

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **FM**

APPLICATION YEAR: **2005**

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## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to this section.

### **B. FACE SHEET**

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

### **C. ASSURANCES AND CERTIFICATIONS**

In the future we will be able to send in the signed Assurances and Certifications electronically, but for this application we have faxed and mailed in the signed forms to:

HRSA Grants Application Center  
Attn: MCH Block Grant  
901 Russell Avenue, Suite 450  
Gaithersburg, MD 20879

### **D. TABLE OF CONTENTS**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

### **E. PUBLIC INPUT**

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health, Education and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up.

This year, this process is used again without having to send the application to the FSM Congress for endorsement. This is because, the FSM Congress has already endorsed the MCH Program in the FSM through the previous years' resolutions and by law only new grant or program has to be sent to FSM Congress for review and endorsement. However, if any grant or program is discontinued, the Department of HESA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained.

A copy of the announcement that goes out with this year's application was already mailed into the above address and is also attached herein.

***/2005/No change./2005//***

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### **III. STATE OVERVIEW**

#### **A. OVERVIEW**

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one-degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area (See Map1.Map of the FSM). The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap (See Map 2: The Islands that Make Up the FSM).

Based on the 1999 estimated projections of the 1994 Census, the total population of the FSM stands at 113,032 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 7,691 residents (6.8% of FSM total); the next largest population is in the State of Yap with 11,856 persons (10.5% of FSM total); Pohnpei state has a total population of 36,146 (32% of FSM total); and the largest population is in the State of Chuuk with 57,339 residents (50.7% of FSM total). Of this total population of 113,032, there are 25,320 women of childbearing years of 15-44, which is 22% of the total population. Of this total population of childbearing age women, there are 4,030 women between the ages of 15-17 years. The population structure continues to show that 59,560 (53%) of the residents - more than half of the population are under the age of 20 and the children from birth through five-year old number 15,643 and comprise 13.8% of the population./2004/ The FSM 2000 Census shows a total population of 107,008 compared to 113,032 in the previous census. The population distribution further shows that Kosrae has 7,686 residents; Yap has 11,241; Pohnpei 34,486; and Chuuk 53,595. 53% (56,409) of the entire FSM population is under twenty years old; women of childbearing ages from (15-44 years old) are 22.5% (Please see attachments for FSM age breakdown)./2004/ No change //2004//

The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef (Refer to Attachment section for Population by Municipality or Islands for details).

The total population of the State of Chuuk based on the 1994 Census was 53,319 residents and of this total, 41,662 (78% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 16, 121 residents (30% of total state), followed by Tol (4,816), Fefan (4,042), Tonoas (3,949), Uman (3,056), Patta (1,825), Udot (1,598), Wonei (1434), and Polle (1,320). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 53,319 total residents 57% (30,314 persons) of the population are less than 20 years of age. Of this group, 8,440 are children under 5 years of age. The median age in Chuuk is 17.0 years, which makes this the youngest population in the FSM. There are 11,005 (42% of the female population) women of childbearing ages between 15-44 that live in the state. /2004/ Based on the 2000 Census, Chuuk has a total of 53,595 residents. Out of this, 13,802 reside on the Island of Weno, the administrative center of the State; 26,140 live on the islands in the Chuuk Lagoon; and the rest of 13,653 live in the outer islands that can only be reached by boats and small planes.//2004//

Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the islands coupled with the fact that there is no transportation system that allows access to these islands.

The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. High steep rugged mountain peaks characterize the inner part of the island, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae State Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, the Bank of Hawaii, Bank of FSM, FSM Development Bank, two restaurants and one hotel.

The total population of Kosrae, based on the 1994 Census data, is 7,317 residents. Of this total population, 2,427 people reside in Tafunsak, 2,404 persons in Lelu, 1,430 in Malem, and 1,056 residents on Utwe. In assessing the age distribution of the population, 53% (3846 persons) of the population is less than 20 years of age and of that group 922 (13%) are less than 5 years of age. The population of women 15-44 years number 1,512 and comprise 43% of the total female population./2004/ Kosrae's total population in the 1994 Census was 7,686. Of this total 2,591 reside in Lelu; 2,457 reside in Tafunsak; 1,571 in Malem; and 1,067 in Utwe.//2004//

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a landmass of 129 square miles, and is the largest island in the FSM. The island itself is a high volcanic island with a central rain forest and a mountainous interior. The elevated interior has eleven peaks of over 2,000 feet with the highest peak, Nahnauld at 2,595 feet above sea level. Pohnpei proper is encircled by a series of inner-fringing reefs, deep lagoon waters and an outer barrier reef with a number of islets found immediately off shore. The island of Pohnpei is subdivided into five municipalities of Madolenihmw, U, Nett, Sokehs, Kitti, and the town of Kolonia where the majority of the government buildings and offices, and the Pohnpei State Hospital are located. Of the outer islands of Pohnpei, to the south lies Kapingamarangi (410 miles from Pohnpei proper), Nukuor (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lies the islands of Mwoakilloa (95 miles) and Pingelap (155 miles). These outer islands together comprise a land mass of approximately 133 square miles and 331 square miles of lagoons.

The population of Pohnpei, based on the 1994 Census data, numbered 33,692 residents and is projected to reach 37,800 by the year 2000 and 48,700 by the year 2014. More than half (55%) of the population (18,348 persons) of Pohnpei are less than 20 years of age with the median age of 18.2 years. There are 7,407 women of childbearing age between 15-44 years and they comprise 45% of the female population. /2004/ In 2000, Pohnpei's total population was 34,486. Majority of the people (32,178) live on Pohnpei Island and 2,308 live on the outer islands.//2004//

Travel on the island of Pohnpei proper is increasingly easier with the increased development and improvement of paved roads to outlying communities. However, because of scattered housing along secondary unpaved dirt roads, there are still many residents who have a difficult time in accessing health care. The outer islands are the most difficult to reach because of the infrequent and undependable cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

The State of Yap lies in the western most part of the Federated States of Micronesia. Yap proper is the primary area in Yap state and is a cluster of four islands (Yap, Gagil-Tomil, Maap, Rumung) connected by roads, waterways, and channels. Most of the coastal areas are mangrove with

occasional coral beaches. The town of Colonia on Yap proper is the capital of Yap. The State of Yap has a total of 78 outer islands stretching nearly 600 miles east of Yap Proper Island of which 22 islands are inhabited. Although these islands encompass approximately 500,000 square miles of area in the Western Caroline Island chain, Yap state consists of only 45.8 square miles of land area. Most of the outer islands are coral atolls and are sparsely populated. The population distribution among these island based on the 1994 Census data are: Yap Proper with 65% (6,919 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,016 residents (9.1%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 844 persons (7.6%); Fais, population 301; Eauripik, population 118; Satawal, population 560; Faraulep, population 223; Ifalik, population 653; Elato, population 121; Ngulu, population 38; and Lamotrek, population 385.

The total population of Yap state, based on the 1994 Census data, stands at 11,170, which is a 9.8% increase over the 1989 data. The Yap population comprises 10.6% of the total population of the Federated States of Micronesia. The median age for Yap is 19.7 years and is the highest median age among the four states and comparatively higher than the median age of the FSM, which is 18.1 years. The age distribution of the population in Yap shows that 50.5% are under 20 years of age (3,354 persons); there are 2661 women between 15-44 years of age, the child-bearing years which is 47% of the total female population. /2004/ FSM 2000 Census shows a total of 11,241 people live in Yap. Out of this, 7,391 live on the Yap main islands spread among the ten villages or municipalities and 3,850 live on the ten inhabited islands.//2004//

Similar to the Island of Pohnpei, transportation on Yap Proper is becoming easier because of the development and improvement of paved roads; however, there are clusters of villages that are still difficult to access because of unpaved dirt roads. The outer islands are also difficult to reach because of the infrequent cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

Within the FSM, the health care delivery environment differs for each of the four states and depends on the availability of resources, the geography of the state, and the extent to which the health care system has been de-centralized - as recommended in the 1995 FSM Economic Summit. The center of each State's health system is the hospital. Each contains an emergency room, outpatient clinics, inpatient wards, surgical suites, dialysis unit, a dental clinic, a pharmacy, laboratory and X-ray services, physical therapy services, and health administration offices, which includes an office for data and statistics. In addition to these acute care services, the Public Health clinic services are provided either within the same facility as the hospital or in a separate facility on the grounds of the hospital. These central hospitals are located on the island of Weno in Chuuk state, in the municipality of Lelu in Kosrae state, in Kolonia on the island of Pohnpei, and in Colonia on the island of Yap Proper. These hospitals and its services are directly accessible only to residents of the urban (state) centers. For residents who live on the lagoon islands or the outer islands, access is more difficult because of the lack of public transportation between the islands. In addition to these centralized facilities for both medical care and public health services, each of the four states are in the process of decentralizing the system to be able to provide health care services in outlying and remote areas. The State of Chuuk and the State of Yap both have dispensaries in the outer islands as part of the Primary Health Care Division that are served by health assistants. Only the basic of health care services are available in these sites and consultation with medical personnel at the hospital is necessary for more complicated medical care. The State of Pohnpei and the State of Kosrae are extending services into the communities through the improvement and expansion of community-based dispensaries which are served by medical and health personnel from the public health programs who travel to these outlying dispensaries either on a daily basis or several times a week to provide services.

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 1994 census, of the 1,925 households, 1,426 reported some cash income with a median household income of approximately \$6,000 and a mean household income of \$8,300. By region, the median household income was \$6,700 in Yap Proper and about \$3,800 in the outer islands. During this reporting year, about 50% of

the population aged 15 years and over reported receiving cash income. These 3,401 income recipients represented half of the 6,754 persons in the working age population. The median individual income for Yap was \$3,509 with individual income on Yap Proper higher than income in the outer islands. /2002/ No changes or additions. /2003/ No changes or additions./2004/ 2004 Data Census: Out of the total 2,030 households in FSM, 77% (1,578) reported having cash income with an average income of \$10,344 and a median income of \$6,489. This represents half of a percent (.5%) increase from the 1994 Census. However, there is still a disparity of income level among the Yap proper population and the outer island population. The average household income in Yap proper is \$11,462 with a median income of \$7,299 where as in the outer islands the average household income is \$4,900 with a median income of \$4,242. In Chuuk, 6,385 reported having cash income with an average income of \$9,627. The median income is \$2,778. This level of income is higher for the lagoon island households than the outer island households. Compared this to the 1994 Census for Chuuk, this represents a 5.6% increase. For Pohnpei, there were 5,067 households with cash income. The average income was \$11,249 and the median was \$6,345. As in all outer islands situation, the income level for the Pohnpei outer island households compared to the households on the main island is three times lower. In Kosrae, 97% (1,059/1,087) of the total households have some kind of cash income. Out of these 1,059 households, the mean household income is \$12,407 and the median is \$7,528. Compared to the 1994 Census, this represents a 3.8% change or increase in median income.//2004//

***/2005/ Essentially, the FSM is still the Title V Grantee of this program. Many of the features of its services before are still the same.//2005//***

## **B. AGENCY CAPACITY**

The State Title V Agency is in the FSM National Government, which is physically located at Palikir on the island of Pohnpei, six miles away from Kolonia, the center of the state government, and the major commerce and business center of Pohnpei state. The national government, patterned after the U. S. democratic government, has three branches - The Executive Branch, The Judiciary, and the Legislative Branch. The three branches of the government were re-organized in January 1998. This re-organization merged the former Departments of Health, the Department of Education, and the Historic Preservation and Archives Program into a new Department of Health, Education and Social Affairs (HESA).

