



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Federated States of
Micronesia**

**Application for 2013
Annual Report for 2011**



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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.

An attachment is included in this section. IA - Letter of Transmittal

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

//2011// These are the standard forms that the Secretary of the Department of Health and Social Affairs already signed and they are attached to this application. The originals are being mailed to the address below:

HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879. //2011//

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***HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
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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 January 2012; expires January 31, 2015.

E. Public Input

//2012//The MCH Program conducts outreach activities, at least once, every quarter. Outreach activities involve education and counseling of pregnant mothers, breastfeeding mothers, women of childbearing age, adolescents both in school and out of school, parent groups, caretakers, women groups, youth organizations, cancer and tobacco coalitions, and other social and faith-based organizations. These health education programs targeted the schools and communities in an apparent attempt to encourage women to understand the important issues relating to their health, especially pregnancy and health screening so they can come in early for prenatal care, preferably during the first trimester. During such visit to the schools in Pohnpei in 2010, the MCH staff learnt that the Chief of Elementary Education had instructed the elementary school Principals not to allow the Public Health team to again carry out health education sessions in the schools as, he claimed, that these sessions took quality education time away from the students. The MCH program staff in Pohnpei were able to work through the Parents, Teachers Association (PTA) at the schools throughout the State to have the Chief of Elementary lift such decree, which ultimately lifted shortly thereafter. Home visits are also conducted by the CSHCN team for the home-bound special health care needs (CSHCN) children. The CSHCN team would provide

needed services and talk to parents regarding the condition of their children. They would question parents to learn more about their thoughts on the on-going services and solicit recommendations as well. Health screening and education and counseling sessions are held on an individual basis, at the public health clinics as well, where the MCH staff learned first-hand about how their clients felt about the services that they are receiving and hear recommendations, suggestions, for improving the services that are provided. During the visits the MCH program staff learned the good things and not so good things about the services that they provide. They also learn from the clients the barriers that hinder or get in the way and prevent them from receiving these services on a timely basis. The findings arising from these encounters were noted and were used in the planning or development of program activities for the various MCH populations groups, contained in this application. Next year, the FSM MCH program plans to continue striving to improve services for our Mothers, infants, children, and adolescents including those with special health care needs by conducting Slait-like surveys, PRAMS, Satisfaction Surveys, which we adopted this year, so we can learn or obtain additional important information regarding the psychosocial issues and behaviors of our women. The outcomes derived from the analysis of the data obtained through these surveys will be incorporated and used in the development of next year's MCH Continuous Grant Application. Meanwhile, this year, announcements were posted at the four State Hospitals, Public Health Offices, and other public places inviting the public to review and comment on this year's MCH Grant Application, which are readily available at the four State Public Health Offices and at the national department of health and social affairs. No comments or feedbacks were received this year. Next year, the National MCH Program staff plans to upload the MCH Application onto the FSM Public Information Service Network for wider circulation and feedback. //2012//

/2013/ During the MCH Block Grant Review last year, the Reviewers felt that FSM was "Passive" in obtaining Public Input for the FY 12 Title V application by posting several announcements in public areas, and inviting the public to stop by and review the application at the national and state health departments, therefore cited the process as a "Weakness" during the application review process. FSM took note of the comment and decided to also post the FY 13 application onto the FSM Public Information Office (PIO) Website for wider circulation. The announcement was posted but as of this writing, we have not received any feedback from the public. We are hoping to receive public input on the application and whatever the comments may be, we will be posting during the two (2) weeks, normally accorded to the Grantees to update their applications, after the MCH Block Grant Review. Due to the late completion of the application, the National MCH Program staff did not have enough time to post the announcement in the PIO Website and receive public input in time to include those comments or inputs in the development of this year's application. However, during the FSM MCH Annual Workshop held in May this year, we took the opportunity to discuss the development of the application with our Stakeholders. The Annual Workshop brings together parent representatives, program administrators, physicians and nurses, policy makers from Insurance companies, Police departments, Related Services Assistants (RSAs) from the Early Childhood Education and Special Education Programs, including program administrators and staff for the week-long workshop. Some of the comments we received and used in the development of this year's application are highlighted below: Relating to 'Child Injury' the Police department felt that the forms should be revised to include location of injury. This will enable us to better understand where they children are getting hurt, whether at school, home, or away from school and home. This will facilitate development of intervention measures by the Police, school officials, parents, and program staff. The Special Education Program and Children with Special Health Care Needs Interagency representatives admitted, during the workshop, that the State Interagency Councils were inactive during this year due to changes in the organization of councils. Some parents, who have been living in Guam, expressed their dissatisfaction with the limited services that are available for CSHCN in the FSM and question why FSM National and State Health Departments cannot provide similar services that are being provided in Guam, Hawaii and U.S. mainland. Although they were informed that FSM is not eligible for certain US programs for mothers and children,

like the WIC program, they still feel that FSM is not doing enough. The RSAs from the Early Childhood Education Program felt that the coordination of services for homebound clients between the ECE Program, Children with Special Health Care Needs Program at the Health Department and Special Education is not well coordinated. The health department stated that lack of transportation and shortage of staff on the health department side, contributed to this weakness in service delivery. The Insurance representative informed that group that to date, there is no policy in place that accord children with Special Health Care Needs mandatory coverage and that the Board of the Health Insurance will have to promulgate such policy. He recommended that each state program works with their respective state hospitals to promulgate in-house policies so CSHCN clients can be provided with health care free of charge. FSM will continue to solicit public input for each year's application process through posting of announcements at public places, the FSM PIO website, and from our stakeholders during the FSM MCH Annual Workshop. //2013//

II. Needs Assessment

In application year 2013, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

/2013/ Purpose:

The purpose of the needs assessment exercise was to assess the progresses made during the past project cycle at the same time assist us to determine what priorities FSM should address during the next five year.

Process:

The process involved review of the National Performance Measures, National Outcome Measures, Health System Capacity Indicators, State Negotiated Performance Measures, and Health Status Indicators. Workshops were conducted throughout the four FSM States to facilitate the review. In depth review of the MCH Data Matrix was conducted in order for us to gauge progresses made on each of the parameters based on the National Performance Objectives benchmarks set for each of the indicators for a particular time period. Both qualitative and quantitative data were collected to help us determine the percentage or rate of achievement or failure made and to understand the causes or reasons for such outcomes.

Composition and Roles of Assessment Team Members:

This year, the five-year needs assessment was conducted by staff of the MCH Program, both at the FSM State and national level, and other staff of the Title V Agency, who are stakeholders in the implementation of the MCH Program. The actual assessment involves a team approach where a core team made up of the management of the FSM National Department of Health & Social Affairs, FSM MCH Program, pediatrician, data, and fiscal management, visited each of the FSM states and work with members from the State MCH Program team and members of the local communities, evaluated program related services that were provided to the maternal and child health population, and reviewed hospital and clinical statistics to ascertain medical and health problems facing the maternal and child health population. The roles the members from the State levels fulfilled included mainly program management and partner agencies, such as parents representing the States' Interagency Councils, representatives from State departments of Public Safety, representatives from Insurance companies, and representatives from private hospitals and or clinics. The National MCH Coordinator was responsible for the overall coordination and conduct of needs assessment exercise, ensuring that all data requirements are available, and program requirements are met. The CSHCN Physician was responsible for ensuring that all clinical services are carefully assessed and the Assistant Secretary was responsible in leading the needs assessment process and analysis of the data. The Assistant Secretary has extensive knowledge in data analysis through the many training programs that he had attended before. The national family planning program coordinator was responsible for the logistical arrangements and ensuring that all stakeholders are present as well as taking notes of the deliberations. The State MCH Coordinators were responsible for the overall coordination of the needs assessment exercise in their respective states, ensuring that all stakeholders are available and that data requirements are available, and program requirements are met. The core team members were involved in the actual conduct of the 2010 needs assessment. The process was also participatory because opinions and views from the participants on the strengths, weakness and direction of the MCH Program for the next five years were solicited. These views were recorded, analyzed and were incorporated in the final write-up.

Priorities and Prioritization Methodology:

The FSM Needs Assessment Team decided to use the "Reaching Consensus" process as it is more culturally appropriate for us as group decision making process. This process allows all participants to voice their opinions and during a discussion, an elimination process occurs when group decides, there will be a consensus of the group. As an outcome of the Needs Assessment, the following priority areas were identified as the priority for which MCH resources will target for the next program cycle, and these include:

- 1. To increase the percentage of pregnant women attending Antenatal Care in the first trimester to at least 75%.**
- 2. To decrease Infant Mortality for the FSM to 10/1,000 live births.**
- 3. To improve the nutritional status of mothers, infants, and children.**
- 4. To increase the percentage of immunization coverage of 2year olds.**
- 5. To decrease incidence of STIs among childbearing-age women, including teen agers.**
- 6. To decrease the rate of teenage pregnancy for the 17 yrs. olds and under.**
- 7. To improve Oral Health status among the school-aged children- ECE to 3rd Grades.**
- 8. To improve the number of Newborns screened or diagnosed with potential hearing loss for early intervention services.**

Conclusion:

Basically, the assessment of the data shows that the health status of the MCH Population had not improved substantially. In fact, in some areas it shows that health status outcomes had worsened. In the absence of a CSHCN Survey, the FSM State MCH Programs used ISPs and IFSPs to gauge parents' response to questions relating to their involvement in decision making, coordination and comprehensiveness of care, availability of insurance, organization of community based service systems, transitional services, and level of satisfaction for services that their children receive. This was done in the form of interviews. The response rate was not promising as fewer parents responded positively during these interviews. However, through our regional collaboration efforts, FSM was able to obtain samples of satisfaction surveys, such as the Pregnancy Risks Assessment Management Survey (PRAMS), Youth Risk Behavior Survey (YRBS), and SLAIT-like Survey, which we hope to adopt for use in the intervening years to help us better understand the need of the MCH service population in the FSM. Lack of satisfactory surveys often distort the true meaning of the data collected and analyzed.

Although, FSM's achievement on the National and State Performance Measures and other Indicators of the MCH Data Matrix for the year 2009 is commendable, it should be noted that there is a lot of work has yet to be done. Major hindrances to activity implementation include lack of transportation and availability of medical supplies. The National MCH Program is working closely with the State Departments of Health Services to ensure that needed transportation is provided to the State MCH Programs to facilitate delivery of activities and that needed supplies are purchased. Constant turn-over of staff compounded by scarcity of nurses or qualified personnel in all of the four States is another challenge. Specialized clinics and specialty services are minimal and in some areas the services are not available therefore there is a pressing need to continue to contract overseas experts to provide the services for us. In addition, current specialists with existing contracts need to visit the FSM States more often to ensure that the children get the required services in a timely manner, however this also pose a challenge due to the high costs associated with contracting specialist from overseas.

Taking into account our successes and failures during the past program cycle in the form of "lessons learned" FSM has identified 8 priority areas to which resources will be allocated during the next cycle and decided to maintain all but one of the State Negotiated Performance Measures from the past program cycle to track during the period 2011-2015. Meanwhile, two new State Negotiated Performance Measures were identified and also added in light of emerging health issues facing the nations during this period. They include: 1) Percent of children 5-21 years old diagnosed with Rheumatic Fever; and 2)

Percent of Childbearing Women with Anemia. Heart disease is the leading cause of morbidity and mortality in FSM. It is hoped that by preventing Rheumatic Fever at the specified years will prevent or reduce heart conditions and the costs associated with treatment in later years. Improving diagnostic capabilities and/or capacity are challenges, but taken into consideration through this grant will minimize some of the impact of heart conditions in the population of FSM. As for the measuring of Anemia in childbearing-age women, this is also important to guide nutritional intake of mothers and the feeding of newborns and children.

***The fact that this year's needs assessment was done by ourselves (national and state MCH program staff and stakeholders at state level) we are optimistic and comfortable to profess that we are prepared to spearhead the activities of the program and propel the MCH Program in the FSM to the next level. All these are possible due to our efforts to stabilize existing staff and added new staff to the program to ensure timely and effective provision of services and accurate and timely collection of data for policy and decision making, all of which are important to on-going needs assessment of the MCH Program in the intervening years. //2013//
An attachment is included in this section. IIC - Needs Assessment Summary***

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. 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. Based on the 2011 population projection of the 2000 Census, the total population of the FSM stood at 107,851 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 8,369 residents (7.8% of FSM total); the next largest population is in the State of Yap with 11,836 persons (11% of FSM total); Pohnpei state has a total population of 34,590 (32.2% of FSM total); and the largest population is in the State of Chuuk with 52,786 residents (49.1% of FSM total). Of this total population of 107,581, there are 23,247 women of child-bearing years of 15-44, which is 21.6% of the total population. Of this total population of child-bearing age women, there are 3,297 women between the ages of 15-17 years. The population structure continues to show that 49,740 (46.2%) of the residents - about half of the population are under the age of 20 and the children under five-year old stood at 13,262 or 12.3% of the population. 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. The islands of the Chuuk Lagoon include:

Northern Namoneas -14,722

Weno (Moen)

Fono Southern Nemoneas -11,694

Tonoas Totiw

Fefan Tsis

Parem Uman Faichuk -14,049

Tol (Tol, Polle, Patta)

Eot Romanum

Fanapanges Udot

There are three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.

The Mortlocks (Nomoi) Islands - 6,911 population

Upper Mortlocks - Nama and Losap Islands

Mid-Mortlocks - Namoluk, Etal, Satowan atoll

Lower Mortlocks - Lukunor, Southeast Satawan

The Hall (Pafeng) Islands and Western Islands (Oksoritod) - 6,219 population

Houk Murillo Onouo Fananu

Polowat Onoun Unanu Ruo

Pollap Makur Piherarh East Fayu Island (uninhabited)

Tamatam Nomwin

The 2011 projected population of the State of Chuuk based on the 2000 Census was 52,706 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,847), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 52,706 total residents 54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the

youngest population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state. 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. The inner part of the island is characterized by high steep rugged mountain peaks, 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, Bank of FSM, Bank of Guam, FSM Development Bank, two restaurants and four hotels. The 2011 projected population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,457 people reside in Tafunsak, 2,591 persons in Lelu, 1,571 in Malem, and 1,067 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

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 land mass 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, Nahnaud 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 2011 projected population of Pohnpei, based on the 2000 Census data, numbered 34,486 residents and is projected to reach 48,700 by the year 2014. More than half (53%) of the population (18,194 persons) of Pohnpei are less than 20 years of age with the median age of 18.9 years. There are 7,713 women of child-bearing age between 15-44 years and they comprise 46% of the female population. 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 2011 projected population distribution among these island based on the 2000 Census data are: Yap Proper with 52% (5,870 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,101 residents (9.8%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 2,581 persons (23%); Fais, population 301; Eauripik, population 113; Satawal, population 531; Faraulep, population 221; Ifalik, population 561; Elato, population 96; Ngulu, population 26; and Lamotrek, population 339. The 2011 projected population of Yap state, based on the 2000 Census data, stands at 11,241 which is a 0.6% increase over the 1994 Census data. The Yap population comprises 10.5% of the total population of the Federated States of Micronesia. The median age for Yap is 20.9 years and is the highest median age among the four states and comparatively higher than the median age of the FSM, which is 19 years. The age distribution of the population in Yap shows that 48.4% are under 20 years of age (5,438 persons); there are 2,775 women between 15-44 years of age, the child-bearing years which is 48% of the total female population. 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 out-lying 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. The 2004 projected Income Data based on the 2000 Census showed that 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) 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.

Essentially, the FSM is the Title V Grantee of this program.

//2012// No Change.// 2012//

/2013/ 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. 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. 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. 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 surrounded by 140 miles of coral reef. Because of the vast expanse of water between islands, travel within the state 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, including family planning services, to the population is made difficult by the lack of transportation and communication between widely dispersed, small clusters of the populations on outer and lagoon islands. Of the total population of Chuuk of 48,651 residents, 32,738 (67% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 14,113 residents (29% of total state), followed by Tol (4,579), Tonoas (3,517), Fefan (3,471), Uman (2,554), Udot (1,680), Polle (1,498), Patta (1,107), Romanum (865), and Fanapanges (672). The remaining islands have less than 650 residents each. Approximately 48.7% (23,697 persons) of the total Chuuk population are under 20 years of age. Of this group, 5,987 are children under 5 years of age. The median age is 20.7 years, which makes it the youngest population in the FSM. There are 10,806, (22% of the female population) women of child-bearing ages between 15-44 years that live in the state.

The State of Kosrae, the only single-island state, is the furthest southeastern point of the four states. Kosrae is the second largest inhabited island in the FSM 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 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. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Walung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. Of the total Kosrae population of 6,616 residents, 2,173 people reside in Tafunsak, 2,160 persons in Lelu, 1,300 in Malem, and 983 residents on Utwe. Approximately 47% (3,135 persons) is less than 20 years of age and of that group 798 (12%) are less than 5 years of age. The population of women 15-44 years number 1,369 and comprise 20.6% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei, the largest island in the FSM, is approximately 13 miles long with a land mass of 129 square miles. It 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), Nukuoro (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lie 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. Travel on the island of Pohnpei proper is increasingly easier to outlying communities with the completion of pavement of the road around the island. However, because of scattered housing along feeder unpaved dirt roads, there are still many residents who have difficulties in accessing health care, including family planning. 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. The population of Pohnpei is 35,981 residents. Based on the annual population growth rate, the population is projected to reach 37,626 by the year 2015. About half (46.7%) of the population (16,832 persons) are less than 20 years of age with the median age of 21.8 years. There are 8,250 women of child-bearing age between 15-44 years comprising 46.4% of the female population.

The State of Yap lies in the western most part of the FSM. 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. The town of Colonia on Yap proper is the capital. 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. Transportation on Yap Proper is easier because of the development of paved roads; however, there are clusters of villages that are still inaccessible to health and family planning services because of unpaved dirt roads. The outer islands are also difficult to reach because of infrequent cargo ships. The regular ship field trip is once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services. The population distribution are: Yap Proper with 64.7% (7,371 persons); Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 847 residents (7%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 1,039 persons (9%); Fais, population 294; Eauripik, population 114; Satawal, population 501; Faraulep, population 193; Ifalik, population 578; Elato, population 105; Ngulu, population 6; and Lamotrek, population 329. The median age for Yap is 25.1 years; the highest median age among the four states. Approximately 42.7% are under 20 years of age (4,864 persons). There are 2,545 women between 15-44 years, which is 44% of the total female population.

FSM Population Structure, Trends and Density

Based on the 2010 Census, the total population of the FSM is 102,624 residents. Kosrae, with the smallest population, has 6,616 residents (6.4%); then Yap with 11,376 persons (11%); then Pohnpei state with 35,981 (35.2%). Chuuk has the largest population with 48,651 residents (47.4%). There are 22,970 women of child-bearing years of 15-44, which is 22.3% of the total population. The population structure continues to show that 48,528 (47.2%) of the residents are under 20 years and children under five-years comprise 12,042 or 11.7%. Between 2000 and 2010, FSM's population declined by 4,344 persons. The rate of population growth in FSM and the four states has declined dramatically over the past three decades. At the national level, annual growth had dropped from 3.0% in the 1980-89 period to -0.4% over the 2000-2010 period. At the state level, Chuuk and Kosrae have negative growth while in Pohnpei and Yap the rate of growth is still positive but very low at 0.4 and 0.1%, respectively. While declining fertility has contributed to the drop in the population growth rate, out-migration to the United States and other parts of Micronesia is the primary cause of the negative growth. The determinants of the differential rates of out-migration at the state level are complex; economic performance is a contributing factor, which is changing the distribution of population across the four states with Chuuk and Kosrae losing population share. Pohnpei is gaining share and Yap is remaining constant. About 35.7% of the total population were aged 0-14 years, 58.7% were aged 15-59 years,

and 5.6% were aged 60 years and above. The median age is 21.5 years, an increase of about 3 years since 2000, indicating the FSM population is ageing. The sex ratio of 102.7 indicates the FSM population is dominantly male. Age structures of all the states, including many of the outer islands, are undergoing dramatic changes, associated with international and rural-urban migration combined with an on-going transition to lower rates of fertility and mortality. Overall, the population is contracting in the 0-9 age group while increasing in the 10-19 age group as a result of previous fertility levels. In Yap and Kosrae the 20-44 age group shows the effects of age-selective out-migration. Dramatic age-structure changes are also evident in the outer islands of Pohnpei, Chuuk and some municipalities of Kosrae. Such age distributions have major consequences for local production as well as social welfare and health care, particularly of older women and children who are often "left behind". Long-range population projections suggest that little population growth can be expected in FSM for the foreseeable future. While projections to 2030 suggest virtually no population growth from 2010 onwards and less than 10 percent total growth up to 2050, significant demographic changes are predicted. If the population growth remains unchanged, the projected number of FSM population by the year 2020 would approximately reach 106,567. Each state is comprised of a state center, intermediate areas and, with the exception of Kosrae, outer islands. The state center is the largest of the islands and is the center of commerce and government. Approximately 22.3% of the FSM population in 2013 was projected to live in the state administrative centers. The state centers and intermediate areas contained about 70.0% of the total population, with the remainder living on the outer islands. The high densities of the populations in the state centers are due to a slight trend for rural and outer island migration to the state centers and a high fertility rate within the FSM. People from the out lying municipalities and the outer islands migrate to the state centers, seeking wage-earning employment, access to better (and secondary) education, medical care, and the different amenities of urban life. The concentration of population into the state centers has continued to increase in the last many years. The distance between these states and the national capital approximates 2,391 miles. "Intermediate areas" refers to those areas which require more than two hours travel time from the state center but less than one day. The term "outer islands" refers to those areas, which require more than one day's travel to and from the state center. The average travel distance from state centers to the outer islands or island groups varies from 0 in Kosrae to 620 in Yap and from state centers to the FSM National Capital from 190 in Pohnpei to 1,611 in Yap. While the average nuclear family consists of approximately five-six persons, people typically live in larger extended families. Consequently, the family income, land and other resources are highly diluted. However, the concept of extended families is slowly changing. People realize that resources are not only becoming insufficient through this system, but it does not provide incentives for family members to support themselves. The extended family may not be able to provide the necessary financial, material and emotional support to the large numbers of children and the breakdown of traditional norms may further weaken the family and other traditional institutions, with consequences on social stability. The waning of the traditional family support, coupled with the high dependency ratio, have the potential to also affect demand for imported food, jobs, housing, potable water, education, medical care and other social services.

