

K IMPROVING HEALTH OUTCOMES AT ALL LEVELS

K.1 Background

Rodrigues Island presents unique opportunities and strengths which can be made use of to develop a sound Health sector. The small island area, a small population, a good network of communication, coupled with strong political commitment of the Rodrigues Regional Assembly (RRA) are all key ingredients which can help to reorient the Health approach.

The existing health system is basically curative oriented and if maintained as such will get overburdened in the years to come. Rodrigues has its own specificities which can favour the development of an Integrated approach to tackle health issues, whereby much more emphasis is to be laid on Preventive Medicine.

Amongst the immediate causes for concern, all of which have important bearings on the public budget, the following are noteworthy: Increasing incidence of NCDs; Growing number of HIV positive cases; the growing old-age population with the over 60 years population constituting more than 10% of total population by 2015; a high percentage of Teenage Pregnancy, abuse of alcohol amongst various segments of the population, including secondary school students. These together with the other core issues mentioned in Part V of the SIDPR main document are addressed by the proposed strategies elaborated in the Action Plan below.

Implementating the measures proposed in this SIDPR would go a long way towards transforming the health care system into a model in the region and elsewhere.

K.1.1 The health care system

In line with the overall social policy of the Republic of Mauritius, Rodriguans enjoy free and universal access to a generally well-run health care system. The latter falls under the purview of the Ministry of Health and Quality of Life (MHQL) in Port Louis which formulates the overall policy for the sector. A wide range of medical facilities are available in Rodrigues but all cases requiring highly specialised treatment are sent to Mauritius by plane and free of cost to the patient.

In Rodrigues, the Department of Health is headed by a Departmental Head who is responsible for the functioning of the health facilities. While most of the paramedical and manual workers of the Department are Rodriguans, all the medical doctors belong to the MHQL and do a term of service in Rodrigues. So while their salaries are paid by the MHQL, the displacement allowance is paid from the budget of the Department of Health of the RRA.

From the various discussions held, and as witnessed during the TWG meetings and the consultative process, Rodriguans are happy with their health care system and Rodrigues fares rather well in terms of the MDGs related to Health. The island also has the capacity to resist rather well to outbreak of diseases and epidemics (as witnessed during the Chikungunya outbreak in 2006).

However, some “issues” have been observed that, if not tackled promptly, could inhibit the sustainable development of the island. The health care system, for instance, is essentially a “curative” one and could potentially become unsustainable as non-communicable diseases (NCDs) and expensive to treat. To this extent, a long-term vision of what the system should look like is presented and strategies are identified that will help to improve health outcomes in Rodrigues and contribute to the sustainability of the health care system. Implementations of the strategies are detailed in the accompanying short-term action plan (STAP).

K.1.2 Budget provisions

The budget for health accounts for around 11.3% of the total budget and 20.3% of the Social sector budget for 2005/06. About 70% of the health recurrent budget is spent on staff costs. For 2006/07, capital expenditure amounted to Rs 31.5 million which is expected to be around Rs 39 million for 2007/08. In fact, the balance of project value for 2007/08 stood at Rs 66,957,849. Capital expenditure on health consists of equipment and furniture and health infrastructure development project.

The expected increase in health facilities will require not only more health personnel but also more sophisticated equipment and other related facilities. As the disease patterns follows that of more developed countries, there will be a growing demand for high-tech medical treatment.

Parallel to this expected development in the Curative sector, emphasis should be laid on a major consolidation of the Preventive sector. It is a well-known fact that prevention is better than cure and that investments in preventive medicine have far-reaching, long-lasting effects, and are cost-effective. The population should be educated so that there is a re-orientation of their thinking which will lead to better acceptance of the Integrated Medicine concept. Ultimately, the financial burden of the health sector on the total budget allocated to the island will be easier to sustain.

The Action Plan as proposed below takes into account the needs of the population over the short to medium term periods. It is designed to meet the main health needs of the population as identified above and contribute to improving health outcomes over the longer term.

K.2 Way Forward: Establishing the Vision

Overarching goal:

To adopt an Integrated approach in the delivery of health care, in line with the proposed objective of achieving a sustainable development of the island, so as to inter alia: improve health-related MDGs by 2015 (IMR, U5MR and MMR); deal more effectively with problems of increasing incidence of HIV/AIDS and NCDs; address comprehensively problems linked with a growing old-age population, a high percentage of teenage pregnancy and alcohol abuse which is a national phenomenon.

Strategies:

- 1 Adoption of an Integrated approach in the delivery of health care (combining curative, promotive and preventive medicines);
- 2 Setting-up of a Health Planning and Monitoring Unit (HPMU);
- 3 Capacity-Building;
- 4 Upgrading health infrastructure, including:
 - provision of an appropriate system and adequate facilities for geriatric medicine;
 - setting-up of a Neonatology unit; and
 - ensuring the availability of drugs, reagents, and equipment;
- 5 Consolidation of IEC programmes through the creation of a Health Education Unit;
- 6 Improving on the health-related MDGs (maternal-, infant-, and under-five mortality rates);
- 7 Prevention of propagation of HIV/AIDS and provision of quality care to support to People-living-with-HIV/AIDS (PLWHA);
- 8 Reduction of the incidence of NCDs;
- 9 Addressing the problem of a high percentage of Teenage Pregnancy;
- 10 Definition of a National Alcohol Control Policy; and
- 11 Introduction of Computerised Health Cards on a pilot basis.

