



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FEDERATED STATES OF MICRONESIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

Title V Federal-State Partnership - Federated States of Micronesia

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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

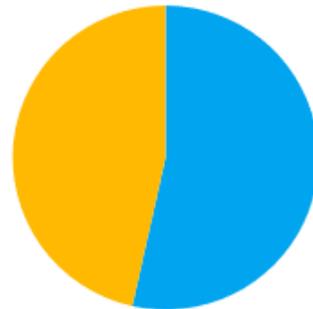
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Dionisio E. Saimon Program Manager desaimon@fsmhealth.fm (691) 320-2619	Dionisio E. Saimon Program Manager desaimon@fsmhealth.fm (691) 320-2619	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$506,219
State MCH Funds	\$440,000
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2015 Expenditures



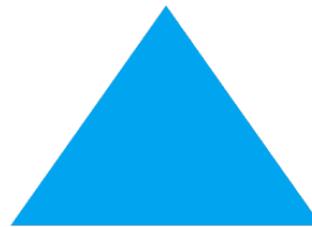
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$221,998	\$440,000
Enabling Services	\$102,154	\$0
Public Health Services and Systems	\$182,067	\$0

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



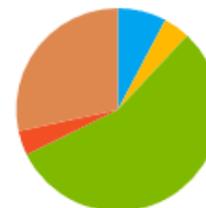
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	3,761	\$128,299	19.4%
Infants < 1 Year	2,051	\$137,501	20.8%
Children 1-22 Years	27,080	\$152,198	23.0%
CSHCN	1,903	\$187,500	28.3%
Others *	13,794	\$56,500	8.5%
Total	48,589	\$661,998	100%

FY 2015 Expenditures



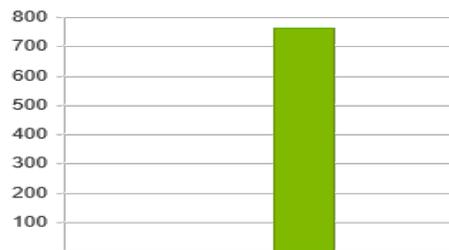
FY 2015 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	761
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percentage of women (15-44 years old) receiving Pap smear/VIA
NPM 1	Well-Woman Visit	ESM 1.2	Percent of Child bearing age women (15-44 year old) diagnosed with anemia
NPM 4	Breastfeeding	ESM 4.1	Percentage of pregnant women diagnosed with gestational diabetes
NPM 4	Breastfeeding	ESM 4.2	Percent of exclusively breastfeeding infants up to six months
NPM 4	Breastfeeding	ESM 4.3	Percent of newborns with hearing screening prior to discharge
NPM 6	Developmental Screening	ESM 6.1	Percentage of 2 years old with up to date immunization
NPM 6	Developmental Screening	ESM 6.2	Percent of 0-9 years old screened for developmental delay
NPM 7	Injury Hospitalization	ESM 7.1	Prevalence rate of 0-19 years old hospitalized for non-fatal injury/100,000
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of Schools (7-12 graders) received educational campaigns launched for teenage pregnancy, STDs, drugs and alcohol use
NPM 12	Transition	ESM 12.1	Percent of youths with Special Health Care Need (SHCN) employed
NPM 12	Transition	ESM 12.2	Increase percent of children (1-17 years old) screened for developmental delay
NPM 13	Preventive Dental Visit	ESM 13.1	Percentage of children (1-9 yrs. old) receiving varnish and sealants in the Community Health Center (CHC) and dispensaries.
NPM 14	Smoking	ESM 14.1	Percentage of women who use tobacco during pregnancy

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of Childbearing Women with Anemia, <35hct.	Women/Maternal Health
SPM 2	Increase pregnant women screened for Gestational Diabetes	Perinatal/Infant Health
SPM 3	Reduce infant/fetal death due to complications of anemia	Perinatal/Infant Health
SPM 4	Increase newborns screened for hearing	Perinatal/Infant Health
SPM 5	Increase children receiving routine vaccines	Child Health

