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 2019 Application / FY 2017 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

<table>
<thead>
<tr>
<th>MCH Director</th>
<th>CSHCN Director</th>
<th>State Family or Youth Leader</th>
</tr>
</thead>
</table>
| Caroline Johnny-Jibas  
MCH Director  
caroline_johnny73@yahoo.com  
(692) 625-7007 | Caroline Johnny-Jibas  
MCH Director  
caroline_johnny73@yahoo.com  
(692) 625-7007 | No Contact Information Provided |

Funding by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2017 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Allocation</td>
<td>$217,698</td>
</tr>
<tr>
<td>State MCH Funds</td>
<td>$200,000</td>
</tr>
<tr>
<td>Local MCH Funds</td>
<td>$0</td>
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<tr>
<td>Other Funds</td>
<td>$0</td>
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<td>Program Income</td>
<td>$0</td>
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Funding by Service Level

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Federal</th>
<th>Non-Federal</th>
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</thead>
<tbody>
<tr>
<td>Direct Services</td>
<td>$57,982</td>
<td>$149,025</td>
</tr>
<tr>
<td>Enabling Services</td>
<td>$97,645</td>
<td>$35,000</td>
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<tr>
<td>Public Health Services and Systems</td>
<td>$62,071</td>
<td>$25,000</td>
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Percentage Served by Title V

<table>
<thead>
<tr>
<th>Population Served</th>
<th>Percentage Served</th>
<th>FY 2017 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>60.0%</td>
<td>$143,153</td>
</tr>
<tr>
<td>Infants &lt; 1 Year</td>
<td>100.0%</td>
<td>$177,112</td>
</tr>
<tr>
<td>Children 1 through 21 Years</td>
<td>53.0%</td>
<td>$143,061</td>
</tr>
<tr>
<td>CSHCN (Subset of all Children)</td>
<td>30.0%</td>
<td>$152,423</td>
</tr>
<tr>
<td>Others *</td>
<td>28.0%</td>
<td>$0</td>
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</table>

*Others– Women and men, over age 21.

Communication Reach

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Title V Website Hits:</td>
<td>0</td>
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<tr>
<td>State Title V Social Media Hits:</td>
<td>21,000</td>
</tr>
<tr>
<td>State MCH Toll-Free Calls:</td>
<td>36</td>
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<tr>
<td>Other Toll-Free Calls:</td>
<td>0</td>
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Selected National Performance Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Short Name</th>
<th>Reporting Domain(s)</th>
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</thead>
<tbody>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>NPM 4</td>
<td>Breastfeeding</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>NPM 6</td>
<td>Developmental Screening</td>
<td>Child Health</td>
</tr>
<tr>
<td>NPM 7</td>
<td>Injury Hospitalization</td>
<td>Child Health</td>
</tr>
<tr>
<td>NPM 10</td>
<td>Adolescent Well-Visit</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>NPM 12</td>
<td>Transition</td>
<td>Children with Special Health Care Needs</td>
</tr>
</tbody>
</table>
### Evidence-Based or –Informed Strategy Measures

<table>
<thead>
<tr>
<th>NPM #</th>
<th>NPM Short Name</th>
<th>ESM #</th>
<th>ESM Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>ESM 1.2</td>
<td>Percentage of pregnant women who had at least 4 prenatal visits</td>
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<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>ESM 1.3</td>
<td>Percent of women ages 18 thru 44 seen at outreach mobile visits</td>
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<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>ESM 1.4</td>
<td>Number of pregnant women with dental check up</td>
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<tr>
<td>NPM 4</td>
<td>Breastfeeding</td>
<td>ESM 4.2</td>
<td>Percentage of pregnant women that where given comprehensive breastfeeding counselling during prenatal visit</td>
</tr>
<tr>
<td>NPM 6</td>
<td>Developmental Screening</td>
<td>ESM 6.2</td>
<td>Percentage of children diagnosed with ASD and ADHD</td>
</tr>
<tr>
<td>NPM 7.1</td>
<td>Injury Hospitalization Ages 0 through 9</td>
<td>ESM 7.1.1</td>
<td>Number of community campaign on awareness and promotion of child safety within the community.</td>
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<tr>
<td>NPM 10</td>
<td>Adolescent Well-Visit</td>
<td>ESM 10.2</td>
<td>HPV vaccine coverage of girls age 13 years</td>
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<tr>
<td>NPM 12</td>
<td>Transition</td>
<td>ESM 12.2</td>
<td>Percent of adolescent that moved to adult health care</td>
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### State Performance Measures

