

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: MH**  
**APPLICATION YEAR: 2005**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2005**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MH**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 252,495

A.Preventive and primary care for children:

\$ 75,749 ( 30%)

B.Children with special health care needs:

\$ 75,749 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 25,249 ( 10%)

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 189,372

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 175,745

\$ 189,372

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 441,867

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 84,300

c. CISS: \$ 50,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 641,349

j. Education: \$ 0

k. Other:

330 + FP \$ 297,375

CSAP \$ 100,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 1,173,024

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,614,891

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: MH**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 242,082	\$ 242,082	\$ 242,082	\$ 0	\$ 252,495	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 181,562	\$ 181,562	\$ 181,562	\$ 0	\$ 189,372	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 423,644	\$ 423,644	\$ 423,644	\$ 0	\$ 441,867	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,188,724	\$ 1,188,724	\$ 1,188,724	\$ 0	\$ 1,173,024	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,612,368	\$ 1,612,368	\$ 1,612,368	\$ 0	\$ 1,614,891	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: MH**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 252,753	\$ 252,753	\$ 242,082	\$ 242,082	\$ 0	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 190,000	\$ 190,000	\$ 181,562	\$ 181,562	\$ 0	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 442,753	\$ 442,753	\$ 423,644	\$ 423,644	\$ 0	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,188,724	\$ 0	\$ 1,188,724	\$ 0	\$ 0	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,631,477	\$ 442,753	\$ 1,612,368	\$ 423,644	\$ 0	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 100,000	\$ 100,000	\$ 100,000	\$ 0	\$ 108,907	\$ 0
b. Infants < 1 year old	\$ 85,000	\$ 85,000	\$ 85,000	\$ 0	\$ 86,274	\$ 0
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$ 0	\$ 141,811	\$ 0
d. Children with Special Healthcare Needs	\$ 72,625	\$ 72,625	\$ 72,625	\$ 0	\$ 79,625	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 24,208	\$ 24,208	\$ 24,208	\$ 0	\$ 25,250	\$ 0
<b>g. SUBTOTAL</b>	<b>\$ 423,644</b>	<b>\$ 423,644</b>	<b>\$ 423,644</b>	<b>\$ 0</b>	<b>\$ 441,867</b>	<b>\$ 0</b>

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 84,300
c. CISS	\$ 50,000	\$ 50,000	\$ 50,000
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 641,349	\$ 641,349	\$ 641,349
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
330 + FP	\$ 0	\$ 0	\$ 297,375
CSAP	\$ 100,000	\$ 100,000	\$ 100,000
330+FP	\$ 297,375	\$ 297,375	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 1,188,724</b>	<b>\$ 1,188,724</b>	<b>\$ 1,173,024</b>

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 100,000	\$ 100,000	\$ 97,330	\$ 97,330	\$ 0	\$ 0
b. Infants < 1 year old	\$ 92,278	\$ 92,278	\$ 84,232	\$ 84,232	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 130,722	\$ 130,722	\$ 145,249	\$ 145,249	\$ 0	\$ 0
d. Children with Special Healthcare Needs	\$ 76,478	\$ 76,478	\$ 72,625	\$ 72,625	\$ 0	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 43,275	\$ 43,275	\$ 24,208	\$ 24,208	\$ 0	\$ 0
<b>g. SUBTOTAL</b>	<b>\$ 442,753</b>	<b>\$ 442,753</b>	<b>\$ 423,644</b>	<b>\$ 423,644</b>	<b>\$ 0</b>	<b>\$ 0</b>

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 0
c. CISS	\$ 50,000	\$ 50,000	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 641,349	\$ 641,349	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
330+FP	\$ 297,375	\$ 297,375	\$ 0
CSAP	\$ 100,000	\$ 100,000	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 1,188,724</b>	<b>\$ 1,188,724</b>	<b>\$ 0</b>

**FORM NOTES FOR FORM 4**

Comments: I did the input of data several times for 2002 expended, but yet kept coming back with a zero. The MCH will report the expended for FY 2002 as soon as possible.