Executive Summary

The **Federated States of Micronesia (FSM)**, an island-nation in the Western Pacific Ocean which is in free association with the United States, consists of approximately 607 islands, with four island groupings or states (Chuuk, Kosrae, Pohnpei and Yap). The FSM government is submitting this grant application, in response to the announcement from HRSA for availability of funding for MCH Program Services for the year 2017 to implement its Maternal and Child Health (MCH) Program in each of its four states' Health Departments based on an integrated health model in a scattered island environment. This application is requesting a sum of \$586,666.00 for FY 2017 to strengthen MCH Program Services in the FSM.

1. Problem Statement

FSM has a very high percentage of families living below the federal poverty level, resulting in a very large underserved population who are not receiving recommended annual preventive health services. The FSM has a high rate of teen pregnancies (18.3 per 1,000 women 15-17 years), relatively high infant mortality rate (18.5 per 1,000 live births) and a low birth weights percentage of 6.0% of live singleton births. The FSM National Government provides coordination of services and supplies between the states and the four separate, autonomous state governments are primarily responsible for delivery of services. This poses a coordination challenge that impacts the efficiency of service delivery. The health delivery system is set up in a 'hospital oriented' way, with the majority of resources being allocated to curative rather than preventive services. Currently, most MCH Program services and related preventive health services are confined to the centers centralized at the major clinic in the State's Divisions of Public Health, limiting accessibility to on-going high quality MCH and related preventive health services by the hard to reach communities and vulnerable populations.

2. Implementation Plan and Approach

In 2015, the Federated States of Micronesia (FSM) conducted a comprehensive statewide needs assessment as required by the Title V legislation. The needs assessment requires ongoing sources of information about maternal and child health (MCH) status, risk factors, access, capacity and outcomes. Needs assessment of the MCH population is critical to program planning and development and enables the State to target services and monitors the effectiveness of interventions that support improvements in the health, safety and well-being of the MCH population. FSM chose a conceptual framework for the needs assessment process that uses a primary prevention and early intervention –based approach with the goal of optimizing health and well-being among the MCH population across the life course, taking into account the many factors that contribute to health outcomes. The overall goal of the process focused on identifying a set of definite priorities that could be acted upon at some depth so that results, even preliminary ones, would be achievable and evident in five years. The needs assessment served as a vital planning process for determining where best to focus FSM's MCH efforts to implement programs, policies and systems building efforts that will measurably demonstrate impact within five years. FSM also employed a strategic planning process to examine how these new priority areas can be incorporated into the existing MCH scope of work.

This process is important and essential in light of the emerging issues confronting the FSM. In 2023 FSM anticipates termination of the Financial Package of the Compact of Free Association with the United States of America. What happens after 2023 no one really knows but FSM must be prepared strategically including streamlining of programs and services. Also, FSM recently experienced a few disease outbreaks; Dengue Fever in Kosrae and Yap States, Chikungunya also in Yap State, and most recently the Zika Outbreak in Kosrae State. Fortunately, there have not been any birth defects from the confirmed Zika cases. FSM cannot continue to treat symptoms and fight epidemics but must work toward preventing the population so they are resilient to diseases. To assure that the population is prevented FSM is embracing the MCH Program Transformation initiative by moving toward decentralization of services.

The 2015 Needs assessment was led by the National and State MCH Program staff and a contracted consultant in partnership and collaboration with our Stakeholders. Stakeholders included women/youth serving agencies, faith-based agencies, advocacy/interest groups, care providers/organizations, representative from other state agencies and academic institutions such as Public Safety and Department of Education, Special Education Division. Criteria used for selecting stakeholders included their area of expertise and

workplace setting (e.g., geographic perspective), training and experience, knowledge of public health, and their ability to conceptualize at the strategic level, while not solely advocating for a single issue. Members solicited feedback from their own constituencies/ stakeholders in between meetings which greatly expanded the reach of this effort. As an outcome of the Needs Assessment FSM MCH Program identified nine priority areas for which MCH resources will target for the next program cycle and selected 8 out of the 15 National Performance Measures FSM wished to track for the next 5 years and develop objectives and strategies for them, all of which were successfully accomplished. Based on the Application Filing Instructions, Grantees were not required to develop Evidenced Based Strategic Measures and State Performance Measures for the 2014 Progress Report and 2016 Application. ESMs and SPM will be developed this year, 2016.