<table>
<thead>
<tr>
<th>SPM #</th>
<th>SPM Title</th>
<th>Reporting Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPM 3</td>
<td>Increase percentage of fully immunized children ages 19 to 35 months</td>
<td>Child Health, Perinatal/Infant Health, Children with Special Health Care Needs</td>
</tr>
<tr>
<td>SPM 4</td>
<td>Percent of Women ages 25-49 yrs old screened for cervical cancer.</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>SPM 5</td>
<td>Increase use of Family planning services to teenagers ages 13 to 17 years old</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>SPM 6</td>
<td>Percent of women ages 15-44 years old that use family planning services</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>SPM 7</td>
<td>Percent of newborns that received Congenital Hypothyroidism newborn screening</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>SPM 8</td>
<td>Percent of newborn that received congenital cytomegalovirus (CMV) screening</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>SPM 9</td>
<td>Percent of deliveries to women receiving prenatal care in the first trimester of pregnancy</td>
<td>Perinatal/Infant Health</td>
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</table>
Executive Summary

Program Overview

RMI MCH BLOCK GRANT EXECUTIVE SUMMARY

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

STATE PRIORITIES

Women’s /Maternal Health:

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

NPM1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objective 1: Increase number of women with preventive medical visits by 5% yearly.

Strategy: Outreach mobile visits by MCH and FP Program to at least 6 Outer Islands yearly.
Strategy: Partnership with Cancer Program in reaching out to bring women in the community and faith-based organization to avail the services of MCH program.

SPM 4 Percent of Women ages 25-49 yrs old screened for cervical cancer.

Objective 2: Increase percentage of women ages 25-49 yrs old screened for cervical cancer by 5% yearly.

Strategy: Continue the implementation of the Cervical Cancer Screening database for data collection and reporting
Strategy: Increase public awareness of the cervical cancer including risk factors, prevention screening and treatment
Strategy: Establishment of referral system for patients with abnormal papsmear or VIA findings

SPM 6 Percent of women ages 15-44 years old that use family planning services

Objective 3: Increase percentage of women ages 15-44 years old that use family planning services by 5% yearly.

Strategy: Increase public awareness of the Family Planning Services
Strategy: Continue the after 5 pm Family Planning Clinic
Strategy: Improve distribution and inventory of Family Planning commodities to all health centers.

NPM 1 Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objective 4: Increase pregnant women that received dental check up by 5% yearly

Strategy: Strengthen referral of pregnant women to Dental Services
Strategy: Support the Dental Services team in providing outreach mobile visits to the Outer Islands Health Centers.

Perinatal/Infant Health:

Priority: Improve perinatal/infant’s health through adequate and quality prenatal services and new born screening.

NPM 4 A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objective: By 2020, increase of mothers that report exclusive breastfeeding of infant up to 6 months of age by 10%

Strategy: Continue to conduct proper breastfeeding training in hospitals, clinics and health centers
Strategy: Increase community awareness on benefits of breastfeeding and proper breastfeeding

SPM 7 - Percent of newborns that received Congenital Hypothyroidism newborn screening
Objective: Increase the percentage of newborn screened for Congenital Hypothyroidism by 5% yearly

Strategy: Develop the clinical guidelines for Congenital Hypothyroidism newborn screening, treatment and referrals.
Strategy: Coordinate with the Laboratory Department to ensure that test will be conducted and supplies are available.
Strategy: MCH Program will work with mHIS developer to include the newborn screening in the hospital information system.

**SPM 8 Percent of newborn tested for congenital cytomegalovirus (CMV)**

Objective: Increase the percentage of newborn screened for congenital cytomegalovirus (CMV) by 5% yearly

Strategy: Develop the clinical guidelines for congenital cytomegalovirus (CMV) newborn screening, treatment and referrals.
Strategy: Coordinate with the Laboratory Department to ensure that test will be conducted and supplies are available.
Strategy: MCH Program will work with mHIS developer to include the newborn screening in the hospital information system.

**SPM 9 Percent of deliveries to women receiving prenatal care in the first trimester of pregnancy**

Objective: Increase number of pregnant women with prenatal visits in the First Trimester of pregnancy by 5% yearly

Strategy: Increase awareness and health education on benefits of prenatal visits through radio, print, social media and partnership with NGOs
Strategy: Collaborate with Immunization Zone Nurses to refer pregnant women to Prenatal Clinic
Strategy: Implement HIV/STI screening for pregnant women using rapid test kits.
Strategy: Implement incentive program for pregnant women that attended Prenatal Clinic at the First Trimester

Child Health:

Priority Need: Improve child health through early childhood developmental screening and vaccinations

**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**

Objective: By 2020, increase the number of children ages 9 through 35 months, who received developmental screening.