**FIELD LEVEL NOTES**

None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: MH**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 135,000	\$ 135,000	\$	\$	\$ 123,973	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 80,000	\$ 80,000	\$	\$	\$ 90,000	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,000	\$ 125,000	\$	\$	\$ 125,250	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 83,644	\$ 83,644	\$	\$	\$ 102,644	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 423,644	\$ 423,644	\$ 0	\$ 0	\$ 441,867	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: MH**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 150,000	\$ 150,000	\$ 133,394	\$ 133,394	\$ 0	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 92,753	\$ 92,753	\$ 85,000	\$ 85,000	\$ 0	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,000	\$ 125,000	\$ 118,000	\$ 118,000	\$ 0	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 75,000	\$ 75,000	\$ 87,250	\$ 87,250	\$ 0	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 442,753	\$ 442,753	\$ 423,644	\$ 423,644	\$ 0	\$ 0

**FORM NOTES FOR FORM 5**

Comment: Data kept coming back with a zero, therefore, the expanded for FY 2002 will be reported as soon as possible.

**FIELD LEVEL NOTES**

None

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: MH**

Total Births by Occurrence: 1,584

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	

Other Screening (Specify)

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
- (2) Report only those from resident births.
- (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
This is applicable to the RMI since is not performed.
2. **Section Number:** Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
Congenital screening is not performed in the RMI.
3. **Section Number:** Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
Galactosemia is not performed in the RMI.
4. **Section Number:** Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
SickleCellDisease is not performed in the RMI.
5. **Section Number:** Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2005  
**Field Note:**  
This is not applicable for the RMI since is not performed.
6. **Section Number:** Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
7. **Section Number:** Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
8. **Section Number:** Main  
**Field Name:** SickleCellDisease\_Presumptive  
**Row Name:** SickleCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
9. **Section Number:** Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
10. **Section Number:** Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
11. **Section Number:** Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since is not performed.
12. **Section Number:** Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease

**Column Name:** Confirmed Cases

**Year:** 2005

**Field Note:**

This is not applicable to the RMI since is not performed.

13. **Section Number:** Main

**Field Name:** Phenylketonuria\_TreatmentNo

**Row Name:** Phenylketonuria

**Column Name:** Needing treatment that received treatment

**Year:** 2005

**Field Note:**

This is not applicable to the RMI since is not performed.

14. **Section Number:** Main

**Field Name:** Congenital\_TreatmentNo

**Row Name:** Congenital

**Column Name:** Needing treatment that received treatment

**Year:** 2005

**Field Note:**

This is not applicable to the RMI since is not performed.

15. **Section Number:** Main

**Field Name:** Galactosemia\_TreatmentNo

**Row Name:** Galactosemia

**Column Name:** Needing treatment that received treatment

**Year:** 2005

**Field Note:**

This is not applicable to the RMI since is not performed.

16. **Section Number:** Main

**Field Name:** SickleCellDisease\_TreatmentNo

**Row Name:** SickleCellDisease

**Column Name:** Needing treatment that received treatment

**Year:** 2005

**Field Note:**

This is not applicable to the RMI since is not performed.

17. **Section Number:** Other Screening Types

**Field Name:** Other

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2005

**Field Note:**

New born screening is being as a routine in which a physician does a physical exam for the new borns after delivery.

18. **Section Number:** Screening Programs for Older Children and Women

**Field Name:** OtherWomen

**Row Name:** All Rows

**Column Name:** All Columns

**Year:** 2005

**Field Note:**

HIV Screening is being done on a routine basis. The total number of tests performed is 1,955 for both older children (students) and women (including prenatal women).

Pap Smear screening is being performed in the prenatal clinics, public health clinics, and outer islands site visits. The total number of pap smear screening for FY 2003 is 2,042.