Population of Special Interest

The adolescent and youth has been identified as a group for special interest for MCH and family planning because of their disproportionately higher likelihood of unintended pregnancies, lack of knowledge of family planning and difficulty in accessing services. FSM has a young population with more than 37% of persons aged 19 years or younger. While the total youth population, as defined by FSM as 15-34 years, appears to be stagnating the absolute numbers of youth are high and exceed 35,000 persons. About 35% of the FSM population is persons aged 15-34 years, with 52% males and 48% females. Almost half of the FSM youth reside in Chuuk, 35% reside in Pohnpei State, 10% reside in Yap and the remaining 6% reside in Kosrae. More than a third of this youth population is between the ages of 15-19 years. The high percent of the population in the young age

group has implications for planning social services, including MCH Services. Of those youth 15-19 years about 5% were married. About 7% of the girls of this age group have borne a child. While the rate has decreased over the past decade, the high rate of unintended pregnancies among teenage girls remains a cause of concern and special programs aimed at adolescents have been initiated. Teenage mothers are less likely to complete schooling or to progress to higher education, risking socioeconomic, educational and health disadvantages. Similarly, children of teen parents are more likely to grow up poor and have significant problems. With the high percentage of the population below 15 years of age (36%) yet to reach the reproductive age, this issue related to adolescents is unlikely to improve in the near future. The economic situation of youth is somewhat precarious. With public sector jobs declining and private sector jobs virtually static, the employment prospects even for high school or university graduates do not look promising. The rate of unemployment among 15-19 year-old is the highest of any age group and has increased recently. Approximately 39% of the youth population 15-34 years is employed while 55% are not in the labor force. The lack of job opportunities for the young generation also has the potential of creating social and political problems. Youth also face a range of health and social problems, including the risk of HIV and other STIs, alcohol and drug abuse, unwanted pregnancy, early marriage, and suicide. Male youth in FSM have an extremely high suicide rate, which appears to be related to feelings of alienation from traditional authority, exacerbated by high alcohol use. About 5% of the youth population reported to be with severe physical or mental difficulty. The National Youth Policy (2004-2010) which aimed to address these problems, with a particular focus on high-risk or particularly disadvantaged youth, is currently being updated. //2013//

B. Agency Capacity

//2012//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 May 2007. This re-organization separated the former Departments of Health, Education, and Social Affairs (HESA) into a new Department of Health and Social Affairs (H&SA). 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 Budget Office, now under the administration of the new Office of Statistics, Budget, Overseas Development Assistance, and Compact Management (SBOC). 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 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 Early Childhood Education 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 (two private hospitals in Pohnpei) by providing vaccines free of charge. In return, the clinics provide immunization data, which is one of the outcome measures for the MCH Program. 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 2010, there were 36 full-time staffs in the four FSM States funded by the Title V Program. These include four full-time MCH Coordinators for Chuuk, Kosrae, Pohnpei and Yap, the CSHN Coordinators for Kosrae, Pohnpei and Yap states (Chuuk State's CSHCN Coordinator accepted the position of Follow Up Coordinator funded by the HRSA EHDI Project), as well as staff positions such as nurses, health educators, health assistants,

dental assistants, and clerical staff. The Public Health Department provides all of the preventive and primary health care services at no cost to the clients. The staffs 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. Between 2006 and 2009 there have been several changes in the leadership of the MCH and CSHCN programs at the national and state levels. At the National level, Mr. Marcus Samo assumed the position of Assistant Secretary of Health and Mr. Dionis Saimon, Program Manager for Family Health Services Section became the new National MCH Coordinator. At the state level, the MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. In the absence of a full-time MCH Program Coordinator in Kosrae State, the Chief of Public Health was administering the MCH Program, on a day-to-day basis, in addition to her oversight responsibility of the other programs at Public Health while the MCH Coordinator was being recruited. Also, the MCH Coordinator for Pohnpei State accepted another position as the Public Health Nurse Supervisor while her counterpart, the CSHCN Coordinator, accepted a nursing position in the immunization program. In the interim, two other Public Health Staff were appointed to take after the programs on a day-to-day basis while the positions were being advertised. Also, in 2006, the MCH Coordinator in Yap State resigned and a replacement Coordinator was hired. A replacement MCH Data Clerk for Chuuk was hired in early 2006 after the MCH Data Clerk left the job to go back to school. Also, in 2006, the National MCH Program processed for recruitment of a CSHCN Physician. A full time CSHCN Physician was hired in November 2006 and was detailed to Chuuk State because of the size of the CSHCN population and the reality of the situation in Chuuk. A replacement MCH Coordinator for Kosrae State was hired in February but then resigned in June to accept another job in Majuro, Marshall Islands. Meanwhile, the Kosrae State Chief of Public Health, the previous MCH Coordinator, was taking after the program on a day-to-day basis while Kosrae State processed for recruitment of a new MCH Coordinator. The positions in Pohnpei and Kosrae States were advertised and filled soon, thereafter. The only incumbents that have been stable were the MCH Coordinator and CSHCN Coordinator in Chuuk and the CSHN Coordinator in Yap states. These changes in the MCH and CSHCN 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. Since 2007, the leadership in the MCH and CSHN programs in the states has stabilized and the MCH Coordinators and CSHCN 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 CSHCN 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 June each year 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 the MCH Coordinators who attended on-line courses from the Fiji School of Medicine, MCH and CSHCN Coordinators attended the PACRIM Conference in Honolulu and the American Pacific Nurses Leadership Conference (APNLC) in Saipan. The MCH Coordinators and Nurses also attended the Pacific Basin MCH and Family Planning Annual Conference sponsored by Pacific Health and Title X Regional Office, which rotates among the Pacific Island jurisdictions each year. Prior to 2007, the MCH Program in the FSM also experienced moderate rate of turnover for the MCH Data Clerks. However, in 2007 replacement MCH Data Clerks were hired for Pohnpei and Chuuk and since then all MCH Data Clerks have been in their respective positions until this year. These 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 were 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 as 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 CSHCN Clinic by the CSHCN physician who provides the medical and health care to the children with disabilities. The program staffs also provide services to the children and families in the home when warranted. The CSHCN Program has been developed as an interagency effort among the MCH Program, the Chuuk State Hospital, the Special Education Program, and the Early Childhood Education (ECE) 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 CSHCN team will make home visits to provide medical and educational services. The CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) 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 operate

under the supervision of the Chief of Primary Health Services. The MCH Program provides prenatal care, post-partum care, immunization, and children with special health care 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 woman 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 Health Care Needs program provides clinical assessments and follow-up with the physician through the CSHCN Program Coordinator. The Pohnpei CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. The MCH staffs 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 take 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 CSHCN Coordinator, who is a Public Health Nurse. The Yap CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. During the past program cycle, two of the four FSM MCH coordinators completed a certificate program from the UH MCH Training Program. Although one of them has moved on and became the Chief, Division of Public Health, she continues to spend considerable amount of her time supervising the affairs of the MCH Program staff and activities. 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 several workshops in the past years, two of which are worthy to note here. 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 sponsored 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 past project cycle, two workshops were held with the FSM Special Education Program where staff from both programs came together 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. The FSM National Program coordinator continues to receive educational training in epidemiology through the Annual MCH Epidemiology Conferences sponsored by CDC and HRSA to fill some of the needs that are critically needed by the MCH Program and by the FSM Department of HESA. Two Physicians, one each, from Chuuk and Kosrae States, who have been helping out with the MCH and Family Planning clinics, have attended and completed the UH MCH Training Program.

These two staff gained new skills and insights ranging from program planning, management, evaluation and needs assessment. This also contributed to how the FSM MCH Program provides services to women, infants and children. This year, FSM conducted the 5-Year Needs Assessment in the four FSM states starting in Yap State and completing with Pohnpei State. Due to financial constraints, the Needs Assessment team was smaller than it was during the 2005 Needs Assessment. The Needs Assessment team included the Assistant Secretary of Health, Mr. Marcus Samo, the National MCH Program Coordinator, Mr. Dionis Saimon, National Family Planning Program Coordinator, Mr. Stanley Mickey and CSHCN Physician, Dr. Anamaria Yomai. Detail of the Needs Assessment activity and process is discussed, in full, under the Needs Assessment Section. Also this year, during the month of June, FSM convened its 2010 FSM MCH Annual Workshop, for one (1) week, in Chuuk State. The venue of the FSM MCH Annual Workshop rotates among the four FSM states each year to grant the host state the opportunity to have more participants attend the workshop. This year's annual workshop brought together the MCH Program Coordinators, CSHCN Program Coordinators, MCH Data Clerks, Women and Children's Physicians, including the chiefs, division of Public Health from the four FSM States. Other program staff, physicians and representative of our stakeholders, like public safety, also attended this workshop. The workshop was facilitated by the National MCH Program Coordinator and assisted by the Assistant Secretary of Health and the CSHCN Physician. During the annual workshop, we had the opportunity to assess the MCH program during the past five (5) years (past program cycle) in terms of what accomplishments or achievements were made, what challenges were encountered, what were the consumers' expectations, service providers expectations, health administrators expectation, and as MCH folks what are our vision or goals for the next five year (new program cycle). After a long week of networking and deliberations we are confident and comfortable to report that we were able to collectively find the answers to the above stated questions, the responses of which assisted and guided us toward the development of the Priorities for the MCH Program in the FSM for the next 5 years. Again, the details of the discussions are included under the Needs Assessment section of this application.//2012//

/2013/ 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 May 2007. This re-organization separated the former Departments of Health, Education, and Social Affairs (HESA) into a new Department of Health and Social Affairs (H&SA). 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 Budget Office, now under the administration of the new Office of Statistics, Budget, Overseas Development Assistance, and Compact Management (SBOC). 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 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 Early Childhood Education 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 (two private hospitals in Pohnpei) by providing vaccines free of charge. In return, the clinics provide immunization data, which is one of the outcome measures for the MCH Program. 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 2012, there were 36 full-time staffs in the four FSM States funded

by the Title V Program. These include five full-time MCH Coordinators for Chuuk, Kosrae, Pohnpei Yap, and the national department of health and social affairs, the CSHN Coordinators for Chuuk, Kosrae, Pohnpei and Yap , as well as staff positions such as nurses, health educators, health assistants, dental assistants, and clerical staff. The Public Health Department provides all of the preventive and primary health care services at no cost to the clients. The staffs 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. Last year (2011) the CSHCN coordinator in Chuuk accepted a new position of Follow Up Coordinator for the Early Hearing Detection and Intervention (EHDI) Program and resigned. When the Chuuk CSHCN Coordinator resigned, the MCH coordinator assigned another graduate nurse to oversee the CSHCN Program in Chuuk. A replacement Coordinator was hired earlier this year for Chuuk State. The CSHCN Coordinator position in Kosrae has been vacant for quite a while due to scarcity of graduate nurses. Earlier this year, 2012, Kosrae has hired a new CSHCN Coordinator and she is very active in reaching out to parents of children with special health care needs. This year, 2012, the CSHCN Coordinator for Pohnpei State resigned and the MCH coordinator has assigned another graduate nurse to oversee the program on a daily basis. Pohnpei MCH program is recruiting for a replacement CSHCN coordinator, which they hope to hire soon, this year. These changes in the CSHCN programs have led to some degree of instability in the program at the state level. Progress in the implementation of the policy and procedures the Children with Special Needs Programs has been somehow hindered because of the need to continually re-orient and re-train new staff. 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 CSHCN 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 June each year and brought together the MCH Coordinators, the MCH Data Clerks, the CSHN Coordinators, and staff from the National Government's Health Department, parent representatives, representatives from the Police department, insurance programs, Early Childhood Education (ECE) Program, dental department, and special education where issues were discussed related to improving state data capacity, early intervention services for children with special needs, and obtaining public input from stakeholders for the continuing application. (3) Special conferences and other educational opportunities were provided to the MCH Coordinators, physicians and nurses who attended the Pacific Basin Title X Family Planning Annual Conference in Saipan, PACRIM Conference in Honolulu and the American Pacific Nurses Leadership Conference (APNLC) in Kosrae. The MCH Data Clerks have been stable throughout the four state programs and are very instrumental in providing needed data for completing the MCH Block Grant application each year. These 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 were 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 as 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 CSHCN Clinic by the CSHCN physician who provides the medical and health care to the children with disabilities. The program staffs also provide services to the children and families in the home when warranted. The CSHCN Program has been developed as an interagency effort among the MCH Program, the Chuuk State Hospital, the Special Education Program, and the Early Childhood Education (ECE) 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 CSHCN team will make home visits to provide medical and educational services. The CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) 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 operate under the supervision of the Chief of Primary Health Services. The MCH Program provides prenatal care, post-partum care, immunization, and children with special health care 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 woman 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 Health Care Needs program provides clinical assessments and follow-up with the physician through the CSHCN Program Coordinator. The Pohnpei CSHCN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital. The MCH staffs 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 take 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 CSHCN Coordinator, who is a Public Health Nurse. The Yap CSHN Program is an interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, and the physician and physical therapist from the hospital.

Last year, the National MCH Program staff, state MCH Coordinators and MCH Data Clerks attended a Technical Workshop in Data Analysis sponsored by MCHB, which ran back-to-back with the MCH Block Grant Review, in Honolulu Hawaii. In addition, the national MCH and Family Planning Programs staff, the state MCH and Family Planning Coordinators and MCH and Family Planning Nurses attended Pacific Basin Title X Family Planning Annual Conference in Guam. Furthermore, the MCH and Family Planning Program Coordinators and MCH and Family Planning program nurses attended the American Pacific Nurses Leadership Conference (APNLC) in Chuuk State. Also last year, during the month of June, FSM convened its MCH Annual Workshop in Kosrae State. Program staff and stakeholders met to review progresses for the past year, discussed challenges and plan activities for the coming year. One major activity, during the annual workshop, worthy of mentioning was FSM's review and adoption of a SLAIT-LIKE and PRAMS Surveys, which we adopted from Palau. The FSM MCH Program has plans for training in the use of the surveys questionnaires and actually conduct the surveys this year (2012). The FSM National Program coordinator continues to receive educational training in epidemiology through the Annual MCH Epidemiology Conferences sponsored by CDC and HRSA to fill some of the needs that are critically needed by the MCH Program and by the FSM Department of HESA.

This year, the National MCH and Family Planning staff, the State MCH and Family Planning program coordinators, MCH and family planning nurses attended the Pacific Basin Title X Family Planning Annual Conference in Saipan during the month of April. The CSHCN Physician, based in Chuuk, attended the PACRIM Annual Conference in Honolulu, where she gained new knowledge and insight of services provided by the other Pacific Island Jurisdictions for replication in the FSM. Also this year, during the month of May, FSM convened its 2012 FSM MCH Annual Workshop, for a week, in Pohnpei State. The venue of the FSM MCH Annual Workshop rotates among the four FSM states each year to grant the

host state the opportunity to have more participants attend the workshop. This year's annual workshop brought together the MCH Program Coordinators, CSHCN Program Coordinators, MCH Data Clerks, Women and Children's Physicians, including the chiefs, division of Public Health from Chuuk and Pohnpei States. Other program staff, physicians and representative of our stakeholders, like public safety, ECE Program, Special Education, Insurance, dental division and parent representatives also attended this workshop. The workshop was facilitated by the National MCH Program Coordinator and assisted by the CSHCN Physician. During the annual workshop, the FSM MCH Program and its Stakeholders had the opportunity to assess the MCH program during the past year in terms of what accomplishments or achievements were made, what challenges were encountered, and plan for the coming year. The FSM MCH Program also took advantage of this annual workshop to solicit Public Input from our Stakeholders to help us develop sound work plans for next year. Also this year, in June, the State MCH and Family Planning Coordinators and MCH and Family Planning Program Nurses attended the American Pacific Nurses Leadership Conference in Kosrae where they were updated with important nursing issues affecting the people of the Pacific including FSM. //2013//

C. Organizational Structure

//2012// 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 and Social Affairs (H&SA) 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 and Social Affairs (H&SA). The Maternal and Child Health Program is one of the six (6) programs (Title V MCH, Title X Family Planning, UNFPA Family Health Project, HRSA and CDC Funded Early Hearing Detection and Intervention (EHDI) Programs, and State System Development Initiative (SSDI)) under the Family Health Services Section in the Division of Health Services. The section is headed by a Program Manager, who is the National MCH Program Coordinator. The National MCH Coordinator works under the Secretary of Health & Social Affairs (H&SA) as well as in collaboration with other coordinators at the national level, such as the Immunization Coordinator, Substance Abuse and Mental Health Coordinator, the HIV/AIDS Coordinator and the Diabetes Control Program Coordinator. 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 Care Needs (CSHCN) Coordinator. At the National Level, the Secretary is assisted by an Assistant Secretary for Health who has administrative supervision over the Program Managers of four new sections - the Communicable Disease Section; Immunization Section; the Environmental and Community Health Section; the Substance Abuse and Mental Health Section; the Non-Communicable Disease Section; and the Family Health Services Section, which includes the Maternal and Child Health Program. The Program Manager of the Family Health Services Section 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). //2012//

//2013/ 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 DHSA manages health affairs for the nation. The FSM MCH Program, as the designated State Health Agency, is at the National Government level, and is one of the programs under the Secretary of DHSA. The Secretary is assisted by an Assistant Secretary who has administrative supervision over the Program Managers. The Program Manager for the Family Health Services Unit works under the Secretary of DHSA 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. The day-to-day administration and management of the Title V Program is under the direct control of the Family Health Services Unit Manager, who also works closely with each of the four state MCH Program Coordinators. At the state levels, the Department of Health Services is headed by the Director of Health and is responsible for all medical and health services. 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 Title V Maternal and Child Health Program and the HRSA Early Hearing Screening and Intervention Project are both organizationally under the Chief of Primary Health Care Services. For the planning, implementation and provision of direct services to the MCH populations, each state has a MCH Program Coordinator. The Assistant Secretary for Health has administrative supervision over the Program Managers of six sections including the Family Health Services Unit; which includes the MCH Program. The Program Manager of the Family Health Services Unit supervises the National Family Planning Coordinator and works with the State MCH Coordinators, to provide guidance for the MCH Programs and be responsible for fulfilling all of the responsibilities of Title V Program for the FSM. //2013// An attachment is included in this section. IIIC - Organizational Structure

D. Other MCH Capacity

//2012//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 are 32 full-time staff in the four FSM States funded by the Title V Program. Out of the total (32 employees,) 13 are in Chuuk state; 5 in Kosrae state; 6 in Pohnpei state; and 8 in Yap state. Of the 13 MCH staff in Chuuk state; 4 are staff nurses, 2 are health assistants, 2 are coordinators, 2 are administrative support staffs, 1 is a physician, 1 is a financial staff, and 1 is a dental assistant. Out of the total (5 employees) in Kosrae state; 2 are coordinators, 1 is a staff nurse, 1 is a nutritionist, and 1 is a dental nurse. Kosrae state has just hired a new CSHCN Coordinator who is a graduate nurse. Of the total (6 staff) in Pohnpei state; 2 are coordinators, 1 is dental nurses, 1 is a dental assistant, 1 is a staff nurse, and 1 is an administrative assistant. Of the total (8 staff) in Yap state; 3 are dental nurses, 2 are coordinators, 2 are staff nurses, and 1 is an administrative assistant. Currently, there are no full-time positions funded by the Title V Program at the National Government level. The National MCH Coordinator's salary is paid out of the general fund of the Government of the Federated States of Micronesia. In addition to the 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 Hospital, 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. These staffs 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 staffs 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. 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. The four MCH Coordinators, at state level, are responsible for assuring that clinical services are provided to pregnant women, infants, children, and children with special health care needs. Of the four MCH Coordinators, three are Registered Nurses and one has experience working in the hospital as the Head of the Medical Supplies Department. Of the three CSHCN Coordinators two are Registered Nurses and one has experience working with the Department of Education, Special Education Program. 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 planning and evaluation 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 Chief of the Section for Family Health Services, Mr. Dionis Saimon, and is assisted by key staff such as Mr. Stanley Mickey, Family Planning Program Coordinator and Ms. Vicky Nimea who does the financial management 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. The MCH Program has added a physician, who is a pediatrician by training, in one of the FSM state specifically for the MCH Program. From time to time, this physician, who has the medical and clinical expertise in children's health, travels to each of the FSM state to provide care that may be needed in the other states, where a doctor for that specialty may not be available. 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 CSHCN 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 June each year 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 the MCH Coordinators who attended on-line courses from the Fiji School of Medicine, MCH and CSHCN Coordinators attended the PACRIM Conference in Honolulu and the American Pacific Nurses Leadership Conference (APNLC) in Saipan. The MCH Coordinators and Nurses also attended the Pacific Basin MCH and Family Planning Annual Conference sponsored by Pacific Health and Title X Regional Office, which rotates among the Pacific Island jurisdictions each year. //2012//

/2013/ The National Government and State Governments work jointly to provide reliable, accessible and quality health services, including MCH services, delivery to its citizens. Areas of responsibility to meet this goal are divided between the State and National Governments. Assessment of community health needs and planning and implementation of programs to meet these needs are also responsibilities shared by health service administrations of each State as well as the National Government. The National Government provides coordination of services and supplies between states while the delivery of services within each State is the primary responsibility of the State Governments. Assuring the availability of medical supplies, equipment and other materials and trained manpower at the time and place they are needed is a responsibility of the DHS. By mutual agreement between the States and the National Government,

administration, monitoring and reporting of federal programs such as MCH Program rests with the National Government. At the state level, the day to day management and operation of the MCH Program rests with the MCH Coordinator who reports to the Chief of the Division of Public Health and the Public Health Nurse Supervisor. In the provision of direct services to the women of child bearing age population, the other public health staff nurses, state hospital physicians and nursing staff, assist the coordinator. The sharing of duties and responsibilities has been the situation in the past, and it is foreseen to continue, especially in light of the existing shortage of nursing person-power experienced in each state. Health services, including MCH, are highly subsidized by the governments. In order to provide basic medical services to the people of the intermediate and outlying areas, each state maintains dispensaries staffed by health assistants or by medexes (mid level providers). These facilities provide treatment for common diseases, and to provide public health including MCH and family planning, sanitation, and health education services. Funding limitations, logistics, and personnel problems have created a level of operation and service of some of these dispensaries that is sub optimal. These are currently being addressed at the state level through upgrading of facilities and training or deployment of peripheral health staff such as health assistants. All states send public health teams to these outer areas periodically to provide additional services such as maternal/child health, family planning, etc. Patients who cannot be served on-site are referred to the main hospital. Those who cannot be served on island are referred to hospitals in Guam, Hawaii, and Philippines. In FY 2012, there were 32 full-time staff in the four FSM States and 1 full-time staff at the National Government funded by the Title V MCH Program. The breakdown of staff by State is: Chuuk: 1 coordinator, 1 graduate nurse, 3 practical nurses, 3 health assistants, 1 dental assistant, 1 key punch technician, and 1 secretary; Kosrae: 1 program coordinator, 2 graduate nurses, 1 nutritionist, and 1 dental assistant; Pohnpei: 1 program coordinator, 1 dental nurse, 1 dental assistant, 1 graduate nurse, 1 practical nurses, and 1 accountant; and Yap: 1 program coordinator, 2 graduate nurses, 2 practical nurses, 3 dental nurses, and 1 administrative assistant. National Level: the program staff include the National MCH Coordinator and a Federal Grants Manager, based in Chuuk State . In 2011, after the MCH Grant Review in Honolulu, the National MCH Coordinator was informed that the Joint Economic Commission (JEMCO) of the Compact of Free Association and Office of Insular Affairs (OIA) have cut out, from the National Health Department Budget, the salaries of all National Health Department Staff whose salaries are paid by Compact Funds but are working with Federal Programs. The FSM MCH Program was forced to streamline its annual work plan to make funds available to cover the salary of the National MCH Coordinator. Currently, the National MCH Coordinator is the only full-time positions funded by the Title V Program at the National Government level, increasing the total number of FSM-wide personnel paid by the Title V MCH Program to 33 Full-time staff. In addition to the 33 Full-time staff paid by the Title V MCH Program, the SSDI Program pays for 4 MCH Data Clerks posted at each of the State's Hospital Record Rooms, for a total of 37 Full-time staff working for the MCH Program in the FSM. The technical competence of the MCH providers at the main clinics and state hospitals is adequate as they have been undertaking in-service training each year and supervision is regularly implemented. Each state has established coordinated relationships and linkages among the Departments of Education (Special Education, Population Education Projects, Curriculum Development Committees); Agriculture (Family Food and Nutrition Program); Nutrition Council (in the case of Pohnpei); and Early Childhood Education Program, formerly the Head Start programs, through its 'Health and Nutrition' Program Component. With the establishment of these inter agency linkages, gaps in communication have narrowed and duplication of efforts has been minimized. Cooperative working relationships between and among other Public Health programs, such as Communicable Disease, STD/Immunization, AIDS, Mental Health/Substance Abuse, and MCH expand staff coverage and program implementation. All of the six private clinics or hospitals in the FSM are offering limited MCH services to this population. //2013//

E. State Agency Coordination

//2012//At the State Level, 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 services among these programs is possible. At the National Level, the MCH Program is organizationally part of the Family Health Services Section (Division of Health Services) which also includes the Title X Family Planning Program, UNFPA Reproductive Health, Sexual Health and Family Planning (Family Health) Project, Early Hearing Detection and Intervention (EHDI) Project, and the State System Development Initiative Program. Because all of the programs are under the supervision of the National MCH Program, who is the Program Manager for Family Health Services Section, coordination of these programs and collaboration with other programs is possible. The MCH Title V Program staff at the state level work closely with the Special Education Programs of the Department of Education, Early Childhood Education 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 Health Care 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 Early Childhood Education 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 Health Care 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 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 the 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. 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 five chiefs from the other five sections. Together, this constitutes the senior management team. 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. //2012//

//2013/ No Change //2013//

F. Health Systems Capacity Indicators

//2013// FSM prioritized Health System Capacity Indicator (HSCI) #4 as the most critical Indicator for the FSM MCH Program. For several years FSM had not been able to book, at least, 50% of our pregnant mothers for early prenatal care, especially during the first trimester. This was due to our failure or inability to improve on the various Indicators stated herein below, which ultimately affected several of the Health Status Indicators. Overall, FSM did not meet the minimum 80% of expected prenatal visit as mandated in Health Status Capacity Indicator # 4. The data is showing a decrease from 52% in 2010 to 46% in 2011; for an overall decrease of 6% from the previous year. The data further showed that out of the total 926 women with a live births in 2011, 459 mothers (49.5%) initiated prenatal care during the First Trimester. Out of the total, 428 women (46.2%) reported to have met the expected number of visit of greater than or equal to 80% based on the Kotelchuck Index. The States' data showed that, with exception of Yap State, all states reported decreases: Chuuk State reported a decrease from 59% in 2010 to 48% in 2011. Based on reports from Chuuk, the decrease was due to decreased in the number of Outreach Activities during the reporting period due to transportation problems and rising cost of fuel. Kosrae State reported a slight decrease from 73% in 2010 to 70% in 2011. Based on reports from Kosrae, the decrease was due to decreased in the number of Outreach Activities during the reporting period due to transportation problems. Pohnpei State also reported a decrease from 39% in 2010 to 25% in 2011. Based on reports received from Pohnpei, some women reported that they came in late for prenatal care because they did not know they were pregnant until quickening while some reported that they opted to wait until quickening to be sure they are pregnant. For the teenagers, most tried to hide their pregnancies until the pregnancy is visibly showing only then when they come in for check up.