For the purposes of receiving U. S. Federal Domestic Assistance, the National Government is designated as the "State Agency". However, all funds approved by the U. S. Federal Government to support MCH Title V and allocated to the FSM Government are further allotted to each State MCH Program by way of Allotment Advices issued by the National FSM Office of Budget, now under the administration of the new Department of Finance and Administration. /2002/ No changes or additions. /2003/ No changes or additions. /2004/ No change. ***/2005/ No change.***

***/2004/ Each of the State MCH Program collaborates with the local departments of education, agriculture, social services, Land Grand Nutrition Program annexed to the College of Micronesia-FSM, and Women Interest Officers Program. The collaborations focus on promotion of Vitamin A and nutrition, support services to promote exclusive breastfeeding and parenting skills. Other collaborations with the private organization such as Head Start Program and private schools focus on early dental care services. Through the Immunization Program, the MCH Program in Pohnpei State also collaborates with the Genesis Clinic and the Pohnpei Family Health Clinic by providing vaccines free of charge. In return, the clinics provide immunization data, which is one of the outcome measures for the MCH Program.//2004//***

***Within each of the four states, under the direction of the State Director of Health, the Primary Health Care Services administers the MCH Title V Program. The MCH Programs provides primary care and preventive services to pregnant women, mothers and infants; preventive and primary care for children; and services for children with special health care needs. In FY 1999, there were 36 full-time staff in the four FSM States funded by the Title V Program. These***

**include three full-time MCH Coordinators for Chuuk, Kosrae and Yap, the CSHN Coordinators for Pohnpei and Kosrae states, as well as staff positions such as nurses, health educators, health assistants, dental assistants, and clerical staff. The MCH Coordinator for Pohnpei state is funded by Pohnpei State Government. The Public Health Department provides all of the preventive and primary health care services at no cost to the clients. The staff of the MCH Programs work closely with the staff from other programs to provide the full array of services. Some of the other programs that collaborate with the MCH Program include the family planning program, the immunization program, the school health program, the prenatal care program, and the STD program.**

**/2002/ During the past two years, there have been several changes in the leadership of the MCH and CSHN programs at the state level. In 1999, the State of Kosrae replaced the MCH Coordinator and the CSHN Coordinator and Pohnpei state replaced the CSHN Coordinator. During the year 2000, both Pohnpei state and Yap state replaced their MCH Coordinators. The only incumbents that have been stable are the MCH Coordinator and CSHN Coordinator in Chuuk and the CSHN Coordinator in Yap. These changes in the MCH and CSHN programs have led to a lot of instability in the two programs at the state level. Progress in the implementation of the policy and procedures and services for the Comprehensive Well Baby Clinics and the Children with Special Needs Programs has been significantly hindered because of the need to continually re-orient and re-train new staff.**

**/2003/ During the past year, the leadership in the MCH and CSHN programs in the states has stabilized and the MCH Coordinators and CSHN Coordinators in all four states have been in their respective positions during the full year. Training and education for the coordinators during this time has continued at three levels: (1) Individual on-site consultation has been provided twice a year for the MCH Coordinators and CSHN Coordinators in the four states on developing policy and procedures, program implementation, data collection, data analysis and interpretation, and improving data capacity. (2) The Annual MCH Workshop was held in April 2002 and brought together the MCH Coordinators, the MCH Data Clerks, the CSHN Coordinators, and staff from the National Government's Health Department where issues were discussed related to improving state data capacity and early intervention services for children with special needs. (3) Special conferences and other educational opportunities were provided to two of the MCH Coordinators who attended the University of Hawaii's MCH Certificate Course, the CSHN Coordinators attended the Pacific Basin Interagency Leadership Conference, and MCH Coordinators attended the PACRIM Conference in Honolulu.**

**Also during the year, four MCH Data Clerks were added to the four state programs through SSDI Project funding to improve the collection of MCH related data within the states. The data clerks are deployed to the state Medical Records Department and have the primary responsibility for assuring the completion and accuracy of the birth certificates, the fetal death certificates, the infant death certificates, and the pediatric death certificates. The data clerks are also responsible for manually "linking" the infant death and birth certificates. These linked certificates are then given to the MCH Coordinators for analysis and interpretation.**

**The Chuuk MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Pregnant women are provided with prenatal care services twice a week at the central prenatal clinics in Public Health section of the Chuuk State Hospital. The first prenatal care visits are provided on Tuesdays where women are screened for pregnancy risks, hepatitis, Pap smear, and anemia. Revisit prenatal care services are provided on Thursdays for routine prenatal care where nutrition education, dental services, and physician services are provided. High-risk prenatal clinics are also provided on Thursdays. The Health Assistants in the field provide prenatal care to women in the out-lying islands. Family planning services are provided to those women who attend the post-partum clinics. Well baby care services are provided to infants in Public Health once a week. Services at this clinic include growth monitoring, developmental screening, immunization, nutrition education and counseling. The physician provides physical**

**assessments to all infants who attend the clinic. Services for children are primarily immunization services that are provided both at Public Health and well as by outreach teams in the outer islands. Preventive dental health services are also provided for the children in the schools using staff from the Dental Division and the MCH Program. Children with special needs are seen at a weekly CSHN Clinic by the CSHN physician who provides the medical and health care to the children with disabilities. The program staff also provide services to the children and families in the home when warranted. The CSHN Program has been developed as an interagency effort among the MCH Program, the Chuuk State Hospital, the Special Education Program, and the Head start Program.**

**Because of the wide distribution of the population among the Lagoon Islands and the outer islands, the MCH Program has started an outreach program to serve women and children who live in remote locations. Teams of physicians and nurses travel to these remote islands to provide prenatal services, immunization services, screening services, and dental services.**

**The Kosrae MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Pregnant women are provided prenatal care services on Tuesdays and Thursdays of each week at the Public Health section of the Kosrae State Hospital. The first prenatal visits are scheduled for Tuesday and the services include monitoring of weight and blood pressure, hematocrit for anemia screening, fasting blood sugar, and urinalysis. The women are also screened for Hepatitis B, STD's, and cervical cancer with a Pap smear. The tetanus booster is updated and they are provided with a physical examination by the physician. Pregnant women who meet the criteria for high risk are referred to the high-risk clinic on the Thursday morning. All the revisits are also done in the Thursday morning clinic. Mothers who have delivered attend the post-partum clinic one month after delivery and are provided with hematocrit screening, blood pressure and weight check, and physical examination. Women are then encouraged to attend the family planning clinic for contraceptive services. Well baby care services are provided on a weekly basis and include growth monitoring, developmental screening, nutrition education, breastfeeding, and immunization. The Children with Special Needs program provides assessment and follow-up services for infants and children who are referred with handicapping conditions. For children who are homebound, the CSHN team will make home visits to provide medical and educational services. The CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Head start Program, and the physician and physical therapist from the hospital.**

**The Pohnpei MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. The Pohnpei Health Services has three divisions- Primary Health Services Division, Dental Services Division, and Medical Services Division all operating under the State Director of Health Services. The Primary Health Services Division includes all of the dispensaries on Pohnpei proper and also those on the outer islands. Each dispensary is staffed with a health assistant and a nurse. A physician provides medical and consultative services to the dispensaries with visits at least 2-3 times a week. The Medical Services Division provides inpatient services, emergency room services, as well as primary care services through the outpatient clinics. The inpatient services include acute medical care on the medical ward, surgical ward, obstetrical ward, pediatric ward, and newborn nursery. The mental health services are situated outside of the hospital in a building across the street and operates under the supervision of the Chief of Primary Health Services. The MCH Program provides prenatal care, post-partum care, immunization, and children with special needs services. Pregnant women are seen in the prenatal clinics based on their risk status. Services provided during prenatal care include physician examination, weight and blood pressure monitoring, urinalysis, hematocrit, Pap smear, Hepatitis B screen, and STD screen. Preventive services include prenatal vitamins, iron, diet and nutrition counseling, and care during the pregnancy. Post-partum services are scheduled with the Public Health Clinic at the time that a women is discharged from the hospital after the delivery. At the post-partum visit, both mother and infants are examined, mother is counseled on breastfeeding, and the**

**mother is referred to the family planning program for counseling and contraceptive services. The infant is given an appointment for the immunization clinic. The Children with Special Needs program provides clinical assessments and follow-up with the physician through the CSHN Program Coordinator. The Pohnpei CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Head start Program, and the physician and physical therapist from the hospital.**

**The MCH staff are part of the teams from Primary Health Division that conduct health screening of children in schools each year. During these screenings, weight and heights are taken, a physician, health assistant, or Medex conducts a physical examination, and visual screening is also done. There are field trips that takes these teams to the outer islands to conduct these screenings, however, not on a regular basis.**

**The Yap MCH Program provides all of the preventive and primary health care services for pregnant women, post-partum women, infants, and children. Prenatal care services are provided by the MCH Program on Tuesday, Wednesday, and Thursday of every week. In the outer islands, pregnant women are seen by the health assistants and women who are identified as high risk are referred to Public Health. Prenatal care services include weight and blood pressure monitoring, screening for anemia and Hepatitis B, nutrition education and counseling, and breastfeeding counseling. Well baby care services are provided for all infants and services include growth monitoring, developmental screening, nutrition counseling, and immunizations. The Children with Special Needs program provides clinical assessment for children suspected of having a handicapping condition. Medical follow-up is provided by the Public Health physician and the CSHN Coordinator, who is a Public Health Nurse. The Yap CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Head start Program, and the physician and physical therapist from the hospital.**

**/2005/ During this year, two fo the four FSM MCH coordinators completed a certificate program from the UH MCH Training Program. These two staff gained new skills and insights ranging from program planning, management, evaluation and needs assessment. This will contribute to how the FSM MCH Program provides services to women, infants and children.**

**In addition, the program coordinators and the MCH data clerks attended two important workshops this year. The first one was the annual MCH training sponsored by the UH MCH training program. Again, this workshop afforded them the opportunity to share ideas and to develop their skills in the area of MCH services. The second workshop, which was more technical in nature, was the basic epidemiology training that was ever sponosred in the Pacific region by HRSA, MCHB. Though this workshop deals with the entire aspects of basic epidemiology, it gave the MCH coordinators and the MCH data clerks the opportunity to understand the reasons for collecting and analyzing numbers. This was a positive achievement and it needs to be fostered.**

**Also during this year, a workshop was held with the FSM Special Education Program where staff from both programs came togetgher and discussed ways to improve services provided to children with special health care needs. From that workshop, the two programs agreed to carry out a joint survey to determine how parents or caretakers perceive the services their children are getting from the programs (see copy of the questionnaire attached).**

**The FSM National Program coordinator continues to receive educational training in epidemiology through a program at the Univeristy of Michigan School of Public Health to fill some of the needs that are critically needed by the MCH Program and by the FSM Department of HESA. //2005//**

There are two levels of government in the FSM, the National Government level and the State Government level. At the National level, the Secretary of the Department of Health, Education and Social Affairs (HESA) manages health affairs for the nation.. The FSM Title V Maternal and Child Health Program, as the designated State Health Agency, is at the National Government level, and is one of the programs under the Secretary, Department of Health, Education and Social Affairs (HESA).

The National MCH Coordinator works under the Secretary of HESA as well as in collaboration with other coordinators at the national level, such as the Immunization Coordinator, the Family Planning Coordinator, the HIV/AIDS Coordinator and the Diabetes Control Program Coordinator. Two additional positions funded by the Title V Program at the National Government level include one MCH Administrative Assistant and the Federal Program Coordinator./2004/ This year, the titles of the two funded positions out of the Title V Program have changed to that of a (1) financial and fiscal officer and (2) federal programs coordinator. //2004// The day-to-day administration and management of the Title V Program is under the direct control of the National MCH Coordinator, who also works closely with each of the four state MCH Coordinators.

At the state levels, the Department of Health Services is headed by the Director of Health who is appointed by the Governor of the State and is responsible for all medical and health services in the state. Organizationally, in Pohnpei state directly under the Director of Health are the Chief of Medical Services who is responsible for hospital based medical services and the Chief of Primary Health Care Services who is responsible for all public health services and functions, and the Chief of Dental Services. In Kosrae state, the three divisions are Division of Administrative Services, Division of Curative Services, and Division of Preventive Health Services. Each state has a central State Hospital with medical, nursing, and support personnel that provide all of the acute inpatient and outpatient medical services for the residents of the state.

The Maternal and Child Health Program and the Children with Special Health Care Needs Program are both organizationally under the Chief of Primary Health Care Services. For the planning, implementation and provision of direct services to the maternal, infant, child, and adolescent populations, each state has an MCH Coordinator and a Children with Special Health Needs (CSHN) Coordinator. /2002/ No changes or additions. /2003/ On November 27, 2001, a new organizational structure for the FSM National Government's Department of Health, Education and Social Affairs was approved by the Secretary of the Department of HESA and created the Division of Health. The organizational structure now contains a position for the Assistant Secretary for Health who has administrative supervision over the Program Managers of four new sections - the Communicable Disease and Immunization Section; the Environmental and Community Health Section; the Substance Abuse and Mental Health Section; and the Planning, Family Health, Maternal and Child Health, and Non-Communicable Disease Section which includes the Maternal and Child Health Program. The Program Manager of the Planning, Family Health, Maternal and Child Health, and Non-Communicable Disease Section will also act as the National FSM MCH Coordinator and will continue to work with the MCH Coordinators in the four states, provide the guidance for the MCH Programs in the states, and will also be responsible for fulfilling all of the responsibilities of MCH State Agency for the FSM. (See Attachments for organization chart)/2004/ No changes or additions.