The total number of tests for Gonorrhea for FY 2003 is 564, and the total number of tests for Chlamydia is 320.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MH**

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,584	0.0	0.0	0.0	0.0	0.0
Infants < 1 year old	1,588	0.0	0.0	0.0	0.0	0.0
Children 1 to 22 years old	28,239	0.0	0.0	0.0	0.0	0.0
Children with Special Healthcare Needs	308	0.0	0.0	0.0	0.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>31,719</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
This data is only for Majuro, the overall will be reported as soon as it available.
2. **Section Number:** Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since there is not Title XIX is the RMI.
3. **Section Number:** Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since there is no Title XII in the RMI.
4. **Section Number:** Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2005  
**Field Note:**  
This is not applicalbe to the RMI since the Ministry of Health is the only health care the provides all health care services through out the Republic.
5. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Data reported here is based on the total number of registration of live births for the year.
6. **Section Number:** Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2005  
**Field Note:**  
RMI does not have Title XIX.
7. **Section Number:** Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2005  
**Field Note:**  
RMI does not have Title XXI.
8. **Section Number:** Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Age 1 to 22 can not be really specified since the RMI age beak down is 0-24. This is an estimate for ages 0-24 years old for both male and female.
9. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
Data reported here is based on only those children who have been identified to have disabilities (referred to MCH/CSHCN Services).
10. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2005  
**Field Note:**  
The RMI MCH/CSHCN program serves all the MCH population throughout the Republic, therefore no other.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MH**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,584					1,584		
Title V Served	1,584					1,584		
Eligible for Title XIX	0					0		
<b>INFANTS</b>								
Total Infants in State	1,584					1,584		
Title V Served	1,584					1,584		
Eligible for Title XIX	0					0		

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,584							
Title V Served	1,584							
Eligible for Title XIX	0							
<b>INFANTS</b>								
Total Infants in State	1,584							
Title V Served	1,584							
Eligible for Title XIX	0							

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Hawaiian  
**Row Name:** Total Deliveries in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2005  
**Field Note:**  
This data is based on the country.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	_____ none				
2. State MCH Toll-Free "Hotline" Name	none	none	none	none	none
3. Name of Contact Person for State MCH "Hotline"	_____ none				
4. Contact Person's Telephone Number	_____ none				
5. Number of calls received on the State MCH "Hotline" this reporting period	_____	_____	_____ 0	_____ 0	_____ 0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

**FORM NOTES FOR FORM 9**

The RMI does not have toll-free number.

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2005**  
*[SEC. 506(A)(1)]*  
**STATE: MH**

1. State MCH Administration:  
*(max 2500 characters)*

The Constitution of the Marshall Islands designates the Ministry of Health and Environment (MOHE) as the "state" health agency. The MOHE is the only legislatively authorized agency that provides health care to the people of the Marshall Islands. The Bureau of Primary Health Care (PHC) is one of five major bureaus within MOHE and is responsible for all preventive and primary care programs. The Division of Public Health is under the PHC Bureau and includes the MCH/CSHCN Program. This program provides health and health-related services for mothers, infants, children, adolescents, and their families.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>252,495</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>189,372</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>441,867</u></b>

9. Most significant providers receiving MCH funds:

1 OB/GYN, 1 Medec , 2 Staff Nurse,  
3 Dental Assistant, 2 Health Educators  
1 Computer Manager,

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	<u>1,584</u>
b. Infants < 1 year old	<u>1,588</u>
c. Children 1 to 22 years old	<u>28,239</u>
d. CSHCN	<u>308</u>
e. Others	<u>0</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

*(max 2500 characters)*

Direct medical care and enabling services include clinical prenatal care and pap smears performed on pregnant women and women of child bearing age. In addition, STD Testing (HIV/AIDS, GC, syphilis, chlamydia) and Immunizations (MMR, HepB, TOPV, BCG, DPT) are also made available through the public health division that administers these programs. There are also medical and surgical services available for children with special health care needs (CSHCN).

