



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

# **FEDERATED STATES OF MICRONESIA**

## State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

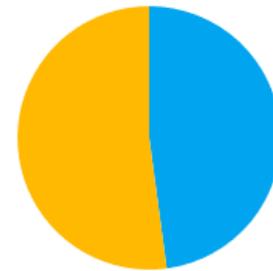
#### State Contacts

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

#### Funding by Source

Source	FY 2018 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$404,139
<span style="color: orange;">■</span> State MCH Funds	\$440,000
<span style="color: green;">■</span> Local MCH Funds	\$0
<span style="color: red;">■</span> Other Funds	\$0
<span style="color: brown;">■</span> Program Income	\$0

FY 2018 Expenditures



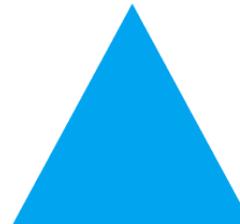
#### Funding by Service Level

Service Level	Federal	Non-Federal
<span style="color: blue;">■</span> Direct Services	\$404,139	\$440,000
<span style="color: green;">■</span> Enabling Services	\$0	\$0
<span style="color: red;">■</span> Public Health Services and Systems	\$0	\$0

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



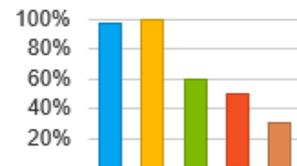
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	98.0%	\$146,639
■ Infants < 1 Year	100.0%	\$181,640
■ Children 1 through 21 Years	60.0%	\$253,900
■ CSHCN (Subset of all Children)	50.0%	\$221,560
■ Others *	30.0%	\$0

### FY 2018 Expenditures Total: \$803,739



### FY 2018 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:	0
■ Other Toll-Free Calls:	0

State does not have a toll-free hotline.

State did not provide a State Title V Program Website or State Title V Social Media Website.

### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Child Health

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percentage of women (15-65 years old) received awareness workshop on anemia and cervical cancer screening
NPM 4	Breastfeeding	ESM 4.2	Percent of six months old exclusively breastfed.
NPM 10	Adolescent Well-Visit	ESM 10.2	Percent of public middle and high schools visited to deliver pregnancy & STI prevention program
NPM 12	Transition	ESM 12.1	Percent of youths with Special Health Care Need (CSHCN) enrolled in the non-medical related programs to receive services.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percentage of elementary schools visited by dental program

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of women (15-44 years old) screen for anemia for the past year	Women/Maternal Health
SPM 4	Percent of infants screened for hearing	Perinatal/Infant Health
SPM 6	Prevalence rate of 0-9 years old hospitalized for nonfatal injury/100,000	Child Health
SPM 7	Percentage of pregnant women with a first-trimester prenatal visit	Perinatal/Infant Health
SPM 8	Percent of women 21-65 years old who have had VIA/PAP screening performed within the past year	Women/Maternal Health

## Executive Summary

### Program Overview

#### I.E. Program Overview

The Federated States of Micronesia (FSM) comprises part of what was generally known as the Eastern and Western Caroline Islands. Some of the islands are volcanic and others are small atolls, except the state of Kosrae that doesn't have any other smaller atolls. The four FSM states are widely spread apart by the ocean, hundreds of miles from east to west. From farthest east is the state of Kosrae, which is more closer to the islands of the Republic of the Marshalls than to the islands of Yap, then going Westward to the states of Pohnpei, Chuuk, and farthest west is the state of Yap, which is more closer to the islands of the Republic of Palau than the rest of the FSM. The total distance across FSM, from east to west, is approximately 1,800 miles, the distance from Northern Maine to Miami and encompasses two time zones.

FSM has withstood the incursion of multiple cultures since the late 1800s from Spain, Germany, Japan, and then the United States that have led to social and economic changes. For example, until the introduction of foreigners, FSM people lived without the burden of NCDs, alcohol and other drugs. Recently, the FSM market's increased reliance on a cash economy has required a greater number of citizens to earn cash to buy basic services, such as transportation, groceries etc. These changes have resulted in more nuclear and less extended family structures and new gender roles.

