



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Marshall Islands

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
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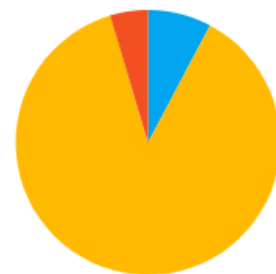
State Youth Leader
No Contact Information Provided

State Hotline: (692) 625-7007

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$234,585
State MCH Funds	\$2,646,295
Local MCH Funds	\$0
Other Funds	\$139,528
Program Income	\$0

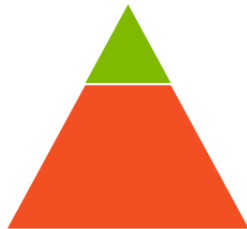
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$83,000	\$0
Public Health Services and Systems	\$151,585	\$2,785,823

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



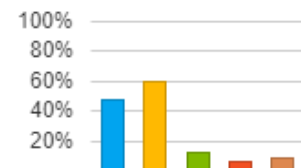
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	48.0%	\$953,950
Infants < 1 Year	60.0%	\$516,425
Children 1 through 21 Years	12.0%	\$670,376
CSHCN (Subset of all infants and children)	6.0%	\$716,671
Others *	9.0%	\$2,785,823

FY 2023 Expenditures
Total: \$5,643,245



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Access to coordinated, comprehensive care and services for Women before, during and after pregnancy</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of women program participants (18-44 years) that received education on the importance of a well-woman visit in the past year. ○ ESM WWV.2: Number of community health centers that provide cancer screening/referrals for women ○ ESM WWV.3: Percent of women booked for prenatal visit in first trimester ○ ESM WWV.4: Percent of women receiving postpartum follow-up health care services within the first four to six weeks after delivery. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women ages 15-44 years old that use family planning services ● SPM 3: Percent of deliveries to women receiving prenatal care in the first trimester of pregnancy 	<p>Women/Maternal Health</p>
<p>Cancer screening and services for Women's Health</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of Women ages 25-49 yrs old screened for cervical cancer. 	<p>Women/Maternal Health</p>
<p>Infants breastfed exclusively through six months</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of women provided with in-person or telephonic breastfeeding consults/support services 	<p>Perinatal/Infant Health</p>

<ul style="list-style-type: none"> ○ ESM BF.2: Number of MCH staff and community health workers attended the Certified Lactation Counselor training. 	
<p>Parent-completed developmental screening tools</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: The number of potential high risk screens referred to early intervention ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Increase percentage of fully immunized children ages 19 to 35 months 	<p>Child Health</p>
<p>Reduce infant mortality rate</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Number of birthing hospitals re-designated with updated standard operating procedures ○ ESM RAC.2: Percent of birthing hospitals who complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually ○ ESM RAC.3: Percent of newborn babies issued newborn baby health passbook 	<p>Perinatal/Infant Health</p>
<p>Child Oral Health Program partnership with schools</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percentage of elementary schools visited by dental program ○ ESM PDV-Child.2: Number of children ages 1-17 years receiving preventive dental care from a dentist. 	<p>Child Health, Adolescent Health, Cross-Cutting/Systems Building</p>
<p>Teen reproductive health and pregnancy prevention.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percentage of teenagers 13-17 years old using Family planning services 	<p>Adolescent Health</p>

<p>Develop and implement clinical management, guidelines and registry for Children with Special Health Care Needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of youths with Special Health Care Need (CSHCN) enrolled in the non-medical related programs to receive services. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	<p>Children with Special Health Care Needs</p>
<p>Improve adolescent health through promotion of adolescent well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Percent of adolescent program participants (12-21 years) that received education on the importance of a well-visit in the past year ○ ESM AWV.2: Percent of public middle and high schools visited to deliver pregnancy & STI prevention program ○ ESM AWV.3: Girls HPV fully vaccinated by age of 13 years old. 	<p>Adolescent Health</p>

Executive Summary

Program Overview

The mission of the Republic of Marshall Islands (RMI) Maternal and Child Health (MCH) Program is to promote and improve health and wellness of women, children, infants, children with special health care needs, adolescents, and families by providing quality preventive services. The RMI MCH Program Director manages the Title V Program, Children with Special Health Care Needs Program, and the Family Planning program. The MCH program coordinates with other Public Health (PH) programs, the States Systems Development Initiative (SSDI), as well as international partners such as, Centers for Disease Control and Prevention (CDC) United Nations International Children's Educational Fund (UNICEF), Early Childhood development (ECD), the United Nation's Population Fund (UNFPA), Early Hearing Detection Initiative (EHDI), and the World Health Organization (WHO) on program activities.