***/2005/ Organizational chart is already on file with HRSA, MCHB, and there is no change./2005//***

#### **D. OTHER MCH CAPACITY**

Within each of the four states, under the direction of the State Director of Health, the Division of Primary Health Services administers the MCH Title V Program. The MCH Programs provides primary care and preventive services to pregnant women, mothers and infants; preventive and primary care for children; and services for children with special health care needs. There were 36 full-time staff in the four FSM States funded by the Title V Program. These include three full-time MCH Coordinators for Chuuk, Kosrae and Yap, the CSHN Coordinators for Pohnpei and Kosrae states, as well as staff positions such as nurses, health educators, health assistants, dental assistants, and clerical staff. The

MCH Coordinator for Pohnpei state is funded by Pohnpei State Government. /2004/. There are 32 full-time positions funded by the Title V Program. These 31 full time positions include four MCH Coordinators, one from each of the FSM States of Chuuk, Pohnpei, Yap and Kosrae. There are three CSHCN full-time funded positions, one from Chuuk, one from Pohnpei, and one from Kosrae. Only Yap State Government is still funding the full-time CSHCN position. Ten (10) other positions as public health nurses, health assistants, health educators and clerks are included for Chuuk State MCH Program. For Pohnpei State MCH Program there are six (6) positions, which include two dental nurse, three (3) public health nurse and educators and one clerk. For Yap, there are three (3) dental nurses, two (2) public health nurse and educators, and two (2) administrative staff. At the National Government level, there are two full-time positions: one financial and fiscal officer person and one federal program funds coordinator detailed to Chuuk State. In addition to these full-time positions in the Title V Program, there are four data specialists funded by the SSDI Program that play integral role in the Title V Program. These specialists, who physically work in each of the Vital Statistics and Record Divisions of each of the State Hospita,l plus the 32 full-time positions described above make up a total of 36 full-time positions available to the Title V Program in the FSM ./2004//

These staff constitute the MCH Programs in each of the State Public Health Departments and they directly provide all of the preventive and primary health care services at no cost to the clients. The staff of the MCH Programs work closely with the staff from other programs to provide the full array of services. Some of the other programs that collaborate with the MCH Program include the family planning program, the immunization program, the school health program, the prenatal care program, and the STD program.

The planning, evaluation, and data analysis are provided by the MCH Coordinators in each of the four states with the support from the Coordinators of other programs such as the Immunization Program and the Family Planning Program as well as from the staff of the National MCH Program. Technical assistance through consultation visits twice a year is provided by the SSDI consultant. Of the four MCH Coordinators, three are Registered Nurses and one is a Medical Officer All are responsible for assuring that clinical services are provided to pregnant women, infants, children, and children with special needs. /2002/ Of the four MCH Coordinators, three are Registered Nurses and one is has experience working in the hospital as the Head of the Medical Supplies Department. /2003/ No changes or additions./2004/ All four MCH Coordinators are Registered Nurses and all four CSHCN Coordinators are Registered Nurses. In addition to these RNs, each of the States provides on its own budget a medical doctor to the MCH Program and together they are responsible for assuring that clinical services are provided. The technical assistance that used to be provided through consultation visits twice a year by the SSDI Consultant will not be available anymore. While the FSM MCH Program will continue to look at alternative ways of ensuring technical assistance needs for all the State MCH Programs, it will also utilize its own resources from the National Government level to provide such needs. //2004//

***/2005/ The planning and evalaution process for the MCH Program in the FSM includes input from different programs, administrators and key staff. First at the National level, the MCH Program Coordinator is the Assistant Secretary for Health, Mr. Marcus Samo, and is assisted by key staff such as Mr. Dionis Saimon, Chief of the Section for Family Services and Chronic Disease Services, Mr. Stanley Mickey, who does the financial managment of the program along with other support staff. The coordinator ensures that the program is implemented in each of the FSM states and that training, material and financial resources are provided to the staff in the states to carry out the activities.***

***This year the MCH Program is proposing to add a physician in one of the FSM state specifically for the MCH Program. From time to time, this physician, who should have the medical and clinical expertise in children's health, will travel to each of the FSM state to provide care that may be needed in the other states, where a doctor for that speciality may not be available.//2005//***

## E. STATE AGENCY COORDINATION

The MCH Title V Program staff at the state level work closely with the Special Education Programs of the Department of Education, Headstart Program, the Dental Health Divisions of each state health services; Family Food Production and Nutrition (FFPN) Program (a UNICEF-supported program located at each State Department of Agriculture), parents support groups, church leaders, women's groups, community and traditional leaders.

In the four states, an interagency agreement for the Children with Special Needs Program has been developed that involves the Children with Special Needs Program, MCH Program, the State Hospital, the Department of Education, Special Education Program, the Headstart Program, and the Parent Network. This interagency agreement has been established to assure that children are screened for disabilities, and those who are suspected of having a disability are referred to the Children with Special Needs Program for an assessment. The agreement also assures that an interdisciplinary team of members from each of the agencies is available to conduct an assessment, develop the individualized plan, and provide or coordinate the services.

In 1999, the Governor of Chuuk state established a new task force - The Chuuk State Children Task Force - and appointed members from the community to serve and includes the MCH Coordinator. The Children with Special Needs Coordinator and the UNICEF Nutrition Advisor were appointed as Co-Chairpersons for this task force. The task force is charged to assess the issues related to the Children's Rights Convention as ratified by the FSM National Government. One of the first tasks of this group is to identify and examine existing laws and regulations that protect the rights of children. Also in Chuuk, there is the Chuuk State Inter-Agency Nutrition Committee, which is designed to promote any nutrition activities for Chuuk state. This Committee has assisted MCH Program to do more breast-feeding education by training women's groups in the communities on the importance of exclusive breast-feeding and the impact on the health of infants and children.

The MCH Program is organizationally part of the Primary Health Care Services Division (public health services) which also includes the Family Planning Program, the prenatal care program, the Immunization Program, the HIV/AIDS Prevention Program, mental health services which includes the alcohol and substance abuse programs, School Health Program, the NCD (non-communicable diseases - hypertension, diabetes) Program, and the Tuberculosis and Leprosy Program. Because all of these programs and services are under the supervision of the Chief of Primary Health Care Services Division, coordination of services among these programs is possible./2004/ At the National Government level, the Chief of the Section who also serves as the MCH Program Coordinator at the National level coordinates, along with the financial and administrative support staff, with all the FSM State MCH Programs activities pertaining to services for women, infants and children. Consultation is made on regular basis with the Assistant Secretary of Health and the Secretary of Health, along with the three chiefs from the other three sections. Together, this constitutes the senior management team./2004//

The FSM does not have the following programs or services: Title XIX - Medicaid, Title XXI - Child Health Insurance Program, social services, child welfare programs, Social Security Administration, WIC Program, or rehabilitation services. /2002/ No changes or additions. /2003/ No changes or additions.

*/2005/ No change//2005//*

## F. HEALTH SYSTEMS CAPACITY INDICATORS

#01: The rate of children hospitalized for asthma (10,000 children less than five years of age). During this reporting period, there were 29 or 19.6/10,000 in that age group who were hospitalized for asthma. The total number of children in that age group was 14,783.

*/2005/ The rate for this reporting year (2003) is 53/10,000. All together there were 91 children*

**less than five years old who got hospitalized due to asthma. The total number of children in that age group was 17,154. //2005//**

#02: The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screening.-- Not Applicable in FSM.

**/2005/ Not applicable.//2005**

**#03: The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screening. -- Not Applicable in FSM.**

**/2005/ Not applicable.//2005**

**#04: The percent of women (15-44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 per the Kotelchuk Index. There were a total of 575 women with live birth in that age group who whose observed to expected prenatal visits are greater than or equal to 80 percent of the Kotelchuk Index. In addition, there were also 2515 women between 15-44 years old with live birth during the reporting year. Therefore, FSM's performance indicator for this year is 22.8%.**

**/2005/ During this reporting period (2003), the percentage of women of child-bearing age (15-44 years old) whose observed to expected prenatal visits are great than or equal to 80% on the Kotelchuk Index was 54.4%. There were 912 total number of women who met that standard and the total number of women in prenatal care was 1678 (denominator).//2005//**

#05: Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State.-- Not Applicable in the FSM.

**/2005/ Not applicable.//2005**

**#06: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0-1), children, and pregnant women.-- Not applicable in the FSM.**

**/2005/ Not applicable.//2005**

**#07: The percent of EPSDT eligible children aged 6-9 years who have received any dental services during the year.--- EPSDT is Not Applicable in the FSM.**

**/2005/ Not applicable.//2005**

**#08: The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.--Not Applicable in FSM.**

**/2005/ Not applicable.//2005**

**#09: The ability of States to assure that the MCH Program and the Title V agency have access to policy and program relevant information and data.**

**The MCH Program and the National Department of Health (Title V Agency) have access to policies and data pertaining to MCH Program services and other relevant issues. In fact, the MCH Program has enhanced the data capacity of the Title V Agency.**

**/2005/ No change.//2005//**

#10: The ability of States to determine the percent of children who are obese or overweight.

FSM has not carried out the YRBS. In its SSDI submission, FSM is proposing to initiate an integrated survey inclusive of relevant modules from the YRBS, SLAITS, and PRAMS.

***//2005/ YRBS is currently planned through the Tobacco Control Program, which falls under the grantee. The standard SLAITS that is normally conducted in the U.S. mainland is still not carried out in the FSM. However, the FSM MCH Program has already carried out a survey in Chuuk, soon to be in the other states, that will provide some of the questions the FSM MCH Program needs. A copy of the survey is already attached in the above section under "Agency Capacity'. //2005//***

## IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

### A. BACKGROUND AND OVERVIEW

Four years ago, the FSM MCH Program conducted a five-years needs assessment. The findings of that needs assessment lead to some important deficiencies, within the health care system, and to some specific health issues that the MCH Program focused its resources and activities as its priorities. The issues that were noted in the needs assessment were also augmented by recommendation from other experts to the FSM government for the need to provide coordinated and persistent array of social, medical and preventive services to improve the health of the women, mothers, infants and children who make up at least 90% of its total population. In its accession to the Convention on the Rights of the Child, FSM government committed itself to this convention and tasked the FSM Department of HESA, the Title V Agency, as the lead agency.

In addition, the MCH Program Coordinator was made a key member of the President's Advisory Council to the CRC. In this partnership, the MCH Program is relied on as the lead program in providing recommendation. Likewise, the MCH Program also benefits from such arrangement in that it was able to align and maximize networking resources to achieve the priorities it set for its program activities.

Since four years ago, the MCH Program has conducted annual workshop. During these workshop, the MCH Program coordinators and staff from each of the FSM States and the National discussed issues such as AMCHP meetings, legislative updates, and writing of workplan. The workplan set out what each of the MCH Program coordinators would do for the priorities already set out. Together, they reviewed the workplan, discuss ways to track progress, and agreed on timeline for reports to be submitted. When the agreement was made, the FSM National MCH Program allotted the funds to the respective State MCH Programs to carry out the activities.

Unless the FSM Government say otherwise, this system will be followed in allotting funds to the respective State programs. The process in setting workplan will also be followed.

The next needs assessment will lead to the next set of priorities. In addition, the next needs assessment will also enable the MCH Program to re-evaluate its current priorities and what priorities is should set for the the next future intervention years.

***/2005/ In terms of priority and since this is the last year of the fifth year of this grant, the FSM MCH Program will focus its strategies, interventions and resources on the same priorities. However, it should be noted that although FSM is currently conducting an FSM-type SLAITS survey, it will only provide partial information needed to conduct a thorough needs assessment. When that needs assessment is done, coupled with the FSM-SLAITS type survey, FSM will be able to articulate its next set of priorities based on evidence and data./2005//***

### B. STATE PRIORITIES

**DIRECT HEALTH CARE SERVICES** - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women shows that only 9.7% of the women received early prenatal care, a decline from 1997 and 1998 when 11% and 20.3% received early care respectively. For those women who do initiate care, only 15% receive adequate care, 9% receive intermediate care, and 76% receive inadequate care as measured by the Kotelchuk Index of Adequacy of Prenatal Care. The nutritional status of pregnant women has been a problem; however, there is no formal documentation of the problems. Informal surveys of hematocrit levels of pregnant women in Chuuk state show that approximately 50% of the women have low hemoglobin that require treatment. There is a need to improve the adequacy of prenatal care by encouraging early prenatal care and continuous prenatal care. /2004/ Although there there may be a small increase in the number of women who received prenatal care, by and large, there is still a great number of pregnant women who did not receive prenatal care. In 2002, less than 29% of all those women who gave birth received

prenatal care. Of all these those who received prenatal care only have had adequate prenatal care as determined by the Kotelchuk Index.//2004//.

