



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY 2022 Application / FY 2020 Annual Report

November 2021






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 FY 2022 Application / FY 2020 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	State Family or Youth Leader
Caroline Johnny Jibas MCH Director cjibas@rmihealth.org (692) 625-7007	Caroline Johnny Jibas MCH Director cjibas@rmihealth.org (692) 625-7007	No Contact Information Provided




Funding by Source

Source	FY 2020 Expenditures
 Federal Allocation	\$223,723
 State MCH Funds	\$2,646,295
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$0

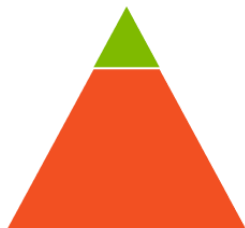
FY 2020 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$0	\$0
 Enabling Services	\$61,114	\$43,000
 Public Health Services and Systems	\$162,609	\$1,014,015

FY 2020 Expenditures
Federal



FY 2020 Expenditures
Non-Federal



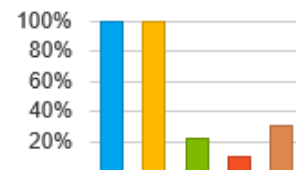
Percentage Served by Title V

Population Served	Percentage Served	FY 2020 Expenditures
■ Pregnant Women	100.0%	\$564,022
■ Infants < 1 Year	100.0%	\$206,603
■ Children 1 through 21 Years	22.0%	\$236,283
■ CSHCN (Subset of all infants and children)	10.0%	\$250,152
■ Others *	30.0%	\$1,378

FY 2020 Expenditures
Total: \$1,258,438



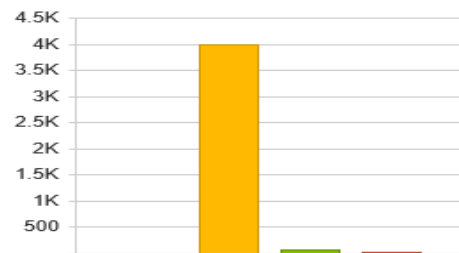
FY 2020 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	0
■ State Title V Social Media Hits:	4,000
■ State MCH Toll-Free Calls:	62
■ Other Toll-Free Calls:	20



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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	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"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Percent of women program participants (18-44 years) that received education on the importance of a well-woman visit in the past year. ○ ESM 1.2: Number of community health centers that provide cancer screening/referrals for women ○ ESM 1.3: Percent of women booked for prenatal visit in first trimester ○ ESM 1.4: Percent of women receiving postpartum follow-up health care services within the first four to six weeks after delivery. <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 	Revised	Women/Maternal Health
<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. 	Continued	Women/Maternal Health
<p>Infants breastfed exclusively through six months</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Percent of women provided with in-person or telephonic breastfeeding consults/support services ○ ESM 4.2: Number of MCH staff and community health workers attended the Certified Lactation Counselor training. 	Continued	Perinatal/Infant Health
<p>Parent-completed developmental screening tools</p> <p>NPMs</p>	Continued	Child Health

<ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: The number of potential high risk screens referred to early intervention <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Increase percentage of fully immunized children ages 19 to 35 months 		
<p>Reduce infant mortality rate</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) <ul style="list-style-type: none"> ○ ESM 3.1: Number of birthing hospitals re-designated with updated standard operating procedures ○ ESM 3.2: Percent of birthing hospitals who complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually ○ ESM 3.3: Percent of newborn babies issued newborn baby health passbook 	<p>New</p>	<p>Perinatal/Infant Health</p>
<p>Child Oral Health Program partnership with schools</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Percentage of elementary schools visited by dental program ○ ESM 13.2.2: Number of children ages 1-17 years receiving preventive dental care from a dentist. 	<p>Continued</p>	<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: Increase use of Family planning services to teenagers ages 13 to 17 years old 	<p>Revised</p>	<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"> ● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who 	<p>Continued</p>	<p>Children with Special Health Care Needs</p>

<p>received services to prepare for the transition to adult health care</p> <ul style="list-style-type: none"> ○ ESM 12.1: Percent of youths with Special Health Care Need (CSHCN) enrolled in the non-medical related programs to receive services. 		
<p>Improve adolescent health through promotion of adolescent well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <ul style="list-style-type: none"> ○ ESM 10.1: Percent of adolescent program participants (12-21 years) that received education on the importance of a well-visit in the past year ○ ESM 10.2: Percent of public middle and high schools visited to deliver pregnancy & STI prevention program ○ ESM 10.3: HPV vaccine coverage of girls age 13 years 	<p>Revised</p>	<p>Adolescent Health</p>