b. Population-Based Services:

*(max 2500 characters)*

In keeping with the Ministry of Health and Environment's shift of focus from curative to primary health care, there has been renewed efforts to reestablish and strengthen population-based services. As a result, Community public health outreach programs such as Health education / awareness programs (some in collaboration with Youth to Youth in Health) have been organized and implemented and coordinated with other agencies such as the Ministry of Education, Youth groups, church groups, and women's groups. Services in Immunization, Dental care, and the Diabetes Reversal Program have been integrated into these programs.

c. Infrastructure Building Services:

*(max 2500 characters)*

The ministry has implemented a national database to centralize the health and health-related data being collected by the various vertical programs in the ministry. The Health Management Information System (HMIS) database is composed of five modules: medical records, epidemiology and biostatistics, referrals, Benefits, Monitoring and Evaluation (BME), and finance, and personnel. The ministry expects that combined with the renewed emphasis on data management, the HMIS will assist in improving the ministry data collection, dissemination, analysis, and reporting capabilities. This improvement will directly benefit the MCH and CSHCN population.

12. The primary Title V Program contact person:

Name Justina R. Langidrik, MPH  
Title Secretary of Health, Primary Health Care  
Address Ministry of Health Box PO 6  
City Majuro  
State MH  
Zip 96960  
Phone 692-625-5660

13. The children with special health care needs (CSHCN) contact person:

Name Ms. Helen Jetnil  
Title MCH Coordinator  
Address Ministry of Health PO Box 16  
City Majuro  
State MH  
Zip 96960  
Phone 692-625-6491

Fax 692-625-3432

Email rmimohe@natamer.com

Web \_\_\_\_\_

Fax 692-625-3432

Email davidh@ntamar.net

Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]  
**STATE: MH**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	10	15	9	9	9
Annual Indicator	8	8	8	100.0	100.0
Numerator				308	308
Denominator				308	308
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	100	100	100	100	100
Denominator	100	100	100	100	100
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	100	100	100	308	308
Denominator	100	100	100	308	308
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>	<u>NaN</u>	<u>NaN</u>	<u>NaN</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>308</u>	<u>308</u>
<b>Denominator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>308</u>	<u>308</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					
	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>9</u>	<u>9</u>
<b>Annual Indicator</b>	<u>NaN</u>	<u>NaN</u>	<u>NaN</u>	<u>90.9</u>	<u>90.9</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>280</u>	<u>280</u>
<b>Denominator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>308</u>	<u>308</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>	<u>9</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					
	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	90	90	90	90
Annual Indicator	75.0	34.3	42.0	NaN	44.7
Numerator	10,413	4,219	4,222	0	4,857
Denominator	13,884	12,283	10,053	0	10,872
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	150	200	175	175	150
Annual Indicator	206.5	193.6	182.9	221.4	30.9
Numerator	328	315	280	277	258
Denominator	1,588	1,627	1,531	1,251	8,363
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	125	100	100	100	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	95	100	55	60	65
Annual Indicator	NaN	NaN	8.5	24.3	54.9
Numerator	0	0	857	2,526	1,161
Denominator	0	0	10,053	10,395	2,115
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	70	75	75	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	5	30	9
Annual Indicator	0.0	0.0	16.0	12.6	6.8
Numerator	0	0	5	4	2
Denominator	30,348	30,761	31,285	31,835	29,478
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	98	99	100	100	100
Annual Indicator	95.0	98.1	98.0	99.9	100.0
Numerator	918	900	966	989	1,087
Denominator	966	917	986	990	1,087
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	
Denominator	0	0	0	0	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.0	0.0	0.0	0.0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	28,121	36,951	31,285	31,835	10,463
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0.0	0.0	0.0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0.9	0.9	0.9	9
Annual Indicator	0.1	1.4	1.4	1.4	1.2
Numerator	2	15	21	17	19
Denominator	1,500	1,103	1,531	1,251	1,584
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	15	15	20	15
Annual Indicator	15.8	38.2	30.7	74.6	3,085.0
Numerator	1	3	2	6	258
Denominator	6,316	7,862	6,507	8,040	8,363
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	50	55	57	60
Annual Indicator	36.9	40.8	29.3	63.9	27.3
Numerator	554	450	449	799	432
Denominator	1,500	1,103	1,531	1,251	1,584
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	62	65	80	80	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 1**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	95	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1,421	1,103	1,531	1,251	1,584
Denominator	1,421	1,103	1,531	1,251	1,584
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	30	35	25	30
Annual Indicator	0.4	0.3	0.4	0.4	0.4
Numerator	22	20	23	26	28
Denominator	7,679	7,778	7,862	8,040	8,363
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	40	45	50	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percentage of mothers who exclusively breast feed their infant during the 1st six months and continue for two years