Of the infants born in 1999, 7.1% were low birth weight, 0.8% were very low birth weight and 46 infants died for an infant mortality rate of 19.5/1000 which is a decline from the 1998 IMR of 21.5/1000, the 1997 IMR of 24.4/1000, the 1996 IMR of 25/1000, and the 1995 IMR of 23/1000. Of the infant Of the infants who died in the neonatal period, the most common causes were prematurity and congenital anomalies. Of those infants who died in the post-neonatal period, acute infections was the major cause followed by complications of malnutrition. Because of the association of prenatal care and infant mortality, there is a need to improve the rates of women receiving adequate prenatal care and that the prenatal care services need to be improved and provided in a consistent manner. /2004/ Of all the 2515 infants, almost 9% were low birth weight (VLB) and 0.27% were very low birth weight (<1500 grams). Though the VLB may have slightly decreased from 1997, the overall proportion of low birth weight babies has increased and public health intervention activities need to be strengthened, not lessened.//2004//

Dental disease among children remains one of the major public health problems in all four FSM states. Recent surveys have shown that approximately 80% of young children have significant dental disease. There is a need to assure that children are screened for dental disease and appropriate referrals for restoration and treatment are made to the dental program./2004/ Same as last year, no change. //2004//

Vitamin A deficiency and iron deficiency anemia are emerging health problems among children as well. Recent surveys have shown that in one state 57% of the children were Vitamin A deficient and 13% had low hemoglobin; while in another state the Vitamin deficiency rate among children was 38% and 11% had low hemoglobin. Currently two of the four states have Vitamin A supplementation programs and these data indicate the need for supplementation programs in the two additional states. Because Vitamin A deficiency and iron deficiency anemia are only indicators of other underlying nutritional deficiencies, there is a need to improve the overall nutritional status of children./2004/ Same as last year, no change.//2004//

ENABLING SERVICES - Enabling services are those that facilitate the access to direct health care and in the FSM are usually limited to transportation, outreach, health education, and care coordination. For pregnant women in the FSM, a qualitative survey suggests that the barriers to receiving early prenatal care include the lack of transportation and lack of child care. Therefore, there is a need to increase the outreach efforts to assure that women living in remote areas have access to care. This can be achieved by providing resources for transportation to prenatal clinics or for outreach teams of physicians, public health nurses, and health educators to provide these services in the field. /2004/ Same as last year, no change. //2004//

The FSM has adopted the WHO policy of exclusive breastfeeding of infants for the first six months of life. The data shows that 99.9% of the infants are breastfed at discharge from the hospital, but at 6 months of age that percentage decreases to 35%. The two states that have the highest percentages of infants breastfeeding at six months of age also have implemented a community-9based breastfeeding support program. The model uses older women who live the in the community that are trained by the MCH staff to provided the education and support for young mothers who have been discharged home. These women are notified when a mother is discharged and make an initial home visit within 48 hours. Those mothers are provided with education and demonstrations on breastfeeding and if necessary, repeat home visits are made. There is a need to expand this model of community-based support using this traditional cultural method to all communities in the four FSM states./2004/ Same as last year, no change. //2004//

For children with special needs, there is a need to continue to provide home visiting and care coordination services for those children who have a severe disability and are receiving homebound services from the Department of Education's Special Education Program. /2004/ Same as last year, no change. //2004//

**POPULATION -BASED SERVICES** - These services are preventive services that are available to the entire MCH population and include disease prevention, health promotion, and statewide outreach. /2004/ Same as last year, no change. //2004//

With the high prevalence of dental disease among the young children in all of the four FSM states, there is a drastic need for the MCH Program to coordinate with the dentists and Dental Division staff to plan, develop and implement a comprehensive Childhood Oral Health Program in the Federated States of Micronesia. This program will include the following major components: (1) Assuring a comprehensive multi-media community based awareness and education program; (2) A comprehensive preventive well baby care program with multivitamins with fluoride, educating the caretakers on good nutrition, good oral health practices; (3) A school based fluoride and toothbrush program; and (4) Improving access to restorative and treatment dental care./2004/ Same as last year, no change. //2004//

Vitamin A deficiency and iron deficiency anemia is an emerging major health problem that is becoming more evident in the maternal and child population. A survey was conducted in January and February 2,000 showed that in Kosrae 57.7% of the children and 58% of the women were deficient in Vitamin A and 13.4 % of the children and 14.4% of the women had low hemoglobin. For Yap Proper 38.1% of the children and 11.7% of the women were deficient in Vitamin A and 11.0% of the children and 18.1% of the women had low hemoglobin. These data indicate the need to improve the nutritional status of the MCH population through health education and health promotion models./2004/ Same as last year, no change. //2004//

Screening services for pregnant and post-partum women include Pap smear screening, Chlamydia screening, STD screening, and Hepatitis B screening, however, there are no consistent procedures to assure that all women are provided with the full complement of screening services. There is a need to continue this collaboration among all of the programs including the MCH Program to assure that these screening services are provided consistently to the pregnant women population./2004/ Same as last year, no change. //2004//

**INFRASTRUCTURE BUILDING SERVICES** - Activities for developing and maintaining comprehensive systems of services such as developing standards and guidelines, training, data systems, policy and procedures, quality assurance. /2004/ Same as last year, no change. //2004//

Under the SSDI Project, the four FSM states have developed systems of care through the development of a Children with Special Needs Program and a comprehensive Well Baby Clinic Program. As part of improving the adequacy of prenatal care for pregnant women, there is a need to develop a system of care for this population by developing a common set of policy and procedures, common definitions and data collecting systems, common educational modules and materials, and training for staff to implement these changes./2004/ Same as last year, no change. //2004//

Children with special needs require an interdisciplinary team of professionals, however, there is a serious lack of appropriately trained professionals to be able to provide the services that are often required by these children who have serious illnesses and require specialized care. There is an need to develop an alternative model of providing care to this population. With the advances in computer and communications technology, one model that may be developed is the real time on-line team consultation model using the existing telehealth systems between the CSHCN teams in the FSM and a CSHCN team in Hawaii./2004/ This technology has not really progressed to the level it can enhance direct patient care or medical consultation. The main issue here has to do with the Information Communication Technology provider (FSM Telecom) and it has not expanded its bandwidth. Access is no problem but bandwidth (and cost) still remains the same. //2004//

Based on the findings in the MCH needs assessment, the Health Status Indicators, and other data, the FSM's priority needs include:

1. To increase the percentage of women receiving adequate prenatal care.

2. To improve the nutritional status of women during their pregnancy.
  3. To decrease infant mortality rate.
  4. To increase the percentage of infants exclusively breastfeeding at 6 months of age.
  5. To decrease dental disease among children.
  6. To improve the nutritional status of children.
  7. To decrease the percentages of acute infectious illnesses among children
  8. To increase the percentage of children with special needs served by a team.
- /2002/ No changes or additions /2003/ No changes or additions./2004/ No changes or additions. //2004//

***/2005/ These sets of priorities will remain FSM's priorities for the year 2005. However, after that a new set of priorities, or the same ones, will be put forth based on the result of the needs assesment expected to be carried out in the same year. In addition, since the year 2005 will mark the end of this 5-year cycle of our MCH Program, it will be the most oportune time to focus on two things:***

***1) While maintaining the regular direct medical and preventive health services through its prenatal clinic, well baby clinic, out-reach activities, and dental clinic, the Program will reexamine and assess how and where its shortfalls came about and in form of "lessons learned".***

***2) Second, it will plan on carrying out the next 5-year needs assessment.***  
***//2005//***

### **C. NATIONAL PERFORMANCE MEASURES**

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.*

**a. Last Year's Accomplishments**

The plan to solicit HRSA's or other expert entitiy for their thoughts on what types screening (metabolic, hearing, vision, etc) that will be conducive to the FSM given its resources did not materialize.

However, these current tests in this performance measure cannot be provided in the FSM due to lack of medical and clinical expertise.

**b. Current Activities**

Still utilizing visiting specialists for some of these services.

**c. Plan for the Coming Year**

The FSM MCH Program is planning to recruit one of its local pediatricians and assign it to be a full time physician for the MCH Program. From time to time, it will expose this local physician to specialty training so that this person can have the skills to perform some the services needed in this area.

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)*

**a. Last Year's Accomplishments**

Though the SLAITS that provides the answers to this performance measure has never been conducted in the FSM, based on informal discussion between program managers, staff and parents, parents seem to be fairly satisfied with the services they are getting. However, there are some parents who return from either Guam, Hawaii or other places that seem to expect more.

While this is challenge for the program, it also provides the "measuring stick" to which the FSM MCH/CSN can try to improve itself.

#### b. Current Activities

Conducting the survey, which is similar to SLAITS but not exactly SLAITS, in order for the Program to have some results with respect to consumers satisfaction and what the general public expect from the program.

#### c. Plan for the Coming Year

- 1) Continue to collaborate with FSM Special Education Program.
- 2) Recruit a local doctor and find training in this area
- 3) Initiate a mentorship program for the local doctor with an off-island specialist

*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)*

#### a. Last Year's Accomplishments

Though the SLAITS survey has not been conducted in the FSM, hence, data to answer this NPM are missing. However, FSM has been reporting in the past and until now that essentially all registered children with special health care needs have a medical home and received coordinated and comprehensive care. Here, the notion of "medical home" for the FSM is basically the hospitals in each of the states.

Last year, there were 807 children with special health care needs known (registered) to the FSM MCH/CSHCN Program. For medical care services, about 75% of these are regularly served by the MCH Program because they are within the commercial district areas where the MCH Program is located. The remaining 25% were located in the outer islands and were not regularly served; they were served only when the out-reach teams visited the islands. Last year, there was only one trip to the outer islands, but not to all islands. Only about ten out of thirty five islands (10/35) where visited.

For educational needs, these children with special health care needs who are of school age were served by special education teachers on their respective islands. This was one of the collaborative agreements between the MCH and Special Education Programs where medical cares services are the responsibility of the MCH Program and the educational needs of the children are the responsibility of the Special Education Program.

Last year, Dr. Mosher and Dr. Nesbit visited each of the FSM islands and conducted special medical clinics to the children with special care needs in the FSM. Though not all of the children with special health care needs were evaluated and assessed by these specialists, 1/3 of them received some follow-up medial cares services.

#### b. Current Activities

For children with special needs, the SSDI Project has established a system of care which

includes providing any child referred and suspected of having a handicapping condition with a comprehensive medical, health, educational, nursing, and nutrition evaluation as part of the team assessment process. A comprehensive policy and procedure manual has been developed that describes the referral process, the triage procedures, the comprehensive assessment by a team, the development of the individualized family service plan, and follow-up activities. The CSHN Coordinators will be reinforced and encouraged to continue to use the policy and procedure manual. With admission into the CSHN Program, the child is eligible for continued medical and health follow up services, and referrals to medical specialty services and clinics. The four FSM states will continue to provide these direct medical and health services to the children referred to the Children with Special Needs Program. ***//2005/ These activities are ongoing.//2005//***

### c. Plan for the Coming Year

The four FSM states will continue to assure that every child in the CSHN Program has a "medical/health home". Because of the unique situation in FSM, all medical and health care services are provided by each State Hospital and the Public Health Division. When a child is referred and accepted in the CSHN Program, the CSHN Physician becomes the primary physician. In addition, because of the close working relationship between the CSHN Program and the MCH Program, all preventive health care services provided to well babies and children are provided to all children with special needs. The CSHN Program will continue to provide home visits and outreach services for children with special needs who have difficulty accessing the CSHN Clinic for assessment and follow up due to transportation problems. For example in Chuuk state, some of these families live on the lagoon islands and it may be necessary to take a one-hour boat ride to the other islands./2004/This activity is ongoing//2004//. ***//2005/ This activity is ongoing. //2005//***

***//2005/ These MCH Program will ensure that these two activities are completed:***

- 1) Complete the survey***
  - 2) Improve the coordination of visits by off-island specialists***
- //2005//***

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)*

### a. Last Year's Accomplishments

Based on data the MCH/CSHCN Program acquired from the only health insurance program-- FSM Health Insurance Program--about 10% of the total 807 children in the FSM were members in the plan through their parents or primary care takers. This is relative the same as what FSM MCH/CSHCN Program reported last year.

It should be understood that the FSM MCH Program was not in any position to negotiated premium coverage for children.

### b. Current Activities

The MCH/CSHCN Program provides direct and referral medical cares services to all children, including those enrolled in the FSM Health Insurance Plan, regardless of their ability to pay.

For dental cares services, it works directly with the dental division in each of the FSM state to ensure that children receive preventive dental care and dental sealants. Fluoride, however,

have been very difficult to ensure regular supply to these clinics to date due to purchasing difficulty and cost.

The MCH/CSN Program will work with the FSM Health Department of Health, Education and Social Affairs to make sure that adequate services for children are addressed by the FSM Health Insurance Program, not ignored.