The RMI MCH is awarded \$234,585.00 this year from the Title V MCH Services Block Grant. The MCH Program is among the eight programs under the Bureau of Primary Health Care Services (BPHCS), under the Ministry of Health and Human Services (MOHHS). Together with MCH state funds and other federal funds, the Title V MCH block grant is used to address RMI's priority needs, improve performance and expand systems of care for the MCH target population. Title V funds compliment the state plans in supporting healthcare for women and children by addressing gaps and priority needs which are not achieved by state funds or other federal funds. MCH continues to work with members of the MCH Needs Assessment Steering Committee to assess the impact of the strategies implemented towards addressing the priority needs of the target populations served. Focus groups discussions with the key stakeholders and selected people from the community and key in-depth interviews with the medical providers, and other program managers are also conducted to gather information in assessing the needs of the MCH target populations.

The needs assessment resulted in the identification of the NPMs in each of the five population health domains for programmatic focus over the 5-year cycle and development of State Performance Measures (SPMs) for priorities not addressed by NPMs. State priorities identified were aligned to the MOHHS wide strategic plan.

Priorities and Performance Measures Linkage

Priority	Performance Measures
Women and Maternal	
Access to coordinated, comprehensive care and services for Women before, during and After pregnancy	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) WWV
Cancer screening and services for Women's Health	SPM 1: Percent of women ages 25-49 years old screened for cervical cancer
Access to coordinated, comprehensive care and services for Women before, during and after pregnancy	SPM 2: Percent of women ages 15-44 years old that use family planning services
Access to coordinated, comprehensive care and services for Women before, during and after pregnancy	SPM 3: Percent of deliveries to women receiving prenatal care in the first trimester of pregnancy
Perinatal/Infant Health	
Infants breastfed exclusively through six months	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF
Reduce infant mortality rate	NPM - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
Child Health	
Parent-completed developmental screening tools	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS SPM 3: Increase percentage of fully immunized children ages 19 years through to -35 years old.
Child Oral Health Program partnership with schools	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) PDV-Child
Adolescent Health	

Teen reproductive health and pregnancy prevention.	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) PDV-Child
Child Oral Health Program partnership with schools	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) PDV-Child
Improve adolescent health through promotion of adolescent well-being.	NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW
CSHCN	
Develop and implement clinical management, guidelines and registry for Children with Special Health Care Needs.	NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR

The MCH block grant provides support to the RMI MOHHS MCH program activities through comprehensive, coordinated, and family-centered services (inclusive of children with special healthcare needs). These are also supported through decentralizing services through to the communities (clinic outreach, community awareness, family support services, case management/coordination), and transportation to and from Majuro, Ebeye and the Neighboring islands (NI) which also allows for referrals to Shriners for surgery and domestic referrals to the two main hospitals. These activities are coordinated through partnerships with local programs across systems that serve the MCH populations. Partners include Youth to youth in health, Women United together in the Marshall Islands, Ministry of Internal Affairs, Public School System and other non-profit and/or non-governmental organizations. These partnerships are critical in the MCH Bureau's efforts in expanding its reach for serving target groups and for integrating services to support a comprehensive system of care for the women, children, and their families. The information submitted in the Marshall Islands Title V Block Grant Annual Report/Application reflects the efforts over the past year in implementing strategies identified in the State Action Plan to address RMI MCH Priorities across the five (5) health domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, and Children with Special Healthcare Needs. The following is a summary of accomplishments during 2023, challenges, and plans for 2025.

Women/ Maternal Health

Priority: Improve women/maternal health through cancer screening, prenatal and family planning services.

