



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 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>)

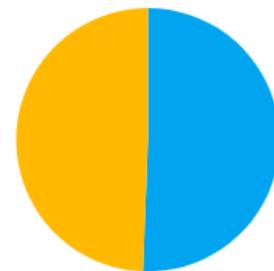
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Caroline Johnny-Jibas MCH Director caroline_johnny73@yahoo.com (692) 625-7007	Caroline Johnny-Jibas MCH Director caroline_johnny73@yahoo.com (692) 625-7007 x2275	No Contact Information Provided

Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$204,914
 State MCH Funds	\$200,000
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$0

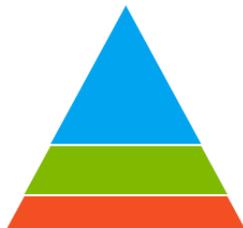
FY 2018 Expenditures



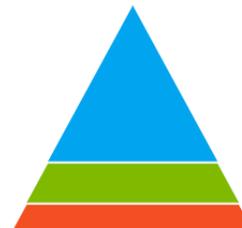
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$128,363	\$60,000
 Enabling Services	\$44,650	\$15,000
 Public Health Services and Systems	\$31,901	\$10,000

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



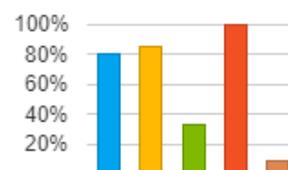
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	80.0%	\$101,825
Infants < 1 Year	85.0%	\$64,000
Children 1 through 21 Years	33.0%	\$91,650
CSHCN (Subset of all Children)	100.0%	\$97,650
Others *	8.0%	\$29,299

FY 2018 Expenditures
Total: \$384,424



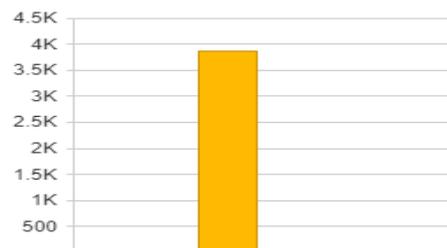
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	3,866
State MCH Toll-Free Calls:	54
Other Toll-Free Calls:	13



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 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs

Evidence-Based or –Informed Strategy Measures

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

State Performance Measures

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

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: Improve 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 - The MCH continue 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.
- After dark cervical and breast cancer screening
- Continue the cervical cancer screening to hard to reach population, women in the outer islands using VIA
- Canvasback mission team visit (OBGYN)
- 1st Cancer Summit in the Pacific Islands was held in Majuro
- Increase awareness of cancer screening provided by the Ministry

Challenges:

- Low rate of women seeking preventive healthcare.
- Limited number of trained staff for VIA screening.
- Low rate of women and men using family planning methods.
- Low rate of women seeking prenatal care during 1st trimester

Perinatal/Infant Health: Continued activities with focused on increasing promotion of breastfeeding and development of available 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
- ENT mission visit to children with hearing problem
- Free hearing aid given to children.
- 98% of births in 2018 are delivered by skilled attendants
- Practice the "First Embrace" where in the newborn has immediate skin to skin with the mother

Challenges

- Lack of newborn screening in Outer islands
- Lost to follow up of patients with hearing problem
- 35% of children under five are stunted
- Only 42% of children under 6 months are exclusively breastfed
- Just 30% of children are fed a minimum acceptable diet

Child Health: 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.

- There is 31% increase of complete immunization coverage in 2018.
- Outreach visits to schools and communities.

Challenges:

- Patient migration
- Lack of reliable transportation to the Outer Islands
- Limited or lacking capability to manage vaccine storage in the Outer Islands
- 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 and Youth to Youth in Health 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
- Formation of HPV task group that will lead the improvement of HPV vaccination for 11-12 yrs old and inclusion of HPV vaccine as part of required immunization.

Challenges:

- Low number of teenagers coming in for FP services
- Low number of teenagers coming in for preventive annual checkups.

Children with special health care needs: Services provided for CSHCN thru collaboration with the Public school system, Early Hearing Detection and Intervention 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 EHD program
- MCH program partnership with Disability group

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.
- 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 Marshall 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.

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 continue to experience outbreaks of Mumps, Hepatitis A and Conjunctivitis.