In reviewing Health System Capacity Indicator #4, during the FSM MCH Annual Workshop in Pohnpei during May of this year, the FSM MCH Programs took note of the continuous challenge that FSM faces in its effort to improve on HSCI #4. It was realized that if FSM was to be successful in meeting the 80% or more of the expected prenatal visit, there are other trends or indicators that FSM must first improve to meet HSCI #4 and experience favorable birth outcomes. Some of these trends or Indicators noted include: National Performance Measure (NPM) #18. National Performance Measure #18 pertains to percent of infants born to pregnant women receiving prenatal care beginning in the first Trimester. During this reporting period, the percent of women receiving prenatal care beginning during the first trimester decreased from 30% in 2010 to 19.9% in 2011, about 10% overall decrease for the FSM. In reviewing the State MCH Programs data, all of the four (4) FSM States reported decreases. Underlying causes provided for the nationwide decline included transportation problem, rising cost of fuel, other priorities like school and work, including the Dengue Outbreak in 2011. Moreover, all States reported that despite their efforts to educate and counsel pregnant mothers about the importance of early prenatal care, in the clinics and during outreach visits, more women continue to not consider pregnancy as a sickness, therefore do not seek medical services unless, something is wrong or they do not feel well. Use of local medicine is another reason why pregnant women do not come in early for prenatal care. They are being advised to seek medical services first, then take local medicine, if they opted for it. Finally, in the FSM pregnant women do not travel during the 1st trimester, a time in which the pregnancy is considered "fragile", so pregnant women waited and only travel when the pregnancy is mature; State Negotiated Performance Measure #6 pertains to the number of women of childbearing age who attended comprehensive health education in schools and communities. The comprehensive health education sessions in the schools and communities are important because they served as venues where women of childbearing age are informed about the importance of early prenatal care, nutrition, smoking, drinking, etc., and their impact on birth outcomes. FSM added this performance measure in 2009 hoping that if all women of childbearing age in the FSM are informed or, if you will,

educated and have a broad and strong knowledge-base on essentials of prenatal care/services, more pregnant women would be compelled to come in early for prenatal care, especially during the first trimester, thus improving the number of expected prenatal visit per HSCI #4. In reviewing SNPM #6, during the FSM MCH Annual Workshop in Pohnpei during May this year, it was realized that FSM is not improving too well on this measure. Overall, the data is showing a decrease for the FSM from 53.4% in 2010 to 41% in 2011. States' data is showing modest increases for Pohnpei and Kosrae States while Chuuk and Yap States showing decreases; The dengue outbreak in the FSM in 2011 forced cessation of services in Yap State and mobilized most public health staff from the other three FSM States to assist with the outbreak in Yap. This has major impact on public health services across FSM.

The main purpose of the FSM MCH Annual Workshops, held each year, is to assemble the FSM MCH Program staff and Stakeholders in one place, and as a team, review accomplishments, discuss challenges and proactively plan activities for the coming year. The annual workshop is designed to foster, to the maximum extent possible, an atmosphere of collaborative sharing and learning of success stories and, where possible, adoption of best practices for replication in other states. Considering the geographic make up of the island states, practical adoption of some of the best practices may not be easy. However, FSM has been and continues to strive for the highest level of achievement in providing services for our families, therefore continuous learning remain our resilient endeavor. For National Performance Measure #18, the FSM MCH Program aspires for at least 80% of all pregnant women, each year, to come in for early prenatal care, especially during the first trimester. If this goal is achieved more women will be meeting the expected number of prenatal visit of 80% or more and will contribute to improving HSCI #4. For State Performance Measure #6, the FSM MCH Program aspires for at least 70% of all women of childbearing age to attend health education sessions in the schools and communities. The benchmarks for anticipated outcomes for the coming year are based on achievements made for the Indicators in 2011. Based on 2010 FSM Census, FSM has 22,970 women of childbearing age, which is 22.3% of the total FSM Population. The rate of population growth in FSM and the four states has declined dramatically over the past three decades. At the national level, annual growth had dropped from 3.0% in the 1980-89 period to -0.4% over the 2000-2010 period. While declining fertility has contributed to the drop in the population growth rate, out-migration to the United States and other parts of Micronesia is the primary cause of the negative growth. Considering that FSM had 926 women (ages 15 through 44) with live births in 2011 and 459 women (49.6%) reported first prenatal visit during the first trimester, and of which 428 (46.2%) of the total 926 women met the expected number of prenatal visit per the Kotelchuck Index of measurement, compounded with the slow population growth rate, the 70% benchmark should place FSM's coverage, in the next year, at the upper 3rd quadrant echelon. In simple terms, if the 70% benchmark is achieved, 189 (20.4%) more pregnant women will come in for prenatal care early, during the first trimester and 220 (23.9%) more women would have met the 80% or more expected number of prenatal care visit, thus improving HSCI #4 for the FSM in the coming year.

Based on the findings made during the 2012 FSM MCH Annual Workshop and supported by the data (MCH Data Matrix) collected and analyzed, the FSM MCH Program have taken note of the service gaps and will embark on redesigning of program activities and allocate more resources into planned activities and services aimed at improving National Performance Measure #18 and State Negotiated Performance Measure #6 and ultimately improve HSCI #4. When the FSM MCH Program achieves its desired outcomes on these Indicators, Low Birth Weight Births currently at 11% up from 9% in 2010 and Very Low Births Weight Birth at 2%, increased from 0.3% in 2010 will improve and ultimately improve Infant Mortality, which is currently at 17.8/1000 an increase from 12/1000 in 2010 for overall, FSM. //2013//

IV. Priorities, Performance and Program Activities

A. Background and Overview

/2013/ FSM did not conduct a needs assessment last year, however, during the FSM MCH Annual Workshop, held in May this year, the FSM MCH Program and its Stakeholders reviewed the National Performance Measures, Outcome Measures, State Performance Measures, Health System Capacity and Health Status Indicators. Accomplishments and barriers were discussed and ideas were shared on how to sustain the achievements and continue to improve the Indicators on which we did not perform too well. Basically, the assessment of the data shows that the health status of the MCH Population had not improved substantially; for some areas the health status outcomes had worsened. The number of women who initiated prenatal care during the first trimester decreased and the number of women with Anemia increased. The number of children born with low birth weight and very low birth weights also increased. Infant Mortality also increased. The FSM MCH program reviewed the eight (8) priorities and two New States Performance Measures developed in 2010 whether or not they should be changed. The FSM MCH team decided that they should remain, since it has been only a year since they were instituted. They felt that the FSM MCH Program should be accorded with adequate time to track the Indicators before any change is made. The priorities for the FSM MCH Program remain as follow: 1. To increase the percentage of pregnant women attending Antenatal Care in the first trimester to at least 75%; 2. To decrease Infant Mortality for the FSM to 10/1,000 live births; 3. To improve the nutritional status of mothers, infants, and children; 4. To increase the percentage of immunization coverage of 2year olds; 5. To decrease incidence of STIs among childbearing-age women, including teen agers; 6. To decrease the rate of teenage pregnancy for the 17 yrs. olds and under; 7. To improve Oral Health status among the school-aged children- ECE to 3rd Grades; 8. To improve the number of Newborns screened or diagnosed with potential hearing loss for early intervention services. In reviewing the two (2) new State Performance Measures, the team felt that they should not be changed because it has only been a year but the data is showing that 30% of children ages 5-21 in the FSM have been diagnosed with Rheumatic Fever and 6% of women of childbearing age who were using MCH Program services were diagnosed with anemia.

The two new State Negotiated Performance Measures remain as: 1) Percent of Childbearing Women with Anemia, <35hct; and 2) Percent of children 5-21 years old diagnosed with Rheumatic Fever.

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. Pregnant Women receiving early prenatal care declined to 20% from 30% in 2010. For those women who do initiate care, only 42% receive adequate care, 23% receive intermediate care, and 35% 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 the FSM showed that approximately 36% of the women have low hemoglobin. In 2011, 11% of all those women who gave birth never received prenatal care, an increase from 7% in 2010. For Infant and children, 11% were low birth weight, 2% were very low birth weight, 41 infants died for an infant mortality rate of 18/1000 which is an increase from the 2010 IMR of 12/1000. The most common causes of neonatal death were prematurity and congenital anomalies. Cause of post-neonatal period, acute infection was the major cause followed by complications of malnutrition. 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. Vitamin A deficiency and iron deficiency anemia are emerging health problems among children as well. In 2011, about 19% of children 1 year and younger were reported to have anemia.

Enabling services are those that facilitate the access to direct health care. Some of the barriers to accessing direct healthcare services identified included, limited to transportation, medical supplies, outreach, health education, and care coordination. For pregnant women in the FSM, based on this year's MCH Workshop discussions, suggests that the barriers to receiving early prenatal care include the lack of transportation, lack of child-care, use of local medicine and gender of service provider. The National MCH Program continues to work with the State governments and strengthening its collaborations with the communities for the coordination, monitoring and evaluation of the MCH Program and other Public Health Programs that also impacts MCH Program services. Collaborative efforts are needed to successfully implement proposed activities, especially in MCH, at grass-roots level. Constant turn-over of staff with scarcity of nurses or qualified personnel in all of the four States is another challenge. This affects timely replacement of program staff who resigned, seeking for greener pastures. Specialized clinics and specialty services are minimal and in some areas the services are not available therefore there is a pressing need to continue to contract overseas experts to provide the services for us. Last year, FSM MCH Program contracted the Orange County Childrens' Hospital Pediatric Cardiology Team, of California, who provided Pediatric Cardiology services in the four (4) FSM States. The team is expected to return to FSM in September this year. Last year, the FSM EHDI Project contracted Yusnita Weirather, an Audiologist, from the Kapiolani Childrens' Hospital in Honolulu who provided retraining of screeners and conduct DAE in Chuuk and Pohnpei. This year Yusnita visited Kosrae and Yap States doing retraining of screeners and also conducted DAE. FSM is also served by the Shriner's hospital and the Canvasback specialty teams on a yearly basis. Current specialists with existing contracts need to visit the FSM States more often to ensure that the children get the required services in a timely manner, however this also pose a challenge due to the high costs associated with contracting specialist from overseas. Of course there is a hiring freeze in the FSM, but not for the categorical grants received from CDC and HRSA, provided that such hiring is place under the "Special Services Contract" category. However, given the continuing decrease in the U.S. Federal financial assistances to FSM supporting Health Services, hiring additional staff as a countermeasure to constant staff turn-over, would mean leaving less dollars for provision of services; thus, we find it challenging to hire additional staff at this time. The FSM MCH Program will allocate and direct current resources to strengthen outreach efforts to assure that women living in remote areas have access to care; outreach teams of physicians, public health nurses, and health educators to provide these services in the field. In the FSM, where everyone knows everybody else and traditional customs are still very strong, most women do not want to be examined by a male provider, worse yet, a provider who is a relative. There is a need to increase the number of female providers to assure that all women have access to care. Local medicine should be encouraged only after a woman has seen a physician. 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 Special Education Program. //2013//

B. State Priorities

//2012// The FSM MCH Program 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 in 2010 showed 31% of the women received early prenatal care, a decrease from 35% 2009. The total live births for FSM in 2010 was 2,011. Of this, 171 or 9% were low birth weight live births and 6 or 0.3% were very low birth weight live births. The data showed that FSM was able to reduce both, the percentage of low birth weights and very low birth weight births. The data, unfortunately reflected an increase in the number of pregnant women diagnosed with Anemia, despite our efforts through a relatively good educational program on nutrition for pregnant mothers in the FSM, which led the FSM MCH Program to institute a New State Negotiated Performance Measure, which is to "Reduce Anemia among the Women of

Childbearing Age" . The percent of pregnant women diagnosed with anemia increased to 34% in 2010 from 27% in 2009. The FSM MCH Program felt that it only make sense to begin screening young women for anemia earlier rather than to wait until they get pregnant, only to find out that their condition has gotten worse when they come in for prenatal care. The neonatal mortality rate was increased in 2010 to 11/1000 from 9/1000 in 2009 but infant mortality was slightly reduced to 12/1000 in 2010 from 13/1000 in 2009. The modest increase and decreases may not be statistically significant given the small numbers that we are trying to interpolate. Although the FSM MCH Program continues to carry out comprehensive Health Education in the schools and communities throughout the FSM, the assessment of services for pregnant women in 2010 showed 31% of women received early prenatal care, which is a decrease from 2009, which was 35%. The data also showed that 44 out of 2,088 or 2% of pregnant women were smoking during the last three months of pregnancy. This equals the percentage of women smoking during the last three months of pregnancy reported in 2009. Although this number deem small, all state programs reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. FSM is curious to learn if there were previous studies on chewing betel nuts with tobacco and birth outcomes. //2012//

/2013/ The FSM MCH Program 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 in 2011 showed 20% of the women received early prenatal care, a decrease from 30% 2010. The total live births for FSM in 2011 was 2,306. Of this, 262 or 11.4% were low birth weight live births and 43 or 2% were very low birth weight live births. The data showed that FSM was unable to reduce both, the percentage of low birth weights and very low birth weight births, during this reporting period, and this may be attributed to the small number of women who initiated prenatal care early, during the first trimester. The data, also reflected an increase in the number of pregnant women diagnosed with Anemia, despite our efforts through a relatively good educational program on nutrition for pregnant mothers in the FSM, which led the FSM MCH Program to institute a New State Negotiated Performance Measure, added in 2010, which is to "Reduce Anemia among the Women of Childbearing Age". The FSM MCH Program felt that it only makes sense to begin screening young women for anemia earlier rather than to wait until they get pregnant, only to find out that their condition have gotten worse when they come in for prenatal care. The percent of pregnant women diagnosed with anemia increased to 36.3% in 2011 from 34% in 2010. The neonatal mortality rate was also increased by a .3 mark in 2011 at 11.3/1000 from 11/1000 in 2010. Infant mortality was also increased to 18/1000 in 2011 from 12/1000 in 2010. The modest increase and decreases may not be statistically significant given the small numbers that we are trying to interpolate. Although the FSM MCH Program continues to carry out comprehensive Health Education in the schools and communities throughout the FSM, the assessment of services for pregnant women in 2011 showed 20% of women received early prenatal care, which is a decrease from 2010, which was 30%. The data also showed that 46 out of 2,242 or 2.1% of pregnant women were smoking during the last three months of pregnancy. This equals the percentage of women smoking during the last three months of pregnancy reported in 2010. Although this number deem small, all state programs reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. FSM heard that a study on chewing betel nuts with tobacco and birth outcomes was conducted in Saipan, but we have not had the opportunity to follow it through. The analysis of the data on the Health System Capacity Indicators and Health Status Indicators have caused FSM to restructure and streamline its program activities to fill some of the gaps reflected in our achievements for these Indicators in 2011. In 2013 the FSM MCH Program will aim at increasing outreach to the hard-to-reach communities and vulnerable populations. This will be done by increasing the number of days and lengthening the visits. Number of days for school visits will also be increased. Funds will be allocated to purchase more gasoline and rental of boats and vehicles, which were cited as major hinderances to getting the services to the people. Additdional funds will be secured from other programs, such as the SSDI Project, to augment MCH Program funds, to carry out Surveys, such as the

SLAIT-LIKE, PRAMS, and YRBS, so the FSM MCH Program staff can understand the attitude and psychosocial behaviors of our Women. The work plan for the FSM MCH Program for 2013 will be flexible, in order for us to be able to adjust to conditions as they arise, in order to bring out the maximum outcome as possible. //2013//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	85	87	90	80
Annual Indicator	0.0	0	0.0	0.0	
Numerator	0		0	0	
Denominator	1		1	1	1
Data Source		Newborn Screening Program	Newborn Screening Program	Newborn Screening Program	Newborn Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	0	1	2	3	4

Notes - 2011

//2013// National Performance Measure #1 is Not Applicable to FSM. The number is a dummy so please ignore it. //2013//

Notes - 2010

/2012/ Not applicable to FSM. The data is a dummy so please ignore it. //2012//

Notes - 2009

//2010// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the other Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2010//

a. Last Year's Accomplishments

//2013/ After the MCH Grant Review in Honolulu last year, the FSM national MCH Staff contacted Dr. Bradford Therrell and invited him out to Pohnpei to run an awareness workshop on Blood Spot Screening. Dr. Brad Therrell and a colleague, Dr. Carmencita Padilla visited Pohnpei and conducted a workshop from January 9-12, 2012. Attending the workshop were national MCH program staff and Pohnpei State MCH program and Laboratory staff. Due to funding constraints, we were unable to bring program and laboratory staff from the other 3 states. The workshop was successful; however, to date FSM has not started blood spot screening because neither the FSM MCH Program nor FSM Health department has funds to start blood spot screening. We are hoping that once funds are available, we will be able to enter into a contract with an overseas lab and start blood spot screening. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Communicated with Dr. Bradley Therrell regarding blood spot screening.			X	
2. Blood spot screening workshop conducted.		X		
3. Looking for funds to commence blood spot screening.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2013/ FSM continues to look for funding to do blood spot screening. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program will request additional funding from MCHB during fiscal year 2013 for blood spot screening. We are also seeking for funding from the FSM Health Department so we can start blood spot screening. //2013//

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	2374							
Reporting Year:	2011							
Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens		(C) No. Confirmed Cases (2)		(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	No.	%	

Phenylketonuria (Classical)		0.0				
Congenital Hypothyroidism (Classical)		0.0				
Galactosemia (Classical)		0.0				
Sickle Cell Disease		0.0				
Early Newborn Hearing Screening	1801	75.9	425	20	20	100.0

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)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	80	85	95	95	80
Annual Indicator	100.0	92.5	73.1	74.6	53.7
Numerator	1	1159	914	948	647
Denominator	1	1253	1251	1271	1204
Data Source		Public Health Records	Public Health Records	IEP/CSHCN Program	IEP/CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes		
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	55	60	65	70	80

Notes - 2009

//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provide to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6months to a year then the care plans are reevaluated to see if the parents satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

a. Last Year's Accomplishments

//2013/ Overall, FSM did not do too well on this performance measure. The data showed a decrease from 74.6% in 2010 to 54% in 2011. In reviewing the State data, Kosrae showed some improvement while Pohnpei remained at 100%. Chuuk and Yap states showed decreases. Chuuk reported a decrease from 59% in 2010 to 25% in 2011. The reason for the decrease was that the CSN staff were not involved in the development of IEPs. At the end of the year, only few (180) parents returned and provided verbal responses of their feeling or satisfaction with services. Pohnpei reported that 100% of their families with children with special health care needs partnered in decision making and were satisfied with the services they received. They reported that the Rights of the families to accept or reject services were carefully explained at the beginning of each IEP meeting and parents were again reminded of these rights when their children are recommended for medical procedures. They reported that IEPs were done at the schools so they can easily access students. Parents who did not have transportation were brought to the schools by Special Education buses. Yap reported a decrease from 99% in 2010 to 86% in 2011. The reason for the decrease was due to suspension of clinics in early September 2011 to January 2012 due to the Dengue Fever Outbreak --thus contributing to the decreased number of families seen in the clinics, and a decrease in the number of visiting specialists to Yap. Some parents expressed dissatisfaction over services provided to their children in yap because they were in Guam and enjoyed the many services available for CSHCN; the referral process takes a long time; and a new policy on payment of medicine if health situation is not directly related to child's condition. Kosrae reported an increase of 97% in 2011 from 93% in 2010. There was an increase because the CSHCN position that has been vacant for 3 years is now filled. The new CSHCN coordinator was successful in bringing in all the CSHCN clients for reevaluation. While doing the assessment, she was also surveying the parents for the satisfaction part of the assessment for services. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Workied on increasing number of parents with CSHN on decision making.			X	
2. Collaborating with SpEd RSAs and Parents in completing ISPs and IFSPs.			X	
3. Surveying of parents on how they felt about services.			X	X
4. IEP's were developed at the schools.	X			
5. Parents without transportation are transport to the IEP sites if they have no transportation.		X	X	
6. Outreach clinics were done during Shriner's visit.		X	X	
7. Requested for funds to conduct survey for the CSHCN.	X		X	
8. Conducted home bound visit of CSHCN clients.	X	X		X
9. CSHCN Physician and Coordinator visited the Neighboring Islands .	X		X	X
10.				

b. Current Activities

//2013/ Current activities of the FSM MCH Programs by State are as follow: the Chuuk MCH Program reported that their in-service clinics are on-going and they continue to interview parent who bring in their children for appointment to find out how they feel about the

services. The Pohnpei MCH Program reported that they are currently doing IEPs at the schools. They are also doing awareness for families, at the beginning of each IEP /IFSP meeting, to make families understand that they have the right to accept or reject services. They also are reviewing with parents, the applications for off-island medical procedures, to make sure parents understand and agreed to procedures planned before they sign the consent forms. The Yap MCH Program reported that the weekly CSHCN clinic is now on-going with a physician. Agenda and schedule have been received and plans made for the visit of an Audiologist contracted by FSM department of health, and Shriner's specialist s visit to Yap during the month of June 2012. The Kosrae MCH Program reported that they recently hired a new CSHCN coordinator and is currently on board. They are surveying all parents who came for assessments. Collaboration between Special Education and MCH Program is ongoing and sensitization meetings are ongoing since Kosrae State has two new directors: Health and Education departments. Health and Education are sharing transportation to provide services in the communities and back to the clinics. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program Plans for the coming year by State are as follows; the Chuuk MCH/CSHN Program plans to increase collaboration with Special Education in forming IEP, to work with national staff for funding to conduct a CSN survey, to do frequent workshops for parents on IEPs and reactive the assessment team. The Pohnpei MCH Program plans to collaborate with Special Education in doing an annual satisfaction survey. Yap plans to increase the percentage of families report participating in decision making and satisfied with services received by an increase of 12% (86% to 96%). Kosrae plans to continue to collaborate more with other agencies, provide more comprehensive written surveys, and conduct workshops for parents, hospital staffs, and the communities. //2013//