Highlights:

- Continue partnership with Cancer Program to increase the rate of cervical cancer screening through after-hours clinics and patient navigation. Increase the number of women detected with abnormal pap smears and referred for tertiary care for immediate treatment.
- Continue to provide education and awareness of importance of annual women checkup and availability of services to the communities and faith-based organizations
- Spot checks on inventory of family planning commodities and availability of supplies and equipment for MCH services like prenatal, birth delivery, infant care and other related services in Majuro, Ebeye and Neighboring Islands.
- Distribution of safe delivery kits to the Neighboring Islands health centers.
- 4th Annual Cancer Summit: "Healthy Women, Healthy Families Through Cancer Prevention and Control". To increase awareness and understanding about cancers that affect Marshallese women with special emphasis on launching strategies to help eliminate morbidity and mortality due to cervical cancer
- Canvasback OBGYNE Mission 2023: A total of 576 clinic visits and 565 clinic procedures were completed
- RMI, the Ministry of Health and Human Services, Honorable Minister Ota Kisino and Secretary Francyne Wase-Jacklick, together signed the Cervical Cancer Elimination Policy and Strategy during the 34th Women United Together Marshall Islands (WUTMI) Conference

Challenges:

- Socio economic reasons which affect the visitation to the services
- Due to strong cultural practices, women would resort to traditional medicine before coming for consult or even after consult with a physician.
- Limited availability of female Health Assistants in the Neighboring Island which resulted to low prenatal visits, late identification of high-risk pregnancy, and low annual screening.
- Delay in the implementation of MCH One Stop Shop

Plan:

- To expand cancer screening services to the communities
- MCH One Stop Shop for domain population
- Buildup of workforce capacity by Midwifery; 19 Neighboring Islands Female health care workers; training of the Community Health care workers and continuing education for BS in Nursing
- Full implementation of the RMI Cervical Cancer Elimination Policy
- Promote well-woman visit through health education, awareness and campaign
- Strengthen Prenatal and post-partum services

Perinatal/Infant Health

Priority: Improve perinatal/infant's health through adequate and quality prenatal services and newborn screening

Highlights:

- Counselling on importance of exclusive breastfeeding to all lactating mothers.
- Radio awareness and spots on importance of early prenatal visits are ongoing
- Distribute baby bags to mothers who attended prenatal care in their 1st trimester
- 22 solar powered freezer donations received to build the capacity of Neighboring Islands Health centers for cold chain equipment.

Challenge:

- Limited newborn screening for Neighboring Islands due to lack of equipment and trained staff
- Availability of immunization services in the Neighboring Islands is dependent on the outreach mobile visits for the 2 main islands (Majuro and Ebeye).
- The hiring of nutritionist and lactation nurse that will train the health care workers was stalled because of the closure of RMI borders which limited the capacity to bring subject matter experts.

Plan:

- Improvement of services in the NI Health Centers by providing cold chain equipment, training of health assistants on vaccination
- Partner with community-based organizations to promote and support breastfeeding practices, Baby friendly initiative projects including breastfeeding awareness and education
- Partner or seek technical assistance to update birthing hospitals SOP for delivery and management of newborns
- Implementation of Registry Data Unit that will assist each program on data collection, reporting and analysis.
- With UNICEF assistance, we will reconvene the implementation of RMI Multi-sectoral High Impact Nutrition Interventions in 2024.
- Continue enrollment of infant in the Early childhood development cash transfer program for regular check up and seeking services to hospital and clinics for on time check ups and immunizations.

Child Health

Priority: Improve child health through early childhood developmental screening and vaccinations/Promote child safety in the community.

Highlights:

- Early Childhood program supports the Parents as Teacher project under the Women United Together Marshall Islands.
- Continue to support the oral health with supplies and travel to the Neighboring Islands.

Challenges:

- Availability of immunization services in the Neighboring Islands is dependent on the outreach mobile visits for the two main islands (Majuro and Ebeye). Currently, there is no cold chain equipment in the Neighboring Islands Health Centers

Plan:

- Implement cold chain equipment system in the Neighboring Islands for storing of vaccination. Build the capacity of the health assistants to vaccinate and monitor the cold chain of the vaccines.
- Conduct community awareness on the proper immunization schedule and the benefits of immunization
- Continue to provide outreach services to improve access to services
- Revision of Immunization handbook and development of Immunization Strategic Plan

Priority: Improve adolescent health through promotion of adolescent wellbeing and reducing teen pregnancy

Highlights:

- Climate Change Art Seminar for high school students linking health to climate change using the medium of art to foster a deeper engagement with the issues of climate change and health.
- Youth friendly sexual reproductive health training
- Family planning supply chain management design training
- Launching of Sexual and Gender Based Violence Clinical guidelines
- No suicide and motor vehicle mortality reported.

