| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Women/Maternal Health** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| To reduce the maternal mortality rates. | 1. Improve Pregnancy by making quality maternal services more available and accessible. | Ensure every pregnant woman is receive with quality antenatal care<br>Ensure every woman has skilled professional at delivery<br>Ensure all pregnant women are access to a comprehensive emergency obstetric care<br>Facilitate Access and Availability of Effective Neonatal Care and Post-natal care<br>Community awareness and participation on Maternal and Neonatal Health | Rate of severe maternal morbidity per 10,000 delivery hospitalizations<br>Maternal mortality rate per 100,000 live births | Percent of cesarean deliveries among low-risk first births | | |
| To increase the percentage of women who screened for cervical cancer. | Improve quality cancer services-- women have access to screening and cancer care both in urban and rural areas of RMI | Community advocacy, engagement and empowerment to enable access screening and detection services | | | | |

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| | | Ensure up-skilling of hospital-based nursing and medical staff to provide quality of care to diagnosed with reproductive tract cancers<br>Ensure supplies needed for the screenings and management is readily and sufficiently available<br>Advocacy to member of the public, politicians, medical and nursing leaders to support the setting up screening and vaccinations services for adults and young population | | | | |
| To increase the number of women who have a preventive medical visit | Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy<br>Increase the proportion of persons who receive appropriate clinical | Ensure access and availability of recommended clinical preventive services, including screening, counseling, and immunizations | Rate of severe maternal morbidity per 10,000 delivery hospitalizations<br>Maternal mortality rate per 100,000 live births<br>Percent of low birth weight deliveries (<2,500 grams)<br>Percent of very low birth | Percent of women with a past year preventive medical visit | | |

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| | preventive services | | weight deliveries (<1,500 grams)<br>Percent of moderately low birth weight deliveries (1,500-2,499 grams)<br>Percent of preterm births (<37 weeks)<br>Percent of early preterm births (<34 weeks)<br>Percent of late preterm births (34-36 weeks)<br>Percent of early term births (37, 38 weeks)<br>Perinatal mortality rate per 1,000 live births plus fetal deaths<br>Infant mortality rate per 1,000 live births<br>Neonatal mortality rate per 1,000 live births<br>Post neonatal mortality rate per 1,000 live births<br>Preterm-related mortality rate per 100,000 live births | | | |

| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Perinatal/Infant Health** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past yea | Improve Neonatal Outcomes by making quality Newborn services more available and accessible.<br>Decrease the RMI low birth weight rate | Ensure every pregnant woman is receive with quality antenatal care<br>Ensure every woman has skilled professional at delivery<br>Ensure all pregnant women are access to a comprehensive emergency obstetric care<br>Facilitate Access and Availability of Effective Neonatal Care and Post-natal care<br>Community awareness and participation on Neonatal and Infant Health<br>Ensure well baby services are available | Post neonatal mortality rate per 1,000 live births<br>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births | A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months | | |
| Increase percent of infants breastfed | Improve Neonatal Outcomes by making | Provide well baby clinic services to all infants | Post neonatal mortality rate per 1,000 live | A) Percent of infants who are ever breastfed | | |

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| exclusively through 6 months | quality Newborn services more available and accessible. | Community awareness and participation on Neonatal and Infant Health emphasizing exclusive breastfeeding | births<br>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births | and B) Percent of infants breastfed exclusively through 6 months | | |

| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Child Health** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool | To increase the number of children who receive a developmental screening. | Develop Standardized Developmental Screening tool<br>Development of Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program<br>Community awareness on the screening tool and availability of health care services for 10 to 71 months children | Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)<br>Percent of children in excellent or very good health | Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool | | |
| To decrease the number of hospital admissions for non-fatal injury among children ages 0 through 19. | Reduce hospitalizations for nonfatal injuries | Community and media awareness and health education on non-fatal injuries and first aid treatment<br>Availability of services and supplies to accommodate hospitalization of non fatal injuries | Child Mortality rate, ages 1 through 9 per 100,000<br>Adolescent mortality rate ages 10 through 19 per 100,000<br>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000 | Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19 | | |

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| | | | Adolescent suicide rate, ages 15 through 19 per 100,000 | | | |

| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Adolescent Health** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| To increase the rates of teenager 15-19 years old acceptors of modern contraceptive. | The provision of quality Family Planning services is available and accessible to the 15-19 years old and general population of RMI | Ensure that the family planning's client receives full sexual reproductive health care services<br>Ensure counseling of clients to utilize effective and appropriate methods of contraception thereby facilitating informed choice<br>Strengthen the community awareness of the Family planning clinic existence and services<br>Expand and improve the FP services within the MOH and the community | | | | |
| Percent of adolescents, ages 12 through 17, with a preventive | Improve the health care services to Adolescent population | Ensure the availability of immunization vaccines and services | Adolescent mortality rate ages 10 through 19 per 100,000 | Percent of adolescents, ages 12 through 17, with a preventive | | |

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| medical visit in the past yea | | Ensure that the family planning's client receives full sexual reproductive health care services<br>Ensure counseling of clients to utilize effective and appropriate methods of contraception thereby facilitating informed choice<br>Ensure that the needed mental health counseling will be provided by certified counselors<br>Ensure that the availability of STI / HIV services | Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000<br>Adolescent suicide rate, ages 15 through 19 per 100,000<br>Percent of children with a mental/behavioral condition who receive treatment or counseling<br>Percent of children in excellent or very good health<br>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)<br>Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza<br>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine<br>Percent of adolescents, | medical visit in the past year. | | |

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| | | | ages 13 through 17, who have received at least one dose of the Tdap vaccine<br>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | | | |
| To decrease the number of hospital admissions for non-fatal injury among children ages 0 through 19. | Reduce hospitalizations for nonfatal injuries. | Community and media awareness and health education on non-fatal injuries and first aid treatment<br>Availability of services and supplies to accommodate hospitalization of non fatal injuries | Adolescent mortality rate ages 10 through 19 per 100,000<br>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000<br>Adolescent suicide rate, ages 15 through 19 per 100,000<br>Percent of children with a mental/behavioral condition who receive treatment or counseling<br>Percent of children in excellent or very good health<br>Percent of children and adolescents who are overweight or obese (BMI at or above the | Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. | | |

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| | | | 85th percentile)<br>Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza<br>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine<br>Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine<br>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | | | |

| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Children with Special Health Care Needs** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| To increase number of CSHN entry into the program. | Improve the assessment, coverage and enrollment of CSHCN into the program to be able to provide the needed care. | Develop and implement a database system on infants who have special health care needs (SHCN) within 6 months after birth<br>Improve service delivery for CSHCN and families and follow-up services<br>Coordination of better referral for CSHCN to the program<br>Development of Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program | Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system<br>Percent of children in excellent or very good health | Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care | | |

| State Action Plan Table (Marshall Islands) | | | | | | |
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| **Cross-Cutting/Life Course** | | | | | | |
| **State Priority Needs** | **Objectives** | **Strategies** | **National Outcome Measures** | **National Performance Measures** | **ESMs** | **SPMs** |
| To increase the number of children, ages 1 through 17, who had a preventive dental visit in the past year | To be able to provide dental services to ages 1 through 17 years old<br>To be able to provide good oral health starting from childhood to adulthood | Ensure access and availability to oral health care, good oral hygiene, and adequate nutrition<br>Ensure supplies needed for the screenings and sealants are readily and sufficiently available | Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months<br>Percent of children in excellent or very good health | A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year | | |