As an outcome of the Needs Assessment, the following nine priority areas were identified as the priority for which MCH resources will target for the next program cycle:

1. Improve women's health through cervical cancer and anemia screening;
2. Improve perinatal/infant outcomes through Gestational Diabetes and anemia screening during early and adequate prenatal care services, hearing and anemia screening of the infant and promoting breastfeeding;
3. Improve child health through providing vaccinations and screening for developmental delays;
4. Reduce childhood injury;
5. Improve adolescent health by providing well medical visits and promoting healthy adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use) and poor outcomes (i.e. teen pregnancy, injury, suicide);
6. Provide a transitional services for youth identified as having Special Health Care Needs;
7. Improve identification of CSHCN through screening for developmental delays;
8. Improve oral health of children;
9. Reduce tobacco use in pregnant women

FSM chose the following eight national performance measures (NPM) by domain:

Women's/Maternal Health

NPM #1. Increase women receiving a well woman visit including Pap or VIA

Infant/Perinatal Health

NPM #4. Increase women reporting exclusive breastfeeding through 6 months

Children's Health

NPM #6. Increase children receiving developmental screening

NPM #7. Reduce rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 19

Adolescent Health

NPM #10. Increase adolescents receiving a well visit

Children with Special Health Care Needs

NPM #12. Increase CSHCN receiving transitional services

Cross-Cutting

NPM #13. Increase children receiving a preventative dental visit

NPM #14. Decrease percent of women who use tobacco during pregnancy

In response to the continuing funding opportunity announcement from HRSA, MCHB, for Fiscal Year 2017, the FSM MCH Program convened its Annual Workshop from June 6-10, 2016 in Yap State. The meeting brought together FSM National and State MCH Program Coordinators and staff, Physicians, Nurses, hospital and public health administrators and other public health program coordinators and staff and stakeholders from among the four States in the FSM. The purpose of the workshop, among other things, was to complete the development of the 5-Year Action Plan by developing Evidenced-Based Strategic Measures as well as identifying State Performance Measures with corresponding Objectives and Strategies for the next 5 years.

FSM MCH Program and partners developed the following Evidenced Based Strategic Measures for the Strategies developed for each of the 8 State Performance Measures selected:

Women/Maternal Health (NPM #1):

ESM – Percent of women (15-44 yrs. Old) receiving Pap smear/Via.

Perinatal/Infant (NPM #4):

ESM – Percent of women diagnosed with gestational diabetes
Percent of exclusively breastfeeding infants up to 6 months
Percent of newborns with hearing screening prior to discharge

Child Health (NPM # 6&7)

ESM – Percentage of 2 years old with up to date immunization
Percentage of 0-9 years old screened
Rate of 0-9 years old hospitalized for non-fatal injury/100,000

Adolescent Health (NPM #10)

ESM – Number of educational campaigns launched for teenage pregnancy, STD's, drugs, and alcohol use.

Children With Special Health Care Needs (NPM #12)

ESM – Percent of CSHCN Youths employed

Cross-Cutting or Life Course (NPM #10)

ESM – Percentage of children (1-9 yrs. Old) receiving varnish and sealants in the CHC & dispensaries.
Percentage of women who use tobacco during pregnancy

FSM capitalized on the knowledge learned from the MCHB Technical Assistance Training Program Provided during AMCHP in April 2016 and Sample ESMs developed by the John Hopkins University to guide development of the ESMs for the FSM.