K.2.1 Proposed Action Plan

[Please see next page]

LOGICAL FRAMEWORK TO PAVE THE WAY FORWARD FOR THE HEALTH SECTOR IN RODRIGUES

K.2.1.1 Goal 1

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Goal 1</p> <p>1. Adoption of an Integrated approach in the delivery of health care</p>	<p>1.1 Achieve health related MDGs and associated targets/indicators by 2015</p> <p>1.2 Sustainability of the health care system in Rodrigues as measured by long-lasting effects of cost-effective solutions</p>	<p>1.1.1 Data and Analytical Reports from the Department of Health, CSO, the proposed HPMU (see Goal 2 below) and reports of the proposed RPHS.</p>	<ul style="list-style-type: none"> • Resistance to embrace change • Capacity of HPMU to take leading role to coordinate monitoring of KPIs.
<p>Project Development Objective</p> <p>1. Move from a curative system to one that combines curative, promotive and preventive medicine</p>	<p>1.1 All aspects of medicine (curative, promotive and preventive) are centralised and integrated under one roof by mid-2009 with responsibilities clearly assigned</p> <p>1.2 A Health Planning & Monitoring Unit (HPMU) is set up (see Goal 2 below)</p> <p>1.3 Capacity-building exercise is undertaken by July 2008</p> <p>1.4 Health infrastructure is upgraded and availability of drugs, reagents and equipment is ensured</p>	<p>1.1.1 Report of Health Director by mid-2009 to certify implementation of the objective and confirmation by the Commissioner at the RRA Executive Council.</p> <p>1.2.1 Approval of <i>Modus Operandi</i> by Ministry of Health by end 2008</p> <p>1.3.1 Job descriptions approved by July 2008</p> <p>1.4.1 Reports of the Health Director and RPHS</p>	<p>Awareness program to be set up to inform all health professional about outcome of this new approach.</p> <p>Commitment of RRA and all staff from health units and departments.</p> <p>Resistance to embrace change</p> <p>Staff resistant to</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
	1.5 Consolidation of IEC programmes through the setting-up of a Health Education Unit 1.6 Improvement of Health-related MDGs; 1.7 Issues about HIV/AIDS are tackled holistically (as from mid-2009) 1.8 Reduction of incidence of NCDs; 1.9 Addressing the problem of a high percentage of Teenage Pregnancy 1.10 Definition of a National Alcohol Control Policy; and 1.11 Introduction of Computerised Health Cards.	1.5.1 HPMU takes leading role to ensure more effective monitoring.	change
Outputs/Outcomes 1 The new set-up is established at the Queen Elizabeth hospital (but the HPMU is set up at the Commissioner's Office) 2 Medical responsibilities are re-assigned, new positions created and doctors, psychologist and paramedical staffs recruited	Output Indicators 1.1 A new office block is set up at Queen Elizabeth hospital 2.1 A (non-resident) Regional Public Health Superintendent (RPHS) takes responsibility for all aspects of preventive medicine (expanded immunisation programmes, community health, Port & Airport Health, Environmental Health, Occupational Health, School Health, Food Hygiene, Health Education Unit, HIV/AIDS,	1.1.1 Key structures are in place 2.1.1 Appointment Letter of RPHS and approval of his job description 2.2.1 Amended job description 2.3.1 Letter of Appointment	Availability of funds to set up the new unit

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
	<p>National Alcohol Control Policy and Geriatric Medicine) by end 2008</p> <p>2.2 The Health Director focuses on curative aspects while overlooking preventive aspects as well by end 2008</p> <p>2.3 A Community Health Physician is appointed to support the Health Director on a permanent basis by end 2008</p> <p>2.4 A psychologist is appointed by end 2008</p>		
<p>Activities</p> <p>1.1 Commission for Health to conduct discussions with Ministry of Health with respect to new <i>modus operandi</i> of health care system</p> <p>1.2 Seek approval of new set-up by RRA</p> <p>1.3 Review and re-allocate space within the Queen Elizabeth hospital to accommodate new set-up</p> <p>1.4 Set up HPMU (see Goal 2 below)</p> <p>2.1 Prepare Terms of Reference for RPHS, Community Health Physician (CHP) and Psychologist in collaboration with Health</p>	<p>1.1.1 Draft <i>modus operandi</i> prepared and circulated to stakeholders</p> <p>1.1.2 The initiative is mentioned in the deliberations of the weekly Executive Council of the RRA</p> <p>1.1.3 Report on new set-up prepared and circulated to stakeholders</p> <p>2.1.1 Conduct of meetings between the parties</p> <p>2.1.2 Draft ToR ready within the specified time period</p> <p>2.2.1 Number of responses following</p>	<p>1.1.1.1 Publication of draft and filing of circular letter</p> <p>1.1.2.1 Deliberation of Executive Council of RRA</p> <p>1.1.3.1 Report of Task Force set up to review hospital set-up</p> <p>2.1.1.1 Minutes of meeting comprising RPHS and CHP and HD</p> <p>2.1.2.1 Published ToR</p> <p>2.2.1.1. Advertisement placed in newspaper; Short-list of candidates;</p>	<p>Delays in kick-starting the process</p> <p>Lack of commitment on the part of decision makers</p>



ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Director (HD) 2.2 Advertise, select and appoint RPHS, Community Health Physician and psychologist.	advertisement; Conduct of interviews; selection of candidate	letter of appointment	

K.2.1.2 Goal 2

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 2 1. Setting-up of a Health Planning and Monitoring Unit (HPMU)	1.1 Health outcome (at policy, community and household levels) are monitored and evaluated continuously	1.1.1 Reports and statistics available at the HPMU	Staff may not like the notion of being monitored for their performance
Project Development Objective 1. To support the sustainability of the health care system at the policy level and to ensure population gets the best of the proposed integrated approach to medicine	1.1 Number of recommendations contained in the rolling SIDPR implemented annually	1.1.1 Reports of the implementation projects.	Delays in adopting a supportive Legal framework
Outputs/Outcomes 1. Establishment of resource panel to lead the HPMU 2. The HPMU is set up and operationalised at	Output Indicators 1.1 The Commissioner for Health, the Health Director, the RPHS, the EPMU Director and one influential NGO representative are appointed as members of the HPMU	1.1.1 The Board of HPMU is constituted. 1.2.1 Projects approved and	Lack of commitment from the top

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
the level of the Commission for Health with a well-defined Terms of Reference	1.2 One meeting is held every month 1.3 Minutes of Meetings revealing number of interventions with respect to monitoring and evaluation of health indicators and removal of constraints in SIDPR implementation	reports issued by the HPMU 1.2.2 Terms of reference of HPMU. 1.3.1 Minutes of meetings recorded (Minutes of meeting)	Resistance to Change
Activities 1.1 Prepare <i>modus operandi</i> of HPMU in collaboration with Ministry of Health 1.2 Seek approval by Ministry of Health and RRA 2.1 Nominate members of the HPMU 3.1 Designate one influential member of NGO	1.1.1 <i>Modus operandi</i> of HPMU approved by Executive Committee 1.2.1 Approval obtained from both MoH and RRA 2.1.1 All members nominated in time 3.1.1 An influential member of NGO is chosen and designated	1.1.1.1 Deliberation of Executive Council 1.2.1.1 Approval letter of Ministry of Health and deliberation of RRA 2.1.1.1. Nomination letters dispatched to members 3.1.1.1 Designation letter is sent to the member.	Lack of Commitment and follow up

K.2.1.3 Goal 3

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 3 1. Capacity-Building.	1.1 Increased in number of staff	1.1.1 Department of Health	Cost element may be a

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
			detering factor
<p>Project Development Objective</p> <p>1 To have sufficient doctors, a psychologist, and nursing staff in the health sector while having continuous training for health care personnel</p> <p>2 To include NGOs and Community participation</p>	<p>1.1 Doctors, a psychologist, and nursing staff are recruited</p> <p>1.2 Adoption of a training calendar agreed upon by all stakeholders and implemented</p> <p>2.1 Regular participation of NGOs and community members participate regularly in meetings and working sessions</p>	<p>1.1.1 Reports and statistics on human resources from the department of health</p> <p>2.1.1 Attendance list and minutes of meeting</p>	<p>Availability of funds to recruit more doctors and nursing officers</p> <p>Availability of funds to carry out training of personnel</p>
<p>Outputs/Outcomes</p> <p>1. A psychologist is recruited urgently (mid-2008)</p> <p>2. More doctors and nursing officers are recruited</p> <p>3. Health specialists are sent to Rodrigues more frequently</p> <p>4. Training programmes are carried out (Community Midwives, 3 Community Health Nursing Officers, 6 Community Health Nursing Officers and 6 Community Health Workers)</p>	<p>Output Indicator</p> <p>1.1 <u>35</u> doctors are recruited by the year 2025</p> <p>1.2 Psychologist is appointed</p> <p>2.1 12 specialists visiting during the year</p> <p>3.1 24 training programmes are carried out during the year</p> <p>4.1 The Manpower Projection Plan is implemented by the year 2010</p>	<p>1.1.1 Letter of appointment of doctors, psychologist and other nursing officers.</p> <p>2.1.1 Letter of approval of specialist to visit Rodrigues</p> <p>3.1.1 Training reports</p> <p>4.1.1 The plan of the Manpower projection</p>	<p>Availability of qualified doctors, psychologist and nursing officers who are willing to work in Rodrigues.</p> <p>Availability of Information on the training programmes which are needed</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
5. A Manpower Projection Plan is available (from doctors to attendants)			
Activities 1.1 Advertise, select and appoint new doctors and nursing officers. 2.1 Mauritian health specialists are invited to exercise in Rodrigues. 3.1 Pool of trainings are identified 3.2 Target groups are identified 3.3 Training calendar is defined on a yearly basis	1.1.1 Same process as in Goal 1 2.1.1 4 specialists and a Psychologist are recruited to exercise in Rodrigues 3.1.1 12 trainings are carried out 3.2.1 The target groups are officialised and approached 3.3.1 The training calendar is approved and published	1.1.1.1 Approval from Ministry of Health and RRA 2.1.1.1 Approval from Ministry of Health and RRA 3.1.1.1 Trainings reports	