Strategy: Implement the new well baby clinic standardized developmental tool in the two main hospitals and all the health centers.
Strategy: Implement data system to capture and monitor developmental screening information and referrals.
Strategy: Create and distribute new baby passport where monitoring of developmental tools is included.
Strategy: Strengthen referral of children with behavioral and emotional disorder to Behavioral Health

**SPM: Increase percentage of fully immunized children ages 19 to 35 months**

Objective: Increase immunization coverage for children 19 to 35 months old by 4% yearly

Strategy: Continue to provide quality outreach mobile immunization visits to the Outer Islands
Strategy: Conduct community awareness on the proper immunization schedule and the benefits of immunization
Strategy: Continue to provide immunization services on Saturdays and outreach zone visits.

Priority: Promote child safety in the community.

Objective: By 2020, MCH Program with community partners will conduct at least 3 community campaigns on awareness and promotion of child safety within the community

Strategy: 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
Strategy: Work with the Public School System on child safety policies and awareness education.

Adolescent Health:

**Priority Need**: Improve adolescent health through promotion of adolescent well-being and reducing teen pregnancy

**NPM**: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
**Objective**: Increase HPV coverage rate for 13 years old female by 5% yearly
Strategy: Make HPV Vaccination Routine Vaccine to 11-12 yrs old.
Strategy: Strengthen HPV Vaccination messages to the community in partnership with Cancer Program
Strategy: Conduct meetings with Parent and Teachers Association (PTAs) to provide awareness and health education on HPV vaccines and cervical cancer

Objective: Increase use of Family planning services between 13 - 17 yrs old by 5% yearly.

Strategy: Community awareness of Family Planning Services through radio, print, social media platforms and participate in women and youth to youth conference
Strategy: Strengthen the Family Planning Services at the Youth to Youth in Health Clinic and after dark clinic
Strategy: Continue to provide family planning clinical services in Majuro, Ebeye and Outer Islands.
Strategy: Family Planning commodities and counselling training to MCH nurses, Family Planning nurses and School Nurses

Children with special health care needs:

Priority Need: Improve enrolment and special care of CHSCN through developmental screening and referrals to proper care

NPM 12: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objective: By 2020, increase number of children with special health care needs referred to proper medical management by 5% yearly

Strategy: Develop and implement the Birth Defects Registry
Strategy: Develop and implement clinical management guidelines for CSHCN referrals

ACCOMPLISHMENTS

Maternal/Women Health: In 2017, the MCH worked to increase awareness on the importance of preventive screenings such as cervical cancer screening, preconception and early prenatal care. The program prioritized addressing barriers to care.

Accomplishments:

- Team established for planning of cervical cancer screening.
- Cervical cancer database was created.
- Cervical cancer screening to hard to reach population, women in the outer islands.
- Cervical cancer presentation and screening to women representatives from all the Outer islands during their Annual conference. (WUTMI Conference)
- Canvasback mission team visit (OBGYN)

Challenges:

- Low rate of women seeking preventive healthcare.
- Limited number of trained staff for VIA screening.
- Low rate of women using family planning methods.
- Low rate of women seeking prenatal care during 1st trimester
- Securing consent to give HPV vaccine

Perinatal/Infant Health: Activities in 2017 focused on increasing promotion of breastfeeding, newborn screening.

Accomplishments:

- 100% of women were given breastfeeding counselling during first booking.
- >90% of infants completed newborn hearing screening before discharge from the hospital.
- Quarterly audiology visits for referrals

Challenges:

- Lack of screening in Outer islands
- Lost to follow up.
**Child Health:** In 2017, the MCH program in collaboration the immunization program focused on developmental screening among children and promote routine vaccinations at the clinic, schools and communities.

Accomplishments:
- Developmental screening tool developed.
- Training for staff
- There is 19% increase of complete immunization coverage in 2017.
- Outreach visits to schools, communities.

Challenges:
- Patient migration
- Lack of transportation
- Lack of awareness on importance of vaccination.
- Lack of referral process for patients with developmental delays

**Adolescent Health:** Partnership and collaboration with Public School system, YTYIH and the TPP to improve adolescent health outcomes.

Accomplishments:
- Presentations to high schools on FP methods and STI services
- Peer to peer presentation on teenage pregnancy.
- Presentation to agencies recruiting out of school male/female on SRH, FP and STI

Challenges:
- Low number of teenagers coming in for FP services
- Low number of teenagers coming in for preventive annual check ups.

**Children with special health care needs:** Services provided for CSHCN thru collaboration with the Public school system, EHDI program services for Children 0-3 yrs old. Program also coordinates with Shriners Hospital.

Accomplishments:
- Collaboration with Shriners’ outreach clinic for families with children who need services to be referred.
- Case management on cases seen by Shriner’s mission.
- Enrollment of children for EHDI program

Challenges:
- Lack of specialty care on island leading to off island referrals.