In November of 2018, the FSM MCH Program under the FSM Department of Health Services, have received the award from the grantor- MCHB HRSA for the period of 2019 to 2020. The FSM Title V Program intends to use this current MCHB fund to continue with the MCH needs:

- Significantly reducing infant mortality;
- Providing comprehensive care for women before, during, and after pregnancy and childbirth;
- Providing preventive and primary care services for infants, children, and adolescents;
- Providing comprehensive care for children and adolescents with special health care needs;
- Immunizing all children;
- Reducing adolescent pregnancy;
- National standards and guidelines for prenatal care, safe child care, health supervision of infants, children, and adolescents;
- Assuring access to care for all mothers and children; and
- Meeting the nutritional needs of mothers, children, and families

The Federated States of Micronesia (FSM) Title V program is under the FSM Department of Health and Social Affairs (DHSA). The goal of the division of health services is to improve primary and secondary health care services, prioritize health promotion and services and develop sustainable health financing. One of the roles of the national division of health services is providing assistance to the state health services departments through funding and technical assistance.

The Family Health Services Unit housed the MCH program at the national Health Services Department. It is obvious that the Title V Maternal and Child Health Services Block Grant is the only program in the department that takes care of the four state MCH programs to strengthen maternal and child health services in their respective states.

The priorities for the FSM MCH population domains are still unchanged from previous year, but with minor modifications made in June 2019. Few updates were being made on the Priorities, ESM, SPM and Strategies. Below table shows the current Priorities, NPM, ESM and SPM that the FSM Title V program currently have and will continue to implement.

2020 FSM MCH Priorities & Plan				
Domain and State Priority Needs (SPN)	NATIONAL PERFORMANCE MEASURE	NPM Strategies	STATE PERFORMANCE MEASURE	SPM Strategies
<b>Women/Maternal Health - NPM1</b>				
<i>Priority 1. Improve women's health through cervical cancer and anemia screening</i>	NPM 1: Percent of women with a past year preventive medical visit	Conduct awareness workshops to 5 (each State) women's group ages from 15-65 years old on cervical cancer and anemia screening on an annual basis	SPM 1- % of women 21-65yo with VIA or PAP screening SPM 2 - % of women 15-44yo screen for anemia	Screen all women (child bearing age ) in PH, Hospital,CHC, Dispensaries, schools, and outreach.
<b>Perinatal - NPM4B</b>				
<i>Priority 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</i> <i>Priority 3. Improve child health through vaccinations and screening for developmental delay</i>	NPM 4: Percent of infants breastfed exclusively through 6 months	Breastfeeding Support group to provide breastfeeding services	SPM 3 Percent of infants screened for hearing in 2019 SPM 4- Percent of pregnant women with first trimester prenatal visit	Work with state leaderships to have the hearing screening law pass in their respective states.
<b>Child Health - NPM 13B</b>				
<i>Priority 4. Improve oral health of children and</i> <i>Priority 5. Reduce childhood injury</i>	NPM 13:B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year	Increase the # of school visited to educate and provide preventive measures. (Varnish and sealant)	SPM 5 - Incidence rate of 0-9 years old hospitalized for nonfatal injury/100,000	Do parental and community education campaign using visual aid, radio, television and posters in prominent areas in the schools and communities
<b>Adolescent Health - NPM 10</b>				
<i>Priority 6. Decrease incidence of teenage pregnancy and STI</i>	NPM#10. Percent of adolescents, ages 12 to 17, with a preventive medical visit in the past year.	Provide educational awareness on sexual health (teenage pregnancy and STI) to adolescent ages 12-17 years old in all Public schools on main islands.		
<b>Children with Special Health Care Needs - NPM 12</b>				
<i>Priority 7. Provide a transitional services for youth identified as having Special Health Care Needs</i>	NPM 12: Percent of adolescents with or without special health care needs who received services necessary to make transitions to adult health care	Work collaboratively with DOE, IAC DOHSA or other NGO's to strengthen the non-medical related services for CSHCN youth for each States.		

The FSM MCH program aims to address the existing and updated priorities under the 5 MCH population domain: Improve women's health through cervical cancer and anemia screening; Improve perinatal/infant outcomes through Gestational Diabetes and anemia screening during early and adequate prenatal care, hearing and anemia screening of the infant and promoting breastfeeding; Improve child health through providing vaccinations, screening for developmental delays, oral health for children and reduce child injury; Decrease incidence of teenage pregnancy and STI and Provide a transitional services for youth identified as having Special Health Care Needs. See (Supporting Document #1) completed Action Plan for 2020.

**DOMAIN: WOMEN/MATERNAL HEALTH**

*Improve women's health through cervical cancer and anemia screening*

**Past Year Accomplishments:** The FSM Title V program continue to provide cervical cancer screening and anemia screening to women of child bearing age (15-44 yrs old) in 2018. All of the four MCH programs in the FSM were able to utilize the E-pathology for Pap smears in Pohnpei and Japan. Collaborative efforts with other Public health programs and Community Health Centers are still in effect. Mass screening of Rheumatic heart disease was done in Pohnpei.