K.2.1.4 Goal 4

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 4 1. To upgrade Health infrastructure, including provision of an appropriate system and adequate facilities for geriatric medicine; a Neonatology Unit; and to ensure the availability of drugs, reagents and equipment	1.1 Health infrastructure, including buildings, equipment and vehicles are well maintained so as to be compatible with efficient delivery of health care services.	1.1.1 Reports and statistics from the Commission of Public Infrastructure 1.1.2 Report of the RPHS.	Cost element may be a deterrent factor

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
		1.1.3 Reports from customs regarding the amount of drugs and reagents imported	
<p>Project Development Objective</p> <p>1. To have adequate health infrastructure to ensure effective delivery health care service to meet aspirations of Rodrigues.</p>	<p>1.1 Increased availability of health infrastructure.</p> <p>1.2 Improved health care service</p>	1.1.1 Department of Health	<p>Availability of funds</p> <p>Lack of capacity at maintenance level.</p>
<p>Outputs/Outcomes</p> <p>1. New maternity ward is set up at Queen Elizabeth hospital</p> <p>2. Bed facilities are extended</p> <p>3. A neonatology unit is set up (see goal 7 below)</p> <p>4. Drinking water as per the sanitary norms is available</p> <p>5. Elderly receive the necessary health care</p> <p>6. Drugs, reagents and equipment are always available</p> <p>7. New equipment purchased and programme</p>	<p>Output Indicator</p> <p>1.1 The maternity ward is operational by 2009</p> <p>2.1 The population to bed ratio is 198 in 2025 and is satisfied</p> <p>3.1 A neonatology unit is fully operational by 2013</p> <p>4.1 Water tests are carried out to determine the sodium content</p> <p>4.2 Quality of water as per WHO norms.</p> <p>5.1 80% of elderly people are visited at their home places</p> <p>a. 80% of elderly are visiting health facility</p>	<p>1.1.1 Department of Health</p> <p>2.1.1 Approval from Ministry of Health to acquire more beds for hospitals</p> <p>3.1.1 Approval from the Ministry of Health and the RRA to operate the neonatology unit.</p> <p>4.1.1 Commission for water</p> <p>4.1.2 Reports from labds in Mauritius on quality standard of water.</p> <p>5.1.1 Commission for social</p>	<p>Lack of funds</p> <p>Delays in appointing qualified officers to work in the new maternity ward and neonatology unit.</p> <p>Willingness of available qualified officers to work in the new maternity ward and neonatology unit</p> <p>Lack of funds</p> <p>Lack of experienced technical staff to</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
for preventive maintenance defined	6.1 The list of drugs, reagents and equipment requested are disclosed 6.2 Increased availability of supplies of drugs 7.1 New equipment functioning properly	security 6.1.1 Reports and Statistics available at the Department of Health 7.1.1 Reports from Preventive Maintenance Unit.	undertake the water tests Collaboration of elderly people in providing feedback Poor record keeping and reporting procedures

Activities	
<ul style="list-style-type: none"> • Commission for Health to draft proposed infrastructural development plan to obtain approval and support from the MoH ; • Organise visits and working sessions in Rodrigues; • Continuous survey regarding bed facilities; • Continuous monitoring of the programme and re-evaluation of KPIs on a two-yearly basis • Availability of equipment (special UV lighting system, drip sets, oxygen availability, special pediatric IV sets, umbilical catheters, nasal catheters, incubation sets, etc) • Nursing staff are recruited in the Neonatology unit 	<ul style="list-style-type: none"> • Regular testing of the quality of water is undertaken • Inventory of geriatrics are carried out • Statistics about elderly who are actively mobile and those who are not • Home care assistance and services to elderly • Action plan to be defined by the Health Director with the support of a specialist in Geriatrics medicine and Regional Public Health Superintendent • A stock inventory is undertaken by the HPMU on a monthly basis to ensure availability of drugs at all times