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)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	70	70	85	85	85
Annual Indicator	0.0	81.2	79.2	83.6	55.3
Numerator	0	1017	991	1062	666
Denominator	1	1253	1251	1271	1204
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	58	60	65	70	75

Notes - 2009

//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

a. Last Year's Accomplishments

//2013/ Overall, FSM reported a decrease from 84% in 2010 to 55% in 2011. There were 1156 children with Special Health Care Needs (CSHCN) registered in the FSM in 2011 and out of the total, only 666 children reported to receive coordinated, ongoing, comprehensive care within a medical home. Looking at the State data, Chuuk and Pohnpei States reported decreases and Kosrae reported a modest increase of 4% while Yap remained at 100% coverage. Chuuk State reported a huge drop of 49%; from 74% in 2010 to 25% in 2011. The reason for the steep decline, as reported by the Chuuk MCH Program was due to fewer parents verbally responding favorably to the IEPs, limited services provided to CSHCN children, and the assessment team was inactive last year. Pohnpei State reported that 3 out of 295 children with special health care needs did not receive coordinated, ongoing, comprehensive care because they live in the outer islands. Yap reported that the Hospital provided free services and medications to all children under the CSHCN Program except other medications not directly related to their health conditions. As for the neighboring islands and outlying municipalities, there is dispensary on every inhabited island and four community health centers respectively where health assistants and RSAs, physicians in CHCs are providing services to CSHN clients and families. Some highlights of Yap's accomplishments include: 1. Free basic medical services to CSHN clients; 2. Very good collaboration with Special Education and Early Childhood Education Programs; 3. Special Education supported referral of Outer Island families to Yap Hospital for special clinics, and off-island referrals; and 4. Very good collaboration with CHCs and Neighboring Islands' dispensaries (Primary Health Care). Kosrae reported that the CSHCN position that was vacant 3 years ago is now filled. The new CSHCN coordinator was active in bringing all the CSHCN clients for reevaluation. While doing the assessment, she was kind of surveying the parents for the satisfaction part of the assessment or the services. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. More clients coming in through the coordination of SpEd.		X		
2. Ensure that staff are available and provided services.			X	
3. Increase number of outreach services for CSHCN.			X	
4. Transport children without transportation to the hospital.	X	X		
5. Assessment of children were carried out for eligibility.				
6. Re-evaluate children with disabilities.	X		X	
7. Advocacy for integrating early intervention with COM-FSM's curriculum.	X	X	X	X
8. More training on Early Intervention with Overseas Consultant (Dr. Linda-Flynn Wilson).		X	X	X
9. Worked on developing a policy to have health providers (MCH/OPD) and ECE, Primary/Secondary teachers learn sign language.		X	X	
10.				

b. Current Activities

/2013/ Current activities by State are as follows; the Chuuk MCH Program reported that the CSHN clinic is ongoing and they are expecting two visits this year by an orthopedics team and a pediatric cardiology team. The Pohnpei MCH Program is taking the needed services to the 3 children living in the outer islands. Special Education has placed Related Services Assistants (RSAs), one each, on the islands to attend to these children, but they will still need to be present in the Center for reevaluations and to attend special outreach clinics provided by specialists from overseas. Yap reported that a MOU has been re-reviewed and endorsed by the Health and Education departments' directors. The CSHCN weekly clinic is on-going and planning and preparation for the visit of the Shriners' Team and an Audiologist is underway and arrangement for referral of children (4 CSHN clients) from neighboring islands to the Center is ongoing. Seven babies who did not pass initial newborn hearing screening from O.I. have been notified to come for DAE. The Kosrae MCH Program reported that they recently hired a new CSHCN coordinator. They are surveying all parents who came for assessments. Collaboration between Special Education and MCH Program is ongoing and sensitization meetings are ongoing since Kosrae State has two new directorsof Health and Education departments. Health and Education are sharing transportation to provide services in the communities and back to the clinics. //2013//

c. Plan for the Coming Year

/2013/ The MCH Programs' plans by State are as follows; The Chuuk MCH Program plans to increase the numbers of outreach activities, coordinate with Special Education to bring in more clients to clinic site, and ensure the availability of service providers. The Pohnpei MCH Program plans to look for sponsors to host the three (3) children when they come to Pohnpei for reevaluations and special clinics.Yap plans to work at maintaining the good collaboration with related agencies in providing needed services for CSHN clients and families. Kosrae plans to continue to collaborate more with other agencies, provide more comprehensive written surveys, and conduct workshops for parents, hospital staffs, and the communities. //2013//

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)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	30	60	70	80	70
Annual Indicator	0.0	67.0	67.1	11.7	13.2
Numerator	0	839	839	149	159
Denominator	1	1253	1251	1271	1204
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	20	25	30

Notes - 2009

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurance may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of Insurance in their community outreach activities. //2010//

a. Last Year's Accomplishments

//2013/ Overall, the FSM MCH Program showed a modest increase of 2%; an increase to 14% in 2011 from 12% in 2010. There were 1156 children reported to having special health care needs in FSM in 2011 and of the total 159 (14%) reported that their families have adequate insurance to pay for the services they need. Number of families reported to have adequate insurance by State are as follows; The Chuuk MCH Program reported that last year there were 714 children registered in their CSN Registry. Out of the total, only 58 children reported that their parents have adequate insurance (private or public) to pay for the services that they need. The Pohnpei MCH Program reported that 247 children with special health care needs registered in the CSN Registry in 2011. Out of the total 51 children reported that their parents have adequate insurance to pay for the services they need. In Pohnpei, more families are aware that they will now be responsible for medication fee for their children and many young parents who work for the government enrolled their children on medical insurance. The Yap MCH Program reported that 160 children with special health care needs registered in the CSN Registry in 2011. Out of the total 16 children reported that their parents have adequate insurance to pay for the services they need. The 2% decrease in Yap was attributed to the out-migration of young families to Guam and other places. Although, the Yap MCH Program reported that, due to low salaries, most employees in Yap cannot afford to enroll in Micare Health Insurance Program or other insurance scheme. Despite these realities, four (4) children with special health care needs were referred under the Yap State Referral Program through Yap State financing to Hawaii and PI in 2011. Yap MCH Program developed a tracking form to track actual number of CSHN with health insurance. The Kosrae State MCH Program that 35 children with special health care needs registered in the CSN Registry in 2011. Out of the total, 34 children reported that their parents have adequate insurance to pay for the services they need. In Kosrae, all the services and medications given to a CSHCN clients is paid by the family of that child or by the child's guardian if the child is not insured. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Advocated for the CSHCN patients to be covered by insurance.		X		
2. Negotiate with Government leaders to provide health insurance for CSHCNs.		X		

3. Increase parent's awareness on insurance (policy, requirements, benefits, and etc...).	X	X	X	X
4. Collaborated with SPED for a public awareness on CSHCN's needs and issues.		X	X	
5. Discussed with the state leaders on MCH needs and plans.		X	X	X
6. Worked at maintaining policy of free medicines for all CSHCN children.	X	X		
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ Current Activities of the MCH Program by State are as follows; Chuuk reported that they are interviewing parents who do not have insurance and working with their representatives in the legislature to see how these families can enroll. Pohnpei reported that they continue to encourage government working parents to enroll their children on medical insurance. Yap reported that they are having weekly CSHCN clinic at Hospital, at CHC (4) sites, and sending work orders to families in preparation for Shriners' Team, and audiologist's visits to Yap this June 2012. Kosrae reported that they have a new form that they included the insurance and the medications the each child takes. There is also a Bill that was introduced by the HESA Committee at the Kosrae legislature that all children with disabilities starting from age 0 to 21 will not pay their medications and medical services. //2013//

c. Plan for the Coming Year

/2013/ The MCH Program plans by State are as follows; The Chuuk MCH Program plans to negotiate with the health insurance official to consider universal coverage for CSHCN clients and negotiate with the government leaders to enable and insure that the CSHCN clients are covered under any insurance scheme available in their state. Pohnpei plans to continue doing awareness on the benefits of having medical insurance. Yap plans to increase the percentage by at least 10% by the end of the year. Kosrae plans to work with the HESA Committee to help them with the decisions on the bill, and to include MICARE Staffs to educate the parents during workshops about their policies and benefits from being insured. //2013//

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)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	40	60	85	90	80
Annual Indicator	0.0	82.7	56.6	79.0	46.3
Numerator	0	1036	708	1004	535
Denominator	1	1253	1251	1271	1156
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record
Check this box if you cannot report the numerator because					

1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	55	60	65

Notes - 2009

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

a. Last Year's Accomplishments

//2013/ Overall, the FSM MCH Program reported a decrease from 79% in 2010 to 46% in 2011. Although all but Chuuk State reported modest improvements, the fact that Chuuk State has about half of the total FSM population, the increases by the three (3) other states could not be realized. During this reporting period, 1156 children were registered in the CSHCN Registry in the FSM. Out of the total, 535 families (46%) reported that the community-based services are organized so they can use them easily. The number of families who reported that community-based services are organized so they can use them easily by State are as follow: Chuuk State reported a total of 714 children registered in their CSHCN Registry. Of the total, only 97 (14%) whose families reported that community-based services are organized so they can use them easily. This represent a 56% decrease from the previous year. The reason for the decrease, as reported by the MCH Program staff, was that few parents provided their views at CSN clinics. The Pohnpei MCH Program reported 244 children out of 247 children registered in the CSHCN Registry in 2011, whose parents reported that community-based services are organized so they can use them easily. Yap State reported that 160 (100%) children, out of 160 children registered in the CSHCN registry in 2011 whose parents reported that community-based services are organized so they can use them easily. The Yap MCH Program reported that although some clients refused to use their services, the set up of the health system in Yap State is well organized that everyone has access to services needed. Every inhabited island, in the Outer Islands groups, has a dispensary, staffed by a male and female health assistant and a school with RSA for each school. Kosrae state reported 34 out of 35 children registered in the CSHCN Registry in 2011, whose families reported that community-based services are organized so they can use them easily. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Organized services to be available and accessible to the CSHN Clients.		X		
2. Collaborated with Education Dept. on outreach activities for these children.		X		
3. Increase awareness with parents on types of services available for their children.			X	
4. Trainings of health and service providers every quarter.			X	X
5. Training of ECE/SpEd and health providers on use of manual.		X	X	X
6. Printing and distribution of manual.			X	X
7. Homebound medical check.	X	X		

8. Exercise therapy.	X			
9. Home schooling.	X			
10.				

b. Current Activities

/2013/ The current activities of the MCH Programs by State are as follow: The Chuuk MCH Program reported that "health" in-service clinics are ongoing and that they are preparing for two specialty teams visit to Chuuk this year. The Pohnpei MCH Program reported that they continue to collaborate with Special education to continue services; RSAs are visiting home bounds for home schooling and other services; Special Education therapists are also visiting the home bounds giving or doing therapy exercising to those with muscle problems. The Yap MCH Program reported that CSHN clinics at Public Health, CHCs and dispensaries are on-going. Public Announcement regarding the two special clinics happening in mid-June has been discussed with concerned agencies. Work orders have been sent out. A number of CSHN kids from the O.I. have arrived on main-island; ready to see the specialists. The Kosrae MCH Program reported that they recently hired a new CSHCN coordinator and is currently on board. They are surveying all parents who came for assessments. Collaboration between Special Education and MCH Program is ongoing and sensitization meetings are ongoing since Kosrae State has two new directors: Health and Education departments. Health and Education are sharing transportation to provide services in the communities and back to the clinics. //2013//

c. Plan for the Coming Year

/2013/ The Plans for the MCH Programs by State are as follows; The Chuuk MCH Program plans to Increase number of outreach for both Special Education and health; collaborate with Special Education to insure services are accessible to clients, and to encourage parents to notify the program if no service has been done to the individual. Pohnpei plans to continue to work with Special Education to make services easy and accessible for the children with special health care needs. Yap plans to upgrade skills and knowledge of health care providers in Yap State. Kosrae plans to continue to collaborate more with other agencies, provide more comprehensive written surveys, and conduct workshops for parents, hospital staffs, and the communities. //2013//

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	30	60	70	75	70
Annual Indicator	0.0	69.5	23.5	24.5	25.2
Numerator	0	871	294	311	304
Denominator	1	1253	1251	1271	1204
Data Source		Public Health Record	Public High School	Public High School	Public High School
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5					

and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	26	28	30	32	35

Notes - 2009

//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

a. Last Year's Accomplishments

//2013/ Overall, the FSM MCH Program reported that 304 (25%) out of 1156 children with Special health care needs received services necessary to make transition to adult life, including adult health care, work, and independence. This is 1% decrease from the previous year and may not be statistically significant. Chuuk remained at 2%; Pohnpei and Kosrae reported decreases from 100% down to 85% and 97% respectively, and Yap reported an increase of 45%. Chuuk State reported that most of their transition clients are grade school students who transitioned into high school. Pohnpei reported that the public high schools were the only institutions with services capable to transition youths with special needs into post secondary. Last year, all youths 14 years old and older received services, including the 8 elements form the NSTTAC, that are necessary to transition students. Yap reported that the MCH Program Coordinator served as the interim -- Chairperson for the Interagency Committee, and the committee met more often during the year, and consulted on the needs of all involved agencies- thus obtaining of data for the year. A staff at Special Education has been designated to track transitioned youths, and is keeping and sharing data. Kosrae reported that the CSHCN position that was vacant 3 years ago is now filled. The new CSHCN coordinator was active in bringing all the CSHCN clients for reevaluation. While doing the assessment, she was kind of surveying the parents for the satisfaction part of the assessment or the services. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FS m Dept. of Health Services to provided curriculum and classes that are needed by the youth with disabilities.				
2. Public High School and Special Education Program continued to monitor transition of CSHCNs into all aspects of adult life including independence.				
3. Quarterly meetings of Interagency Committee at Special Education.			X	X
4. Quarterly updating of data from Special Education.		X	X	X
5. Worked with Special Education to carry out one (1) promotion event for children with special needs.		X	X	X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The current program activities by State are as follows; the Chuuk MCH Program reported there is only one high school providing services to the youths with disabilities. With that very few of these youths transit from Elementary to High school. Pohnpei reported that because the transition service is a requirement for Special Education for the youths with special health needs, this measure is being monitored. Yap reported that the Interagency chair has been transferred to Special Education Coordinator as of the recent meeting in January 2012. There is no program in the state of Yap that helps transitioned clients to adult life. Most government agencies and local businesses do not hire transitioned -CSHCNs. Kosrae reported that they have a new forms that they included the insurance and the medications the each child takes. In addition, there is a Bill that was introduced by the HESA Committee at the legislature that all children with disabilities starting from age 0 to 21 will not pay their medications and medical services. //2013//

c. Plan for the Coming Year

/2013/ The Programs' plans by State are as follows; the Chuuk MCH program plans for the Department of Health and Education (including College of Micronesia) to find means of providing the needed curriculum and/or classes that are needed by these youths with disabilities. Presently, there are no vocational schools or classes that these "academically challenged" youths can attend. With such schools like what proposed, we will see more and more youths living an independent life provided they are given the skills to do so. The Pohnpei MCH Program plans to work closely with the Public High schools and Special Education program to continue to monitor this measure. Yap plans to strengthen data sharing and tracking of transitioned clients on a quarterly basis with Special Education. Kosrae plans to continue to collaborate more with other agencies; provide more comprehensive written surveys; and conduct workshops for parents, hospital staffs, and the communities. //2013//

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.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	70	80	90	95	70
Annual Indicator	68.8	63.4	67.8	53.1	48.2
Numerator	1860	1616	1537	2061	1694
Denominator	2703	2548	2268	3880	3516
Data Source		Immunization data/Census	Immunization Record	Immunization Record	Immunization Record
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year					

moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	53	55	58

a. Last Year's Accomplishments

//2013/ Overall, the Immunization coverage for children through age 2 was worsened in the past year. As an entity, the percent of children through age two who have completed immunization decreased to 48% in 2011 from 53% in 2010. As a matter of fact, all State MCH Programs reported decreases in 2-year immunization coverage during this reporting period. Coverage by State is as follows: In Chuuk State, the percent of 2-year olds who completed immunization decreased to 25% in 2011 from 39% in 2010; a decrease of 14%. The decrease was due to poor tracking system for recall and reminder, duplication of names with altered DOB's, multiple names for one individual, poor documentation 844 forms, poor maintenance and the webiz, inactive file (migration and death), and delayed and poor transmission of birthing documents from health assistants in and outside the lagoon to public health for home births. Transportation has remained the biggest challenge for any services to reach each population. However, what stands out for transportation this time is the "increase fuel cost". The price of fuel as well as the unavailability of sea transportation contributes greatly to the delayed and insufficient services delivered to the remote islands. In Pohnpei State, the immunization coverage also decreased to 52% in 2011 from 79% in 2010; a decrease of 27%. The decrease was due to the change in the definition of 2 years: Two (2) years of age include all 15 to 35 months of age which means the coverage is higher (compare 875 children of that age group in 2010 to 1653 children in 2011) and problems with data input caused by insufficient training on the new data system. . In Yap State, complete immunization of children through age 2 decreased to 83% in 2011 from 87% in 2010. The decrease was due to the implementation of the Webiz, the decreased number of visits to the Outer Islands, and suspended well baby clinics during the Dengue outbreak. In Kosrae State, immunization coverage of 2-year olds decreased to 84% in 2011 from 99% in 2010. Kosrae reported that -Immunization is also an ongoing program. If there is a new vaccine then training will be given out to all the staffs and nurses that will give the shots and record the shots. The mobile team visited the village every month to vaccinate the ones that miss their shots and do counseling and education to the care takers. Weight monitoring and fluoridation are also done every time the team went out to the villages. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increased outreach services to the lagoon islands.		X		
2. Immunization staff were inputting data in webiz regularly.		X		
3. Trained Health Assistants to vaccinate children.			X	
4. Awareness on new vaccines.				
5. Worked with other programs to conduct outreach.				
6. Worked to increase the rate of 2yrs old that complete their immunization.				
7. Weekly well baby clinic at Public Health.	X	X	X	
8. Conduct monthly home visits to update immunizations.	X	X	X	X
9. Conducted outreach visits to the Outer Islands.	X	X	X	
10. Quarterly assessment/monitoring of immunization rate with Immun. Program Coordinator.				X

b. Current Activities

*/2013/ Current activities by State are as follows: In Chuuk, the MCH Program is working collaboratively with the Immunization Program in doing outreach activities by sharing staff and transportation cost; however, even with the popular ideology that "one outreach team" should combine all services in one trip, the staff still faced difficulties in meeting all their needs in a one day visit. The immunization staff are working along with other program staff and volunteers to improve recording into the *844 and maintenance. The Immunization Program is renting private boats to take outreach team to the lagoon islands for more frequent visits. In Pohnpei State, Data clerks are doing better with the new data system and more tracking is being done. Yap reported that the first long field trip to the Outer Islands; Immunization team with Dr. Arthur, and Environmental Health Team took place in May 2012. Immunization provision of services is on-going at well baby clinics, walk-in in the morning and WBC in the afternoon on a weekly basis. Immunization/PH staff continues to provide immunization in Neighboring Islands through collaborative efforts of Sea Transportation Office, state and national offices, and PMA. Yap is awaiting the arrival of a mobile vehicle for Immunization Program that will enable teams from Public Health to do home visits to children who are behind on their immunizations. Kosrae reported that all of the activities are ongoing this year. //2013//*

c. Plan for the Coming Year

/2013/ Plans for improving Immunization coverage of 2-year olds by State are as follow: Chuuk plans to increase the percent of children vaccinated by 5% per quarter. The Public Health Division will work collaboratively with the Dispensary Division to have the vaccine available on islands so that vaccination can be done on a routine and regular basis by the respective Health Assistants. With a good estimate of approximately 80-85% of children of the whole state living in the lagoon islands, immunization outreach team should pay close attention to these islands to ensure that each child on every island in the lagoon is vaccinated. This approach will surely increase the coverage of the two year olds. This is not to say that there should be no outreach team to the outer islands but rather to re-evaluate the "outreach priorities". MCH and Immunization will ensure that supplies and vaccines are sufficient and easily available to the Health Assistants to ensure vaccination according to the schedule. Pohnpei State plans to increase the rate of 2 year olds that complete their immunization. Yap plans to increase the percentage of immunization coverage by 10%. Kosrae State plans to continue with the activities that they already have; doing more awareness on new vaccines; working together with the other programs; and renovate the dispensaries or the health unit in each municipality. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	50	40	40	30	30
Annual Indicator	21.1	15.4	21.6	18.7	12.3
Numerator	109	76	106	88	92

Denominator	5170	4951	4915	4696	7482
Data Source		Birth Certificate/Census Data	Birth Certificate/Census Data	Birth Certificate/Census Data	Birth Certificate/Census Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	12	10	10	8	8

a. Last Year's Accomplishments

/2013/ National Performance Measure #8 is a rather culturally sensitive Indicator for the FSM and has been a problematic one for us. Although, the FSM MCH Program had done so much in this area the rate is slowly going down, much slower that what we had wanted. Overall, FSM is showing some improvement by decreasing the teenage pregnancy rate from 19/1000 in 2010 to 12/1000 in 2011. As a matter of fact, all State programs showed improvements. The island culture of allowing teenagers to get married at an early age may have contributed to the slow downturn for this Indicator. Below are the State programs specific rates and some activities that were implemented last year. The Chuuk MCH Program reported a decrease to 12/1000 in 2011 from 16/1000 in 2010. Chuuk State reported that they need to do more awareness or health education at both the elementary and secondary levels regarding the impact and consequences of this problem in a youth's life. With more and more westernized influence on today's youths, cultural values and discipline is getting weaker and absent in some. Today's teens are more free to choose what they want and when they want it. In Pohnpei State, the teenage birth rate was decreased to 11/1000 in 2011 from 17/1000 in 2010. They reported that they did more outreach on negative effects on teen pregnancy. During the ECE Parents' Literacy Week, they provided health education in all municipalities and visited all the public high schools. Health Education is also done every Tuesdays and Thursdays during ANC clinics and they also did Health Fair at the College of Micronesia where they presented to college youths.