Challenge:

- Encounter hindrances in Family Planning awareness in the school. Sexual Reproductive Health subject is not part of the curriculum.

Plan

- Development of the Comprehensive Sexual Education Curriculum
- Advocate FP services for parents' consent during PTA meetings
- Inclusion of HPV vaccines in the required school vaccination.
- Community awareness of Family Planning Services through radio, print, social media platforms and participate in women and youth to youth conferences
- Strengthen the Family Planning Services at the Youth to Youth in Health Clinic and after dark clinic
- Strengthen partnership with Public School System for dental services availability in public school
- Conduct community/school awareness of proper oral hygiene.

CSHCN

Priority: Improve enrollment and special care of CSHCN through developmental screening and referrals to proper care.

Highlights:

- Referrals from MCH clinic to Human Services for evaluation.
- Parents and Doctor sessions

- Family group session with parents with children with hearing problems
- Continue with immunization and deworming and Vit. A distribution to the population.
- Online training and conference for staff implementing early newborn hearing screening

Challenges:

- Lack of specialty care of CSHCN in RMI. CSHCN are referred off island to seek specialty care and treatment which adds financial and emotional burden to the families and the government.
- Weak case finding activities mainly in the neighboring islands.

Plan:

- Develop transition plan in partnership with government agencies and NGOs
- Hire a CSHCN Manager that will oversee the CSHCN projects and report to the MCH Director

How Federal Title V Funds Complement State-Supported MCH Efforts

The RMI MCH program receives approximately \$200,000.00 from HRSA MCH Block Grant to support access to preventive and primary health care services for the population groups of:

1) preventive and primary care services for pregnant women, mothers, and infants, 2) preventive and primary care services for children and adolescents, 3) preventive and primary care for children with special health care needs. The Title V funds are allocated based on the 30/30/10 rule. A minimum of 30% of the Title V fund is allocated to provide services to Children with Special Health care Needs (CSHCN), a minimum of 30% towards services for children and adolescents and no more than 10% for state administration of funds. Together with State funds, and other additional federal funds, the Title V MCH block grant is used to address MCH priority needs, improve performance related to targeted MCH outcomes, and expand systems of care for the MCH and CSHCN populations. The RMI Title V funds compliment state funds and other funds by addressing gaps and priority needs which are not achieved by State funds or other federal dollars. Together with MCH state funds and other federal funds, the Title V MCH block grant is used to address RMI's priority needs, improve performance and expand systems of care for the MCH target population. Title V funds compliment the state plans in supporting healthcare for women and children by addressing gaps and priority needs which are not achieved by state funds or other federal funds. MCH Block Grant funds are used to support policy development, annual and five-year needs assessment activities, education and awareness campaigns, program development, implementation, and evaluation. Additionally, funds are used to support workforce development towards building capacity among MCHB staff, nurses, and partners who impact RMI Title V priorities.

MCH Success Story

RMI National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Committee.

The RMNCAH committee was revitalized in 2023 and restructured to include MOHHS and other relevant stakeholders and partners to support reproductive health, maternal, newborn child and adolescent health by virtue of their professional roles and responsibilities. While the membership is open to a wide stakeholder group, the Ministry of Health takes the lead role in driving key strategic direction for RMNCAH interventions in RMI.

The Committee's work is driven by the RMI National Strategic Plan (2020-2030) health policy objectives, specifically:

- Improved maternal health, infant, child and adolescent health.
- Strengthened response and resilience to communicable diseases, environmental health, and health emergency preparedness.
- Strengthened neighboring islands health services.
- Address issues of climate change and human health.

The committee's work supports the universal coverage SDG 3 targets and the ICPD 25 commitments including reduced unmet need for family planning, reduced preventable maternal deaths and reduced gender-based violence.



ICPD25 Commitment: Family Planning

The main functions of the RMNCAH committee includes Policy and Strategic direction, Accountability and Advisory for the RMNCAH policy.

The RMNCAH Policy formerly called "RH Policy" has been drafted since mid-2023 and just recently validated May 2024.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Marshall Islands

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.