K.2.1.5 Goal 5

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
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ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Goal 5</p> <p>Consolidation of Information, Education, and Communication (IEC) programmes through the creation of a Health Education Unit</p>	<p>1.1 All issues related to health are well coordinated through information, education and communication.</p>	<p>1.1.1 Department of Health</p> <p>1.1.2 The RPHS, Health Director and Community Physician</p>	<p>The new approach may be a deterrent factor</p>
<p>Project Development Objective</p> <p>1. To have a Consolidated Health Education Programme which defines and coordinates all educational activities.</p>	<p>1.1 Improved coordination between all educational activities.</p>	<p>1.1.1 Department of Health</p> <p>1.1.2 As above</p>	<p>Availability of funds to set up a Health Education Unit</p>
<p>Outputs/Outcomes</p> <p>1. A Health Education Unit is set</p> <p>2. Awareness campaigns are carried out</p>	<p>Output Indicator</p> <p>1.1 The Health Education Unit is operational by 2010</p> <p>2.1 Appointment of RPHS as head of unit</p> <p>2.2 Community Physician monitors Health Education Campaign</p> <p>2.2 12 awareness campaigns carried out</p>	<p>1.1.1 Approval from Ministry of Health and RRA to set up the Health Education Unit</p> <p>2.1.1 Reports regarding the awareness campaign</p>	<p>Education of people is a long, tedious exercise. One needs patience but if the commitment is there the programme is bound to succeed</p>
<p>Activities</p> <p>1.1 Recruitment of staff</p> <p>1.2 Sensitisation programmes (Family Life Education, Nutrition, Sexual Education,</p>	<p>1.1.1 Interviews and other selection process are carried out.</p> <p>1.2.1 Coordination among the Commissioner of</p>	<p>1.1.1.1 Approval letter of staff</p> <p>1.2.1.1 Approval of RRA and the department of health to</p>	<p>Availability of funds to:</p> <ul style="list-style-type: none"> recruit staff;

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
HIV/Aids, STIs, Alcohol abuse, NCD issues etc) 2.1 Target audiences are identified	Health, NGOs and civil society to organise various sensitisation programmes. 2.1.1 Responses from different segments of the population are obtained.	organisation a series of sensitisation campaigns.	<ul style="list-style-type: none"> organise sensitisation campaigns; Support and collaboration from the NGOs Action Familiale, MFPWA, and Youth Clubs

K.2.1.6 Goal 6

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 6 1. Improving on the MDGs (maternal-, infant-, and under-five mortality rates)	1.1 Meeting MDG indicators	1.1.1 Reports by Health Director, RPHS and HPMU	Monitoring element may be a deterrent factor
Project Development Objective 1. To improve the delivery of prenatal and maternity services provided by health sector	1.1 The MDGs health indicators are improved: IMR and U5MR are both reduced by 5% to 11 per 1,000 births by 2015	1.1.1 Data on attendance at ANC to be kept by Medical records unit of 1 hospital 2 Area Health centers and 14 community centers daily and sent to central Records unit for compilation and transmission to statistics unit EPMU.	Population and pregnant women can be motivated to take advantage of services Would require funds to recruit more community workers to motivate the target population
Outputs/Outcomes	Output Indicator 1.1 Neo-natal death is reduced		

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>1 Improved prenatal service attracting higher 80 % of target group</p> <p>2 Improved maternity service</p> <p>3 All cases of infant mortality are investigated in depth</p> <p>4 Greater customer satisfaction with health care service</p>	<p>2.1 (2) Gynaecologists, 2 Pediatricians, and 1 Director of Health practicing in health sector</p> <p>3.1 Quarterly meetings are held, under the guidance of the Director of health, to monitor progress regarding IMR</p> <p>4.1 Complaints received from customers about medical carelessness</p>	<p>1.1.1 Medical records unit.</p> <p>2.2.1 Statistics about human resource personnel in the health sector</p> <p>1.1.1 Minutes of meeting recorded</p> <p>4.1.1 Investigations launched following complaints received</p>	<p>Availability of funds to improved the prenatal service</p> <p>Collaboration from parents</p> <p>Commitment of staff and the whole department of Health.</p>
<p>Activities</p> <p>1.1 Sensitisation of pregnant women to encourage them to attend ANC early</p> <p>1.2 The Community Health Physician along with his team to contribute to the education of ladies in order to overcome late attendances</p> <p>1.3 The church through the priests educate and motivate pregnant women to attend ANC</p> <p>1.4 All cases of premature delivery to be sent to Mauritius</p> <p>2.1 Consolidation of team work between gynecologist/ pediatrician</p> <p>2.2 Setting up of a Neonatology Unit (see goal</p>	<p>1.1.1 All Pregnant ladies are sensitised and attend ANC early.</p> <p>1.2.1 The Community Health Physician participates in workshops for pregnant women.</p> <p>1.3.1 Ladies who attend church understand the importance of attending ANC</p> <p>1.4.1 Premature delivery cases are sent to Mauritius.</p> <p>2.1.1 Setting up of a team comprising of gynecologist/pediatrician and other members</p> <p>2.1.2 Effective functioning of the team.</p>	<p>1.1.1 Reports about the different sensitisation programmes</p> <p>1.2.1 Reports from the Community Health Physician</p> <p>1.3.1 Speech by priests</p> <p>2.1.1 Team comprising gynecologists/pediatricians is in place</p>	<p>Collaboration of other partners such as the church and the community</p> <p>Willingness of pregnant ladies to collaborate</p> <p>Feedback from the church and the community regarding the problems encountered by pregnant ladies</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
4 above)	2.2.1 The Neonatology Unit is operational		