Pohnpei also reported that a minor pregnancy report form has been implemented by the AG office as a result of an awareness workshop in which Health Services, Department of Public Safety, and other programs attended. They have started reporting pregnancies below 16 to the Department of Public Safety because they are also considered as child crimes. Pohnpei also reported that they have seen more mothers bringing their teenage daughters for contraceptive methods. They reported that the High school clinics were doing teen counseling with teens and giving services of contraceptives and that the Peer educators are reaching out to teens. Yap State recorded the highest percent of decrease at 27%. In Yap, the percent of birth for teenagers decreased to 5/1,000 in 2011 from 32/1,000 in 2010. This was due to more use of condoms, easy access to condoms, more visits to the Yap High School and COM campus as well as more educational pamphlets on teen pregnancies distributed during school health visits. Kosrae reported the 2nd highest decrease of teenage pregnancy at 25%. In Kosrae the percent of teenage pregnancy decreased to 4/1000 in 2011 from 29/1000 in 2010. The percent was decreased due to the fact that youth workshops and activities done proactively among youths. During population week last year, all the public Health programs joined in presenting topics that addressed some of the issues regarding teenagers. For instance, teen pregnancy is a common issue among teenagers. All agencies work collaboratively on preventive activities and programs for youth groups. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provided Contraceptive Methods to the Teenagers.	X			
2. Worked with COM-FSM Peer Educators in counseling skills for discouraging youths in engaging in sexual activities.			X	
3. Developed IEC materials on prevention of Teen Pregnancy.				X
4. Worked with the High School on health curriculum and adolescent's health.				X
5. Conducted Health Education in the high schools on the main islands.			X	
6. Counseling sessions were done at the high school clinics.	X			
7. Sponsored youths sports teams and activities.			X	X
8. Provided reproductive health brochures and pamphlets to adolescent in the high schools on main islands.	X	X	X	
9. Conducted Survey of Family Growth.	X	X	X	X
10. Continued collaboration with Youth Center on Teen Issues.		X		

b. Current Activities

/2013/ The current Activities by State are as follows: Chuuk reported that the Adolescents Health and Development project is doing counseling and education for the young students and at the Community College of Micronesia Health Center, a nurse is dispensing contraceptive methods and provides counseling and education to students. The Chuuk Women Advisory Council is providing health education and awareness activities including Abstinence. Pohnpei reported that Health fairs are held at COM for the college youths, and they visited all the 3 Public high schools. They presented on teen issues, including teenage pregnancy during the Nurses week and doing health education and counseling during the Women's Health Week. Yap reported that MCH and SAMHP are collaborating with SOS Summer Camp organizers to integrate reproductive health education in the learning activities. They are making contraceptive available at other sites beside Public Health, CHCs and dispensaries. A Peer Educator, recently been hired, is developing educational brochures promoting abstinence and other health topics targeting youths. Kosrae reported that Youth leaders have reorganized and the officers are now working together to address issues common among youths, one of which is teen pregnancy. The

MCH and IP programs working together to plan and implement activities for the youths during population week. //2013//

c. Plan for the Coming Year

/2013/ Plans for the coming year by State are as follows: In Chuuk, the MCH Program plans to increase outreach activities for the youths on Teen Pregnancy, Collaborate with other Public Health Programs such as HIV/STI, Family Planning, etc., in planning of services, continue working with the schools like COM and Chuuk High School in educating the young people, and collaborate with CWAC to provide Family Planning services in the community. Pohnpei plans to take their health education program into the private schools and the outer islands. Yap plans to decrease the number of teen pregnancy by at least 10% by next year. Kosrae plans to continue current activities next year. //2013//

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

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	80	75
Annual Indicator	64.4	39.7	56.2	49.3	47.3
Numerator	1479	857	1391	1437	1805
Denominator	2296	2157	2473	2916	3815
Data Source		Dental Program/Dept. of Education Data	Dental Program/Dept. of Education	Dental Program/Dept. of Education	Dental Program/Dept. of Education
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual	50	50	55	60	65

Performance Objective					
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a. Last Year's Accomplishments

/2013/ Overall, FSM did not perform too well on this Indicator with a decrease of 47% in 2011 from 49.3% in 2010. Accomplishments by State are as follow: Chuuk and Yap States reported decreases while Kosrae and Pohnpei reported increases. Chuuk decreased to 53% in 2011 from 65% in 2010. The decrease was due to less frequent visit to the schools by the dental division and the fact that only the students on Weno were treated with protective sealant. During this reporting period, there is an attempt to ensure that the count includes all third graders with sealant regardless of when they receive it. Pohnpei increased to 40% in 2011 from 37% in 2010. They reported that the Dental team did more visits than they did the year before. They, however, weren't able to finish all the schools because of insufficient fund for gasoline. Yap decreased to 5% in 2011 from 41% in 2010. They reported that the decrease was due to fewer trips to the neighboring islands during 2011 as Yap's ship was undergoing repair in China for several months. Visits to the schools as part of School Health Screening were also suspended due to the Dengue Outbreak in September 2011. Data from the neighboring islands were all received. Kosrae reported an increase of 56% in 2011 from 5% in 2010. They reported that the increase was due to more screening in the school in 2011. Supplies for sealants were available in 2011 therefore services were done. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Staff visited more schools.	X			
2. MCH Program ensured continuation of budget supporting dental assistants and dental supplies.		X		
3. Dental Staff continued ordering protective sealants.		X		
4. Conducted inventory to make sure supplies do not run out.			X	
5. Conducted Education in schools on oral health.		X		
6. Distributed tooth paste and tooth brushes to school children.	X			
7. Sealing third graders' permanent teeth in the public schools.		X	X	
8. Dental staff visited the Outer Islands to administer sealants.	X			X
9. Dental staff collected data from the Outer Islands.		X		X
10.				

b. Current Activities

/2013/ Current Activities by State are as follows: In Chuuk State, the MCH Program and Dental Division are working together to ensure that the budget continue providing for the dental staff and supplies needed for the sealant program to continue its services to the children. Dental Staff continued to join the public health outreach team when visiting the islands to visits the schools. In Pohnpei, the MCH program and dental division are visiting the schools and their aim is to get to all the schools, both public and private schools, this year. The team is also educating students about oral health and distributing toothpaste and tooth brushes. In Yap, the MCH program is doing dental sealant for babies during the weekly Well Baby Clinic. In Kosrae, more screenings are done at the schools because of the availability of the supplies needed equipment to put on sealants. //2013//

c. Plan for the Coming Year

/2013/ Plan for the coming year by State program are a follows: The Chuuk MCH Program plans work with the National MCH program to continue supporting the Dental Division by supporting the sealant program financially. To continue supporting the outreach team to

visit the rest of the schools in Weno and lagoon islands. The Pohnpei MCH Program plans to increase coverage by at least 20% next year. The Yap MCH Program plans to increase the percent of MCH population receiving preventive oral care by at least 25% at end of the reporting year. Kosrae plans to continue to make sure supplies are available, continue to work with the dental staffs, an continue working with the school. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	7	6	5	4	3
Annual Indicator	0.0	5.1	0.0	5.4	2.6
Numerator	0	2	0	2	1
Denominator	40339	39066	40233	37054	38253
Data Source		Vital Statistics/Census Data	Vital Statistics/Census data	Vital Statistics/Census data	Vital Statistics/Census data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual	2.6	2.6	2.6	2.6	2.6

Performance Objective					
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a. Last Year's Accomplishments

/2013/ During this reporting period, the FSM MCH Program reported a decrease of 2.6/100,000 from 5.3/100,000 in 2010 for children 14 years and younger died due to motor vehicle crashes. The individual State reports are as follows: Chuuk State reported "0" on this performance or there is no deaths among this age group cause by motor vehicle. One can attribute this to the poor condition of the road that can only allow a speed limit of not more than 20miles/hr. Pohnpei's rate in 2011 remained as it was in 2010 at the rate of 8/100,000 (1 death). They reported that a drunken person who had just fallen asleep was awakened to drive her family to the dock, ran off the road costing the life of a child. Yap reported "0" or no deaths and Kosrae reported a decrease of 4.1/100,000 in 2011 (from 41/100,000 in 2010. Even though the roads in Kosrae are paved, people there do not drive fast. Besides, older kids know how to protect themselves from getting hit by any vehicles. The death occurred during Christmas when the people were practicing for the Christmas celebration. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continued monitoring children 14 years and younger died due to moter vehicle crashes.			X	
2. Police department educated the Public on road safety and driving		X		
3. Dept. of Public Safety continued to patrol more, especially where cars tend to speed.	X		X	X
4. Produced Radio spots on drinking and driving and road safety.	X		X	
5. Supported sports activities sponsored by community groups, women's groups and other NGOs.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The FSM MCH Program continues to work with the department of Public Safety to continue to enforce safe driving laws as well as working closely with the Substance Abuse and Mental Health Program to continue with counseling programs on drinking and driving. Current activities by State are as follow: Chuuk reported that this Indicator is not a big problem for the State since deaths is not often caused by motor vehicle crashes. Pohnpei reported that they are working with the department of Public Safety and AG's Office encouraging them to impose strict penalties on those violating the DUI law. Yap is liaising with women's groups to support youths sporting activities by providing lunch for 2 days as well as snacks (16 x 2 days); soliciting support from other offices and state leaders. The Director of the Yap Sports has met with Public Health Staff two months ago to discuss ways of partnering and promoting sports in the schools and communities. Yap Games is being scheduled for June 2012 where school children, youths, and young adults from each of the municipalities on the main-island as well as Outer islanders residing on Yap Island will participate in the various sports for a week. Kosrae is doing traffic safety training, public safety is doing spot inspection on DUI every weekend and on special occasions, and driver license only given to those that passed the driving test and were at the age of 17yrs or older. //2013//

c. Plan for the Coming Year

/2013/ The FSM MCH Program Plans is to continue to collaborate with the other state agencies/programs and provide financial support to developing education and counseling materials. Individual Program Plans by State are as follows: Chuuk State plans to continue monitor this performance. With the new paved road estimated to complete in 2-3 years time, there is a need for MCH program to work side by side with the department of public safety to ensure safety procedures and rules are put in place and enforced. Pohnpei MCH program plans to keep encouraging the Police department to increase surveillance or traffic patrol of areas of the roads where cars tend to speed, like the Dekehtik roadway and to work with Department of Public Safety to promote safety in schools, on the road, and at home. Yap plans maintain the rate as 0 by the end of the year by producing 2 Radio spots on road safety, working with SAMHP in addressing alcohol issues in schools, and partnering with community groups, women's groups and other NGOs. Kosre plans to work with public safety and policy makers to really enforce the law and create policies that will really control the younger generation. //2013//

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	80	85	90	95	75
Annual Indicator	74.9	73.2	73.4	61.7	65.8
Numerator	1428	1500	1223	845	981
Denominator	1907	2048	1666	1369	1492
Data Source		MCH Program Data/Birth Certificate	MCH Program Data	MCH Program Data	MCH Program Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	75	80	85

a. Last Year's Accomplishments

/2013/ Overall, there was a slight increase last year of 66% compared to 62% in 2010. As a matter of fact, all States reported increases. The FSM MCH Programs have organized women groups to support breastfeeding mothers, especially the young and new mothers. Individual accomplishments by State are as follows" In Chuuk, the MCH Program reported an increase of 79% in 2011 compared to 77% in 2010. The MCH Program continues to track this performance and women continue to breastfeed their baby up to six months old. The Breastfeeding Support group continues to educate women the importance of exclusive

breastfeeding up to six months of age. The Pohnpei MCH Program reported an increase of 54% in 2011 compared to 58% in 2010. They reported that increasing cost of formulas and constant awareness on the benefits of breastfeeding in the MCH clinics as well as in the communities caused many mothers to turned back to breastfeeding. The Yap MCH Program also reported an increase of 45% in 2011 from 39% in 2010. About 31 infants of 6 months old out of a total of 69 that came through WBC exclusively were breastfed. There is however, big room for improvement. Yap Hospital did adopt the "Baby Friendly Hospital" back in 2007. Yap reported that there has been an increase in the activities promoting "going local" that includes promotion of breastfeeding, consumption and cultivation of local food crops in the state. The Kosrae MCH Program reported an increase of 73% in 2011 from 68% in 2010. Kosrae reported that they were counseling mothers during hospital stay or before discharge. They also gave out brochures and leaflets on breastfeeding before hospital discharge. They were doing follow-ups at 1 month by the breastfeeding support groups in each municipality. The nutritionist and the MCH staffs continued monitoring at well baby clinic. The breastfeeding support groups continued counseling and education breastfeeding mothers in the communities until 6 months of age. They were doing weight monitoring for the breastfeeding infants at 1 month, 2mos, 4mos, and 6mos at the Central Clinic. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Baby Friendly Hospital Initiatives is on going.		X	X	
2. Training and awareness in the communities on the importance of breastfeeding.				X
3. Developed IEC materials on breastfeeding.		X		X
4. Conducted workshops in the communities for husbands or men.			X	X
5. Conducted awareness sessions focusing on those adopted babies and the working mothers.		X		X
6. Conducted home visits of the first-time-mothers.	X	X		X
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The FSM MCH Program is supporting breastfeeding mothers providing education and counseling in the clinics and during outreach. In Chuuk, the MCH Program is continuing supporting the Breastfeeding Support Group in the community who are certified to provide education to the breastfeeding mothers. There is ongoing training and follow up training once a year in August during breast-feeding month for these 25 women in the different island communities. Among these breastfeeding support group women, there are Traditional Birth Attendants (TBAs) who are doing home delivery. They have identified the TBAs and are training them at the Hospital on Safe deliveries and neonatal care. The Pohnpei MCH Program continues to assure mothers that their infants need only breast milk during the first 6 months of life. Pohnpei continues to provide awareness on the benefits of breastfeeding, and training mothers on correct positioning and latching before hospital discharge. In Yap, The MCH staff and other PH nurses continue providing nutrition education during WB clinics at Public Health and the 4 CHC sites. The Educational Flip Charts are in full use at dispensaries, CHCs and Public Health clinics. Kosrae reported that all services in the previous year are ongoing. //2013//

c. Plan for the Coming Year

//2013/ The plan is for the FSM MCH Program to continue supporting the community breastfeeding support group financially and expanding education and counseling session on the importance of breastfeeding in the clinics and communities. The Program Plans by State include: Chuuk State plans to continue work closely with the Chuuk Women Council to recruit more women in the community for breastfeeding support group. MCH Program plan to continue monitor this performance and to support this financially. Pohnpei plans to continue doing and strengthen awareness on the benefits of breastfeeding in the communities and at the ANC clinics. Yap plans to increase the annual percentage by at least 5 percent by the end of the year. Kosrae plans to focus the breastfeeding initiative mainly on those adopted babies and the working mothers. They plan to educate them on extracting/pumping breast milk and the disadvantages of bottle feeding. They also plan to continue collaborate with the women groups in the communities to support the working mothers to breastfeed and conduct workshops in the communities including the husbands or men. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	80	80	90
Annual Indicator	0.0	0.0	46.6	86.5	90.6
Numerator	0	0	1006	1633	1801
Denominator	1	1087	2157	1888	1987
Data Source		Birth Certificate/Vital Statistics	Hearing Screening Program/Birth Certificates	Hearing Screening Program/Birth Certificates	Hearing Screening Program/Birth Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance	92	92	95	96	98

Objective					
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Notes - 2009

//2010// FSM started Newborn Hearing Screening in 2008. This is the first year that FSM is providing data on newborn hearing screening before hospital discharge. //2010//

a. Last Year's Accomplishments

//2013/ In 2008, FSM got funded by HRSA through the Universal Newborn Hearing Screening and Intervention (UNHSI) program to do Newborn Hearing Screening in the four FSM states. Known as the Early Hearing Detection and Intervention (EHDI) Project, FSM was able to purchase hearing screening equipments and train screeners in Chuuk, Kosrae, Pohnpei and Yap States. Newborn Hearing Screening started toward the end of 2008 and the project is still at its infancy stage, nevertheless, we are proud to report on our accomplishments and challenges, current activities and plans for the coming year. The FSM EHDI Project has hired two Follow-Up Coordinators, one each for Chuuk and Pohnpei (bigger States) and had included a budget for a Follow --up Coordinator for Yap (3rd largest State) in its continuing application submitted to HRSA during April this year. In 2011, FSM achieved a screening rate of 91% with benchmark set at 95%. This high screening rate was a result of the services provided by Yusnita Weirather, an Audiologist at the Kapolani Children's Hospital in Honolulu, who was brought to FSM through Technical Assistance provided by the Nation Center for Hearing Assessment and Management (NCHAM). Yusnita visiting Chuuk and Pohnpei (the bigger States) and conducted retraining of screeners on OAEs and AABRs as well as conducting Diagnostic Audiological Evaluation (DAE) of those infants who failed a follow-up hearing screening. Overall, FSM reported commendable improvement of 91% in 2011 compared to 87% in 2010, considering that we have been doing Newborn hearing screening for 3 years now. Chuuk reported a screening rate in the high 80s while Pohnpei and Yap States reported screening rates at and around the benchmark mark respectively. Kosrae reported a screening rate in the low 70s. Individual State accomplishments are as follows: Chuuk remained at 89%, the same rate reported in 2010. Pohnpei, although the rate was reduced from 97% in 2010 to 95% in 2011, they still achieved the screening benchmark set by FSM. Pohnpei reported that 8 infants discharged without hearing screening because the machine was malfunctioned. Seven (7) of these babies were screened 2 weeks later at Public Health. Other reasons some babies weren't screened include shortage of staff; 2 mothers left with their babies without medical advice, before their babies were screened. Yap also reported a modest increase of 44% in 2010 from 35% in 2009. Yap reported a commendable increase of 94% in 2011 from 44% in 2010. They reported that five (5) nurses (3 Clinical; 2 Public Health) are screening new born babies before discharge from the Yap State Hospital. The high screening rate was partly due to improved coordination of screening between Clinical and Public Health Nurses, improved communication between physicians and MCH staff relating to screening, and improved/strengthened awareness on the newborn hearing screening initiative for women during PNC. Kosrae reported a decrease of 72% in 2011 from 89% in 2010. The main reason for this drop was that the machine was not really working well and the shift of OB nurses. Kosre reported that an additional OAE was purchased and rescreening resumed late last year. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase number of babies screen before hospital discharge.			X	
2. Developed and distributed IEC materials on hearing screening.		X		
3. Educated parents on importance of hearing screenings.				X
4. Hired Follow-Up Coordinators to track lost to follow-up for		X	X	

babies you failed initial screening.				
5. Planned on Incentives for parents who make appointments.		X	X	X
6. Quarterly promotional announcements on the radios for EHDI.	X	X		X
7.				
8.				
9.				
10.				

b. Current Activities

//2013/ The FSM Health department contracted Yusnita Weirather, an Audiologist from the Kapiolani Children's Hospital in Honolulu to retrain screeners in the use of OAE and AABR and conduct DAE in Kosrae and Yap. Current activities by States are as follows: Chuuk reported that the nurses at OB and Public Health are screening newborns before discharge and also during follow up. Hearing screening is taking place at the health department while early intervention is provided by special education. Pohnpei is strengthening their ANC awareness on benefits of hearing screening before hospital discharge. They are educating mothers at OB ward so they know or aware of the kinds of services their babies must receive before they are discharged. They are also working to improve communication between Public Health and the OB Ward. OB nurses are screening all babies before hospital discharge. In Yap, hearing screening is on-going, few babies are brought in from the Outer Islands for audiological assessment provided by Yusnita Weirather. Yusnita Weirather is currently in Yap doing retraining of screeners on the OAEs and AABRs and also doing DAE for children who failed follow-up screenings. In Kosrae, Newborn hearing screening is ongoing. Yusnita Weirather, an Audiologist, visited Kosrae in June and retrain screeners in the use of OAE and AABRs and conducted DAE. //2013//

c. Plan for the Coming Year

//2013/ The FSM EHDI Project and MCH Program plan to support the nurses at the OB Ward and Public Health maintain and calibrate screening equipment to ensure that the test results are accurate. The EHDI project plans to purchase computers and set up electronic reporting system so accurate data can be recorded and reported in a timely manner. The EHDI Project and MCH Program plan to work with private hospitals so children born at these hospitals can e screened. The EHDI project plans to hire additional follow-up coordinators for Kosrae State and the National department of health to follow up on late onset and reduce the rate of loss to follow up. In Chuuk, the plan is to screen 95% of the newborns for hearing before discharge from the hospital. The MCH Program in collaboration with the EHDI project will ensures that all newborns are screened for hearing loss and to do follow up on those who are referred. Chuuk also plans to insure that screeners are available to screen Newborns before they are discharged and that enough supplies are available for screening. Pohnpei plans to train the Follow-up coordinator so she can help to screen newborns in OB ward as needs arises due to shortage of staff. They plan to continue doing or strengthen awareness on hearing screening at ANC clinic and in the communities. Yap plans to decrease the rate of Loss to Follow Up (LFU) and increase the number of screeners. Kosrae plans to conduct more public awareness on hearing screening and continue with current activities. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011

Annual Performance Objective	10	9	8	8	30
Annual Indicator	90.6	73.4	59.7	38.2	52.8
Numerator	46963	38337	31453	16762	23198
Denominator	51824	52215	52700	43911	43937
Data Source		MCH Program Data/Census Data	MCH Data/Census Data	MCH Data/Census Data	MCH Data/Census Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	45	40	35

a. Last Year's Accomplishments

//2013/ In the FSM, everyone, including children is accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This, by implication, means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy. FSM has a government own Insurance Policy, commonly known as "MiCARE". This insurance scheme is open to all National and State Government employees, including the private sector employees. Because enrollment is not mandatory, only those employees with high enough salaries and can afford enroll. In 2011, out of a total of 43,937 (0-18 year old), 23,198 reported not to have Insurance. Overall, FSM reported an increase of 53% in 2010 from 38.2% in 2010. All, but Kosrae State reported that more children do not have Insurance in 2011. Program accomplishments by States are as follow: Chuuk reported a slight increase of 41% in 2011 from 40% in 2010. Chuuk state reported that with the current economic downturn in the FSM, more parents in Chuuk could not continue to pay insurance premiums therefore cancelled their insurance policies. Pohnpei reported a huge increase of 58% in 2011 from 7% in 2010. They reported that more parents, especially the young working parents have applied for medical insurance for their children. Yap also reported an increase of 89% in 2011 from 85% in 2010. This percentage will continue to increase due to Yap State Government not supporting its employees to enroll in MiCare health Insurance Plan and the low salaries of employees in Yap State. Like the rest of the world, the economy of our state is very stagnant. There is also an increase in the out-migration of young families to Guam, Hawaii and the U.S. mainland. Kosrae is the only State to report a decrease with 56% in 2011 from 71% in 2010. They reported that more parents became aware of the importance of health insurance, through their education and awareness on health insurance done once a year, and implications of not having health insurance for their children. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase awareness of State Leaders on how CSHCNs can be covered by Health Insurance.			X	
2. Continued to include health insurance representative in the MCH annual workshops.			X	X
3. Continued to encourage parents to enroll their children in health insurance.			X	X
4. Continued to advocate and lobby the Health Committee of the State Legislatures to passed laws covering CSHCN relating to health care.			X	X
5. Continued using the Insurance Tracking Forms.	X			X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ Current Activities by State are as follows: Chuuk reported that there are two existing Health Insurance Plans for the people of Chuuk; the MICARE Plan (National Government) and the Chuuk Health Care Plan (Mandatory for all Chuuk Government Employees. Given these two health insurances, there are more children being covered by one or two health insurances. Pohnpei reported that they continue to encourage and help and advocate parents who work for the government to enroll their children. Yap is continuing dialogue with My-Care Insurance representative for improved working relationship as well as with members of the Legislative Committee on Health and Welfare to investigate ways to have health insurance for all government employees and their families. Kosrae reported that past activities are ongoing. //2013//

c. Plan for the Coming Year

/2013/ The FSM MCH Program is planning to continue with its efforts to convince more parents to enroll in some form of Insurance so their children can be covered. Neither the FSM Department of Health and Social Affairs nor the National MCH Program have control over the Insurance Programs. Program plans by State are as follows: Chuuk plans to work with the State Leaders to increase their awareness on how these children could be cover by any other Health Insurance. They will explore the possibility that those children without health insurance will be served and not turn away from the hospital. They also plan to work with the state physicians to accommodate any referral or off-island treatment of those children without health insurance on the "non-insure program". Pohnpei plans to continue to encourage parents to get health insurance for their children. Yap plans to continue dialogue with state leaders to explore and create a health insurance measures entitling every person eligible for health Insurance. Kosrae plans to include the health insurance representative to join MCH staffs during their community workshop. //2013//

