



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

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 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>)

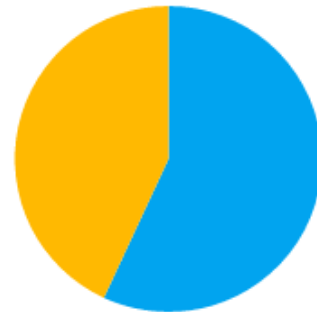
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Caroline Johnny-Jibas MCH Program Manager caroline_johnny73@yahoo.com (692) 625-3399	Caroline Johnny-Jibas MCH Program Manager caroline_johnny73@yahoo.com (692) 625-3399	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$132,044
State MCH Funds	\$100,000
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$112,944	\$93,000
Enabling Services	\$10,100	\$5,000
Public Health Services and Systems	\$9,000	\$2,000






FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



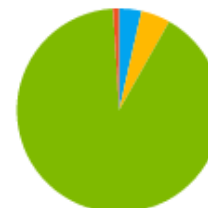
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
 Pregnant Women	1,116	\$57,355	25.7%
 Infants < 1 Year	1,462	\$32,450	14.5%
 Children 1-22 Years	28,657	\$51,000	22.9%
 CSHCN	294	\$82,239	36.9%
 Others *	0	\$0	0.0%
Total	31,529	\$223,044	100%

FY 2015 Expenditures







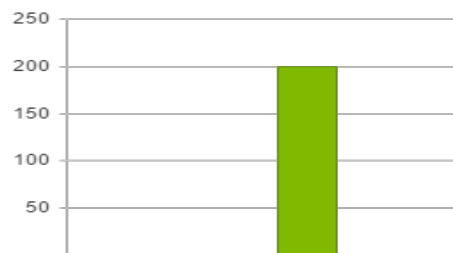
FY 2015 Individuals Served



*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:	200
 Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 2	Low-Risk Cesarean Delivery	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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Annual well-woman visit
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Promotion of normal delivery for first time delivery
NPM 4	Breastfeeding	ESM 4.1	Accreditation of hospitals to be Baby Friendly Hospital.
NPM 6	Developmental Screening	ESM 6.1	Implement a Comprehensive Developmental Screening tool for 10 through 71 months children
NPM 7	Injury Hospitalization	ESM 7.1	Health talks on Injury and violence prevention
NPM 10	Adolescent Well-Visit	ESM 10.1	Annual Medical visits for 12-17 years old
NPM 12	Transition	ESM 12.1	Review and create a doable approach on transition to adult health care
NPM 13	Preventive Dental Visit	ESM 13.1	Collaborate with Dental Department for dental check up for pregnant women

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Training on the updated clinical guidelines and protocols for Gynecological conditions	Women/Maternal Health
SPM 2	Development of Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program	Child Health
SPM 3	Increase children receiving complete vaccinations	Child Health, Perinatal/Infant Health

Executive Summary

A. Background:

Mission Statement:

The mission statement of the RMI Ministry of Health is "To provide high quality, effective, affordable, and efficient health services to all people of the Marshall Islands, through a primary care program to improve the health statistics, and build the capacity of each community, family and the individual to care for their own health". With this mission statement, the MCH Program provides, delivers and promote the wellness of women, infants, children including children with special health care needs, adolescents, and their families through high quality, effective, affordable, and efficient health services.

Geography and Population:

The Marshall Islands are located in the Central Pacific Ocean, approximately 2,000 miles southwest of Hawaii and 1,300 miles southeast of Guam: comprised of 29 scattered chains of remote atolls, the Eastern Ratak (Sunrise) and Western Ralik (Sunset). The total land area is 181 square kilometers and has some 370 km of coastline (less than 0.01 percent of the total surface area). The Marshall Islands face great challenges in the delivery of basic health services. Transportation and communications are limited by the isolated nature of many of the islands and atolls. Two-thirds of the population lives on the two major urban atolls, Majuro and Kwajalein (including Ebeye Island). Population densities in some of the urban settlements exceed 28,000 people/km². More than half of the RMI total population lives in Majuro. The Marshallese is of Micronesian origin. The matrilineal Marshallese culture revolves around a complex system of clans and lineages tied to land ownership.