**Challenges:** Preventive health screening in the outer islands is still an issue, as there are limited staff and equipments to conduct the services. There were shortages of Midwife/Nurse practitioner in the OB clinics at the state hospitals. There was limitation in skilled staff to handle Pap smear specimen preparation to send off to the center for further examinations.

**Plans:** The FSM State MCH programs will continue to send Pap smear slides to Pohnpei for the E Pathology and Pap smear reading and result. FSM States plan to conduct awareness workshops to women's groups on cervical cancer and anemia screening on an annual basis. Screen all women (child bearing age) in PH, Hospital, Dispensaries, schools, and outreach. Actual activities on disseminating information on women's health will include text messages, radio announcement and other way of reaching the public for the annual events. The state MCH programs will conduct annual women's health event for cancer screening for cervical ca, breast cancer and anemia screening for all women ages 15-65 years old. MCH Program anticipates drafting Proclamation and having Governor of each FSM States to sign for all women in the Nation to join the event on Women's Health Day.

**Domain: Perinatal/infant Health**

*Improve perinatal/infant outcomes through Gestational Diabetes and anemia screening during early and adequate prenatal care, hearing and anemia screening of the infant and promoting breastfeeding.*

**Accomplishments:** There was an increase in the percentage of infant's breastfed exclusively through 6 months. Existing breast feeding support groups are either active, partially active and need reactivation in all the four FSM states. All the OB and MCH nurses trained and certified to do new born hearing screening, anemia screening and gestational diabetes screening.

**Challenges:**

- Most of the services (GDM test, STDs test,) that are offer in the main islands, are not offer in the remote dispensaries or outer islands
- Late booking and inadequate visit of pregnant mothers caused difficulties in monitoring their health status (diabetes, STDs, hypertension and etc)
- Most of the breastfeeding support group members are no longer active to provide breastfeeding services in the communities
- Shortage of staff nurses and nurse rotation in OB wards.
- Private clinics are not screening newborn for hearing loss.
- Customary adoption is another challenge.

**Plans:** MCH programs will reactivate and recruit new members of the breastfeeding focus groups to implement the activities for the breastfeeding groups. There will be training to new members on counseling and services regarding breastfeeding. MCH programs at the state level will continue to do prenatal screenings on gestational diabetes, anemia and newborn hearing screening with collaborative efforts with the lab and other public health programs. Two state MCH programs will continue to work with their legislative leaders to pass the newborn hearing screening law in their states.

**Domain: Child Health**

*Improve child health through providing vaccinations and screening for developmental delays, oral health and reduce child injury*

**Accomplishments:** There was mass campaign on MMR vaccination for the young children in the state of Pohnpei as well as the other three state MCH programs which they had their own immunization vaccinations in their respective states. Developmental screening was part of MCH programs' routine work through well-baby clinic hours along with some of the Community Health Centers in some of the FSM states. Awareness on road safety and injury prevention by the Public safety department was one major activity that was done by Information strategy mode. Curfew hours for children not roaming around public road after 9:30 pm were observed in most of the states. There was improvement on oral health care among children and the data shows an increase in the services provided in the past year. The Association of State and Territorial Health Officials (ASTHO) have recognized the efforts in the decreased on child mortality rates in the FSM which continues to drop from 2010-2016.



**Challenges:**

- Procurement of hearing screening supplies
- Shortage of staff affected developmental screening in the dispensaries
- Dental preventive care and children needing immunization are still activities/services that need to be stabilize.
- No developmental screening tools for above 18 months old babies

**Plans:** FSM MCH national program will continue to seek for tools and training on developmental delay screening tools above the 18-months old. Collaborative efforts will be continued with the Immunization programs to increase the coverage on children vaccination on Main Island as well as in the outer islands. Following are activities anticipated:

- Increase the number of dental staff in the dental clinic program
- Do parental and community education campaign using visual aid, radio, television and posters in prominent areas in the schools and communities.
- Develop brochures and poster addressing topics on childhood injury and distributed to the community.
- Do parental training on childhood injury prevention with other stakeholders.
- Work with public safety and other affiliated agencies on children injury preventive measures

**Domain: Adolescents Health**

*Decrease incidence of teenage pregnancy and STI*

**Accomplishments:** There was an increase in the number of schools in the FSM with the target age group (12 to 17 years old) that have received educational awareness on teenage pregnancy, STDs, alcohol and drug abuse and healthy lifestyles. MCH programs have collaborated with other Public health program to carry out the implementation on the strategy for this domain population.