**c. Plan for the Coming Year**

The FSM MCH Program plans to seek creative and innovative approach to how it can set up a plan to subsidize coverage for children in the FSM Health Insurance Plan.

Second, it plans to see how it can provide medical care services to the children and get reimbursed by the FSM Health Insurance Plan sine the plan is now going toward fee for service reimbursement rather than capitation.

*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)*

**a. Last Year's Accomplishments**

Data is not available because CSHCN Survey was not conducted.

**b. Current Activities**

For direct medical care, the MCH and CSHCN Programs serve as the lead agency is identifying children with special health care needs, refer them to the local pediatricians for further examination. Based on such examination, a treatment plan is set up for that particular child.

For educational need, the special education program assists the children in ensuring that they are enrolled in special education class within their respective island or village school system.

**c. Plan for the Coming Year**

The four FSM states will continue to assure that every child in the CSHN Program has a "medical/health home". Because of the unique situation in FSM, all medical and health care services are provided by each State Hospital and the Public Health Division. When a child is referred and accepted in the CSHN Program, the CSHN Physician becomes the primary physician. In addition, because of the close working relationship between the CSHN Program and the MCH Program, all preventive health care services provided to well babies and children are provided to all children with special needs. The CSHN Program will continue to provide home visits and outreach services for children with special needs who have difficulty accessing the CSHN Clinic for assessment and follow up due to transportation problems. For example in Chuuk state, some of these families live on the lagoon islands and it may be necessary to take a one-hour boat ride to the island

***//2005/ Services ongoing. //2005//***

*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)*

a. Last Year's Accomplishments

Because the FSM has not carried out the SLAITS, this is not applicable.

b. Current Activities

Because the FSM has not carried out the SLAITS, this is not applicable.

c. Plan for the Coming Year

Because the FSM has not carried out the SLAITS, this is not applicable.

*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.*

a. Last Year's Accomplishments

Chart 1 in the attachment provides a clear view of the trend in immunization coverage for this NPM. It provides for the years 1999 to 2003. For the year 2003, 80% of all the 2-year old children (N=11,960) were fully immunized compared to 74% in 2002. For FSM states-specific immunization rates, Kosrae and Pohnpei realized an increase from 2002 to 2003 while Chuuk and Yap realized a decrease. It is believed that this decrease for Yap and Chuuk was due primarily to the fact that trips to the outer islands in that year were hampered by lack of field trips and inability to ship vaccines to the islands. Kosrae, a single island that does not have any outer islands, has consistently reported a high rate over the years. Pohnpei, though has a few outer islands, had regular field-trips that year as well. Overall, the 80% immunization rate for FSM is still more than the 77% the FSM MCH Program sets as its target for the year 2003.

However, the trend (the 3-year average) shows a downturn in overall immunization coverage in 2002 to 2003 and FSM is concerned by this.

b. Current Activities

The FSM MCH Program in each of the States continue to collaborate with the other Public Health Program, particularly with the Immunization Program, to increase their coverage. During well-baby clinics, the MCH Program continues to ensure that all children who are due for vaccines actually receive their shots. In addition out reach activities are currently ongoing targeting the most vulnerable places in the remote islands of Chuuk, Pohnpei and Yap. The Immunization Program continues to ensure that availability of vaccines and its efficient redistribution to all four FSM states.

Assessing and evaluating of the entire Immunization Program to which the FSM MCH Program contributed staff hours, a sampling survey of the two-years old is currently underway to ascertain the validity of their immunization records. The result of this survey will inform policy decisions with respect to intervention strategies, areas in which to focus more attention and resources, and other pertinent issues that management should address to improve the immunization coverage for the two-year old.

The recent incident where an eight-year old in Pohnpei was diagnosed with pediatric tetanus, however, sent a strong wake-up call to everyone in the public health and the health care community. When discovered that this child had only vaccination of the entire recommended vaccines, it turned out that the other fourteen siblings also did not complete their vaccination. It caused the State Hospital to buy a special three-dose shot worth of \$5,000 for that one child

while he could have avoided tetanus had he been vaccinated. The irony of this all is that this child had been in and out of the hospital without ever being detected that his vaccination was not complete.

This incident has led to something promising which the Immunization Program, the MCH Program, the newly funded Bio-terrorism Program, and all the four hospitals and their vital statistics divisions have decided to undertake. This plan will involve networking the vital statistics section with laboratory, pharmacy, public health program databases, and patient billing and payment history in order to have ready-available information for decision warning and making. For example, if a child were brought in the emergency room (ER) or the outpatient, the ER staff should be able to access that child's immunization and well-baby clinic records by simply pushing a key on the computer and if a shot or an appointment was due, it would trigger the staff to do something. This proactive team-work, if goes according to plan, should make everyone a winner and will certainly better prepare the hospital and public health to respond to other events such as this.

***//2005/ The networking of computers as mentioned above has already been initiated. Hardware and software have been purchased and training is currently underway.***

***A mass immunization campaign took place in Chuuk for this year (2004) where the MCH Program staff participated throughout the entire***

#### c. Plan for the Coming Year

As a whole, the FSM MCH Program will continue to ensure that children are immunized. It will continue to support, in terms of staff time and resources, all the out-reach activities and ensure coordination among the different providers: public health clinic staff, health assistants, school nurses and community leaders. It will support and provide training for staff to ensure that they learn new skills.

For Chuuk that is far behind in reaching last year's target, the FSM MCH Program management will work closely with the Immunization Program at the National level to shift more attention and intervention to Chuuk's most vulnerable islands that have worst health disparity, in this case low immunization coverage. In addition, the FSM MCH Program will seek opportunities for pilot initiatives that might have an impact in improving immunization coverage.

***//2005/ This is an ongoing activity.//2005//***

***//2005/An area that the MCH Program will try differently next year is to send out out-reach teams in the field for an extended period of time. For example, those working for the program will be required to go to their home islands and spend extended period of time there to make sure that all the children are updated with their immunizations. This will be done in partnership with the Immunization Program.//2005//***

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

#### a. Last Year's Accomplishments

Chart 2 contains the data on this NPM for 1999-2003. The 2003 annual indicator for the FSM is 26/1000 female between the ages of 15-17 years old. FSM falls short of the 20/1000 it set as its target. However, it is worth mentioning that all four FSM states of Pohnpei, Yap and Kosrae reported some significant decline in their teenage birth rates in the year 2002 to the year 2003 while only Chuuk reported an increase during this period. As suggested by the 3-year running average, the trend in birth rate for the FSM shows a modest gradual decline from the year 1999

to 2003, despite great variations within each state data.

## b. Current Activities

The FSM MCH Program acknowledges the difficulty in dealing with the issue of teenage pregnancy in a society where culture and kin relationship are predominantly strong. The prevailing cultural dominance in the Micronesian society today is that although the teenage pregnancy is an individual or nucleus affair, the actual caring and nurturing of the child still remains a social responsibility of the extended family. From a program point of view, the MCH Program attempts to explain the medical theory and reasoning as to why it is medically inappropriate to have children "too" young. Through its collaborative and partnership efforts, the MCH Program also explains to all the mothers and teenagers that once someone becomes pregnant, the future outlook and prospect of that individual changes dramatically.

To that end, the MCH Program in all the FSM States supports and participates with the Family Planning, AIDS/HIV Program, Youth and Sport Program activities in the public aspect of preventing teen births. Examples of activities include organizing workshops in the communities, conducting reproductive health awareness at the high schools, and ensuring availability of culturally and medically appropriate contraceptives.

In the area of direct care when a baby is born to a teen, the MCH Program provides all well-baby clinic services ranging from growth monitoring, child medical and physical assessment, vaccination updates, and referral to other appropriate health professional as needed. For the mothers, counseling regarding childrearing, parenting, medical and nutritional needs of both mothers and child, and family planning are provided. After that, a schedule of appointment for both the mothers is set. The MCH Program in all the FSM States would announce on the radio and call up the mothers and child to remind them of their set appointment.

## c. Plan for the Coming Year

The FSM MCH Program in all the States will continue to provide all direct, preventive and curative care necessary to ensure that teen birth is prevented and while occurs a healthy childrearing, parenting, and transitional living are provided.

It will continue to sponsor and conduct workshops for community leaders and parents to revive the sense of "parental" or "community" empowerment with the hope that such approach could lead toward safeguarding against teen pregnancy. At the school setting, the FSM MCH Program will conduct lectures, through its health educators and public health nurses, to instill within the adolescence population strength to prevent against risk-taking behaviors.

***//2005/ This activity is ongoing. //2005//***

*Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

## a. Last Year's Accomplishments

Chart 4 contains the data for FSM on this NPM from 1999 to 2003. For the year 2003, FSM set 34% as its target. FSM did reach this target. Its accomplishment was at 54%, which means that out of the total 3112 third grade children in the FSM 54% of them received protective sealants on one permanent molar tooth.

Though Chart 4 does not contain FSM States-specific data, it should be noted that all four state, with the exception of Chuuk exceed the target set for the year 2003 as follows: Yap 87%, Kosrae 80%, Pohnpei 46%, and Chuuk 30%.

## b. Current Activities

- 1) The Program continues to provide school to school dental outreach services.
- 2) It's supporting Division of Dental Health's trips financially to the outer islands, where oral health is worse than any other areas in the FSM.
- 3) It's organizing school competitions and promotional activities focusing on the importance of good oral health.
- 4) Fielding a partnership with the HeadStart Program on "Smile for Your Teeth" Day. This events will include competitions from HeadStart students on why kids should always take care of their teeth. This will be observed in at least 2 of the FSM states.

## c. Plan for the Coming Year

Dental health services for children which dental sealants on at least one molar tooth are part of the usual services the MCH Program in all the States ensure that the children are receiving. The actual dental work or services are provided by the Dental Division Staff. The FSM MCH Program will continue to depend on the Dental Division staff to provide this service, with financial support from the MCH Program.

Most of the dental activities this year have been focused on providing basic preventive health care for those who come to the clinics. Due to limited travel budget and supplies, out-reach work on basic dental hygiene and prevention for the schools have been hampered this year. Because the health assistants in the outer islands could not provide dental screening, the dental health of those children in the outer islands have been neglected.

***/2005/ The FSM MCH Program coordinator took the lead and supported a grant application to HRSA for the out-reach dental program this year. This program would provide added resources for basic preventive health care, targeting the outer island children***

***FSM Department of Health, Education and Social Affairs (HESA) is hoping to receive a grant on oral health from HRSA that it submitted couple of months ago to have more training and resources for the respective dental staff to have out-reach services in the communities.***

***The FSM MCH Program will partner with this new project.***

***It addition, the FSM MCH Program will provide tooth brushes and toothpaste to encourage more children to keep their teeth clean.***

***In addition, it will continue purchase sealants for the dental divisions, as this has been noted as contributing factors for the low coverage.***

***The Program will aim to increase the percentage of children with protective sealants to 65%./2005//***

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

## a. Last Year's Accomplishments

Though Chart 14 shows a view of the trend from the year 1999 to 2003 on FSM performance on this particular measure, it should be noted with caution that we are dealing with small

numbers. In fact last year, there were only 3 deaths reported throughout the entire FSM for this NPM: 2 in Chuuk and 1 in Pohnpei. However, looking at the graphical presentation in Chart 14 one would notice that there is sharp decline from the year 2002 to 2003 when in fact only three deaths ever reported.

#### b. Current Activities

The FSM Mental Health and Substance Abuse Program is the lead agency to address this public health problem. The FSM MCH Program continues to collaborate in this cause when providing out-reach activities along with the team from Mental Health and Substance Abuse from each of the FSM states.

Activities that are currently taking place include youth awareness workshops, supporting training with the State Police Departments and monitoring that the law to sale alcohol and tobacco products to minors are adhered to and strictly enforced. When a particular store is found not to be in compliance with this law, its business license is being revoked with a fine. ***/2005/ Workshops are carried out by MCH Program staff in the FSM states with concerned local women groups to discuss issues and ways that these women can do to decrease the prevalence of teenage drinking that contributes to car accidents and deaths.***

***In addition, there are now support groups in the FSM states collaborating with the FSM States MCH Program to facilitate discussion on this kind of issue.//2005//***

#### c. Plan for the Coming Year

As the issues here are alcohol consumption among under age children, the MCH Program will continue to collaborate with the FSM Mental Health and Substance Abuse Program and the law enforcement agencies because they are in better position to address these issues. It will support, financially and through its staff, to conduct workshops and to provide media campaign as follows:

- 1) All FSM States MCH Programs will conduct 4 workshops focusing on this issue.
- 2) Initiate discussion with law enforcement officials on ways that can prevent youth's access to alcohol.
- 3) Initiate discussion and perhaps sponsor summer clinics as alternatives to provide access to healthy activities (ie, sports, camps, etc).