In FY2015, the MCH Program has served the following population:

1. Pregnant Women : 1,116
2. Infant
3. Children from 1 to 22 years old: 28,657
4. CSHCN : 294
- 5 Female Population > 23 years old : 11,691

B. PRIORITIES

Improve women's health through preventive medical visit, cancer screening and comprehensive health care for prenatal and postpartum.	Women/Maternal Health
Improve perinatal/infant's health through comprehensive prenatal care, promotion of breastfeeding, and developmental screening	Perinatal/Infant Health
Improve child health through early childhood developmental screening and complete vaccinations.	Child Health
Promote child safety in the community.	Child Health
Improve adolescent health through promotion of adolescent well-being (preventive medical visit, education on injury, suicide, drug, tobacco and alcohol use,) and reducing teen pregnancy	Adolescent Health
Improve enrollment and special care of CHSCN through developmental screening and referrals to proper care	Children with Special Health Care Needs
Improve oral health of children and women	Cross Cutting

C. Accomplishments, Priority Needs and Plans

We have changes in leadership and program management in 2015 and 2016. We have a new Interim Secretary of Health - Dr. Kennar Briand, new Minister of Health - Honorable Minister Kalani Kaneko and new Program Manager - Caroline Johnny-Jibas. Minister Kalani Kaneko won the election in November 2015 and was appointed by newly elected President as the new Minister of Health in February 2016.

We had outbreaks and emergency situation in the last 2 years (2015-2016). We had Chikungunya outbreak in March 2015, Zika Virus Outbreak in February 2016 and State of Emergency on Drought in early 2016. These outbreaks and emergency affected our services as well as our population. MCH Program has been active in providing its services in these situations.

Zika Virus Outbreak: RMI has 1 laboratory confirmed case in February 2016, a pregnant woman without history of recent travel outside the country. The mother had given birth in Honolulu. The infant was normal and no sign of microcephaly. The Ministry of Health actively conducted surveillance, coordinated activities with MCH Program, provided zika kits to pregnant women, conducted and distributed educational materials, vector control spray on the residences of pregnant women, and provided information on the situation and education through radio programs, newspaper articles, Facebook postings, mass texting, meetings with the Local Government Unit and with the President and her cabinet members. The Ministry of Health work closely with Majuro Local Government Unit, National Disaster Office and community leaders for community activities and island wide clean up. We also receive support and work with our international partners like CDC, WHO, Red Cross and other related partners.

Women's/Maternal Health: In FY2015, only 39% of pregnant women attended prenatal care on their 1st trimester. Most of the pregnant women tends to visit on their last trimester. Pregnant women from the Outer Island will have comprehensive prenatal care at their last trimester upon their arrival in Majuro where comprehensive prenatal care is available. Out of the 1,116 pregnant women, 97% were provided with nutrition counselling. There were 3% of pregnant women who didn't have prenatal visit. The MCH Program and the Ministry of Health addressed the needs of the Women's and Maternal Health. Comprehensive prenatal care is provided in the two main hospitals which includes the following services: 1. Tests: Pap smear, GC, HIV, Hepatitis B, Syphilis and Chlamydia, 2. individual counseling: all family planning methods, STIs/HIV, recognizing signs of danger and come to hospital ASAP, nutrition, personal hygiene, breastfeeding, 3. services: immunization, and dental. 4. Free prenatal medicines. Two OB/GYN in Majuro and 1 OB/GYN in Ebebe are providing specialty care. High risk case pregnant women are tracked and management to avoid maternal complications and death. OB/GYNs, MCH Program Director and staff are engaged in the improvement plan of services and facilities. National Comprehensive Cancer Control Program headed the cervical and breast cancer screening where in the Ministry of Health engaged with the churches to provide education and bring women to the hospital for their screening. Canvasback Mission and our own OB/GYNs conducted the screening with the help of our MCH nurses. Aside from papsmear screening, we are now able to use VIA (Visual Inspection Acetic) test to screen especially in the Outer Islands. Family Planning conducted update training on the proper use of the different methods available in RMI,

Priority: *Improve women's health through preventive medical visit, cancer screening and comprehensive health care for prenatal and postpartum.*

NPM: Percent of Women with a past year preventive medical visit

Plans include:

1. Increase awareness on preconception health visits
2. Promote annual preventive medical visit for healthy women.
3. Promote reproductive life planning
4. Continue to coordinate with the Faith Based Organization, Women's group in referring women for cancer screening
5. Promote healthy lifestyle

Perinatal/Infant Health: From 2011 Infant Mortality Rate, there was a decrease of 12.1 by FY2015. The MCH Program continues to provide better care to the pregnant women through comprehensive prenatal care which has better birth outcomes and less complications at birth. Pediatricians at the MCH Clinic provides counselling to post partum mothers that come on the 1st post natal visit. Counselling includes proper breastfeeding, available immunization, and family planning methods. This made an impact to the

mothers especially on exclusive breastfeeding. Well baby clinic provides immunization, growth and weight monitoring, assessment of infant and referral to CSHCN as needed. New Born Hearing Screening is provided at the Maternity ward and follow up on the hearing screening outpatient clinic. Every quarter, an audiologist and surgeon visits and provide specialty care to identified children with hearing problems.