K.2.1.7 Goal 7

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Goal 7</p> <p>Prevention of propagation of HIV/AIDS and provision of quality care to support People-Living-With-HIV/AIDS (PLWHA)</p>	<p>MDG 6 is met</p> <p>PLWHA are satisfied with quality of care and support</p>		<p>Reluctance to participate in programmes</p>
<p>Project Development Objective</p> <p>1. To fully implement HIV/AIDS Strategic Plan (Secure Strong collaboration with the AIDS Unit of the MOH (Mauritius) and the National AIDS Secretariat of the Prime Minister's Office)</p>	<p>1.1 RPHS to be appointed as AIDS Coordinator</p> <p>1.2 Community Physician to monitor implementation of plan locally</p> <p>1.3 All strategic objectives implemented, e.g. The consolidation of the AIDS unit</p> <p>1.4 10% reduction in the number of people living with HIV/AIDS as a proportion of population.</p> <p>1.5 1.3 An Environment free of</p>	<p>Health Director, RPHS and HPMU with help from CSO</p> <p>AIDS unit of MOH and the National Secretariat</p>	<p>Availability and willingness of non-profit partners to engage with Government</p> <p>Availability of suitable technical assistants.</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
	stigmatisation is created		
<p>Output/Outcomes</p> <p>1 A strong institutional framework is in place</p> <p>2 The population is sensitised and kept well informed about HIV/AIDS</p>	<p>Output Indicators</p> <p>1.1 Greater control, monitoring and follow up of HIV/AIDS are carried out</p> <p>1.2 All health care/personnel staff diagnosis of HIV/AIDS are trained</p> <p>1.3 All peer educators are trained by 2010</p> <p>1.4 Reduction in time for HIV testing by 10%</p> <p>1.5 All Aids Unit staff trained by 2008</p> <p>1.6 15% change in STIs from 2008-2010</p> <p>1.7 20% of STIs cases who are still being treated by 2010</p> <p>2.1 5000 persons are sensitised about HIV/AIDS and its prevention by 2010</p> <p>2.2 10,000 persons are sensitised about preventing discrimination against PLWHA</p> <p>2.3 10,000 persons are aware of the</p>	<p>Statistics and Reports from the department of health, RPHS CSO and HPMU</p> <p>Reports from the AIDS Unit</p> <p>Training Reports</p> <p>Annual Review of the health services provided</p> <p>Review of programme records</p> <p>Target audiences identified</p> <p>Tasks team in place</p>	<p>Lack of funds</p> <p>Participation from all target audiences: NGSs, youth, parents, schools, detainees and other community based organisations.</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
3 To provide special care and support to PLWHA	<p>dangers and modes of prevention for STIs from 2008-2010</p> <p>2.5 All NGOs are empowered by 2010</p> <p>2.6 10 'after school hours homes' created by 2010</p> <p>2.7 10 youth institutions empowered by 2010</p> <p>2.8 10 community-based organisations empowered by 2010</p> <p>2.9 5,000 teachers and parents trained by 2010</p> <p>2.10 50% detainees sensitised by 2008</p> <p>2.11 12 sensitisation campaigns are organised by 2010</p> <p>3.1 All PLWHA have been provided with drugs and milk substitutes by 2010</p> <p>3.2 All antenatal clinics provided with PLWHA guidelines by 2010</p>	<p>Annual assessment of the support and care services provided to PLWHA</p>	<p>Commitment from all volunteers</p> <p>Commitment from volunteers and the population.</p> <p>Availability of funds to carry out all the trainings and sensitisation campaigns</p>
Activities			

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p><u><i>Institutional Strengthening</i></u></p> <ul style="list-style-type: none"> • Motivating all HIV-positive cases of Rodriguan origin living in Mauritius to come forward for counselling • Organisation of training of health care personnel/laboratory staff on proper diagnosis of HIV Aids • Availability of HIV testing equipment and personnel • Services for rapid HIV testing are available • Hiring of staff for Aids Unit • Provision of training and equipment to staff of Aids Unit • Set up of framework for empowerment of youth institutions • Set up of framework for empowerment of community-based organisations • Set up of framework for empowerment of NGOs • Set up of training for medical/paramedical staff • Set up of framework for proper allocation of the drugs and milk substitutes 	<p><u><i>Sensitisation programmes</i></u></p> <ul style="list-style-type: none"> • Organisation and holding of awareness campaign about HIV/Aids for detainees • Train peer educators on HIV/Aids • Sensitisation campaigns are organised on work sites • Detainees are sensitised on risk of HIV/Aids • Preparation of sensitisation campaigns • Carry out study to investigate patterns of sexual behavior, etc • Holding of sensitisation campaigns • Organisation of training sessions for teachers and parents • Holding of prevention programmes for students • The Church, through the priests, helps in the awareness campaigns 	<p><u><i>People Living With HIV/AIDS</i></u></p> <ul style="list-style-type: none"> • Provision of existing protocol for PLWHA in Rodrigues • Set up of survey on Rodriguans' opinion about people living with HIV/Aids • Holding campaigns at workplaces about implementation of the ILO code of practice on HIV/Aids • Preparation of campaigns against stigma and discrimination at workplaces • Set up of organisation which will ensure availability and provision of ARV drugs, drugs for OI, and laboratory facilities for the biological monitoring of HIV/Aids • Organisation and holding of awareness campaigns across the island • Set up of meeting to discuss implementation of PMTCT guidelines to antenatal clinics 	

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<ul style="list-style-type: none"> Carry out follow up of HIV positive mothers and their babies Surveys on STIs Increase access to condoms Help to be sought from the Departmental Head of the Commission for Sports 	<ul style="list-style-type: none"> The Sports' clubs help is sought. 		

