



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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
Caroline J. Jibas MCH Program Manager cjibas@rmihealth.org (692) 625-7007	Caroline J. Jibas Program Manager cjibas@rmihealth.org (692) 625-7007

State Family Leader	State Youth Leader
No Contact Information Provided	No Contact Information Provided

State Hotline

Name: RMI MCH Program | Telephone: (692) 625-7007

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	\$233,858
State MCH Funds	\$2,397,695
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

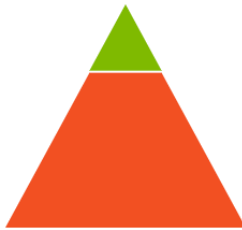
FY 2022 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$70,000	\$0
Public Health Services and Systems	\$163,858	\$2,397,695

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



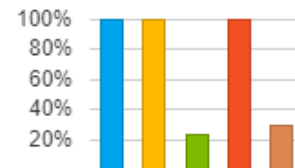
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$934,475
Infants < 1 Year	100.0%	\$480,032
Children 1 through 21 Years	23.0%	\$600,803
CSHCN (Subset of all infants and children)	100.0%	\$592,858
Others *	29.0%	\$0

FY 2022 Expenditures
Total: \$2,608,168



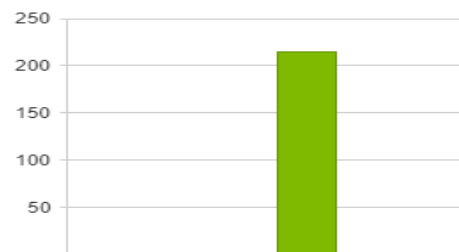
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	215
Other Toll-Free Calls:	0



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	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 	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. 	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. 	Perinatal/Infant Health
<p>Parent-completed developmental screening tools</p>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <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 	Perinatal/Infant Health
<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. 	Child Health, Adolescent Health, Cross-Cutting/Systems Building
<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 	Adolescent Health
<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 received services to prepare for the transition to adult health care 	Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
<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 	Adolescent Health

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 \$230,524.00 each 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 ever-changing MCH target population demographics, emerging of new diseases, the change in health trends over-time, and the shift in program capacity influences the MCH program routine assessments of the needs of the MCH target population in RMI. In 2020, the MCH program in collaboration with Marshall Islands Epidemiology Initiative (MIEPI) and key stakeholders completed a 5-year comprehensive needs assessment which 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). This 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	
Improve women/maternal health through cancer screening, prenatal and family planning services	NPM 1: Percent of women ages 18 years through to 44 years old 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 old.
	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 months through to 35 months old, who received a developmental screening using a parent completed screening tool
	SPM 3: Increase percentage of fully immunized children ages 19 years through to – 35 years old.
Adolescent Health	
Improve adolescent health through promotion of adolescent well-being and reducing teen pregnancy	NPM 10: Percent of adolescents ages 12 years through to 17 years with a preventive medical visit in the past year.
	SPM 5: Increase use of family planning services to teenagers ages 13 years though to 17 years old.
CSHCN	
Improve enrollment and special care of CSHCN through developmental screening and referrals to proper care	NPM 12: Percent of adolescents with and without special health care needs, ages 12 years through 17 years, who received services necessary to make transition to adult care.

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. With the COVID-19 pandemic, activities and services for the program were affected due to the staff being reassigned to assist in outreach activities for assessment, vaccination, and quarantine on Majuro, Ebeye and Neighboring Islands. 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 2022, challenges, and plans for 2024.

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.
- Dental outreach visits to Neighboring Islands in collaboration with Taiwan Health Center and ECD Program
- Distribution of safe delivery kits to the Neighboring Islands health centers.
- Availability of Prenatal via telehealth services when hospital/public health clinics were closed due to COVID-19 community transmission.
- World Cancer Awareness Month activities 182 participants Age range from: 3yrs – 60+ on the kickoff activity with a walkathon, sponsored tennis and volleyball tournaments with NCD and cancer screening of players, and Ebeye breast cancer screening,
- Cancer Summit in Majuro where all our key stakeholders and cancer coalition members attended to reflect on all the accomplishments and challenges the past five years; breakout sessions with coalition members and health providers
- No Maternal Death in 2022

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.

Plan:

- To expand cancer screening services to the communities
- MCH One Stop Shop for domain population
- Buildup of workforce capacity by Midwifery; 15 Neighboring Islands Female health care workers; training of the Community Health care workers and continuing education for BS in Nursing

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

Child Health

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

Highlights:

- COVID-19 vaccinations for children are available and provided in Majuro and Ebeye. Increase number of immunization outreach visits in the Neighboring Islands through the COVID-19 vaccination campaign
- 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

Adolescent Health:

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

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

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.

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

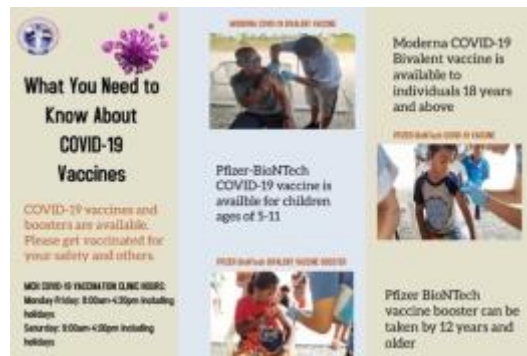
The RMI MCH program receives approximately \$200,000.00 from HRSA MCH Block Grant to support access to preventive and primary health care services for the population groups of:

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

Preparedness and Response to the State of Emergency COVID-19:

COVID-19 vaccinations increase due to: Established a vaccine taskforce; Use of media platforms for COVID-19 vaccinations awareness, social media, radio talk shows, local newspaper updates on COVID-19 vaccination dashboard; Feedback portal to enable questions and answers on COVID-19 vaccinations; Administration of COVID-19 vaccinations within the clinics and after hours, as well as through the communities from house-to-house campaigns and Neighboring Islands; COVID-19 vaccination raffle activity was rolled with cash prizes to those individuals that had their first dose of vaccination and another raffle for those who have had their second dose of vaccinations. COVID-19 vaccinations coverage by Dec 2022 Fully vaccinated for 6 months old and above: Majuro 82%; Ebeye 86%; Neighboring Islands (NI) 73%; RMI overall 81%



Response to Community Transmission of COVID-19:

The COVID-19 test-to-treat (T2T) sites were installed at several schools at Majuro Atoll and at the gymnasium on Ebeye Island.



Prenatal Clinics on Telehealth services: OBGYNs are available via phone call, text messages, emails and Facebook messenger for consultation. For pregnant mothers that needs medication, staff nurses delivered the medication to their homes. Satellite pharmacy was also available for medication pick up. Risk Communication and Community Engagement (RCCE) Team sent out mass text messages, social media postings and radio announcement on availability and access to Prenatal Services. Ebeye provided prenatal services for high-risk patients at the T2T sites, set up room for ultrasound outside Emergency Room. There were 21 deliveries; 19 out of 21 deliveries were positive with COVID-19. There was no serious complication for the mothers and the newborns. They were closely monitored for 2 days and were sent for isolation at home and advise accordingly as well. Contact tracing to all positive pregnant mothers with management and counseling was done.



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 2022.

[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.