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	90	95
Annual Indicator	97.6	97.9	97.1	97.9	99.7
Numerator	934	945	939	1,009	1,580
Denominator	957	965	967	1,031	1,584
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	99	99	99	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	29.9
Numerator	186	145	181	185	79
Denominator	186	145	181	185	264
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

The number of women who are screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1,146	1,742	1,444	1,334	1,431
Denominator	1,146	1,742	1,444	1,334	1,431
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 8**

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	NA	NA	NA	NA	NA
Annual Indicator	NA	NA			
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	NA	NA			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30	35	35	40	45
Annual Indicator	89.5	100.0	15.2	11.2	100.0
Numerator	1,421	729	204	146	48
Denominator	1,588	729	1,346	1,309	48
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	55	60	60	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 10**

Percentage of teenage (15 to 19) acceptors of modern contraception

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15	20	25	30	35
Annual Indicator	5.0	11.3	3.7	1.3	6.2
Numerator	387	881	294	104	255
Denominator	7,679	7,778	7,862	8,040	4,095
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	40	45	50	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

This is not applicable to the RMI since this is performed.

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
2. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
For NPM #08, the RMI age group is 15-19, therefore data is reported based on the RMI age group.
7. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This NPM is not applicable to the RMI since is not performed.
8. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This NPM is not applicable to the RMI since is not eligible for the NPM #14.
9. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
There were 17 documented complete suicide cases for the RMI for FY 2003. Out of this number only 2 for 15-19 age group, there more among the older ages.
10. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This is not applicable to the RMI since there is no facilities for high deliveries and neonates.
11. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
This data is for Majuro clinics only.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MH**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	26	25	25	25	25
Annual Indicator	13.2	39.9	26.1	18.4	25.3
Numerator	21	62	40	23	40
Denominator	1,588	1,555	1,531	1,251	1,584
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0.0	0.0	0.0	0.0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0.0	0.0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15	10	10	10	9
Annual Indicator			18.9	16.0	
Numerator			29	20	
Denominator	1,558	1,555	1,531	1,251	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9	8	9	9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9	8	8	8	7
Annual Indicator			7.2	6.4	
Numerator			11	8	
Denominator	1,588	1,555	1,531	1,251	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7	6	6	6	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	23	22	21	20
Annual Indicator			30.7	27.4	
Numerator			47	35	
Denominator			1,531	1,278	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	19	19	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	28	25	24	23	22
Annual Indicator			53.4		
Numerator			12		
Denominator	30,348	30,761	22,464	31,835	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	20	20	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**FORM NOTES FOR FORM 12**

None

**FIELD LEVEL NOTES**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MH**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