FSM MCH Program and partners developed the following State Performance Measures to address the priorities:

- SPM #1. Increase women and infants screened for anemia
- SPM #2. Increase pregnant women screened for Gestational Diabetes
- SPM #3. Reduce infant/fetal death
- SPM #4. Increase newborns screened for hearing
- SPM #5. Increase children receiving routine vaccines

The assessment of the data shows that the health status of the MCH Population had not improved substantially. In fact, in some areas it shows that health status outcomes had worsened.

For infants born to women who received prenatal care beginning during the first trimester, the data showed that Early booking for pregnant women has not improved that well. The highest percentage of infants born to women receiving prenatal care beginning during the first trimester recorded, during the last program cycle, was at 24% in 2013 and lowest at 19% in 2012. In 2015, 23% of live births reported were to mother receiving prenatal care beginning during the first trimester. Having fewer women initiating prenatal care starting during the first 3 months of pregnancy may have direct correlation to the continuing high percentage of low and very low birth-weight births as well as infant mortality rates, especially neonatal deaths reported for the FSM. In 2015, the percent of low birth-weight births recorded was at 7% an increase from 6% in 2014. Very Low birth-weight births recorded remained at 0.3% for 2014 and 2015 respectively and infant mortality decreased to 19% in 2015 from 22% in 2014. Most of the IMR reported for 2014 and 2015 were Neonatal deaths. The percent of change in the data for these indicators were so small and may not bear any statistical significance.

The FSM MCH Program operates in close partnership and collaboration with other US Federally Funded Programs to promote and provide preventive health services, health education and screening programs directly to the residents of the areas. The current and emerging health service infrastructure supports this initiative. Currently Yap State has five (5) Community Health Centers (CHC) equitably distributed within the communities of the main island of Yap. Pohnpei State has one (1) CHC in operation but has submitted a request to open up two (2) addition Centers in the two most populated municipalities on the main island of Pohnpei. Kosrae State recently opened and started operating 3 new CHCs in three of its five municipalities. Chuuk State recently submitted an Application package to commence CHC operation, which seem highly likely to get funded.

In addition, the MCH Program also partners and collaborates with regional and global programs for training opportunities for the program managers and service providers as a means to improving efficiency and effectiveness of the program. Training of public health nurses in Hormonal Implants Insertion and Removal, Long Acting Reversible Contraceptives (LARC) insertion and removal, training and re-training on how to do basic Ultra Sound reading, Pap Smear Screening and Visual Acetic Inspection (VIA) for Cervical Cancer and training in the Integrated Management of Childhood Illness (IMCI) are some of the training programs funded by UNFPA and UNICEF. WHO also provided training for the OB Nurses in the (4) Steps on Early and Essential Newborn Care to respond to the high rates of infant mortality, especially neonatal deaths in the FSM. The training programs are normally facilitated by a local physician. Pohnpei State has enrolled nine (9) of its nurses – 3 clinical and 6 public health in the Bachelor of Science Degree in Nursing Program at the University of Maine. Furthermore, the MCH Program also operates in partnership and collaboration with parents support groups, church leaders, women's groups, community and traditional leaders, Interagency council (IAC) representatives, Special Education, and other health NGO groups (tobacco, breastfeeding, etc).

The services will be follow-up on by contacting the participants to determine whether the information gained through the program is being applied in their daily lives.

3. Evaluation Method

Both process and outcome evaluation methodologies will be utilized. Unmet need for the MCH Program and rates of service indicators will be used for evaluating clients' needs for services during the project period. Infant and maternal mortality and morbidity rates will be used as outcome indicators. Other process criteria for evaluation will include: the total number of unduplicated clients attending MCH Program services; numbers served versus the target number; the extent of community interest and support for the program. Monthly and quarterly statistical and narrative reports will be used and on-site monitoring will be conducted. Technical assistance will be provided from the National Government as well as AMCHP and other regional and international organization providing program of assistance to the FSM.