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

#### a. Last Year's Accomplishments

Chart 5 shows the trend for FSM on this NPM from the years 1999-2003. Though FSM has consistently performed well on this particular NPM throughout the years in the high 90s, it has fallen short of its own target in 2002 and 2003. The target for those years was 99% but its actual accomplishment for 2002 and 2003 was 97% and 86% respectively.

During the most recent workshop that the FSM MCH Program and the FSM Special Education Program conducted every year, it came to the attention of program management that the low reporting may have been due to different interpretation among the FSM MCH Program staff in

the FSM states on what it means by "exclusive" because by definition it implies nothing else but only breast milk. Certain MCH Program staff from the states indicated that there were special cases where pure water or other forms of treatments were medically necessary to introduce by the medical staff. In these special cases, the concept of "exclusive" breastfeeding is not adhered to.

#### b. Current Activities

Though only one out of the four (1/4) hospitals in the FSM has been declared internationally as "Baby Friendly" in promoting the idea of exclusive breastfeeding and other important measures for child health, the MCH Program will continue to work with all hospitals in the FSM to ensure that the Baby Friendly Initiative remains in full effect. Through its staff in all the four states, the MCH Program will continue the breastfeeding support group. By teaching these groups the proper breastfeeding techniques, these members become support members to other women, especially new mothers.

#### c. Plan for the Coming Year

By promoting exclusive breastfeeding and child health, the FSM MCH Program will strive to have another hospital in the FSM certified "Baby Friendly". Through this effort, BFHI, the FSM MCH Program will continue to provide counseling services focusing on breastfeeding during its prenatal, well-baby and out-reach clinics. It will also collaborate and participate in joint workshops at the community levels to raise awareness about the importance of breastfeeding.

*Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.*

#### a. Last Year's Accomplishments

This is not applicable to the FSM.

#### b. Current Activities

This is not applicable to the FSM.

#### c. Plan for the Coming Year

This is not applicable to the FSM.

*Performance Measure 13: Percent of children without health insurance.*

#### a. Last Year's Accomplishments

Although FSM has not had a SCHIP, there is an employer-employee type of insurance plan available in the country called the FSM National Government Employees Insurance Program (NGEIP). In 2002, there were 1,217 children out of the total 43,041 insured through this plan making 2.8% of the total children population of 1-15 years old with insurance and 8.2% without insurance. However, it should be noted that given the governments' positions on children, virtually all children receive free care at the hospitals. For example, the State of Pohnpei has a policy that ALL children, including senior citizens for that matter, receive health care at the hospitals free of charge.

It should also be understood that, by and large, insured children or not, are entitled to the same

kind of health care the government hospitals. The only difference is that an insured child can be referred outside of the country for specialized care by the FSM Insurance Plan where other children not insured may not be.

***//2005/ In 2003, there were a total of 1320 children enrolled in the FSM Health Insurance Plan through their parents or caretakers. Using the FSM Census to calculate the percentage of coverage for children 15 years and younger, about 3% of these children have health insurance coverage through this plan. This presents a slight increase from 2002, the year FSM started to track this measure. Though this increase is not that substantial and is not clear what it is attributed to, it is believed that it's due public's increase awareness on the importance of having health insurance.//2005//***

**b. Current Activities**

Insured or not, the MCH Program is providing all preventive medical and dental care services to all children through its post-partum, well baby clinics and out-reach services. Dental care services are being provided by the dental clinics within each of the dental division, where the FSM MCH Program also contributed some FTEs.

Perhaps an example of how the MCH Program is addressing the lack of insurance issues is through its effort to bring in specialists from abroad (Dr. Melvin Singer and teams from Shriners's Hospital) to provide medical care services to the children in the FSM. This is a great service not only to those who cannot pay for their health care on island but also to those who can afford to go off-island for certain specialized services.

**c. Plan for the Coming Year**

In trying to reduce the gap between those covered in the FSM Health Insurance Plan and those not covered, the FSM MCH Program will seek innovative approach to pilot a project targeting vulnerable and disadvantaged parents.

The goal is to have a legislation in place to subsidize insurance premiums so that more children can be enrolled in the FSM Health Insurance Plan.

**Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.***

**a. Last Year's Accomplishments**

This is not applicable to the FSM.

**b. Current Activities**

This is not applicable to the FSM.

**c. Plan for the Coming Year**

This is not applicable to the FSM.

**Performance Measure 15: *The percent of very low birth weight infants among all live births.***

**a. Last Year's Accomplishments**

Chart 12 provides the data for FSM on this particular NPM for 1999-2003. FSM's performance for the year 2003 was at 0.4% of the total number of infants, which is a slight increase from 2002 but is still below the 0.8% target that FSM set for 2003.

#### b. Current Activities

Activities that are currently going on include provision of education to pregnant mothers about the need for prenatal care, nutrition and proper exercise throughout the full period of pregnancy.

Effort will be made to improve the early prenatal care, aggressive follow-up of clients who miss their appointments, and referral of pregnant women to the doctors at the hospitals and follow through on whether or not treatment plan was followed. ***//2005/ These activities are ongoing. //2005//***

***//2005/***

***1) The MCH Programs in all the FSM states continue to provide prenatal care services during regular working hours to ensure that pregnant women receive the care they need and deserve.***

***2) The MCH Programs in partnerships with the local interagency councils and nutrition councils are providing workshops targetting young women and expectant mothers on the importance of nutrition to the growth of the fetus and for their health..//2005//***

#### c. Plan for the Coming Year

Aside from the usual work the MCH Program provides in collaboration with other public health program on proper nutrition, exercise, and good psychological mental being, the FSM National MCH Program Coordinator will work together with the state MCH coordinators to conduct a chart review and qualitative research in order to ascertain risk factors contributing to poor pregnancy outcomes such as low birth weight babies.

In addition, the following workshops will take place;

1) Will conduct at least 4 workshops on nutrition, prenatal care, and family health planning services.

2) Sponsor at least two medical training targeting the clinicians on issues on OB/GYN.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

#### a. Last Year's Accomplishments

Chart 19 contains the death data for suicide from 1999-2003. There were a total of 6 suicide deaths: 3 occurred in Yap and 1 in each of the FSM states.

Compared to last year, this represents a slight increase.

#### b. Current Activities

1) The FSM MCH Program is not really prepared to intervene in situations like this. What needs to be done is some proactive approach to the problem rather and this may come in the form of providing financial support to peer education counseling services at the College of Micronesia - FSM or at the local high schools.

**c. Plan for the Coming Year**

1) Directly provide training to local counselors and teachers on suicide prevention strategies or pay for an expert to conduct a workshop.

**Performance Measure 17:** *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

**a. Last Year's Accomplishments**

This is not applicable to the FSM.

**b. Current Activities**

This is not applicable to the FSM.

**c. Plan for the Coming Year**

This is not applicable to the FSM.

**Performance Measure 18:** *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

**a. Last Year's Accomplishments**

Chart 3 shows the data for the FSM from 1999-2003. For the year 2003, the target for FSM was 20%. FSM's accomplishment for that year was 39%. All the FSM states reached this target as follow: Chuuk 22%, Pohnpei 42%; Yap 28%, and 64%.

Though the trend for this NPM seems to be upward, the fact that 60% of the mothers who gave births received late prenatal care during their pregnancy presents serious challenges to the MCH Program. Furthermore, Chart 21 shows that in 2003 only 50% received adequate prenatal care, as determined by the Kotelchuk Index, which is less than its accomplishment of 53% in 2002.

**b. Current Activities**

Each of the MCH Program in all the States continues to provide prenatal care to pregnant women, which include assessing women for high risk status to determine the level of services that is appropriate for them. All women are screened for cervical cancer with a Pap smear, anemia, STD, Hepatitis B, and risk for gestational diabetes. At each clinic visit, weight and blood pressure monitoring is provided. Nutrition education services are provided at both the prenatal clinics and well baby care clinics.

Out-reach activities are also provide by the MCH Program staff to the outer islands. When visiting these islands, the nurse midwife provides the full array of prenatal care services. When a high-risk pregnancy is suspected, that pregnant women is then referred to the central hospital

for follow up. When these pregnant women leave their islands to come to the central island, the MCH Program has to work with the Hospital administration to secure food stipends, arrange appointment with medical doctors, referral, and accommodation if necessary. ***//2005/ These activities are on going. //2005//***

c. Plan for the Coming Year

- 1) The FSM MCH Program will pilot an evening or weekend clinics to target those who cannot come in during the regular weekdays.
- 2) The Program will provide more out-reach services, particularly to those outer islands.

**FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

**General Instructions/Notes:**

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) 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.				
1. Not applicable in the FSM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not applicable in the FSM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) 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)				
1. Coordinating referrals with hospital medical staff and other providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Faciliate referral to outside specialists and visiting specialists	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) 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)				
1. Tacking of children with special health care needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) 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)				
1. This is not applicable in the FSM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) 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)

1. We have not carried out this survey yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

6) 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)

1. We have not carried out this survey yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

7) 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.

1. Providing out-reach visits to increase coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Updating immunization during well-baby clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
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1. Partnering with the Adolescent Reproductive Health Program's activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
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1. Out-reach visits to the islands	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. School visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Purchasing of dental sealants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

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

1. Partnering with Mental Health and Substance Abuse Program and other Public Health Program in providi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	-------------------------------------	--------------------------	--------------------------

2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Training to new mothers on proper breastfeeding techniques	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. This is not applicable in the FSM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			

	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. This is not applicable in the FSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. This is not applicable in the FSM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Providing prenatal care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Providing counseling and training on nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide multivitamins for pregnant women and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NATIONAL PERFORMANCE MEASURE</b>		<b>Pyramid Level of Service</b>			
		<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.					
1. Collaborate with church groups to increase their role in the area of suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Collaborat with academic institution for training on violence prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Partnering with Micronesian Seminar to conduct awareness on suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Conduct workshops on COM-FSM campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NATIONAL PERFORMANCE MEASURE</b>		<b>Pyramid Level of Service</b>			
		<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.					
1. Not applicable in the FSM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NATIONAL PERFORMANCE MEASURE</b>		<b>Pyramid Level of Service</b>			
		<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. Provide prenatal care at the public health clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide prenatal out-reach services in the remote islands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide follow-up for those initiating prenatal care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Initiate early referral to doctors for pregnancy known to be at risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of women who receive a Pap smear*

a. Last Year's Accomplishments

Chart 15 shows the data for FSM from 1999-2003. In 2002, there were 2975 women who received services from the MCH Program. However, only 27% of them (823) received Pap tests, which is much lower than the 58% FSM set as its target for 2003 what it accomplished in 2002.

Chart 16 further shows that out of the 823 women who received Pap tests for possible cervical cancer, only 9 (1%) of them were positive. 5 of these are from Chuuk and 4 are from Yap.

b. Current Activities

During prenatal, postpartum, and ANC clinics, the MCH Program continues to provide the Pap tests to women who are high risk fro cervical cancer. It should be understood that because of cause to send specimen abroad and cost for reagents, the MCH Program provides the test only to certain individuals whom, after assessment and examination, the program staff felt to have the greatest risk for cervical cancer.

c. Plan for the Coming Year

The MCH Program will continue to provide Pap test during its regular clinic hours. However, one thing it needs to improve on is its administrative ability to have adequate stock of reagents on a regular basis.

It will revisit its contract with clinical laboratories in Hawaii to see if it is getting the best deal or services.

State Performance Measure 2: *Percent of pregnant women screened for Hepatitis B*

a. Last Year's Accomplishments

Chart 17 contains data from 1999-2003 on this State Measure. The performance target FSM set for itself for 2003 was 66%. FSM met this target accomplishing 76%, meaning that 76% (2055 out of the 2703 women who received services from the MCH Program were screened for HepB surface antigen.

Chart 18 further shows that out of the 76% who were screened 5.6% were positive for HepB, Yap being the highest followed by Chuuk, Pohnpei, and Kosrae in that order.

## b. Current Activities

The Immunization Program, which is funded by CDC, has been providing the reagents for public health purposes. Since the reagents are stored and used by the labs in each of the State hospitals, the labs often use these reagents for other purposes such as screening of hepatitis B of all blood. This predicament often leads to shortage of reagents of the supplies the MCH Program and the Immunization Program projected for their use.

While it is absolutely clear that the hospitals must supplement the public health program activities and supplies, it appears that these hospitals are relying on the Immunization Program and the MCH Program to provide the reagents.