Executive Summary

Program Overview

The mission of the Maternal and Child Health Program is to promote and improve health and wellness of women, children, infants, children, children with special health care needs, adolescents, and families by providing quality preventive services. The RMI Maternal and Child Health Program manages the Title V Program, Children with Special Health Care Needs Program and the Family Planning program. The Maternal and Child Health program coordinates with other Public Health programs, SSDI, as well as international partners such as, United Nations International Children’s Educational Fund (UNICEF), Early Childhood development (ECD) and United Nation’s Population Fund (UNFPA), Early Hearing Detection Initiative (EHDI) with program activities.

The RMI Maternal and Child Health is awarded approximately \$228,000.00 each year from the Title V Maternal and Child Health Services Block Grant. The MCH Program is among the 8 programs under the Bureau of Primary Health Care, under the Ministry of Health. The Ministry of Health and Human Services is among the 10 ministries in the RMI government.

MCH continues to collect and analyze data through the various programs under the Primary Health Care, Bureau of Oral health, Behavioral Health Services, Office of Health Planning, Policy, Preparedness and Epidemiology, and other partners such as the Public School System, and Non- governmental Organizations such as, Youth to Youth in Health (YTYIH), Marshall Islands Epidemiology Initiative (MIEPI) and Women United together in the Marshall Islands (WUTMI). MCH continues to work with members of the MCH Needs Assessment Steering Committee to assess the impact of strategies implemented towards addressing the priority needs of the populations served. Focus groups with key stakeholders and selected people from the community and interviews with medical providers, and other program managers are also conducted to gather information in assessing the needs of the MCH populations.

The changing MCH population demographics, emerging health trends and shifting of program capacity require that the MCH program routinely engage in assessing the needs of the MCH population in RMI. In 2020, the MCH program in collaboration with MIEPI and key stakeholders completed a 5-year comprehensive needs assessment in which we examined areas of priority and alignment between local MCH priority needs and the national Title V National Outcome Measures (NOMs) and National Performance Measures (NPMs). The process resulted in the selection of 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.

Priorities and Performance Measures Linkage

Priority	Performance Measures
Women and Maternal	
Improve women/maternal health through cancer screening, prenatal and family planning services	NPM 1 Percent of women ages 18 thru 44 with a preventive medical visit in the past
	SPM 4 Percent of women ages 25-49 years old screened for cervical cancer
	SPM 6 Percent of women ages 15-44 years old who use Family planning services
Perinatal/Infant Health	
Improve perinatal/infant’s health through adequate quality prenatal services and newborn screening	NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
	SPM 7 Percent of newborns that received the Congenital Hypothyroidism newborn screening
	SPM 8 Percent of newborn that received CMV screening.
	SPM 9 Percent of deliveries to women receiving prenatal care in the first trimester of pregnancy
Child Health	
Parent-completed developmental screening tools	NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool
	SPM 3 Increase percentage of fully immunized children ages 19-35
	NPM 7.1: Rate of hospitalizations for non-fatal injury per 1000,000 children ages 0-9.
Adolescent Health	

Improve adolescent health through promotion of adolescent well being and reducing teen pregnancy	NPM 10 Percent of adolescents ages 12 through 17 with a preventive medical visit in the past year.
	SPM 5 Increase use of family planning services to teenagers ages 13-17 years old
CSHCN	
Improve enrollment and special care of CSHCN through developmental screening and referral's to proper care	NPM 12 Percent of adolescent with and without special health care needs, ages 12 through 17 , who received services necessary to make transition to adult care.

MCH program utilizes MCH block grant funds to support and provide comprehensive, coordinated and family-centered services, including services for children with special healthcare needs, by providing enabling services (clinic outreach, community awareness, family support services, case management/coordination and transportation to and from Majuro, Ebeye and the outer islands for case management and referral to Shriners for surgery). 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 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 2020, challenges, and plans for the 2022.

Maternal/Women Health

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

Women/ Maternal Health

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

Highlights:

- Increase in the number of atolls visited, number visited was 8
- Continue partnership with Cancer program in patient navigation, clinics are extended extra hours for women to access services.
- Awareness in the communities and faith-based organization
- Family planning after dark clinic ongoing.
- Training on commodity supply management completed, training by UNFPA.
- Dental outreach visits to OI

Challenges:

- Lack of knowledge on the importance of annual checkups, women tend to come to the clinic only when there's problem.
- Database for cervical cancer screening not working.