    2    

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

    2    

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

    3    

4. Family members are involved in service training of CSHCN staff and providers.

    2    

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

    1    

6. Family members of diverse cultures are involved in all of the above activities.

    3    

**Total Score:**     13    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: MH FY: 2005**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce infant mortality rates.
2. To reduce the barriers to access prenatal care so women can have prenatal care during the first trimester.
3. To increase access to preventive services for women of child bearing age who are at risk for cancer.
4. To improve health status of pregnant women through counseling on nutrition and breast feeding.
5. To strengthen the capabilities of the MOH health informations systems.
6. To improve accessibility to the MCH/CSHCN services for children 0-17 years and the coordination of services between agencies for CSHCN.
7. To improve preventive services for school children in dental care and nutrition.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

The RMI has decided to use the same list for last year, FY 2005.

**FIELD LEVEL NOTES**

None

**FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MH

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        06        </u>	Provide trainings for MCH staff in developing screening tools to screen children 0-3.	This is a need since there is no screening tools have been developed for children.	Staff from the MCHB with the experience of screening for disabilities.
2.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        03        </u>	Our Immunization data system has been having problems for sometimes now that there is need to review it what we have at this point.	We have been having difficulties in getting information from what we have that we hardly get our completion rate correct.	MCHB staff who has the experience with system development.
3.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        N/A        </u>	Provide the MCH staff with skills and knowledge in the process of the 5 years needs assessment.	The MCH will be able to get or collect the data that are importance in the needs assessment.	Personnel from the MCHB that are working with the MCH/CSHCN Block Grant.
4.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>        N/A        </u>	Review the existing data on MCH population.	This is needed since we are in the process of conducting the RMI MCH needs assessment.	Staff from the MCHB who is working closely with the MCH programs.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                        </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                        </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                        </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                        </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                        </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MH**

SP #       1      

**PERFORMANCE MEASURE:**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

**STATUS:**

Active

**GOAL**

Increase to 90% mothers who receive nutrition and family planning counselling during prenatal care visits

**DEFINITION**

**Numerator:**

Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

**Denominator:**

Total number of mothers who attend prenatal care clinics

**Units:** 100   **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

**SIGNIFICANCE**

Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

SP # 4

**PERFORMANCE MEASURE:**

Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.

**STATUS:**

Active

**GOAL**

Provide health education activities related to suicide geared towards the 15 to 19 age group

**DEFINITION**

**Numerator:**

Total number of health activities related to suicide information and prevention implemented

**Denominator:**

No Denominator

**Units:** 125 **Text:** Real number

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Health Education and Promotion Office, Human Services, HMIS

**SIGNIFICANCE**

The number of completed suicides have increased in recent years. For the 1997-98 fiscal year, there have been 12 completed suicides of which 1 was in the 15 to 19 age group. There is no estimate available for the total number of suicide attempts. The 15 to 19 age group has been targeted since most of the suicides have occurred in the 20 to 24 age group. More than 50% of the Marshall Islands population is less than 15 years old. Therefore, the number of completed suicides is a growing concern.

SP # 5

**PERFORMANCE MEASURE:**

Percentage of mothers who exclusively breast feed their infant during the 1st six months and continue for two years

**STATUS:**

Active

**GOAL**

To increase the number of mothers who exclusively breast feed their infant during the 1st six months and continue for two years by 95%

**DEFINITION**

**Numerator:**

Total number of mothers who continue to breast feed their child after 2 years

**Denominator:**

Total number of mothers who gave birth at the hospitals

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, Surveys, HMIS

**SIGNIFICANCE**

SP #          6

**PERFORMANCE MEASURE:**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

**STATUS:**

Active

**GOAL**

To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program

**DEFINITION**

**Numerator:**

Total number of children identified as needing special health care needs who were referred to the CSHCN program

**Denominator:**

Total number of children identified with abnormalities needing special health care

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHCN Program, Maternity Logs, Nursing Log, HMIS

**SIGNIFICANCE**

The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

SP # 7

**PERFORMANCE MEASURE:**

The number of women who are screened for cervical cancer.