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011

Annual Performance Objective	15	30	50	70	7
Annual Indicator	0.0	12.7	3.3	7.7	7.4
Numerator	0	230	80	99	93
Denominator	1	1813	2407	1288	1250
Data Source		Public Health Data	ECE Program	ECE Program	ECE Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	7	5	5	3	3

a. Last Year's Accomplishments

/2013/ First part of this Performance Measure is not applicable to FSM, since FSM is not eligible for WIC. The second half, however, is applicable since BMI is taken at the well baby clinics. Overall, FSM is showing a decrease from 8% in 2010 to 7.4% in 2011. Last year's accomplishments by State are as follows: Chuuk reported an increase to 7% in 2011 from 3% in 2010. They reported that Well Baby is an on-going clinic at Public health and that BMI was taken for those children coming to the clinics. Pohnpei reported a decrease of 2% in 2011 from 19% in 2010. Pohnpei reported that the decrease was due to fewer children having their BMI taken. Yap reported a decrease of 4% in 2011 from 8% in 2010. Although Health Screening for ECE children was postponed to April 2012 because of the Dengue Outbreak, the few that came through WBC had their BMI determined. Kosrae reported a decrease of 11% in 2011 from 21% in 2010. The decrease was due to decreased in BMI screening in the communities. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Screened ECE children for BMI above 80th percentile.			X	
2. Collaborated with the ECE Program to monitor the children BMI.			X	
3. Educated parents on importance of collecting data for BMI.		X		
4. Provided the dispensaries with weight scales so they can help collect data.				
5. Continued to teach mothers about healthy diet.				
6. Continued working to keep increasing coverage of children screened for BMI.				
7. Worked at developing a state-wide school lunch policy in collaboration with the board and officials of the department of education.			X	
8. Conducted School health screening from ECE to High Schools.	X	X	X	X
9. Worked on hiring nutritionists for the MCH Program.		X		X
10. Sought for a physical fitness person to run physical fitness program in the schools		X	X	X

b. Current Activities

/2013/ Current Program Activities by State are as follows: Chuuk reported that the MCH Program is tracking 2-5 years old who come to Public Health Clinic for their BMI. Pohnpei aims at increasing the coverage by at least 10% .Pohnpei continues to teach healthy diets to parents in their community awareness workshops and are working with ECE to increase the number of staff collecting data in the schools. Yap MCH and other PH staff concluded screening of all ECEs and primary school children for School Year 2009-2010, and still issuing batch orders and working on reports to principals and Health services leaders. MCH staff is compiling data to educate leaders on health status of school children in Yap State. The program staff continues to monitor weight and height of children coming through the Well Baby Clinic weekly. Kosrae continues with the child find survey and taking weight and height measurements during the survey and also doing weight and height at the mobile clinic in each municipality every Mondays of each months. //2013//

c. Plan for the Coming Year

/2013/ The Plans for the Coming Year by State are as follows: Chuuk plans to continue to track the children BMI especially those 2-5 years old who utilized the services at Public Health. Pohnpei plans to supply all the dispensaries with weight scales so they can help collect data. They also plan to continue to increase their coverage by at least 20% and to teach about healthy diet. Yap plans to decrease the percent of children with BMI @ or above 85th percentile by at least 5% by the end of the year. Kosrae plans to collaborate with the Special Education staff in conducting the child find survey and increase the number of brochures and leaflets on obesity and underweight for distribution. //2013//

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	2.5	2	1.7	1.7	1.5
Annual Indicator	2.0	3.2	2.0	2.1	2.1
Numerator	45	70	46	44	46
Denominator	2283	2205	2265	2087	2240
Data Source		Public Health Record/Vital Statistics	Public Health Record/Vital Statistics	MCH/ANC Registry	MCH/ANC Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016

Annual Performance Objective	2	2	1.6	1.3	1
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a. Last Year's Accomplishments

/2013/ In 2011, FSM remained at the 2010 coverage level, which was 2.1%. The percent of change, by FSM State, is so small that it may not have any statistical significance. Accomplishments by State are as follow: Chuuk reported a slight increased to 2% in 2011 from 1% in 2010. They reported that fifteen (15) women out of 973 pregnant women seen were found to be smoking during the last trimester of their pregnancies. Chuuk continued to educate and counsel pregnant women on the risks relating to smoking and second hand smoke on the fetus, collaborated with the tobacco program and provided educate during ANC Clinic, and expanded awareness and education to the community centers and meeting halls. Pohnpei reported a decrease of 3.6% in 2011 from 4% in 2010. Pohnpei state reported that they were educating pregnant mothers on the impact of nicotine on pregnancy and how it links to low birth weights. They reported that the SAMH staff were doing weekly awareness in ANC clinics on substance abuse. The provided the Hotline number for those who needed counseling and help with tobacco or substance abuse. Yap reported "0" or that no pregnant women were smoking during the last three months of pregnancy. This year was the third year, in a row, that Yap State reported no pregnant women smoking during their last trimester. Yap reported that a majority of pregnant women do not smoke but chew tobacco with betel nut instead. The Kosrae MCH program reported a decrease to "0" in 2011 from 1% in 2010. Kosrae reported that Education, counseling and information were given or provided to each pregnant woman during first visit and before term pregnancy regarding smoking, tobacco use, alcohol used and other health problems. Kosrae also reported that they collaborated with the tobacco program in providing education, counseling, and outreach services. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educated mothers on the risk of smoking on the fetus.		X	X	
2. Collaborated with the tobacco program to provide health education during ANC Clinics.			X	
3. Developed and distributed IEC materials on smoking.				X
4. Expanded awareness and education to the community centers and meeting halls.			X	X
5. Sought funds for development of Antenatal educational flip chart to be used in all clinics.		X	X	
6. Collaborated with Tobacco program for outreach activities.	X		X	
7. Developed radio spots against tobacco use targeting pregnant women.		X		
8. Collaborate with Cancer Program to include effect of tobacco use on the mother's health and the unborn baby in their education/awareness programs.		X		
9.				
10.				

b. Current Activities

/2013/ The FSM MCH Program current activities by state are as follows: The Chuuk MCH Program is working with Mental Health Staff for educating mothers on the effects of smoking, and second hand smoking on the fetus. During prenatal clinic the staff continued to do health education to the mothers. In Pohnpei, they continue to educate the

pregnant women on 4 priorities that a pregnant mother should choose: cleanliness, healthy diet, exercise, and rest. They are also doing Health awareness conducted weekly at the ANC clinics, and doing community awareness on healthy mothers for healthy babies. In Yap, MCH and PH nurses continue to provide education during Antenatal Clinics, discouraging the use of tobacco products while pregnant. MCH program staff work closely with SAMHP staff on the Tobacco Cessation Program. A SAMHP counselor provides counseling at Prenatal Clinics weekly. There is a Tobacco Cessation hotline at SAMHP office. In Kosrae, they reported that all the services provided in the past are ongoing. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program plans to continue educating mothers about the risks on pregnancies associated with smoking. The FSM MCH Program plans to strengthen activities to reduce the number of pregnant mothers who are chewing betel nuts with cigarettes. Education materials will be revised and disseminated to reinforce information disseminated during workshops. Plans for the Coming Year by State include: For Chuuk, the MCH Program and Mental Health Program will work on developing IEC materials on increasing awareness on the risk of smoking on the health of the mothers as well as the unborn babies. For Pohnpei, the plan is to continue to encourage pregnant mothers to put off smoking for their babies and to continue to educate them about the effect of smoking during pregnancy. For Yap, the plan is to decrease the percentage of tobacco users (chewers) among pregnant women by at least 5% by the end of the year. For Kosrae, the plan is to have tobacco counselor available all the time during first visit antenatal clinic and third trimester visits. They plan on providing more tobacco leaflets and posters and conduct workshops and do more community awareness. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	15	3	3	2	2
Annual Indicator	28.9	0.0	21.5	58.6	8.6
Numerator	4	0	3	7	1
Denominator	13849	13944	13970	11939	11621
Data Source		Vital Statistics/Census Data	Vital Statistics/Census	Vital Statistics/Census	Vital Statistics/Census
Check this box if you cannot report the numerator because 1. There are fewer than 5					

events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	8	8	7	6	5

a. Last Year's Accomplishments

//2013/ The FSM MCH Program reported a decrease of 9/100,000 (1 suicide death) in 2011 from 59/100,000 (7 suicide deaths) in 2010. Chuuk, Kosrae, and Yap reported "0" while Pohnpei reported one (1) suicide among youths aged 15-19. Chuuk reported that they worked with the Substance Abuse and Mental Health Program in educating the youths to address the problem of suicide in Chuuk State. These sessions may have contributed to the "0" suicide reported in 2011. Pohnpei reported that they were working with the Substance Abuse and Mental Health program for prevention of suicides among youths. They reported that the one (1) suicide that occurred in 2011 was alcohol related or under the influence of alcohol. Yap reported that MCH and Public Health staffs continue to link with government agencies in mobilizing activities for the youths to instill positive behavior, improve self-confidence and better health. MCH staff also collaborates with youth groups (church-based) who provide radio spots targeting the youths on virtues. Kosrae reported that they were actively working with the faith-based organization in the state and this initiative may have contributed to the positive outcome. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continued working with the youths to address the problem of suicide.		X	X	
2. Mental Health Program continued to educate and counsel youths.				
3. Worked at increasing sponsorship for youth sport teams.	X	X	X	
4. Worked to increase partnerships with youth groups to engage them in planned community activities.	X		X	
5. Developed and disseminated education materials for parents so they can recognize suicidal signs.		X	X	X
6.				
7.				

8.				
9.				
10.				

b. Current Activities

//2013/ The FSM MCH Program provides counseling for youths on how to deal with depression and other issues that may lead to committing suicide. The FSM MCH Programs works with the Substance and Mental Health Program in counseling on drug use, especially alcohol. Suicide, in the FSM, is often a result of drinking alcohol. In Chuuk, MCH and Family Planning programs are working with the COM Staff to talk to youths regarding self-esteem and the prevention of suicide. In Pohnpei, public health teams are visiting the schools and places where youths are gathered to do awareness on the negative effect of alcohol and announce the availability of counselors and the services they can provide. In Yap, MCH and Public Health staffs continue to work with government agencies to develop activities to instill positive behavior, improve self-confidence and better health for the youths. MCH staff also collaborates with youth groups (church-based) to produce radio spots targeting the youths on virtues. In Kosrae, the women and youth groups are collaborating very well. The Tobacco coalition also joined the two groups to carry out youth programs and activities, sports tournaments, workshops and trainings conducted locally in the communities. Faith-based groups also include health issues in their radio programs and disseminated through the radios and local channels. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program plans to work with the other State Public Health Programs to hire additional peer educators/counselors to deal with the youths directly. It is believed that sometimes effective message for youths are communicated from their peers. In Chuuk, the MCH and Family Planning Programs plan to continue working with other Governmental Agencies and Non Government Agencies in the communities to educate youths regarding prevention of these problems. They will collaborate with the Mental Health Division to address issues relating to suicide for the youths. In Pohnpei, the plan is to continue with the activities from the previous year. In Yap, the plan is to maintain the rate of suicide deaths at zero (0) by end of reporting year. In Kosrae, the plan is to continue with the current activities and conduct more sport tournaments in the communities. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0		
Numerator	0	0	0		
Denominator	1	1	1	1	1
Data Source		Hospital Discharge/Birth Certificate	Hospital Discharge Record/Birth Certificate	Hospital Discharge Record/Birth Certificate	Hospital Discharge Record/Birth Certificate
Check this box if					

you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0

Notes - 2011

/2013/ Not Applicable to FSM. The number is a dummy so please ignore it. //2013//

Notes - 2010

/2012/ Not applicable to FSM. The data is a dummy so please ignore it. //2012//

a. Last Year's Accomplishments

/2013/ FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Not applicable in FSM			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM. //2013//

c. Plan for the Coming Year

/2013/ FSM does not have facilities for high-risk deliveries and neonates. Not Applicable to FSM. //2013//

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	28	60	80	80	50
Annual Indicator	30.3	40.4	34.7	30.1	19.9
Numerator	696	854	748	605	459
Denominator	2299	2113	2157	2010	2306
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	20	25	30	35	40

a. Last Year's Accomplishments

/2013/ Overall, FSM as an entity reported a decrease of 20% in 2011 from 30% in 2010. Despite the fact that the FSM MCH Programs increased the number of workshops in schools and communities for women of childbearing age, still, the coverage was decreased. The aim of the in-school and community workshops was to educate women of childbearing age about the importance of early prenatal care and information on how does one know if she was pregnant. Unfortunately, all States reported decreases for this Indicator during this reporting period. Accomplishments by State are as follows: Chuuk reported a decrease of 19% in 2011 from 24% in 2010. The decrease was due to the fact that many women do not attend ANC because of cost of transportation and fuel as well as other individualized factors. But even with these poor ANC users, they still come to deliver at the hospital. Some mothers do leave the island or state to go and have their babies where few benefits are available for their newborns as well as their future needs. Pohnpei also reported a decrease of 22% in 2011 from 39% in 2010. They reported that their data collecting was not sufficient last year. Pohnpei reported that they did a minute survey by asking 50 mothers their reasons for booking late: 12 mothers said they had been on depo shots and were not menstruating, so they did not know they were pregnant until the baby moved; 13 mothers said they had transportation problem; 10 said they had no time due to other priorities like school or work; 10 said they did not think it was important to come in early; and 5 did not want parents to find out. The MCH staff educated the pregnant mothers on the importance of early prenatal care in the early stage of pregnancy while the fetus is still developing. Yap also reported a decrease of 19% in 2011 from 28% in 2010. They reported that the low coverage was due to the dengue outbreak in Yap during the year. Major clinics were suspended as Public Health was practically shut down -- public health staff diverted to preventing the spread of dengue in Yap. Kosrae also reported a decrease of 19% in 2011 from 23% in 2010. The decrease was mainly from those mothers that have multiple pregnancies. Some didn't come early because they claimed that they were experts in dealing with pregnancies (have had several pregnancies already) while others felt embarrassed or ashamed of the close spacing between births (having too many kids). To address this problem, the MCH programs conducted several community

workshops providing education and awareness on importance of early prenatal care, spacing of children, nutrition, etc., in the communities throughout Kosrae. //2013//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educated mothers on the important of coming early for prenatal care.		X	X	
2. Educated women of childbearing age on the consequences of coming for prenatal care late.		X	X	
3. Provided awareness on the importance of booking early.	X	X		
4. Provided awareness on the correct contraceptives to use.		X	X	
5. Provided free pregnancy test at the school clinics and Public Health.			X	
6. Requested funding for Incentives for early PNC bookings.	X	X	X	X
7. Developed quarterly radio spots on the disadvantages of delayed PNC on baby and mom.	X		X	
8. Provided monthly promotional message for early PNC visit.	X	X	X	X
9.				
10.				

b. Current Activities

//2013/ The FSM MCH Program continues to carry out education and counseling sessions on the importance of early prenatal care. Comprehensive health education workshops are being conducted in the Schools and Communities throughout the FSM States aimed at informing families about, among other things, the importance of timely prenatal services, including the life of the pregnant mother and the growing fetus. Current activities by State are as follows: In Chuuk, they continue to educate mothers on the importance of coming early for prenatal care, especially for those who are high risk. The MCH Program is working with community women groups to educate women on importance of early prenatal care. During outreach, the MCH staff initiated early prenatal care and refer women to the clinic for other assessment and to do screening for the lab. Pohnpei continues to educate mothers to book early for the next pregnancy. Family Planning is doing education at all clinics about contraceptives and the correct way to use them. They are also encouraging mothers to come to Public Health for pregnancy test once they feel any changes in their body or as soon as they felt they have missed their periods. In Yap, they reported that last year's activities are on-going. In Kosrae, the MCH Program is working with the FP program and women groups to conduct workshops during major state events, such as the population week. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program plans to continue to expand its outreach activities targeting more schools and communities. Follow up sessions will be carried out and additional promotional materials will be developed. The Plans for the Coming Year by State are as follows: Chuuk plans for the MCH/Family Planning program continue with more outreach visits in the community to seek out the pregnant women who are not able to or afford to come to the clinic in the center. There is an ongoing re-training of health assistants to do MCH Program or activities in their communities. There is a need to inform the pregnant women on the importance of delivering at the hospital especially the new mothers and for those who showed up at ANC in their first trimester. Pohnpei plans to strengthen all methods that they are doing now to make them book early. Yap plans to increase the percentage for this Indicator to at least 10% by end of 2012. Kosrae plans to do more community workshop for young women on the importance of first trimester visit. They

also plan to start a school program providing education and awareness for the younger girls. //2013//

D. State Performance Measures

State Performance Measure 1: *The percent of women receiving services in the MCH Programs who receive a Pap smear.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	40	80	80	90	50
Annual Indicator	17.5	40.0	36.2	36.9	23.7
Numerator	412	1216	1121	944	779
Denominator	2353	3042	3093	2558	3288
Data Source		MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	50	25	30	35	40

a. Last Year's Accomplishments

/2013/ During this reporting period the FSM MCH Program reported a decrease in the percent of women who received a Pap smear. The data showed a decrease of 24% in 2011 from 37% in 2010. In 2011 there were 3,288 women who received MCH Program Service and 779 or 24% received a Pap smear. Of the 779 women who had a Pap smear, 8 or 1% has positive Pap smear. All of the positive Pap smears were reported from Yap State. Currently, the FSM Health Department has an active Contract with LabTech, in Guam, to read Pap smear from the four (4) FSM States. During this reporting period Chuuk and Yap States reported decreases while Kosrae and Pohnpei reported increases in the number of women who attend MCH Program Services and received a pap smear. Individual State's accomplishments are as follows: Chuuk State reported a decrease of 30% in 2011 from 47% in 2010. Based on reports received from Chuuk, the Indicator was decreased because the only time they did pap smear was during ANC and during their OBGYN Clinic. Many of the pregnant women refused to have their pap smear obtained during ANC Clinic. Pohnpei State reported an increase this year at 10% from 0% in 2010. The Pohnpei MCH program reported that they started collecting pap smear at the end of May, but soon Pap smears kits ran out and the vendor was not able to supply them with test kits for a good long while. In 2010, Pohnpei did not report any data on Pap smear screening because the MCH program opted out of the LabTech Contract and decided to picky back on a contract entered into between Pohnpei State Hospital and Genesis Hospital, only to find out that the contract was for biopsy only. Although, the MCH Program was not doing Pap Smear, the Family Planning and Cancer Programs were doing VIA. Yap State reported a decrease of 24% in 2011 from 94% in 2010. It is obvious that last year, a terrible dengue outbreak struck Yap and interrupted all aspect of life on the island, including public health clinical services. This natural tragedy was the major contributor to the steep decline in Pap smear screening. Kosrae reported an increase of 47% in 2011 from 34% in 2010. The increase, as reported by Kosrae, was due to more screening done during the year. They reported that the collaboration between the women organizations and the MCH program was very

active. Pap smear screening at the clinic was done for those who came for prenatal and also students that came for precollege work ups. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. National health department processed a contract with LabTech to read Pap smear for the FSM states.		X	X	
2. Train CHC nurses proper technique of obtaining Pap smear		X	X	
3. Coordinate with Public Health Nurse Practitioner and Physician to obtain pap smear during prenatal clinic	X		X	
4. MCH nurses increasing screening for Pap smear.	X			
5. Training other public health nurses to also obtain Pap smear	X	X		
6. Continue obtaining Pap smear for OB clients during weekly OB clinics.		X		X
7.				
8.				
9.				
10.				

b. Current Activities

//2013/ Due to U.S TSA and FAA requirements, shipment (freight) of goods, supplies, including specimen must be through a registered known shipper. The national MCH Program entered into an agreement with CTSI, a freight forwarder company based in Pohnpei, with field offices in the other FSM States, to ship Pap smears for FSM to LabTech in Guam. CTSI ships the Pap smears to Guam and bills shipping costs to the national MCH program for payment. Pap smear screening is ongoing in all four states and CTSI continues to ship specimen to LabTech for reading. Reading results are received by each State electronically, through emails, three to five days after LabTech received the specimen. Current activities by States are as follows: In Chuuk, they continued to obtain Pap smear as part of their screening services during prenatal clinic. It is a joint effort with other programs at Public Health, such as the STI Clinic that assist the MCH Nurses to obtain Pap smear. In Pohnpei, they are doing hands-on training for some of the nurses so they can increase the number of Pap smears collected. In Yap, they obtain Pap smear for OB clients during weekly OB clinics. In Kosrae, through collaboration with women organizations, education and awareness activities on early cancer screening for the women in the communities are being conducted. Screening schedule for Pap smear is twice a week but sometimes if a woman showed up and request (walk-ins), they just do right away. //2013//

c. Plan for the Coming Year

//2013/ The FSM MCH Program plans to continue obtaining pap smear, as a primary method of cervical cancer screening, and as part of their screening program. The FSM MCH Program plans to renew the Pap smear Contract with LabTech next year and continue to use CTSI for shipment of Pap smears to Labtech in Guam. FSM Plans to increase the coverage next year by collaborating with the other public health programs. Program Plans by State are as follows: Chuuk plans to continue to send pap smear to LabTech in Guam for reading. They also plan on doing Pap smear screening at the Chuuk Women Advisory Council (CWAC) Center and do more awareness to the women group on the importance of obtaining their pap smear. Pohnpei plans to increase coverage at least by 10% next year. Yap plans to increase the proportion of women who received cancer screening based on most recent guideline. Kosrae plans to continue to work with other programs and women organizations in order to screen more women. //2013//

State Performance Measure 2: *Percent of children with identified developmental problems who are admitted to the CSHCN Program.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	40	60	70	80	30
Annual Indicator	19.7	26.3	18.7	16.6	3.2
Numerator	254	310	234	213	39
Denominator	1289	1177	1251	1280	1230
Data Source		CSHCN Program Data	CSHCN Registry	CSHCN Registry	CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	30	3	3	2.5	2.3

a. Last Year's Accomplishments

//2013/ There are fewer children admitted to the CSHCN program last year. The FSM MCH Program reported a decrease to 3% in 2011 from 17% in 2010. It is not know if fewer children are having disabilities or the screening is not comprehensive enough to include all targeted children. Individual State Program reports are as follows: Chuuk State reported that 21 (3%) children were identified with developmental problems and were admitted to the CSHCN Program. This is a decrease of 3% in 2011 from 25% in 2010. Some of the activities for the past year included screening of children for developmental problems, updating the CSN Registry for accuracy of data, and collaborating with the other Assessment Team members. Pohnpei reported that "NO" (0%) children were identified with developmental problems and admitted to the CSHCN Program. Because developmental problems may be the result of sub-standard or unsatisfactory prenatal care, the Pohnpei MCH staff were working with mothers encourage them to book early and return for all appointments, to obey and follow doctor's advices, and to make healthy choices during pregnancy. Yap reported that 13 (8%) children were identified with developmental problems and were admitted to the CSHCN Program. This is an increase of 1% from the previous year. Kosrae reported that 5 (14%) children were identified with developmental problems and were admitted to the CSHCN Program. This is an increase of 14% in 2011 from 12% in 2010. The increase was due to more screening done with comprehensive and thorough exams on infants and children. Some of the activities that were done during the past year included, screening for developmental problem done at the well baby clinic, child find survey at the community mobile clinics, and school physical examinations. Children were screened and identified at well baby clinic through the FSM Developmental screening tool starting from birth to 3yrs old but at the child find survey, they used the FSM developmental screening for 3 to 5 year olds. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Screening children for developmental delays or problems.	X	X	X	
2. Updating the CSN Registry to have updated or accurate data.				X