Below is a summary of the key issues related to the nutrition and health situation of children in RMI:

- 35% of children under five are stunted
- 33% of Marshallese children 6 to 59 months are anaemic
- 60% of children are Vitamin A deficient

Poor IYCF practices are major contributors to this a level of undernutrition

- Only 60% of children are breastfed within one hour of birth
- 20% of children receive pre-lacteal feeds
- Only 42% of children under 6 months are exclusively breastfed
- Just 30% of children are fed a minimum acceptable diet

Poor maternal nutrition status contributes to child morbidity and mortality

- 80% of Marshallese women are overweight and nearly half are obese
- 21% of women in RMI are diabetic
- 38% of pregnant women are anaemic

Poor WASH (Water, Sanitation, Hygiene) practices pose a threat to child development and survival

- 41% of households do not use an appropriate treatment method before consumption
- 11% of the population uses a non-improved facility or practices open defecation
- Just 56% of rural households has access to improved sanitation facilities

How Federal Title V Funds Support State MCH Efforts

Title V support to RMI MCH Program

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 and other related 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. There were 25 CSHCN patients referred to Shriners with funding from MCH Program.

Women in the Outer Islands who are 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 better care are given to them.

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 services, and well baby clinic.

We provided continuing education on breastfeeding, 1st 1000 days of lives, nutrition, Vitamin A and de-worming, and family planning commodities. Partnership with Youth to Youth in Health and Women Together in Marshall Islands are ongoing especially on community awareness. Title V provided support on IEC materials.

Bringing MCH services to the Outer Islands where health care is limited. Specialized MCH services are delivered in the Outer Islands along with other programs like HIV/STI, Immunization Program, TB and Leprosy.

TB/Leprosy Mass Screening: MCH Program assisted the project with staff, medical and office supplies. There were 22,402 or 82% of the 27,275 Majuro population tested and interviewed for TB, Leprosy and NCD. 19,136 or 85% of the 22,402 completed their screening.

Staff in MCH Program assisted in the Nutrition-WASH (Water, sanitation, and hygiene.) Survey - Formative Research on Nutrition-WASH social norms and practices. qualitative information available to explain the underlying social and behavioral determinants associated with these practices. Report is available for sharing.

Medical and Laboratory Supplies were purchased for the program's need to serve the MCH population.

MCH Success Story

Success story for patient A and patient B: Extra Special

This is a success story of 2 patients, ages 11 and 8 who were referred to Shriners' Hospital in FY 2018 for surgery of the hands for extra digit and skin craft due to burn on chest and lower extremities.

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 family escorts to Shriner's Hospital to undergo surgery. After a successful surgery, patient A, who had the extra thumb removed was happy for no one will be bullying him anymore. For patient B, he now has no problems.

Success Story: Nutrition & WASH Survey in the Republic of the Marshall Islands

RMI has a better understanding of the problem on poor nutrition and underlying social and behavioral determinants associated with these practices in MCH population. The report was used in the RMI Multisectoral Early Childhood Development Project funded by World Bank.

Summary of Key Nutrition & WASH Issues

Below is a summary of the key issues related to the nutrition and health situation of children in RMI:

- 35% of children under five are stunted
- 33% of Marshallese children 6 to 59 months are anaemic
- 60% of children are Vitamin A deficient Poor IYCF practices are major contributors to this a level of undernutrition
- Only 60% of children are breastfed within one hour of birth
- 20% of children receive pre-lacteal feeds
- Only 42% of children under 6 months are exclusively breastfed
- Just 30% of children are fed a minimum acceptable diet Poor maternal nutrition status contributes to child morbidity and mortality
- 80% of Marshallese women are overweight and nearly half are obese
- 21% of women in RMI are diabetic
- 38% of pregnant women are anaemic Poor WASH practices pose a threat to child development and survival
- 41% of households do not use an appropriate treatment method before consumption
- 11% of the population uses a non-improved facility or practices open defecation
- Just 56% of rural households has access to improved sanitation facilities

Conducting comprehensive qualitative research to examine the underlying social norms, beliefs and behavioral factors that influence maternal and child feeding practices and WASH-related behaviors at the individual, family, and society levels, as well as the effects of food insecurity, will allow for the development of effective strategies to improve the status of maternal and child nutrition and health in the Republic of the Marshall Islands.

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 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.