The FSM MCH Program is also supporting retraining of the health assistants on vaccine cold chain and practices last year. Some health assistants in the outer islands who are part of the MCH Program also participate in this training and further enhanced their skills and practices. **//2005/ These services are on going and will continue. //2005//**

## c. Plan for the Coming Year

The adult immunization program is provided by the FSM Immunization Program, a grant from CDC. FSM MCH Program will continue to collaborate with this program to ensure that it continues to service pregnant women and mother.

### State Performance Measure 3: *Percent of infants exclusively breastfeeding at six months*

#### a. Last Year's Accomplishments

Chart 6 contains the data for FSM from 1999-2003. The performance target FSM set for itself for 2003 was 68%. FSM's accomplishment for that year was 65%. From a trend perspective, FSM has gradually increased from 1999 to 2002, and in 2003 it slightly dropped.

#### b. Current Activities

Through the staff of the MCH Program in each of the FSM states, the MCH Program directly provides advice and counseling to pregnant women during prenatal and post-partum clinics on breastfeeding practices. In addition, the staff also worked closely with the community support groups to teach other young mothers proper breastfeeding techniques.

Through collaboration with other groups such as local women's groups and family planning program, there are now breastfeeding groups in each of the FSM states. The FSM MCH Program will continue to support this group and work through them to increase the number of infants exclusively breastfeeding each year.

**//2005/ These activities are ongoing. //2005//**

#### c. Plan for the Coming Year

The MCH Program will continue to provide counseling on breastfeeding during prenatal and post-partum clinics. It will continue to work with the breastfeeding groups in each of the FSM states to increase number of infants exclusively breastfeeding. **//2005/ These activities will continue again. //2005//**

### State Performance Measure 4: *Percent of pregnant women who receive nutrition education*

a. Last Year's Accomplishments

Chart 7 contains the data for FSM from 1999-2003. The target for 2003 was 98%. FSM's accomplishment for 2003 was 98%, which is the same as the year before.

b. Current Activities

With the hiring of the new FSM nutritionist, this person is working closely with the MCH Program to assess the content and relevance of the nutritional education and counseling sessions provided during the MCH prenatal and postpartum clinics.

In addition, Vitamin A capsules continue to be provided to all pregnant women with partnership with UNICEF and other volunteer groups. Through the Nutrition Program, the FSM MCH Program also provides nutrition education and counseling session to the outer islands visited during out-reach trips

***//2005/ In addition to the above, home gardening will be a focus of the nutrition component of the MCH Program. //2005//.***

c. Plan for the Coming Year

Next year, the FSM MCH Program will work closely with the Nutrition Program to improve the content and relevance of the nutrition counseling provided to prenatal and postpartum clients. After that, it will ensure that every pregnant women and mother receive and understand why proper nutrition is important to their health and the health of their babies.

***//2005/ These activities have already been initiated and will be followed through again next year. //2005//***

State Performance Measure 5: *Percent of infant caretakers who receive nutrition education*

a. Last Year's Accomplishments

Chart 8 contains the data from 1999-2003. The target for this performance was also 98%. FSM's performance on this measure was 99%, it met this target. This was higher than the two previous years.

b. Current Activities

The MCH Program does not have much nutrition activities targeting caretakers of infants outside the clinic. Only when the caretakers bring the infant to the clinics is when they are either exposed to or received some guided session on proper nutrition for the child.

c. Plan for the Coming Year

In the coming years, the MCH Program will distribute two materials (pamphlets) to everyone who come to the prenatal and ANC clinics. In addition, it will also mail and distribute 500 copies to the MCH population in the local communities.

State Performance Measure 6: *Percent of pregnant women screened for hemoglobin*

a. Last Year's Accomplishments

Chart 9 contains the data from 1999-2003. The performance measure target for FSM for 2003

was 96%. FSM met this target in that 98% (2480) of all the pregnant women were screened for hemoglobin. All FSM states, except Chuuk, screened all the pregnant women for possible anemia. Chart 9 also shows that in 2003, 46% of all those screened had clinical signs of anemia. For State-specific proportion of pregnant women with anemia, Chuuk had the worst problem, followed by Yap, Pohnpei and Kosrae.

#### b. Current Activities

In 2003, the MCH Program did not seem to have any problems with reagents because it is now utilizing a local vendor in purchasing the needed reagents. However, this arrangement is costly compared to ordering directly from a vendor outside.

From intervention standpoints, the MCH Program continues to work closely with the nutrition program in each of the FSM state to providing nutrition education to all pregnant women. It is using the local women groups as a gap in teaching proper nutrition in the local communities.

#### c. Plan for the Coming Year

As nutrition is one of the major problems in the FSM, the MCH Program will reactive the Family Nutrition Program, a joint collaboration between Department of Agriculture, Department of Education, Land Grant Program, and the Department of Health Services, to see how this group can be more proactive and reaching out the communities where families and pregnant women live. The goal will be to translate all the information from this group and theory and see how it can be applied in the local communities so that women can have choices for foods that are rich in good nutrients and vitamins.

### State Performance Measure 7: *Percent of infants provided fluoride at well baby clinic*

#### a. Last Year's Accomplishments

There is no chart attached for this measure. However for the year 2003, the target for FSM was to reach 20%. FSM did reach that target, which means that out of the total 2506 infants about 500 of them received at least 6 bottle of fluoride. It should be mentioned that these 500 infants were from Chuuk. The other FSM states reported that they did not carry out this activity.

#### b. Current Activities

Availability of fluoride in 2002 was hampered by the vendor's inability to reconciling accounts. However, later that year, the MCH Program was able to utilize the Genesis Clinic to purchase the supplies from off-island vendors in a more efficient way. This method will be used again so long as it assures availability of fluoride and iron supplements for all newborns.

***/2005/ This method was used and will continue to be used by the MCH Program. However, because the supplies are purchased locally, the number of supplies to purchase may be less than what it used to have./2005/***

#### c. Plan for the Coming Year

The MCH Program will work through the Department of Health, Education and Social Affairs (HESA) to see how it can request outside support from UNICEF and other partner organizations to provide fluoride at discounted rates.

State Performance Measure 8: *Percent of children with special needs who have completed reassessment by the CSHCN Team within the last 12 months*

a. Last Year's Accomplishments

In 2003, out of the 807 children with special health care needs, 60% of them completed reassessment by the CSHNC Team within the last 12 months. The performance target for FSM for 2003 was 64% so FSM falls short on this measure.

The assessment team is an interagency team consisting of the CSHCN Program coordinator, the medical doctor for children with special health care needs, developmental specialists from the department of education and nutrition extension representatives from other agencies.

Together they assessed the overall development of the child and the design up an individualized treatment plan. If the team feels that the child needs attention from a specialist from abroad, then the MCH/CSHNC Program, particularly the CSHCN Coordinator, schedules so that he or she can be seen by the specialist who usually comes twice a year.

b. Current Activities

As one of the target population of the MCH Program, services for children with special needs will continued to be an integrated services provided through many providers: the MCH Program staff, CSHCN Program, Medical staff, DOE Special Education, Head start Programs and parents.

The MCH Programs in all the states will continue to serve as the focal program in coordinating the services. Through tracking system already setup from the SSDI Project, it will keep track of services provided and when these services needed to be provided again. In addition, it will also coordinate with visiting off-island specialists to ensure that these children with special needs are seen and treated. For those children with special needs who need transportation from their homes or need accommodation while away from their islands, the MCH Programs staff will also provide that need while the Special Education Program will provide the transportation need. ***/2005/ These activities are on going and will continue every year. //2005//***

c. Plan for the Coming Year

The MCH Program will work with the different players through the Interagency Council in each of the FSM state to ensure that the tracking system to monitor services provided to the children with special needs are actually delivered as plan. ***/2005/ These activities will continue again. //2005//***

**FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of women who receive a Pap smear				
1. Providing Pap smears during prenatal clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ensuring training for staff to be able to provide Pap smear in all the FSM states	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Purchasing supplies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coordinating with off-island lab	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
<b>2) Percent of pregnant women screened for Hepatitis B</b>				
1. Increasing number of women screened	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Work with hospital administration to supplement reagents for Hepatitis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Screening women during prenatal clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Follow through on those identified as positive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
<b>3) Percent of infants exclusively breastfeeding at six months</b>				
1. Support local breastfeeding groups to train new mothers on proper breastfeeding techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Provide counseling and training on breastfeeding during prenatal and postpartum clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disseminate information to the public about the importance of breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

	DHC	ES	PBS	IB
4) Percent of pregnant women who receive nutrition education				
1. Provide nutrition education counseling during prenatal and postpartum clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess nutrition and education counseling practices in order to improve the impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

5) Percent of infant caretakers who receive nutrition education				
1. Provide direct counseling to those caretakers who bring babies to the well-baby clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Disseminate nutrition education information through the local radio and TV stations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Design appropriate education materials targeting caretakers at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

6) Percent of pregnant women screened for hemoglobin				
1. Determine hemotocrit level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Purchasing supplies and reagents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Screen those at risk in the remote islands and provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide Vitamin A supplements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
7) Percent of infants provided fluoride at well baby clinic					
1. Provide fluoride and iron supplements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Purchase supplements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Enure that everyone with marginal health status (thoe in the remote villages and in outer islands)re	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
8) Percent of children with special needs who have completed reassessment by the CSHCN Team within the last 12 months					
1. Continue to serve as the focal program for services for children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Coordinate care with off-island specialists to ensure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Through the interagency collaboration, assess the physical development of the child, refer the child	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## E. OTHER PROGRAM ACTIVITIES

The MCH Title V Program in FSM works closely with other federal programs within the public health sector at both the national and the state levels. Examples of these collaborative efforts are the Family Planning Title X Program, the UNFPA Program, the STD program, the Non-Communicable Disease (NCD) Program, the HIV/AIDS Prevention Program, the Immunization Program, and the Tuberculosis Programs. MCH also collaborates with the Special Education Program in the Department of Education, Headstart Programs, Department of Agriculture, parents support groups, community leaders, women's church groups, and women's interests groups. For nutrition education activities, the MCH Programs work closely with the Family Food Production and Nutrition (FFPN) Program,

Expanded Food and Nutrition Education Program (EFNEP), and the Teacher, Child, Parent, Community (TCPC) Program - a school health nutrition curriculum. These agencies are represented in all four states and have developed an interagency group that addresses nutrition issues and education. It also works closely with the Department of Education Special Education Program./2004/ No change //2004// /2005/ **No change** //2005//

## **F. TECHNICAL ASSISTANCE**

Last year, the FSM MCH Program identified three priorities for technical assistance as follows:

#1 Priority was to have a public health dental consultant to assist the National MCH Program to develop a comprehensive preventive dental and oral hygiene program for pregnant women, infants, and children. The MCH Program had implemented two activities - providing fluoride in the well baby clinics and providing dental sealants to third grade children. The effectiveness of the implementation of these programs are in question and sith the continuing problems with the high rates of dental disease among the children in the Headstart Programs and in the elementary schools, a more comprehensive approach is needed. The FSM would like to plan a more basic preventive program to include oral hygiene, providing toothbrushes and toothpaste to young children, and sustained education.

#2 Priority was have a public health nutrition to assist in developing a comprehensive nutrition education program for pregnant women, infants, and children. With the continuing nutritional problems of the MCH population as evidenced by the increasing number of pregnant women and young children with both anemia and Vitamin A deficiency, a more comprehensive population-based approach to nutrition education is needed.

#3 Priority was to have a public health consultant to address the issue of developing systems for providing follow-up of screening where positive results have been found. Currently, the MCH program provides screening for Pap smears, low hemoglobin, Hepatitis B, and perinatal HIV. Patients with positive results are referred to the medical staff at the state hospitals; however, there are no systems of follow-up and assuring that patients are being treated.

These priorities would have enabled the FSM MCH Program to have a system in place to monitor patients' test results in order to assure that those tested positive were treated.

Since none of the three priorities was met, the FSM MCH Program would like to request them again for next year in addition to the new ones:

- 1) To have training on the new MCH Web-based grant application.
- 2) To have technical assistance from the MCHB TA team in conducting the Needs Assessment next year and to carry out the CSHCN Survey
- 3) To have technical assistance in orientation of new staff in data analysis and with orientation with the entire Title V Program. Since the departure of the previous MCH Program Coordinator and the MCH/SSDI Consultant, the new staff needs assistance to familiarize themselves with the program.

## **V. BUDGET NARRATIVE**

### **A. EXPENDITURES**

The major discrepancy in Forms 3, 4, and 5 is due to the fact that in filling out these forms, the FSM MCH Program based its expenditures on what was actually awarded. The "Budget" columns were what FSM proposed. The "Expended" columns were what FSM was awarded. As can be seen, the amounts in the "Budget" columns always exceed the amounts in the "Expended" columns because the FSM MCH Program only reported on what it spent out of the actual award.