3. Collaborate with the other Assessment Team members to screen children for developmental delays.		X	X	
4. Encourage mothers to stop chewing betel nut with cigarette.		X	X	
5. Encourage mothers to return their babies for all WBC appointments.		X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The FSM MCH Program continues to collaborate with the Special Education Program to screen more children. Screening is on-going during well baby clinic while Child Find is an annual screening activity of the Special Education program. Current Activities by State are as follows: In Chuuk, The MCH/CSN Staff are continuing to screen the CSN clients who are referred from Well Baby Clinic and other Agencies on a regular basis. If these children are found to be eligible and meeting the criteria of children with special needs, they are registered and logged in both the paper and the electronic registry. This is the same registry that is shared with Special Education and Head-Start Program for client's services. In Pohnpei, they are encouraging mothers to take out cigarettes from betel nut chewing, if they find it hard to quit chewing. They are encouraging mothers to return their babies for all WBC appointments. In Yap, clinics are on-going and the clinics are coordinated with physicians to facilitate referrals, and monthly monitoring by weight check of babies below 5 percentile. In Kosrae, they continued with the screening process and screening forms using standard guidelines and refer those children identified with developmental delays. //2013//

c. Plan for the Coming Year

/2013/ The plan for the FSM MCH Program is to continue doing more screening and refer identified children for appropriate treatment. Plans for Individual States are as follows: For Chuuk, the plan is to have the Inter-Agency Assessment Team members re-organize and try to set up schedule for all members to be present during assessment and evaluation for the clients. There is also a plan to refer all the 0-5 years to the Early Childhood service providers for them to provide services to these CSN clients. The CSN Assessment team members to collaborate with Special Education on tracking these disable children during child find or during outreach visits. For Pohnpei, the plans is to continue to educate mothers to knowledgably keep their children healthy. For Yap, the plan is to increase the proportion of children with developmental delay with a 1st evaluation by 36 months of age. //2013//

State Performance Measure 3: *Percent pregnant women attending prenatal care who are screened for low hemoglobin.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	95	100	100	100	100
Annual Indicator	98.6	94.9	98.7	92.5	92.6
Numerator	2256	2081	2176	2022	2172
Denominator	2289	2193	2205	2186	2345

Data Source		Prenatal Clinic Data	Prenatal Clinic/Lab	Prenatal Clinic/Lab	Prenatal Clinic/Lab
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	100	95	95	97	99

a. Last Year's Accomplishments

//2013/ During this reporting period, the FSM MCH Program reported that the percent of women attending prenatal care who were screened for low hemoglobin remained as it was in 2010, at 93%. The FSM MCH Program reported 2,345 pregnant women attended first prenatal clinic. Out of the total, 2,172 pregnant women were screened for low hemoglobin. Of the total screened, 789 pregnant women or 36% were diagnosed with anemia. Number and percent of pregnant women diagnosed with anemia by State are as follows: Chuuk 369 (46%) women out of 800 pregnant women screened; Pohnpei 257 (28%) women out of 912 pregnant women screened; Yap 81 (30%) women out of 268 pregnant women screened; and Kosrae 82 (43%) women out of 192 pregnant women screened for anemia. As a matter of fact, three (3) States reported that 100% of their pregnant women were screened for Low Hemoglobin in 2011 except for Chuuk State, which reported at 82% - remained the same from the previous year. Chuuk reported that this was attributed to the difficulty of reaching or getting to the services due to transportation, migration, and long waiting time for laboratory services. Some of the activities that Chuuk did during this reporting period included continue screening prenatal women who came to Public Health clinic for prenatal services, coordinated with the laboratory for proper supplies, counted results obtains on follow-ups provided that it was their 1st lab tests. Pohnpei reported that lifestyle worsened because a lot of our women used tobacco as compared to before. Many women were eating fast food for breakfast and lunches because of busy working Hours. They reported that despite continued and ongoing comprehensive health education many lifestyles have not improved. Yap reported that all health facilities are equipped with hemoglobinometer and that they have a good system of checking hemoglobin with the Hospital Laboratory. They also reported that they have improved their system of ordering medical supplies after the Medical Supply/Laboratory staff attended a procurement workshop in November 2011. Kosrae reported that screening were done at first and then results picked up the next day at the lab. Tuesdays were the first visit day for pregnant women and if the hemoglobin was low, the physician prescribed iron tabs twice a day or 3 times a day. Nutrition education also given at the first visit and if the hemoglobin was low, then the nutritionist would follow up on the next visit. If the client is highly anemic at 28% and below then blood transfusion is required and that pregnant woman needed to be admitted for transfusion. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue screening for anemia of prenatal women who come to Public Health clinic for prenatal services	X	X	X	
2. Coordinate with the State laboratories to ensure that needed supplies are available and can last for the whole year.			X	
3. Include in the count of the number screened the screening results obtained during follow-up visits, provided that such test is their 1st lab tests.	X	X		X
4. Doing comprehensive health education in the schools and communities on effect of poor lifestyles.		X	X	
5. Prenatal clinics still on-going		X	X	

6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The State MCH Programs reported difficulty of transportation and long waiting period for Laboratory Services contributed to the overall decrease of this performance measure last year. The State MCH Programs are working through the Organized Annual Women's Activities to educate them on the long term effect of anemia and encourage them to come to public health for screening. The State MCH Programs continue to collaborate with the State Laboratories to continue screening of pregnant women for low hematocrit. They are working with the Laboratory Supervisors to have a Lab Technician available during prenatal care to draw blood or set a day during the week, specifically for screening pregnant women. Current Activities by State are as follows: Chuuk reported that MCH Program continued to collaborate with the State Laboratory to continue screening the pregnant women for low hematocrit. Although one lab technician is assigned to do ANC clients, it is part of the agreement that this person will do other clients or lab tests on such particular days. Pohnpei reported that comprehensive education continues in the schools and communities about the lasting effect of poor lifestyles. Yap reported that screening of pregnant women is on-going at the prenatal clinics on a weekly basis. Kosrae continues to do what they were doing during the previous year. //2013//

c. Plan for the Coming Year

/2013/ The State MCH Programs plan to continue working with the women groups through their organized annual activities to educate them on the long term effect of anemia and encourage them to come in early for screening. The State MCH Programs also plan to work with the management of the State Laboratories so better arrangement for screening of pregnant women can be arranged. Specific Plans for the Coming Year by State are as follows: Chuuk plans for the MCH Program to continue to support the State laboratory by ordering supplies like reagent for the new machine to continue screening for anemia and to collaborate with the laboratory to screen all women coming to ANC. Pohnpei plans to purchase a portable hemocue for hematocrit screening in the schools and communities and treat anemic patients before they become pregnant. They also plan to develop and disseminate more pamphlets for awareness of anemia. Yap plans to decrease the percent of anemic pregnant women by at least 10% at the end of the reporting year. Kosrae plans to continue with the same screening process next year. //2013//

State Performance Measure 4: Percent children 1-5 years old who treated for fluoride varnish.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	20	30	50	70	30
Annual Indicator	20.3	27.3	18.8	26.4	21.4
Numerator	1706	3943	2519	3379	3251
Denominator	8423	14432	13379	12799	15190
Data Source		Well Baby Clinic Data/ECE	Well Baby Clinic/ECE	Well Baby Clinic/ECE	Well Baby Clinic/ECE

		Data/Dental Program Data	Data	Records	Records
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	30	25	28	30	35

a. Last Year's Accomplishments

/2013/ Overall, the FSM MCH Program reported a decrease to 21% in 2011 from 26% in 2010. Individual Accomplishments by State are as follows: Chuuk and Pohnpei States reported increases while Kosrae and Yap reported decreases. Chuuk reported an increase of 32% in 2011 from 24% in 2010. They reported that the Dental Program was treating all 1-5 year olds in the Well Baby Clinic and ECE Program fluoride varnish. They reported that they provided funding for the Dental Program to purchase enough fluoride varnish for this group of children. Pohnpei also reported a slight increase of 7% in 2011 from 6% in 2010. They reported that the Early Childhood Education (ECE) programs, which takes care of 4 and 5 year olds hired a dental nurse to service this age group. He started late in the year and was not able to finish all before the year is out. They also reported that the Dental department also started in the latter part of the year because of the delayed arrival of supplies. Yap reported a decrease of 6% in 2011 from 70% in 2010. They reported that the number may be under reported as data from the Outer Islands and Dental Division were not accurately captured and reported. Visits to ECE were cancelled due to the Dengue outbreak in September. Kosrae reported a decrease of 33% in 2011 from 69% in 2010. They reported that the decrease was due to stock-out or that supplies for fluoride varnish were out for 2 months. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Program staff to continue apply fluoride varnish to all the 1-5 years in the Well Baby Clinic and ECE Program.	X		X	
2. Have the Dental Program purchase enough fluoride varnish for this group of children.		X	X	
3. ECE hired a Dental nurse to do services for 4-5yrs old		X	X	
4. On-going discussions with CHC and Dental Division staff about reporting issues.	X			X
5. Application of Fluoride Varnish is an ongoing activity of the MCH and dental programs.	X		X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The State MCH programs continue to collaborate with Dental Services to purchase fluoride and carry out services. Current Activities by State include: In Chuuk, the MCH Program coordinates with Dental Division to have the Dental Assistant to apply fluoride varnish to all 1-5 years old that come for well baby and immunization clinic. The Dental Staff joined the outreach team to do the fluoride varnish to the children in the communities. There is already a staff assigned by the Chief of Dental Division to be

responsible for this activity. In Pohnpei, last year's activities are ongoing. In Yap, ongoing discussions with CHC and Dental Division staff about reporting issue. The MCH Programs felt there is a gap in the system of reporting data from the CHC and dental division to the MCH Program. In Kosrae, last year's activities are ongoing. //2013//

c. Plan for the Coming Year

/2013/ The FSM MCH Program plans to continue purchasing dental supplies to continue fluoride varnish activities in the four FSM States. For Chuuk, there is a plan to increase the number of Dental visits to the communities and to also collaborate with the Immunization program for referral of children to Dental division for treatment of fluoride varnish. For Pohnpei, the plan is to increase coverage by 10% or more in the coming year. For Yap, the plan is to increase the proportion of children that received fluoride varnish next year. For Kosrae, they plan to buy more supplies to ensure that supplies of fluoride are not out of stock; Inventory should be done every month to see how much supplies are left; Work with dental staff in providing fluoride varnish, and purchase more supplies depend on the result of the inventory. //2013//

State Performance Measure 5: *Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.*

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	70	70	75	80	40
Annual Indicator	34.7	35.7	35.8	29.4	38.0
Numerator	452	430	448	374	457
Denominator	1302	1203	1251	1271	1204
Data Source		CSHCN Program Data	CSHCN Program	CSHCN Program	CSHCN Program
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	40	40	45	50	55

a. Last Year's Accomplishments

/2013/ Overall, the FSM MCH Programs reported an increase of 38% in 2011 from 29.4% in 2010. Chuuk and Yap States reported increases while Kosrae and Pohnpei reported decreases. Chuuk State reported an increase to 38% in 2011 from 29.4% in 2010. Although the data is showing some improvements, the MCH Program aspires for a higher coverage. They reported that transportation to and from the clinic has remained a major challenge. There was no sea transportation for MCH and/or CSHCN program. Although these programs shared transportation with the other public health clinics, there is no guaranteed that all programs will have the same date and time to do their program outreach activities. Pohnpei reported a decrease of 36% in 2011 from 39% in 2010. They reported that there may be more children reevaluated but their data input was incomplete: the records showed that there were months where no data input or recorded. They reported that from the month of July onward there was only 3 staff manning all the MCH clinics including inputting data plus preparing for clinics and doing paperwork. Yap reported an increase of 86% in 2011 from 80% in 2010. They reported that although some clinics were cancelled during the Dengue Outbreak, they were fortunate to have had the CSHN Physician and MCH Coordinator took a trip to Ulithi Atoll and a cardiology team (3 members) visited Yap,

a one-week clinic at Public Health. Kosrae reported a decrease of 97% in 2011 from 100% in 2010. They reported that the decrease was due to parents' dissatisfaction of the services, transportation, and time when services were provided. They reported that the CSN coordinator was responsible for developing the re-evaluation schedule while the MCH coordinator was responsible for contacting the assessment team members and to inform them about the reevaluation schedule. If the clients cannot make it on their assessment time due to lack of transportation, then the Special Ed or the CSN program will be responsible to provide transportation. The assessment team includes the CSN Physician, CSN Coordinator, nutritionist, and related services assistance (RSA). //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue Screening of CSN Clients	X		X	
2. Increase number of outreach services		X		
3. Secure sea transportation for MCH/CSHCN program		X		
4. Working with other public health programs to augment shortage of staff.		X		
5. Holding clinics for audio logical assessment		X	X	
6. Preparation for the Shriners Team and audiologists visit		X	X	
7. Coordinate for families and support Pediatric Cardiology team's visit at State level.		X	X	
8. Continue working with the Special Education Program and State Interagency council members to strengthen re-evaluation of CSHCNs.				
9.				
10.				

b. Current Activities

/2013/The FSM MCH Program is working with the Special Education Program and State Interagency Council to improve services. The individual state reports are as follows: In Chuuk, CSN Staff continues to screen and register CSN Clients who referred from other program and also continued to do assessment for each client. The CSN Assessment Team only consists of the MCH /CSN Staff without Special Education and Head-Start. Data has been input electronically by the CSN Staff. In Pohnpei, they reported to have shortage of staff but they have just hired another staff so they felt that services may improve next year with the additional staff on board. They reported that last year's activities are ongoing. In Yap, they are currently having DAE clinics for audio logical assessment by Yusnita Weirather, and preparing for Shriners Team visit during the week of June 18-19, 2012. In addition, last year's activities are ongoing this year. In Kosrae, the new CSHCN assessment team members are very cooperative and they hope to increase the coverage next year. They also reported that last year's activities are ongoing this year. //2013//

c. Plan for the Coming Year

/2013/ The FSM MCH Program plans to increase outreach programs in all four states in order to reach out to those children who cannot come to the central clinic due to transportation problems. For Chuuk, the MCH/CSN Assessment Team members need to schedule their time together for the assessment to be done. The Outreach Team needs to increase the number of visits for the assessment and re-evaluation to be done in the communities. It has been very difficult for the parents to bring their children to the center for re-evaluation with the increase price of gasoline. The MCH/CSN Program Staff need to review the computerized data and do home visits for those CSN clients who have not re-evaluated, this need to be done quarterly, covering regions by region. With additional

responsibilities for the assigned CSN physician, there is a great need for this Physician to make schedule and available all the times. The MCH/CSN Program staff need to make their schedule and do home visit to these children on Weno now that there is land transportation (vehicle) available. For Pohnpei, they plan to improve their data collecting and reporting system with the hiring of the additional staff. They also plan to continue with the usual and scheduled CSHCN services next year. For Yap, the plan is to increase the proportion of CSHCN kids that had completed reevaluation by CSHN Team by at least 5% next year. For Kosrae, the plan is continue with the current services that are being provided; doing more educational workshops to parents, collaboration with other agencies, conduct surveys, and do more home visits. //2013//

State Performance Measure 6: *Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	0	50	70	80	60
Annual Indicator	34.5	47.7	52.7	53.4	40.6
Numerator	7295	11741	13765	13040	16164
Denominator	21157	24612	26143	24427	39783
Data Source		Public Health Record/Census Data	Public Health Record/Census	Public Health Records	Public Health Records
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	60	50	55	60	65

a. Last Year's Accomplishments

/2013/ Overall, the FSM MCH Program reported a decrease of 41% in 2011 from 53.4 in 2010. Although Kosrae, Pohnpei and Yap states reported increases, Chuuk reported a decrease of 29%, and since Chuuk has about half of the FSM total population, this may have attributed to the overall decline for this Indicator in the FSM during this reporting period. Individual State reports are as follows: Chuuk State, reported a decrease of 25% in 2011 from 54% in 2010. The MCH/Family Planning Health Educator continued to educate the women of childbearing age in the schools and communities on issues for improving and promoting health among the women as well as the health of the children. Pohnpei reported an increase of 94% in 2011 from 70.2% in 2010. They reported that they visited more community groups and schools through their health education program. They also reported that they were invited and met with some women's groups that they had not been invited and met before. Yap also reported an increase of 37% in 2011 from 14% in 2010. Yap had several events where health education sessions had occurred. They reported that over 800 participants attended the Women's Health Week at multiple sites; during the Yap Day, in March, the health team from the Tomil CHC conducted screening and education for women of childbearing age who attend the activities and that two (2) village health fairs were held during the year including outreach to COM and Yap High School. Kosrae also

reported an increase of 32% in 2011 from 24% in 2010. They reported that more women attended comprehensive health education in the schools and communities in 2011 because of the collaborative effort from the women organization and MCH program. Women organizations were very active and influential in bringing the women to the workshop and health education sessions conducted in the schools and the municipal offices. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Doing health education sessions Targeting College of Micronesia and High School girls.		X	X	
2. Schedule the MCH Health Educator visits to community and the schools for the health education.		X	X	
3. More topics and presentations that prioritizes infant mortality and maternal mortality are carried out.		X	X	
4. Compiling data from Women's Health Week.	X			X
5. Emphasizing the need for and encouraging mothers to enroll their children in Insurance Programs.		X	X	
6. Increasing outreach to remote and hard to reach communities/populations.		X	X	
7. Encouraging women to come in early for prenatal care, especially during the first trimester.		X	X	
8.				
9.				
10.				

b. Current Activities

//2013/ Women issues are sensitive in the FSM therefore the State MCH Programs are working with women community groups and women school teachers to take lead in the workshop discussions. In Chuuk, the MCH Program works with the Chuuk Women's Association to educate women on the health issues for both mothers and children. They are encouraging all women, during International women's week and women's health week, to attend MCH Program services, which promote healthy life for mothers and children. The Outreach services are also a time when they educate many mothers in the remote islands, especially those who are not able to come to the Public Health Clinic. In Pohnpei, they reported that they are including more topics and more presentations on the issues of infant mortality and maternal mortality. In Yap, they are compiling data from Women's Health Week and gearing up for the Men's Health Week scheduled for June. The new dispensary in Fedrai, Ulithi Atoll is having it's open house in June as well, so the MCH Program staff will take the opportunity to reach out to women of childbearing age in Ulithi. In Kosrae, one community workshop was conducted earlier this year and another will be held later this year. They are collaborating and partnering with youth groups, women organizations, community leaders and public health programs to disseminate important health information to women. //2013//

c. Plan for the Coming Year

//2013/ The State MCH Programs plan to expand the workshops to the outer Islands in the coming year, but continue to target the rest of the communities on the main islands. This will be done by collaborating with other Public Health programs and state agencies. In Chuuk, the MCH Program plans to coordinate with the other Public Health programs, such as Family Planning, HIV/Aids, NCD, etc., to provide health education for women of childbearing age, especially at the High Schools, and COM. They plan to continue to work

with the Chuuk women Association to present health topics during their conferences or meetings. Pohnpei plans to continue to prioritize health education in the schools and communities. They plan to develop and disseminate more pamphlets, especially on drug abuse and anemia. Yap plans to increase the percent of child-bearing age women who attend comprehensive health education by at least 5% at the end of the coming year.
//2013//

State Performance Measure 7: *The rate of maternal deaths in the reporting year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective		3	3	2	0
Annual Indicator			0.0	0.0	1.7
Numerator			0	0	4
Denominator			2190	2049	2360
Data Source		Death Certificate	Death Certificate/Vital Statistics Record	Prenatal Clinic Data	Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0

Notes - 2010

//2012// "0" means no death during this reporting period. //2012//

a. Last Year's Accomplishments

/2013/ From 2008 to 2010 no Maternal Deaths were reported in the FSM. All four FSM states have been reporting "0" or no Maternal Deaths. The FSM MCH program cannot validate whether or not, for a fact, no maternal death actually occurred during this period. Given the geographical make up of the FSM, with hundreds of scattered islands covering miles of ocean area, compounded with the definition used for recording maternal deaths or maternal mortality, it is obvious that there may be a few more maternal deaths that were not documented in the FSM, either because the community did not report such deaths to the hospitals or the people do not know the definition used for classifying maternal deaths, hence not reported. During this reporting period, FSM reported a total of 4 maternal deaths: Chuuk State reported 3 cases and Pohnpei reported 1 case. Some of the State MCH Program activities for the past year included: In Chuuk, they were educating pregnant women on the prevention of pregnancy complication, developed IEC materials on Health Complications, and developed Health Education Protocol or guideline. In Pohnpei, they reported that the deceased mother needed to undergo cesarean section but wouldn't sign the consent form in time despite the advice of doctors and family members. The MCH program staff were educating mothers on how to have healthy pregnancy that would lead to better birth outcome and counseling mothers on the benefits of Cesarean section when the situation requires for it. In Yap, they reported that they were continuing with their health education and counseling services at the clinics and during outreach focusing on healthy pregnancies and better birth outcomes. In Kosrae, pregnant mothers were examined for gestational hypertension and diabetes, anemia, STI such as gonorrhea, Chlamydia, HIV, trichomonas and other infections. Fetal heart were monitored every visits along with gestational age and other problems. Counseling and education given on

nutrition, family planning, tobacco, etc. Education also provided on labor and delivery along with abnormal signs during pregnancy, and Vital Signs taken every visits during pregnancy and at 1month postpartum. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH Staff continue to educate mothers on important of early prenatal care.		X	X	
2. MCH/FHP will increase use of contraceptives among the older child bearing age women.		X	X	
3. Increase awareness of the high IMR to all the mothers and women in the community		X	X	
4. Strengthen education on how to have healthy pregnancy that will have better outcome		X	X	
5. On-going screenings at the clinics	X	X	X	
6. Improving data collection for maternal mortality.			X	X
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ The FSM MCH Program continues to support in country perinatal reviews, held once each quarter, to enable the physicians and nurses to sit together and review infant and maternal deaths and to deliberate on ways to avoid reoccurrence of such deaths in the future. In chuuk, the MCH staff continues to educate all pregnant women during ANC for the high risk health condition. Refer all the high risk pregnant mothers to be monitor by the OBGYN. The Maternal and Infant deaths Review Committee continue to review and monitor the maternal complications and educate the nurses and mothers to prevent any complications or cause of maternal deaths. In Pohnpei, they are strengthening their education on how to have healthy pregnancy that will yield better birth outcomes, and counseling pregnant mothers about the benefits of cesarean section when required. In Yap, is doing Perinatal Surveillance meetings at the end of each quarter where the service providers sit together and review their charts to determine how maternal and infant deaths can be prevented the next time similar situation occurs. In Kosrae, they reported that past year's activities and services are continuing or ongoing. //2013//

c. Plan for the Coming Year

/2013/ The plan for the State MCH Programs by State are as follow; the Chuuk MCH Program plans to continue monitoring this indicator and continue educating all pregnant women to come early for prenatal check up to prevent any complication during pregnancy. The MCH/Family Planning Programs plan on stressing the importance of coming early in their first trimester to rule out any complications during pregnancy. MCH and Family Planning Program plan on providing contraceptives to the high risk mothers. Pohnpei plans to ensure that mothers are more aware of the risks during pregnancy and also how to avoid complications of delivery. Yap plans on maintaining "0" no maternal death in the coming year. Kosrae plans to continue with the current services. They plan to continue to monitor high risk pregnant mothers at delivery and during postpartum, monitor the conditions of equipment used in the delivery and operating room, ensure that needed medicine is available all times for delivery and postpartum(such as iron supplements, hypertensive meds, diabetic meds, iv antibiotics or bleeding control drugs, etc. They plan to create a maternal and infant mortality review committee to that will be organize review

maternal and infant deaths. //2013//

State Performance Measure 8: The percent of one year old babies with anemia.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective		60	50	30	20
Annual Indicator		95.6	26.9	21.7	30.5
Numerator		3548	122	237	922
Denominator		3710	454	1093	3024
Data Source		Well Baby Clinic Data	Well Baby Clinic Data	Well Baby Clinic	Well Baby Clinic
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	10	15	13	10	5

a. Last Year's Accomplishments

/2013/ Overall, FSM reported an increase of 29% in 2011 from 22% in 2010. In 2011, 1,093 babies 1 year old and younger were screened for anemia. Out of the total, 237 babies or 22% have anemia. Accomplishments by State are as follows: Chuuk reported a decrease of 43% in 2010 from 46.2% in 2009. Of the 74 babies screened in Chuuk, 32 babies have anemia. Chuuk reported that all one year olds coming to clinic to do routine checkup and/or vaccination were screened for anemia. Proper treatment along with nutritional counseling were given to mothers of infants with hematocrit <35mg%. Kosrae reported an increase of 42% in 2010 from 26.2% in 2009. Of the 148 babies screened, 62 babies had anemia. Kosrae reported that the increase was due to more screening done during the year. Screening for developmental problem done at the well baby clinic, child find survey, and at the community mobile clinics, and school physical examinations. Mainly a child was identified at well baby clinic through the FSM Developmental screening tool starting from birth to 3yrs old. At the child find survey, the FSM developmental screening for 3 to 5 years old was used. Pohnpei reported a decrease of 5% in 2010 from 25% in 2009. Pohnpei felt that they did not do enough screening when the babies came in for immunization. Yap reported an increase of 18% in 2010 from 13% in 2009. This is a new indicator that FSM and Yap felt that they did not do enough screening last year. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH Staff continues to educate mothers on importance of early prenatal care.		X	X	
2. MCH Program is working with the OBGYN in providing quality ante natal services to the pregnant mothers.	X		X	
3. Screen and give treatment to all pregnant women for HIV/STI infections.		X	X	
4. Doing Health education on Healthy diets.		X	X	
5. Pamphlets on healthy diet for children are disseminated during ANC and WBC			X	X