K.2.1.8 Goal 8

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Goal 8</p> <p>1. Reduction of the incidence of NCDs</p>	<p>1.1 Meeting MDG indicators</p>	<p>1.1.1 Reports and statistics available at the Department of Health, RPHS, the CSO, the HPMU and NCD unit of the MOH.</p>	<p>Continuous monitoring may be new to staff</p>
<p>Project Development Objective</p> <p>1. Re-engineering of the NCD prevention and control programme (secure strong collaboration with NCD unit of the MOH (Mauritius)).</p>	<p>1.1 10% reduction in the number of NCDs among the population.</p>	<p>1.1.1 Reports and statistics available at the Department of Health, the CSO and the HPMU.</p>	
<p>Outputs/Outcomes</p>	<p>Output Indicator</p>		

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
2. A Health education unit is set up (see goal 8 below) 3. An NCD programme is developed 4. A National Service Framework in diabetes is set up	1.1 A Health Education Unit is fully operational by 2010 2.1 The NCD programme is implemented by 2010 3.1 The NSF in diabetes is operationalised by 2010	Approval from Ministry of Health and the RRA to: <ul style="list-style-type: none"> • set up a Health education unit; • develop an NCD programme; and • set up a National Service Framework in diabetes 	The population is willing to imbibe NCD prevention methods Availability of funding, staff and support from NGOs and international organisations
Activities <ul style="list-style-type: none"> • Design of awareness campaign targeting the population at all levels: schools, colleges, workplace, etc • Set up of a National Service Framework on diabetes • Set up of units that look after the prevention and control of chronic diseases and their risk factor • Improvement in the screening and early detection of NCD, their risk factors and complications 		<ul style="list-style-type: none"> • Upgrading of diagnostic and treatment facilities • Establishment of units responsible for the prevention and control of chronic diseases • Improvement in diagnostic and treatment facilities • Compilation of annual statistics regarding NCD activities (% of target population covered, number of awareness sessions held monthly, % of hypertensive heart cases, cerebrovascular cases and diabetes) 	

K.2.1.9 Goal 9

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 9: Reduction in the number of cases of Teenage Pregnancy	1.1 Reduction of number of teenage pregnancy	Department of Health	Resistance to change

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
	1.2 Improved quality of life of teenagers	HPMU, RPHS and CSO	
<p>Project Development Objective</p> <p>1. To support and assist the development of youth</p> <p>2. To recruit a Psychologist</p> <p>3. To include NGOs, the Church, Action Familiale, Sports Clubs and Community participation.</p>	<p>1.1 Teenagers are aware of the consequences of having unprotected sex.</p> <p>1.2 Various campaigns and programmes are widely taking place to sensitise teenagers.</p>	<p>Report and statistics from the Department of Health, CSO and HPMU</p>	<p>Commitment of RRA and the department of health to assist the education of teenagers and improve their quality of life.</p>
<p>Outputs/Outcomes</p> <p>1 A Psychologist is recruited urgently</p> <p>2 Organisation of sensitisation campaigns on work sites</p> <p>3 Set up of framework for empowerment of youth institutions and sports' clubs</p> <p>4 Organisation of awareness campaigns promoting safe sexual behaviors</p> <p>5 Organisation of prevention programmes for students</p> <p>6 Getting Church involvement</p>	<p>Output Indicator</p> <p>1.1 A Psychologist is recruited by mid 2008</p> <p>2.1 Number of sensitisation campaigns organised by 2010</p> <p>3.1 Number of youth institutions empowered by 2010</p> <p>4.1 Number of such programmes organised</p>	<p>Department of Health</p> <p>Health Education Unit</p> <p>HPMU, RPHS and CSO</p> <p>Sensitisation campaigns' records</p>	<p>Collaboration of schools, parents, teenagers as well as RRA.</p>

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Activities</p> <p>1. Reinforcement of parental responsibilities on Family Life Education issues</p> <p>2 Provision of necessary assistance and support to mono-parental families</p> <p>3 Empowerment of existing youth institutions to become more youth friendly</p> <p>4 Empowerment of community-based organisations and action familiale to design activities for the whole family</p> <p>5 Encouragement of safe sexual behaviors among youth</p> <p>6 Provision of necessary information and support on HIV/Aids in schools</p> <p>7 Empowerment of NGOs and action familiale.</p>	<p>1.1 Number of parents and families sensitised by the different campaigns and programmes.</p> <p>2.1 Number of mono-parental families to which assistance and support has been provided by 2010</p> <p>3.1 Number of existing youth institutions empowered by 2010</p> <p>4.1 Number of community-based organisations empowered by 2010</p> <p>5.1 Number of sports' clubs involved in campaign</p> <p>6.1 Reduction in number of teenage pregnancies</p> <p>7.1 Reduction in number of teenager infected with STIs and HIV/Aids to 5 by 2010</p> <p>8.1 Number of NGOs empowered by 2010</p>	<p>Feedback from parents</p> <p>Feedback from single parent</p> <p>Records of activities undertaken by youth institutions</p> <p>Department of Health and HPMU</p> <p>Records of sensitisation programmes and campaigns held by NGOs, Sports Clubs and Action Familiale.</p>	<p>Use of media and effective counseling service</p> <p>Funding, support and commitment of all stakeholders</p> <p>Understanding and collaboration of teenagers</p> <p>Lack of expertise to carry out the different sensitisation programmes.</p>