Priority: *Improve perinatal/infant's health through comprehensive prenatal care, promotion of breastfeeding, and developmental screening*

NPM: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months,

Plans include:

1. Implement Standardized Developmental Screening tool
2. Develop data system that will track and monitor screening and referral.
3. Implement strategies that will improve breastfeeding like "Ten Steps to Successful Breastfeeding" and "First Embrace"
4. Increase awareness on advantages of early and adequate prenatal care

Child Health: In 2015, only 58.5% of 19-35 months old received complete immunization based on the schedule. The Public Health programs provide the following services: Vitamin A, deworming, TB and Leprosy contact tracing and management, oral health in school and community, immunization in the schools and community, reproductive health services: family planning and counselling, and children's high risk clinic. For school aged children, the Ministry of Health coordinates activities with the Public School System (Ministry of Education).

Priority: *Improve child health through early childhood developmental screening, promotion of child safety, and vaccinations.*

NPM: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Plans include:

1. Implement Standardized Developmental Screening tool
2. Community and media awareness and health education on non-fatal injuries, first aid treatment and child safety against motor vehicle accidents, fall, burn, drowning, choking, and other injuries
3. Increase immunization rates (19-35 months routine vaccinations, HPV vaccinations)

Priority: *Promote child safety in the community.*

NPM: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Plans include:

1. Community and media awareness and health education on non-fatal injuries, first aid treatment and child safety against motor vehicle accidents, fall, burn, drowning, choking, and other injuries
2. Coordinate with Ministry of Public Safety in the full implementation of motor vehicle safety laws.

Adolescent Health: In 2015, there were 2 completed suicide from ages 15 to 19 years old. The family of the deceased were referred to Human Services Program for counselling. The Human Services Program has been coordinating health talks on suicide prevention to the Public School system and community leaders. In 2015, there was 16.67% decrease on teen pregnancy from 2014. In 2014, Ministry of Health was suspended from the Family Planning funding. We were able to receive our new funding with conditions in September 2015. But we continue to provide family planning services through the help of MCH Block Grant for staff funding and UNFPA for the contraceptives. The Ministry of Health has a strong partnership with Youth to Youth in Health where MOH provide health services to the clients coming to YTYIH. YTYIH serves as a haven to youth that don't want to be stigmatized going to the Family Planning and STD/HIV Clinics in the hospital.

Priority: *Improve adolescent health through promotion of adolescent well-being (preventive medical visit, education on injury, suicide, drug, tobacco and alcohol use,) and reducing teen pregnancy*

NPM: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Plans include:

1. Adolescent population have access and receives comprehensive preventive medical care which includes family planning, immunization, std/hiv screening, mental health counselling
2. Community and media awareness and health education on non-fatal injuries, first aid treatment and child safety against motor vehicle accidents, fall, burn, drowning, choking, and other injuries
3. Assist in the implementation of the Youth to Youth in Health's Teenage Pregnancy Prevention project

Children with Special Health Care Needs: MCH Program collaborates with Early Hearing Detection and Intervention program, Public School System, and other MOH Programs and clinics in identifying and providing services children with special healthcare needs. Most of the cases are specialty cases that needs to be referred to off island hospitals like Shriners' and through our medical referral services. Shriners' Hospital visits Marshall Islands often to provide follow up services and to assess new cases for possible referral. Challenges in this domain are data tracking system, referrals from the Outer Islands and follow up of cases.

Priority: *Improve enrollment and special care of CHSCN through developmental screening and referrals to proper care*

NPM: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Plans include:

1. Improve the assessment, coverage and enrollment of CSHCN into the program to be able to provide the needed care.
2. Develop and implement a data tracking system

3. Develop CSHCN Guidelines

Cross Cutting/Life Course: Dental caries is still a problem in RMI especially in the Outer Islands where dental services are only provided by outreach mobile visits. Dental Department don't have its own budget. Usually, other program like MCH will provide funding for Dental Program to be part of the Outreach mobile team. We lost our funding few years ago on preventive services. We are working to apply for a new one.

Priority: *Improve oral health of children and women*

NPM: A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Plans include:

1. Strengthen access to Dental Department for all Outer Islands.
2. Ensure pregnant woman will have at least one dental check up every pregnancy
3. Improve referral of clients to Dental Department.