	0	0	0	0
Other Charges & Expenses	0	0	0	0	0
Audit Expense	0	0	0	0	0
DEVELOPMENT AND CAPITAL EXPENDITURES	120,000	2,733	487,600	610,333	69,267
Books & Other Instructional Materials	0	0	0		0
Equipment	0	0	487,600	487,600	0
Office Furniture & Fixtures	0	0	0	0	0
Insurance	0	2,733	0	2,733	21,267
Petroleum, Oil and Lubricants	72,000	0	0	72,000	0
Facility Maintenance	0	0	0	0	48,000
Equipment Maintenance	48,000	0	0	48,000	0
TOTAL	325,000	106,380	106,380	945,980	179,395