Except in Form 3 under "Other Federal Funds", there is a \$100,000 which was even in both "Budgeted" and "Expended" columns. That is because FSM was awarded 100% of the \$100,000 it proposed in its SSDI grant application for that year.

### **B. BUDGET**

#### **NO MORE THAN 10 PERCENT ADMINISTRATIVE COSTS**

#### **BUDGET NARRATIVE JUSTIFICATION**

Fiscal Year 2005

As documented in the Statement of Assurances in Section II, REQUIREMENTS FOR APPLICATION, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these Administrative Costs as the salary for the Assistant Program Coordinator, fringe benefits, travel for the Assistant Program Coordinator and the National MCH Program Manager and expendable supplies to support the administration of the program at the National Government.

**PERSONNEL \$ 13,085**

This amount is for salary, with within-grade increase, for the Assistant Program Coordinator.

**FRINGE BENEFITS \$ 785**

Fringe benefits are based at 6.0% of the total base salary and is set aside for social security, insurance and other benefits due the staff.

**TRAVEL \$28,255**

Portion of the funds will enable program staff to conduct on site program and financial monitoring in the FSM states. The balance will fund the National Program staff to attend the MCH Block Grant Application review, Partnership Meeting in Washington D.C. and also Pacific Islands MCH Coordinator Meeting in Honolulu.

**EQUIPMENT \$0**

No equipment requested in Fiscal Year 2005.

**SUPPLIES AND MATERIALS (EXPENDABLE) \$2,000**

This amount is to purchase supplies and materials necessary to maintain the administrative operation of the program at the National level.

**CONTRACTUAL \$-0-**

No Contractual funds requested in fiscal year 2005.

**OTHER \$6,000**

\$4,000 will cover communication expenses, \$500 will cover printing and reproduction, \$1,000 will cover FSM AMCHP membership fee and \$500 for freight.

**TOTAL: \$50,125**

**PREGNANT WOMEN, MOTHERS & INFANTS (31.1%)**

#### **BUDGET NARRATIVE JUSTIFICATION**

Fiscal Year 2005

**PERSONNEL \$115,962**

The sum of \$115,962 has been budgeted to support the salaries of the component staff at the four (4) States of Kosrae, Chuuk, Pohnpei and Yap.

**FRINGE BENEFITS \$6,381**

Fringe benefits of 6% of the base salary is set aside to cover social security, insurance and other benefit due the staff. Kosrae fringe benefit rate of 5.0 percent Pohnpei at 6.0 Chuuk at 5.0 and 6.0 for FSM National Government.

TRAVEL \$27,666

This amount will cover inter-island and off-island travels by component staff relating to MCH and Family Planning conferences, workshops or trainings.

SUPPLIES \$16,254

This amount is to purchase office, medical, and dental supplies for the four (4) States of Chuuk, Kosrae, Pohnpei and Yap.

CONTRACTUAL SERVICES \$15,030

This amount will be contracted to the Cytology Laboratory of Hawaii in Honolulu to read Pap smears for the four (4) FSM states.

OTHER \$3,625

This amount will cover cost of printing and reproduction, correspondence, reports; communication (telephone, FAX,); freight and petroleum, oil and lubricant (POL)

TOTAL: \$184,918

CHILDREN & ADOLESCENTS (30.4%)

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2005

PERSONNEL \$115,961

This amount will support the salaries of the component staff in each of the four (4) State of Kosrae, Chuuk, Pohnpei and Yap.

FRINGE BENEFITS \$6,380

Fringe benefits are based on 6.0% of the total base salary set aside for social security and other benefits due the staff.

TRAVEL \$27,666

A total of \$27,666 is budgeted for inter-island and off-island travels.

EQUIPMENT \$3,000

This will purchase a set of computer to strengthen data collection, storage and analysis.

SUPPLIES \$16,254

This will purchase office and medical supplies for Chuuk, Kosrae, Pohnpei and Yap.

OTHER \$3,625

This will cover costs of printing and reproduction, communication, freight, fuel, oil and lubricant for Chuuk, Kosrae, Pohnpei and Yap.

TOTAL: \$181,248

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (30.0%)

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2005

PERSONNEL \$71,036

\$71,036 will support the salaries of Chuuk MCH Coordinator, CSHCN Coordinators for Pohnpei and Kosrae, National Federal Program Coordinator and a CSHCN Physician (New Position).

FRINGE BENEFITS \$4,262

This amount covers the social security, insurance and other benefits due the staff, and is based on an average 6.0% of the total base salary.

TRAVEL \$35,010

\$35,010 will support travel cost for the following program activities: 1). Dr. Singer to continue on-site pediatric consultancy services in the FSM; 2). MCH/CSHCN Coordinators (National Government and States) one parent representative and CSHCN Physician to attend the 2005 Pacific Basin Interagency Leadership Conference to be held in Saipan, CNMI

SUPPLIES \$ 40,000

\$40,000 will purchase medical supplies like long acting Bicillin and Albendazole.

EQUIPMENT \$0

No equipment requested in fiscal year 2005.

CONTRACTUAL SERVICES (CONSULTANTS) \$ 11,000

\$7,500 will cover professional service fee of Dr. Melville Singer, Pediatric Cardiologist. The differences will support Kosrae State Interagency Council monthly meeting allowance.

OTHER \$ 16,700

The \$16,700 is for printing and reproduction, equipment repair services, freight, communication; telephone calls (overseas), telexes, dispatches, facsimile (FAX), and other communication within and

outside of FSM and will be divided among the four (4) states depending on proposal submitted to the National Government.

TOTAL: \$172,008

#### BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2005

State of Chuuk

PERSONNEL \$85,027

\$85,027 is to support the salary, with merit increase, of the MCH Coordinator. The difference will support salaries of the remaining eleven (11) staff.

FRINGE BENEFITS \$4,251

Fringe benefit of 5.0% of the base salary is set aside for social security, insurance and other benefits due the staff.

TRAVEL \$16,616

\$2,500 is requested for inter-island travel. \$14,116 is for the program staff to attend the FP/MCH conference in American Samoa, APNLC Conference in Majuro, and Regional MCH Coordinator Conference in Honolulu, Hawaii and other related workshops.

EQUIPMENT \$-0-

No equipment requested in fiscal year 2005.

SUPPLIES \$11,500

a) Medical and Dental Supplies \$11,000

\$8,000 will buy medical supplies. \$3,000 will support the dental program.

b) Office supplies (Expendable) \$500

This will purchase office supplies for the MCH Clinic in the center and in the fields.

CONTRACTUAL SERVICES \$5,000

\$4,000 will be contracted to the Clinical Laboratories in Hawaii to read pap smears. The remaining \$1,000 will support breastfeeding support group.

OTHER \$1,500

a) Printing and Reproduction \$400

A sum of \$400 needed for printing and reproducing forms and MCH related materials.

b) Petroleum Oil and Lubricant \$1,000

\$1,000 is needed to purchase gasoline and oil to conduct outreach services.

c) Postal cost: \$100

A sum of \$100 is requested to send positive Pap smear for reading by outside Lab expert.

TOTAL: \$123,894

#### BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2005

State of Kosrae

PERSONNEL \$30,512

This will support, with merit increase, the salary of the MCH Coordinator. The difference will support salaries of remaining program staff.

FRINGE BENEFITS \$1,526

Fringe benefit at the rate of 5.0% of the base salary is set aside for social security, insurance and other benefits due.

TRAVEL \$10,496

This amount will cover travel costs for three major activities; (1) \$2,967 -- Pacific Islands MCH Coordinators conference in Honolulu. (2) \$4,831 - FP/MCH Institute in American Samoa, (3) \$2,698 - American Pacific Nurse Leaders Council Conference in Majuro.

EQUIPMENT \$-0-

No equipments requested in fiscal year 2005.

SUPPLIES \$4,950

a) Medical & Dental Supplies: \$4,700

Of this amount, \$1,500 is requested to buy pre-natal vitamins, iron tablets and liquid multi-Vitamin drops and vitamin K injection for children; and Tylenol or Tempra liquid for the Immunization Program; \$3,200 will support the dental unit to buy preventive medical supplies.

b) Expendable Supplies: \$250

A total of \$250 will purchase office supplies for MCH Clinics in the center and in the Fields.

**CONTRACTUAL SERVICES: \$10,392**

**a) PAP smear costs: \$3,030**

Kosrae uses the Cytology Laboratory of Hawaii. The same laboratory will be used in 2005. 300 pap smears at the rate of \$10.00 per Pap slide will be read this year. The number decreased based on actual needs.

**b) Breast Feeding Support Group \$7,452**

This amount will fund nine (9) Mothers supporting exclusive breastfeeding in the communities. Monthly allowance of \$64.00 per person will be provided.

**OTHER \$2,250**

**a) Printing & Reproduction: \$500**

\$500 will pay for printing and reproducing education materials in both English and Kosraean. Forms and pamphlets will be printed for the clinics and community outreach education activities.

**b) Petroleum, Oil & Lubricant (POL): \$100**

This will cover POL for outreach activities in the four municipalities.

**c) Freight: \$500**

This will cover freight charges for Pap Smear specimen.

**d) Misc: \$1,150**

The amount of \$1,150 will facilitate Breastfeeding week and dental promotional activities.

**TOTAL: \$60,126**

**BUDGET NARRATIVE JUSTIFICATION**

Fiscal Year 2005

State of Pohnpei

**PERSONNEL \$68,564**

Total of \$68,564 will support salaries of MCH Coordinator, a Head Nurse, one (1) Practical Nurse, one (1) Dental nurse, one (1) Dental Assistant and (1) Assistant Technician.

**FRINGE BENEFITS \$4,114**

This amount is based on 6% of the base salary for social security and other benefits due the staff.

**TRAVEL \$16,749**

A total of \$2,633 is for intra-island travel to continue the Well Child, Immunizations, Pre-Natal update and other MCH related services. A sum of \$14,116 will support off-island travel of program staff to attend conferences like Regional MCH conference in Honolulu, FP/MCH conference in American Samoa and the APNLC conference in Majuro.

**EQUIPMENT (including fixed assets) \$-0-**

No equipment funds requested in Fiscal Year 2005.

**SUPPLIES \$12,058**

**a). Medical Supplies: \$8,558**

This amount will purchase prenatal vitamins, iron tablets and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children.

**b) Dental Supplies: \$3,000**

\$3,000 is requested to purchase sealants for the dental services.

**c) Office Supplies (Expendable): \$ 500**

\$500 is budgeted to support office supplies and materials.

**CONTRACTUAL SERVICES \$5,000**

\$5,000 will be contracted to the Clinical Laboratories of Hawaii to read pap smears.

**OTHER \$1,200**

\$200 will cover Printing and Reproduction; \$500 for Communication and \$500 for fuel.

**TOTAL:\$107,685**

**BUDGET NARRATIVE JUSTIFICATION**

Fiscal Year 2005

State of Yap

**PERSONNEL \$47,820**

\$47,820 is to support salaries of seven (7) MCH Program staff. The slight increase is due to changes in staffing and Yap State Public Service System Law requirements, mandating adjustments of salaries based on new salary schedule.

**FRINGE BENEFITS \$2,870**

Fringe benefit is based on 6.0% of the total base salary, which covers social security, insurance and

other benefits due the staff.

TRAVEL \$11,472

The sum of \$10,354 is to support off-island travel of the MCH program staff traveling to attend (1) Regional MCH Coordinator Conference in Hawaii, (2) MCH/FP Conference in American Samoa, and (3) American Pacific Nursing Leaders (APNLC) Conference in Majuro. \$1,118 is to support intra-island travel.

EQUIPMENT \$3,000

This amount is to purchase one set desktop computer.

SUPPLIES \$ 4,000

\$3,000 is to cover expenses at MCH clinics, such as prenatal, well?baby, newborn, etc., \$1,000 will purchase needed preventive dental supplies for mothers, adolescents and children.

CONTRACTUAL SERVICES \$3,000

a) Pap Smear costs: \$3,000

This amount requested will continue contract the Cytology Laboratory of Hawaii in FY 2005 for Pap smears reading and results.

OTHER \$400

\$200 is for Printing and Reproduction and \$200 for fuel.

TOTAL: \$72,662

## **VI. REPORTING FORMS-GENERAL INFORMATION**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. GLOSSARY**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. TECHNICAL NOTE**

Please refer to Section IX of the Guidance.

## **X. APPENDICES AND STATE SUPPORTING DOCUMENTS**

### **A. NEEDS ASSESSMENT**

Please refer to Section II attachments, if provided.

### **B. ALL REPORTING FORMS**

Please refer to Forms 2-21 completed as part of the online application.

### **C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS**

Please refer to Section III, C "Organizational Structure".

### **D. ANNUAL REPORT DATA**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.