**Cross-cutting:** The program in collaboration with the dental department provides oral preventive services to pregnant women, children in school and in the communities in the outer islands.

Accomplishments:
- All preventive services for pregnant women, children (schools/communities) are free.
- Newly donated dental units
- Preventive services at the schools.

Challenges:
- No preventive services in the outer islands due to lack of power supply.
- Less children coming in for annual oral health exam.
- Less pregnant women with preventive dental visit.

**Challenges in the RMI**

The Marshal Islands face great challenges in the delivery of basic health services to the underserved population in the outer islands due to limited transportation to the isolated and scattered nature of the islands and atolls. Local airline is unreliable due to mechanical problems.
Nutrition amongst children is still an issue. The survey conducted in 2017 in collaboration with UNICEF showed that 35% of children in the Marshall Islands are stunted. Exclusive Breastfeeding is still a challenge, the program will take action to teach the community on importance of exclusive breastfeeding and proper nutrition People should also be made aware of the 1st one thousand days of life.

People mainly depended on cheaper canned goods than the vegetables, fruits and other local foods. Fresh fruits and vegetables are exported with very high prices. The high rising sea level and drought also destroy local crops which affects food security.

Minimum wage in Marshall Islands was increased from $2.50/hr to $3/hr. This new policy is not fully implemented. Private business are complaining and might not be able to continue supporting the current number of staff they have. Even with the increase of minimum wage, it doesn’t compensate the increasing cost of living in RMI. Fuel cost is at $5.35/gal. A sack of rice is $11.00.

RMI experience outbreaks of Mumps, Hepatitis A and Conjunctivitis.

How Title V Funds Support State MCH Efforts

Title V support to RMI MCH Program

The Title V Funds support MCH efforts in many ways. Most of the programs in the public health are supported by federal grants.

**Human Resources**

40% of the funds are used to support the Human Resources of MCH Program to implement activities. 5 staff are currently getting paid under the program - 2 from mother and infant, 2 from children and adolescent and 1 from CSHCN component. These dedicated staffs are providing services in the clinics and outreach mobile visits.

**Travel**

Title V support travel for program staff to attend mandatory technical assistance meetings, block grant review and other related conferences/training for the program for capacity building.

We were able to bring Children with Special Health Care Needs and family escort from the Outer Islands to Majuro or Ebeye for follow up and presentation to Shriners’ before they can get referred to Shriners’ Hospital.

Women at risk with health condition like abnormal cervical cancer screening result, pregnant women with high risk pregnancy were supported for domestic travel to the main hospital where

Bringing MCH services to the Outer Islands where health care is limited. Specialized MCH services are delivered in the Outer Islands.

**Activities**

With the Title V funding, we are able to provide prenatal care, women’s health, Family Planning, cancer screenings, children with special health care needs, dental program.

Local trainings provided to the staff on breastfeeding, 1st 1000 days of lives, nutrition, Vitamin A and de-worming, family planning commodities and counseling, cervical cancer screening through VIA.

Community awareness activities in partnership with other programs and NGOs. Title V supports our IEC materials (Information, Education and Communication)

Title V efforts are in line with RMI MOHHS MCH State Priority needs which is also link to the Ministry’s strategic Plan.

**MCH Success Story**

**Success story for patient A and patient B: Extra Special**

This is a success story of 2 brothers, ages 10 and 9 who were referred to Shriners’ Hospital in FY 2017 for surgery of the hands. Both boys were born with extra diget on the thumb side of the hands. According to the mother, the 2 boys are being bullied daily by fellow students and neighbors telling them that they are aliens because of the extra fingers.
CSHCN submitted the cases to Shriner’s Hospital for referral. Cases were approved by Shriners’ for surgery. Through CSHCN funds, MCH Program was able to support travel for patient A, Patient B and their mother as patient escort to Shriner’s Hospital to undergo surgery. After a successful surgery, patient A, patient B and the mother came back to Majuro with both boys looking happy because they will no longer be victims of bullying.

**Success story for patient C and patient D: Get yourself screened**

This is a success story of 2 women, a 36-year-old and a 60-year-old from the Outer Islands who were screened by program staff for cervical cancer screening using visual inspection with acetic acid (VIA) method. They were found to have a positive/abnormal result. The program in collaboration with the office of the Outer Islands Health Centers were able to bring in both patients for further evaluation by the OBGYNs in Majuro Atoll. After thorough examination, both women underwent total hysterectomy. 2 lives were saved by early screening, good referral system and knowledgeable staff.

MCH funds was able to support travel for staff and medical supplies to the Outer Islands to provide preventive services including cervical cancer screening to the target population for early detection and treatment.