K.2.1.10 Goal 10

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
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ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
Goal 10 Combatting alcohol over-indulgence by population	1.1 The population is fully aware of the risks that alcohol generates. 1.2 Increase in quality of life and life expectancy 1.3 Decrease in alcohol related diseases	Department of Health, HPMU, RPHS and CSO. Feedback from social groups	Resistance to control a National 'Habit' which is drinking.
Project Development Objective 1. To adopt a National Alcohol Control Policy (NACP)	1.1 RPHS appointed as coordinator to NACP. 1.2 Community Physician to monitor implementation of NACP locally. 1.3 There is a reduction in the number of cases of alcohol over-indulgence 1.4 Reduction in the number and type of violence cases due to alcohol (home, crime, etc) 1.5 Reduction in alcohol related diseases 1.6 Reduction in the sales of alcohol	Report and statistics from the Department of Health, CSO and HPMU	Collaboration of the population. Commitment from alcohol over-indulgent cases.
Outputs/Outcomes 1. A National Alcohol Control Policy is adopted	Output Indicator 1.1 The National Alcohol Control Policy is adopted. 1.2 Greater control on alcohol is exercised.	Department of Health Feedback from the	Commitment of the RRA Collaboration of the



ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
2. The population is sensitised about the dangers of alcohol 3. 3 Tp provide support and special care to cases of over-indulgence	2.1 Number of population sensitised. 2.2 Reduction in the consumption of alcohol	population	population.
Activities 1.1 Definition of a National Alcohol Control Policy 2.1 Sensitisation campaigns are carried out. 3.1 Psychologist and doctor's help sought. 4.1 Help from Media Sought 5.1 NGOs, Sports' clubs, youth institutions and church are involved in the campaign 5.2 Campaign also carried out at Secondary School Level	1.1.1 Drafting of a National Alcohol Control Policy 1.1.2 Sensitisation programmes are prepared and publicised 1.1.3 Doctor's Community Physician and Psychologist involvement materialise. 1.1.4 Media, NGOs, Sports Clubs, Youth institutions and Church involvement materialise. 1.1.5 Number of Sensitisation campaigns carried out at all levels.	Department of health, HPMU and CSO Organisers of sensitisation campaigns	Lack of expertise to draft the National Alcohol Control Policy. Use of media and effective counselling service

K.2.1.11 Goal 11

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
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ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>Goal 11</p> <p>1. Introduction of Computerised Health Cards on a pilot basis for the Republic</p>	<p>1.1 The health sector is improved with the use of computerised health cards</p> <p>All health patients have their computerised health cards by 2010</p>	<p>1.1.1 Department of Health</p>	<p>The new concept may appear unfeasible</p>
<p>Project Development Objective</p> <p>1. To develop a computerised Health Card for each Rodriguan, confidentiality being maintained</p>	<p>1.1 All basic health information of Rodriguans are available on health cards</p>	<p>1.1.1 Report and statistics from the Department of Health, RPHS, CSO and HPMU</p>	<p>Commitment of RRA and the department of health to make it a success.</p>
<p>Outputs/Outcomes</p> <p>3 Health cards are issued</p> <p>4 Information on health indicators are available (e.g. Percentage of Diabetics, Hypertensive, Cardiac cases, patients with Neoplasms, Undernourished and Overweight cases, Anaemic Patients, HIV/AIDS cases, etc)</p>	<p>Output Indicator</p> <p>4.1 Every Rodriguan owns a card by 2011</p> <p>4.2 Health status of each Rodriguan is known by the year 2011</p>	<p>Department of Health</p>	<p>Consensus on the health card services provided</p>
<p>Activities</p> <p>1.1 Tenders are launched for the development of health cards.</p>	<p>1.1.1 The advertisement for the tenders are published in the newspapers</p>	<p>1.1.1 Approval of the Central Tender Board</p>	

ACTIVITY DESCRIPTION	INDICATORS OF ACHIEVEMENT	M & E	RISKS
<p>1.2 Developers of health card are selected.</p> <p>1.3 The population is sensitised about the introduction of health cards.</p> <p>1.4 Trainings are offered to medical staff</p> <p>2.1 Data regarding statistics on health is stored</p>	<p>1.2.1 The selection process for the health card is carried out.</p> <p>1.3.1 12 programmes to sensitise the population are organised</p> <p>1.4.1 The list trainings are approved by the Commission of Health</p> <p>2.1.1 Date on health statistics can be retrieved anytime.</p>	<p>1.2.1 Approval of RRA and Ministry of Health</p> <p>1.4.1 Training Reports</p> <p>2.1.1 Reports and Statistics from the department of Health, CSO and HPMU regarding statistics on Health</p> <p>2.1.2 Medical Records Unit</p>	