Plan:

- To expand services to the communities, have cervical cancer screening at the health centers on Majuro and OI.
- Order HPV DNA test kit, this is a self-collect kit which is very convenient and will increase number of women screened.
- MCH one stop shop- where all MCH services will be available.

Perinatal/Infant Health

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

Highlights:

- Counselling on importance of exclusive BF are offered to all pregnant women on their first visit to the hospital. Such counselling is also offered at the Maternity ward and at the postnatal clinic with all mothers. 100% of all newborns ever breastfed.
- Radio awareness and spots on importance of early prenatal visits.
- Discount fee of 25% for women who attend prenatal by first trimester visit.

Challenge:

- Newborn screening was not implemented, due to lab capacity and unavailability of testing kits.
- Low % of women coming in during first trimester

Plan:

- Provide refresher training on BF to health workers.
- Coordinate with lab and pediatrician for the development of guidelines for CMV and Congenital Hypothyroidism screening and treatment.
- To extend the first trimester visit to 2nd trimester

Child Health

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

Highlights:

- Developmental tool standardized and in use.
- Passport created in local language, pending printing for distribution.
- Clinics open on Saturdays for immunization appointment.

Challenges:

- Program was not able to work with PSS on child safety policies and awareness education, due to COVID activities.

Plan:

- Program will coordinate with Red cross for First Aid awareness in the schools and communities.
- Continue with immunization trips and outreach on Majuro and OI .

Adolescent Health:

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

Highlights:

- Increase on number of 13-17 years old who access family planning services.
- Community awareness conducted to NGO groups and youth group.
- FP training in Sept 2021
- HPV vaccinations in schools.

Challenge:

- Myths associated with the FP commodities.
- Stock out of commodities
- No parent consent on Family planning services at the public high school.

Plan:

- Increase awareness at schools and in the communities.
- Advocate for parents consent during PTA meetings.
- Include Sexual and Reproductive Health in school curriculum.

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

Challenges:

Pending guidelines and registry due to the COVID activities.

Plan:

- Coordinate with pediatrician and Psychiatrist for development of guidelines
- Coordinate with SSDI coordinator for the development of the Registry.

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH Block Grant funds are used to support the overall MCH efforts in the Marshall Islands. Primarily, Block Grant funds support Enabling Services to improve and increase access to health care and improve health outcomes of the RMI MCH population. The types of enabling services supported include care and referral service Coordination for Children of Special Healthcare Needs and families, Laboratory Supplies for Cervical cancer screening, NCD screening, STI screening, pregnancy test kits, Pap kits, Health Education and Counseling for Individuals, Children, and Families, Outreach visits to the outer islands, and Referrals. MCH Block grant also supports public health services and system. Supporting activities and infrastructure to carry out core public health

functions in RMI is critical for the efforts being made towards improving population health. Specifically, MCH Block Grant funds are used to support staff positions for MCH and CSHCN program managers, dental assistant, and nurses to provide quality services to the population. Funds also support annual and five-year needs assessment activities alongside with SSDI, education and awareness campaigns, program development implementation and evaluation. Funds are also used to support workforce development towards building capacity among MCHB staff, nurses, and other health workers who provide services to the MCH population.

MCH Success Story

MCH program collaborated with Ministry of Culture and Internal Affairs in the development and implementation of Disability Identification Card for persons (children and adult) with disabilities. The purpose of this project is to persons with disabilities to have the right to special allowances, benefits, and services in addition to other forms of social protection schemes available to the general population. The program is starting off with wheelchair bound children, cerebral palsy and will include other disabilities.

Within this Act on the Section 106. Benefits and Privileges of Children with disabilities-Government (1) The Government shall provide, at the minimum, twenty-five percent

(25%) discount per month to the persons with disabilities for the following:

- On medication and other essential supplies, accessories and equipment purchased from the Ministry of Health and Human Services.
- On medical and dental services provided by the Ministry of Health and Human Services
- On the total cost of a ticket from Air Marshall Islands, provided the tickets is in the name of the persons with disability to be personally used by him/her.
- On actual transportation fare for domestic sea and shipping vessels, with free freight of 50 lbs.

2020 is a hard year for everyone. RMI close its borders since March 2020 which affected the medical referral including the children with special health care needs. But despite the pandemic and the travel restriction, MCH Program and Medical Referral Services were able to refer 2 children who needed immediate surgical procedures to Shriners' hospital in Honolulu. These children underwent surgery and physical therapy successfully. Children with their family escorts have returned home experienced the 28 days of quarantine set by the Government of RMI

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 2020.

[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.