**STATUS:**

Active

**GOAL**

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

**DEFINITION**

**Numerator:**

The total number of women who receive Pap smear screening

**Denominator:**

The total number of women who needs a Pap smear

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

**SIGNIFICANCE**

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP # 8

**PERFORMANCE MEASURE:**

**STATUS:** Active

**GOAL** \*\*\* Performance Measure discontinued \*\*\*

**DEFINITION**

**Numerator:**

**Denominator:**

**Units: Text:**

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

**SIGNIFICANCE**

SP #      9

**PERFORMANCE MEASURE:**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

**STATUS:**

Active

**GOAL**

To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregnancy or delivery.

**DEFINITION**

**Numerator:**

Total number of identified high risk women who are referred

**Denominator:**

The total number of high risk women who are identified

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, HMIS

**SIGNIFICANCE**

The MCH program has seen an increasing number of pregnant women during prenatal visits who are at high risk for complications during their pregnancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

SP # 10

**PERFORMANCE MEASURE:**

Percentage of teenage (15 to 19) acceptors of modern contraception

**STATUS:**

Active

**GOAL**

Increase the number of teen acceptors of modern contraception

**DEFINITION**

**Numerator:**

Total number of new teen (15 to 19) acceptors of modern contraception

**Denominator:**

Total number of teens (15 to 19) in the population who are sexually active

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, HMIS

**SIGNIFICANCE**

The number of teenage pregnancies is high and on the increase. Health education programs geared towards this age group has focused on providing information on the availability of family planning options and the advantages of practicing safe sex and planned pregnancies. The number of acceptors would provide the baseline data for determining the total number of modern contraception users.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MH**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	0
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0	0	0	0	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

**FORM NOTES FOR FORM 17**

This is not applicable to the RMI since it does not have Medicaid.

**FIELD LEVEL NOTES**

1. **Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data for Health Systems Capacity Indicator #01 will be reported as soon as it become available.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MH**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>			_____	_____	_____
b) <i>Infant deaths per 1,000 live births</i>			_____	_____	_____
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>			_____	_____	_____
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>			_____	_____	_____

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MH**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) <i>Pregnant Women</i>		_____

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: MH**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) <i>Pregnant Women</i>		_____

**FORM NOTES FOR FORM 18**

This is not applicable to the RMI since RMI does not eligibile for SCHIP.

**FIELD LEVEL NOTES**

None

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

The RMI does not eligible for Medicaid, WIC, Programs, and does not have PRAMS.

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MH**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	10.8	10.4	16.7	23.7	11.9
<b>Numerator</b>	166	115	255	297	189
<b>Denominator</b>	1,535	1,103	1,531	1,251	1,584
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	NaN	NaN	NaN	NaN	1.2
<b>Numerator</b>	0	0	0	0	19
<b>Denominator</b>	0	0	0	0	1,584
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	0.1				1.2
<b>Numerator</b>	2				19
<b>Denominator</b>	1,588	1,103	1,531	1,251	1,584
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>					0.0
<b>Numerator</b>					0
<b>Denominator</b>					1,584
<b>Is the Data Provisional or Final?</b>					

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	180.5	_____	_____	_____	78.1
Numerator	37	_____	_____	_____	320
Denominator	205	_____	_____	_____	4,095
Is the Data Provisional or Final?					Final

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	104.4	_____	_____	_____	_____
Numerator	33	_____	_____	_____	_____
Denominator	316	_____	_____	_____	_____
Is the Data Provisional or Final?					

**FORM NOTES FOR FORM 20**

Data is not available.

**FIELD LEVEL NOTES**

None

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
<b>Total - all children 0 through 19</b>	<b>0</b>

**Note:**  
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MH**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM NOTES FOR FORM 21**

The RMI wil provide a full details and data in the 5 years MCH Needs Assessment.

**FIELD LEVEL NOTES**

None