**Challenges:** There are not enough curriculums on healthy adolescent behaviors that are included in the schools curriculums and policies. Laws on reducing risk behaviors among adolescents are not fully supported and uplifted at the state levels. There is lack of youth friendly clinic services in the states.

**Plans:** Continue to provide educational awareness on sexual health (teenage pregnancy) to adolescent ages 12-17 years old in all Public schools on main islands.

- Collaborate with other public health programs (HIV/STI, PREP, Family Planning, etc.)
- Secure supplies and materials (IEC materials)
- Inform/meet with Director of DOE regarding the schools visits schedule and schedule meeting with the parents during PTA meeting
- To conduct a presentation on Teen pregnancy and STIs during PTA meeting
- Share strategies with the parents during PTA regarding the schools visits and get their consensus
- Presentations on the consequences on STI and teen pregnancy and preventive services available
- Distribution of IEC materials (brochures, and pamphlets)

**Domain: Children and Youth with Special Health Care Needs**

*Provide transitional services for youth identified as having Special Health Care Needs*

**Accomplishments:** FSM MCH continue to support CSHCN youth with special health care needs in their employment efforts. There was an improvement in the CSHCN registry that collects, store and analyze CSHCN data indicators for this population. There was an assessment on Rheumatic Heart Disease in one of the States which the outcome result enlighten the high officials on the significance of RHD screening, and is supported by the FSM national congress leaders by appropriating an amount specifically for RHD in children.

### **Challenges:**

- Not all CSHCN children are in schools or enrolled at the Special Education program.
- There is no rehabilitation center where children can learn how to sew, cook, do gardening and build canoe, etc.
- No tracking data on transited CSHCN Clients
- Communities are not fully aware of the services available
- No such existing law regarding CSHCN youth becoming employee
- No Rehabilitation services where all this CSHCN youth that are not in school could register and get serve

**Plans:** Continue collaboration among programs, entities and community groups. Maintain collaborative efforts with families, CHC and dispensaries in all states. MCH programs will continue to strengthening awareness efforts in the communities on the availability and easy access of these health services to CSHCN youths. Work collaboratively with the NGOs, companies, churches, and other related services to help in serving this CSHCN youth.

Another suggestion from one of the MCH programs is to work collaboratively with DOE, DOHSA, NGO's and Interagency Committee/Stakeholders (IAC) to identify non-medical services and improve existing services to support programs to improve transition services to CSHCN youths.

## How Federal Title V Funds Support State MCH Efforts

### **III.A.2. How Federal Title V Funds Support State MCH Efforts**

MCH serves the largest portion of the population in the state. The target population makes up of more than 55 % of the total population of the state. MCH program alone cannot realistically meet the needs of this target population. With the state's in-kind contribution such as; service providers, ancillary, laboratory, office space, utility, telephone, and transportation (field trip boat), off island treatments, MCH is able to provide services to its population. Therefore, the state program needs the assistance from both the federal agency and the state government to be able to deliver the needed services to the target population. MCH Program relies on the Title V Block Grant fund to support most of the operations, supplies and personnel of MCH Program. MCH Block Grant fund also support the special clinics (cardiologist team). All in all, the FSM MCH program relies heavily on the Title V Grant funds to implement most operational activities, to aim at achieving the FSM MCH goal and objectives in any given fiscal year. Should the federal funding on Title V funds ceases, the function of the MCH programs would be crippled.

## MCH Success Story

### **III.A.3. MCH Success Story**

#### **Rheumatic Heart Disease**

RHD screening project was carried out for the first time and allowed most of the children ages 5 -16 to be screened for RHD in the state of Pohnpei. The alarming results of the mass screening generated interest in other sister states and entities, most especially the Rotary Club of Pohnpei. Rotary Club of Pohnpei has donated 2 handheld portable echo machines (with backup battery) along with nearly \$10,000 worth of supplies (IEC materials, laptop, exam table and pulse oximeter) to assist the RHD screening in the state of Pohnpei. This club guaranteed to continue support the RHD screening in the coming years and is also looking into expanding their support to other interested FSM states as well.

The RHD screening commenced on the 12th of March and lasted until the 6th of April, 2018. In general, the findings were consistent with what was found in most of the schools in Pohnpei. There is a huge problem with rheumatic heart disease in the State of Pohnpei. The State RHD rate is around 5%. This is comparable to other high prevalent countries around the world. The children with RHD have commenced on treatment and routine follow-ups after the mass screening.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Federated States of Micronesia

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.