6. Setting up all WBC appointments with the Pedriatricians.		X	X	
7. MCH Program continued to screen for anemia of all one year olds who come to Public Health Clinic for Well Baby Check up.		X	X	
8.				
9.				
10.				

b. Current Activities

/2013/ This State Performance Measures was selected during the 2008 FSM MCH Annual Workshop. Current activities for the State MCH Programs include; In Chuuk, the MCH Program continues to screen all one year olds who come to Public Health Clinic for Well Baby Check up or for immunization for low hematocrit, those children with low hematocrit were given ferrous solution for treatment and the parents or care-takers were educated on proper nutrition for the babies. In Kosrae, they are continuing with the screening process and screening forms; In Pohnpei, they are now working with Immunization Program to screen every 1 year old child who comes for immunization. In Yap, the MCH with the support of other Public health nurses continue to screen 1 year old babies for anemia at WBC, provide nutrition counseling utilizing the new WBC educational flip chart, and joining YINEC in promoting cultivating and consumption of local foods, especially those Vitamin A rich foods. //2013//

c. Plan for the Coming Year

/2013/ The Plan for the State MCH Programs by State are as follow; the Chuuk MCH Program plans to continue screening all the one year olds who showed up in the clinic. They also plan to increase the awareness and health education to all women in the community to bring their babies for screening and counseling. Kosrae plans to revise the screening form for age 3 to 5yrs old; collaborate with special education in the child find activity; develop more educational materials on signs of developmental delays or problems; and continued with the current services. Pohnpei plans to continue working with the Immunization Program to screen every 1 year old child who comes for immunization. Yap plans to decrease the percentage of 1yr olds with anemia by at least 5% at the end of the reporting year. //2013//

State Performance Measure 9: Percent of children 5-21 years old diagnosed with Rheumatic Fever

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					20
Annual Indicator				22.5	29.6
Numerator				1780	79
Denominator				7896	267
Data Source				Public Health Data	Public Health Data
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	20	25	10	5	3

Notes - 2010

//2012// FSM will start reporting on this State Performance Measure next year. //2012//

a. Last Year's Accomplishments

/2013/ This is a New State Negotiated Performance Measure, added in 2010 (last year). This is the first time that the FSM MCH Program is reporting on our accomplishment for this measure. Overall, 30% of children 5-21 year olds in the FSM were reported to have rheumatic fever. Chuuk reported 16%, Pohnpei reported 66%, Yap reported 31% and Kosrae reported 11%. Activities implemented, during this reporting period, by State are as follows: Chuuk reported that they coordinated with OPD & Pediatric on screening for Rheumatic Fever. They were screening children in the CSHCN clinic for RHF and provided education for mothers on early intervention for the children diagnosed with RHF. Pohnpei reported that they were screening and collected data on Rheumatic Fever and conducted public awareness in the communities on RHD and RHF. Yap reported that 69 school children were referred from 2010 School Health Screening. They reported that they were working with their CSHCN Physician to improve their evaluation system, and that they developed a good coordination between the schools and the CHCs. They also reported that a pediatric cardiology team visited yap and screened children suspected of having heart problems and follow up on those identified during the previous year. Kosrae reported that they were treating the positives in 2010. Those diagnosed with RHF in 2010 were rescreened in 2011 and those that were positives in 2010 became negative in 2011. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to coordinate with OPD & Pediatric for screening.		X	X	
2. Continue on screening the children in the CSHCN for RHF.		X	X	
3. Educate mothers on early intervention for these children.		X	X	
4. Continue to collect data to better monitor this measure.			X	X
5. Public awareness in the communities on RHD and RHF.		X	X	
6. Coordinating with FSM health department to order more supply of Penicillin.		X	X	X
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ Current activities by State are as follows: The Chuuk MCH Program especially the CSN Program is collaborating with the Pediatrician at the hospital to establish a screening system and protocol to be in place. At the present time, the pediatrician at the hospital is taking care of the tracking of these RHD Children. The Pohnpei MCH Program continues to collect data and monitor this measure. They are doing public awareness in the communities on RHD and RHF. The Yap MCH program is coordinating with FSM Health Department to purchase enough supply of Penicillin and making plans for 2012 School Health Screening. The Kosrae MCH Program reported that RF screening is currently an annual activity for the MCH program and the health department in Kosrae. A team comprised of nurses, doctors, and lab technician are instituted and are doing the RF survey. Those children diagnosed with RHF are treated with prophylaxis. //2013//

c. Plan for the Coming Year

/2013/ Program plans by State are as follows: the Chuuk MCH Program plans to work with the pediatrician and OPD to develop a good coordination of services for the RHD. Pohnpei plans to strengthen the awareness campaign on RHD. Yap plans to reduce proportion of children affected with rheumatic heart disease by at least 5% at the end of the coming

year. Kosrae plans to continue with the screening, make sure all RF Screening supplies are available, and increase collaboration with other agencies for instance, the schools or the department of education. //2013//

State Performance Measure 10: Percent of Childbearing Women with Anemia, <35hct.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					50
Annual Indicator				62.0	6.0
Numerator				62	767
Denominator				100	12766
Data Source				Public Health Data	Public Health Data
Is the Data Provisional or Final?				Provisional	Provisional
	2012	2013	2014	2015	2016
Annual Performance Objective	50	5	4	3	2

Notes - 2011

//2013// This is a New State Performance Measure that was added as a result of the 2010 Needs Assessment. Last year coverage was low because the data submitted did not cover for the entire year. The increase in this year's data reflects a full year of screening for the target population. //2013//

Notes - 2010

//2012// FSM will start reporting on this measure next year. //2012//

a. Last Year's Accomplishments

//2013/ This is a New State Negotiated Performance Measure, added in 2010 (last year). This is the first time that the FSM MCH Program is reporting on our accomplishment for this measure. Overall, 6% of childbearing age women (15-44) in the FSM were reported to have anemia in 2011. Chuuk reported 46%, Pohnpei reported 1%, Yap reported 7%, and Kosrae reported 12%. Activities implemented, during this reporting period, by State are as follows: The Chuuk MCH Program reported that this indicator was very difficult to track because screening for anemia is done at the lab but information collected and recorded in their logbook does not include the patient's age. The Pohnpei MCH Program reported that they were screening all women of childbearing age from inpatient, outpatient and the ANC clinic. Yap reported that two outreach visits to COM and Yap High School were made during the year, hemoglobin was checked for the childbearing age women during Women's Health Week, three (3) village health fairs were held where hemoglobin was checked and 2 visits to the outer islands. Kosrae reported that they screened all childbearing age women for anemia and those found to have anemia were treated with iron sulfate. A survey was done in 2011 for those diagnosed with anemia in 2010 and the results showed that some of those who were anemic in 2010 were normal in 2011. Kosrae also reported that they were screening prenatal clients and students for anemia. They also conducted a survey of childbearing age women for anemia, and provided nutrition counseling and education in the clinic. //2013//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue screening all women of childbearing age who attend MCH clinics for anemia.		X	X	
2. Ensure that all clients who referred to the lab are tested.	X		X	
3. Improve Data collection and and sharing the data with other programs.				X
4. Doing additional screening during Women's Health Week.		X		
5. Screening women of childbearing age among the different women groups who participated in the International Women's Day celebrations.		X	X	
6. More outreach at the college level.		X	X	
7.				
8.				
9.				
10.				

b. Current Activities

/2013/ Current activities by State are as follows: Chuuk reported that they are tracking anemia for the pregnant women so they are just using or reporting anemia on the pregnant women within this age group. Pohnpei is doing outreach awareness activities to educate the women on how anemia is a risk factor for poor birth outcome. They are screening women of childbearing age for anemia at inpatient, outpatient, and at ANC clinic. Yap reported that they conducted Women's Health Week in May, one (1) outreach to COM Yap Campus was done, and they are preparing for school health screening in September. Kosrae reported that screening of childbearing age women for anemia is ongoing in the clinic. They reported that nutritional counseling and education is ongoing, community workshops for women are ongoing, and food demonstration and recipe displays in the communities sponsored by women organization and health services is also ongoing. //2013//

c. Plan for the Coming Year

/2013/ The MCH Program plans by State are as follows: The Chuuk MCH Program plans to discuss with the Lab supervisor for the need to include a client's age in their logbook for hematology and easy access and reporting. Pohnpei plans to purchase a portable handheld hemocue for screening of anemia in the fields. They will continue with screening for anemia at inpatient, outpatient, and ANC clinics. Yap plans to increase the proportion of child-bearing age women screened for anemia by the end of next year. Kosrae plans to continue with the current activities and try to conduct another anemia survey for childbearing age women next year. //2013//

E. Health Status Indicators

/2013/ Due to the new reporting requirements in the TVIS, FSM prioritized Health Status Indicators (HSI) #1 (Live births weighing <2,500 grams) and #2 (Live births weighing <1,500 grams) and the discussions on these Indicators were build into the analysis of the HSCIs. Overall, FSM did not meet the minimum 80% of expected prenatal visit as mandated in Health Status Capacity Indicator # 4, during this reporting period. The data is showing a decrease from 52% in 2010 to 46% in 2011; for an overall decrease of 6% for the FSM. The data further showed that out of the total 926 women with a live-births in 2011, 459 mothers (49.5%) initiated prenatal care during the First Trimester. Out of the total, 428 women (46.2%) reported to have met the expected number of visit of greater than or equal to 80%

based on the Kotelchuck Index. The States' data showed that, with exception of Yap State, all states reported decreases: Chuuk State reported a decrease from 59% in 2010 to 48% in 2011. Based on reports from Chuuk, the decrease was due to decreased in the number of Outreach Activities during the reporting period due to transportation problems and rising cost of fuel. Kosrae State reported a slight decrease from 73% in 2010 to 70% in 2011. Based on reports from Kosrae, the decrease was due to decreased in the number of Outreach Activities during the reporting period due to transportation problems. Pohnpei State also reported a decrease from 39% in 2010 to 25% in 2011. Based on reports received from Pohnpei, some women reported that they came in late for prenatal care because they did not know they were pregnant until quickening while some reported that they opted to wait until quickening to be sure they were pregnant. For the teenagers, most tried to hide their pregnancies until the pregnancy is visibly showing only then when they come in for check up. In reviewing Health System Capacity Indicator #4, during the FSM MCH Annual Workshop in Pohnpei during May of this year, the FSM MCH Programs took note of the continuous challenge that FSM faces in its effort to improve on HSCI #4. It was realized that if FSM was to be successful in meeting the 80% or more of the expected prenatal visit, there are other trends or indicators that FSM must first improve to meet HSCI #4 and experience favorable birth outcomes. Some of these trends or Indicators noted include: National Performance Measure (NPM) #18. National Performance Measure #18 pertains to percent of infants born to pregnant women receiving prenatal care beginning in the first Trimester. During this reporting period, the percent of women receiving prenatal care beginning during the first trimester decreased from 30% in 2010 to 19.9% in 2011, about 10% overall decrease for the FSM. In reviewing the State MCH Programs data, all of the four (4) FSM States reported decreases. Underlying causes provided for the nationwide decline included transportation problem, rising cost of fuel, other priorities like school and work, including the Dengue Outbreak in 2011. Moreover, all States reported that despite their efforts to educate and counsel pregnant mothers about the importance of early prenatal care, in the clinics and during outreach visits, more women continue to not consider pregnancy as a sickness, therefore do not seek medical services unless, something is wrong or they do not feel well. Use of local medicine is another reason why pregnant women do not come in early for prenatal care. They are being advised to seek medical services first, then take local medicine, if they opted for it. Finally, in the FSM, pregnant women do not travel during the 1st trimester, a time in which the pregnancy is considered "fragile", so pregnant women waited and only travel when the pregnancy is mature; State Negotiated Performance Measure #6 pertains to the number of women of childbearing age who attended comprehensive health education in schools and communities. The comprehensive health education sessions in the schools and communities are important because they served as venues where women of childbearing age are informed about the importance of early prenatal care, nutrition, smoking, drinking, etc., and their impact on birth outcomes. FSM added this performance measure in 2009 hoping that if all women of childbearing age in the FSM are informed or, if you will, educated and have a broad and strong knowledge-base on essentials of prenatal care/services, more pregnant women would be encouraged to come in early for prenatal care, especially during the first trimester, thus improving the number of expected prenatal visit per HSCI #4. In reviewing SNPM #6, during the FSM MCH Annual Workshop in Pohnpei during May this year, it was realized that FSM is not improving too well on this measure. Overall, the data is showing a decrease for the FSM from 53.4% in 2010 to 41% in 2011. States' data is showing modest increases for Pohnpei and Kosrae States while Chuuk and Yap States showing decreases; The dengue outbreak in the FSM in 2011 forced cessation of services in Yap State and mobilized most public health staff from the other three FSM States to assist with the outbreak in Yap. This has major impact on public health services across FSM. The main purpose of the FSM MCH Annual Workshops, held each year, is to assemble the FSM MCH Program staff and Stakeholders at one place, and as a team, review accomplishments, discuss challenges and proactively plan activities for the coming year. The annual workshop is designed to foster, to the maximum extent possible, an atmosphere of collaborative sharing and learning of success stories and,

where possible, adoption of best practices for replication in other states. Considering the geographic make up of the island states, practical adoption of some of the best practices may not be easy. However, FSM has been and continues to strive for the highest level of achievement in providing services for our families, therefore continuous learning remain our resilient endeavor. For National Performance Measure #18, the FSM MCH Program aspires for at least 80% of all pregnant women, each year, to come in for early prenatal care, especially during the first trimester. If this goal is achieved more women will be meeting the expected number of prenatal visit of 80% or more and will contribute to improving HSCI #4. For State Performance Measure #6, the FSM MCH Program aspires for at least 70% of all women of childbearing age to attend health education sessions in the schools and communities. The benchmarks for anticipated outcomes for the coming year are based on achievements made for the Indicators in 2011. Based on 2010 FSM Census, FSM has 22,970 women of childbearing age, which is 22.3% of the total FSM Population. The rate of population growth in FSM and the four states has declined dramatically over the past three decades. At the national level, annual growth had dropped from 3.0% in the 1980-89 period to -0.4% over the 2000-2010 period. While declining fertility has contributed to the drop in the population growth rate, out-migration to the United States and other parts of Micronesia is the primary cause of the negative growth. Considering that FSM had 926 women (ages 15 through 44) with live births in 2011 and 459 women (49.6%) reported first prenatal visit during the first trimester, and of which 428 (46.2%) of the total 926 women met the expected number of prenatal visit per the Kotelchuck Index of measurement, compounded with the slow population growth rate, the 70% benchmark should place FSM's coverage, in the next year, at the upper 3rd quadrant echelon. In simple terms, if the 70% benchmark is achieved, 189 (20.4%) more pregnant women will come in for prenatal care early, during the first trimester and 220 (23.9%) more women would have met the 80% or more expected number of prenatal care visit, thus improving HSCI #4 for the FSM in the coming year. Based on the findings made during the 2012 FSM MCH Annual Workshop and supported by the data (MCH Data Matrix) collected and analyzed, the FSM MCH Program have taken note of the service gaps and will embark on redesigning of program activities and allocate more resources into planned activities and services aimed at improving National Performance Measure #18 and State Negotiated Performance Measure #6 and ultimately improve HSCI #4. When the FSM MCH Program achieves its desired outcomes on these Indicators, Low Birth Weight Births currently at 11% up from 9% in 2010 and Very Low Births Weight Birth at 2%, increased from 0.3% in 2010 will improve and ultimately improve Infant Mortality, which is currently at 17.8/1000 an increase from 12/1000 in 2010 for overall, FSM. Due to newly issued TVIS Reporting Requirements FSM prioritized and discussed Health Status Indicators (HSIs) #1 (Percent of Live Births < 2,500 grams) and #2 (Percent of Live Births <1,500 grams). //2013//

F. Other Program Activities

//2013/ The FSM MCH Program Activities are also supported by the Title X Family Planning Program, particularly in the provision of prenatal care services, at the Public Health Clinic and during outreach activities. The United Nations Population Fund (UNFPA) Reproductive Health Program provides program and training services that compliment both the Title X Family Planning and Title V MCH Programs in the FSM by supporting services for pregnant mothers; women of child bearing age (CBA); adolescents, especially young women, and in country technical training of service providers. Specific training initiatives provided by UNFPA included: 1) Perinatal Review Training - where physicians, midwives, other nurses, and program administrators convene each quarter to review infant and maternal mortality. This is done by pulling of charts and reviewing of cases or incidences of death and determining the cause of death and discussing what could have been done differently to prevent such deaths in the future; 2) Basic Ultra Sound Training - training program to provide Public Health Nurses with basic knowledge and skills on how to use and read ultra sound; 3) Pap Smear (wet mount) Training - training of additional public health nurses so they can also obtain Pap smears, this initiative would improve the low

percentage of women screened for Pap smear partly due to few nurses knowing how to obtain a Pap smear; and 4) Jadell Training; training and retraining of public health nurses so those nurses who have not inserted a Jadell can start inserting at the same time refresh the knowledge and skills of those who have been inserting Jadell. The UNFPA initiative in the FSM, is a five-year project cycle program, and has also contributed to the development of the Peer Education and Counseling Centers at the College of Micronesia-FSM National Campus and State Campuses of Chuuk, Kosrae, and Yap, targeting in-school youths, development of the Adolescent Health and Development Project, currently operating in Pohnpei State, and the Linkage Project in Chuuk State from which the Adolescent Health and Development (AHD) Multi-Purpose Center was established, which targets out-of school youths. All of these centers' activities are aimed at increasing awareness and empowering youths with both health and social problems effecting the youths in the pacific, especially FSM. UNFPA also funds the POP-GIS, a graphic information system, aimed at improving data management and translation for the FSM. The National Women's Health Week and World Population Day Celebrations are held every year. These programs support the MCH Program Objectives by fostering positive attitudes for women. Essentials of early prenatal care services were discussed, such as exclusive breastfeeding, screening for breast and cervical cancer with a pap smear, iron deficiency anemia, STIs, food taboos, which has positive correlation with iron deficiency anemia, and importance of health insurance for children. FSM was funded by HRSA to also carry out Newborn Hearing Screening, under the Early Hearing Detection and Intervention (EHDI) Program, at the main hospitals in the four FSM States. The HRSA EHDI Project has purchased hearing screening equipments (OAEs and AABRs), trained screeners (nurses), purchased Audiological Diagnostic Equipments, (DAE) and support Contracts of Audiologists and Early Interventionists, from overseas, to conduct DAE services and Early Intervention (EI) workshops for CSHCN staff, Special Education Early Intervention staff, and Related Services Assistants (RSA) in the FSM. Newborn hearing screening is on-going in all four FSM States and now FSM is able to better response to National Performance Measure # 12. In 2011, (3 years after Newborn hearing screening started) FSM is at 91% screening rate. The FSM Department of Health and Social Affairs was also funded by CDC under the CDC-EHDI Tracking, Surveillance, and Integrated Project and we are working to further upgrade and improve the health information system at both the national and State levels, which should facilitate sharing of data among the States and between the States and the FSM Department of Health. The CDC-EHDI Tracking, Surveillance, and Integration program will support and further build on the Information System that the SSDI Project has started for the National and State Departments of Health. Currently, the National Department of Health is working with Envision Technologies, Inc., a software developer based in Colorado, to develop a web-based data registry for the FSM. The WebMCH Module of the WEBIZ, is about 80% complete and when completed should be able to collect and report individual identifiable data for the MCH and EHDI Programs for each state and facilitate data flow between the States and the National Department of Health. This web-based registry has the capability to interface with other web-based registries and can also add other programs (reproductive health, Non-Communicable Diseases, Communicable Diseases, Immunization, etc.,) data reporting requirements/needs. The FSM MCH Program has an Interagency Agreement with the FSM Special Education Program for services aimed at the Children with Special Health Care Needs. An interagency team comprising of a multi-disciplinary members are available in each of the four FSM States to cater to the needs of the Children having special health care needs. The programs collaboratively working with parent and community groups to identify, screen, and provide treatment or intervention services when necessary. The MCH Program also collaborates with the Department of Public Safety and Substance abuse and Mental Health Program in developing programs to prevent injury of children and substance abuse and suicides of adolescents. The MCH Program provides manpower and financial resources, as necessary, to ensure timely implementation of these activities. //2013//

G. Technical Assistance

//2012// As the result of the 2010 MCH Block Grant Review, FSM entered into discussions with our Federal Partners at MCHB for Technical Assistance, with the arching goal of improving the 2010 Needs Assessment, with emphasis on the content of the document and the format in which it was written. Final arrangement was made during the 2010 Federal and State Partnership meeting where the MCHB staff agreed to and authorized funding for the consultancy. The actual Consultancy took place in March 2011 and the report on the consultancy will be included in the FSM 2013 MCH Block Grant Application. The FSM MCH Program is in dire need of technical assistance in data analysis. We wish to recommend that data analysis training be part of the Technical Assistance program usually provided to the Pacific Jurisdictions often held back to back with the MCH Block Grant Reviews. Otherwise, it can be included in the AMCHP/MCH Epi Training Programs held annually for the State Programs. //2012//

//2013/ To date FSM has not received a copy of the report for the consultancy provided in 2011. FSM is seeking for a consultant to train the MCH Program staff in how to carry out and analyze survey data. Specifically, FSM is seeking for a consultant to train the State MCH Program staff in how to use the Slait-like survey questionnaires so they can actually carry out the Survey. Conducting a Slait-like survey is in the best interest of the FSM MCH Program in order for us to better respond to National Performance Measures 2-6. FSM is also interested in training for the PRAMS and YRBS Surveys Questionnaires so we can conduct surveys to help us understand the behavior of our mothers and youths better, in order for us to develop sound work plans that cater to their needs. We are hoping to find a Consultant who can provide training on the Questionnaires as well as doing training on data analysis of the Survey Results. We are very much interested in using the SPSS system for data analysis. We have been informed of a Suicide Prevention Training Curriculum commonly referred to as "ASSIST" and we will turn to the Regional Training Centers for Technical Assistance in this Module. It would be good to train one (1) MCH staff from FSM who will in turn train the MCH staff in all four States. This training program should be ideal for our dynamic young population and especially, in light of the changes that are taking place in our culture. If time permits we will pursue the ASSIST Module this year, otherwise we will wait until next year. //2013//

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. Federal Allocation <i>(Line1, Form 2)</i>	586600	213453	539323		537887	
2. Unobligated Balance <i>(Line2, Form 2)</i>	0	306018	0		0	
3. State Funds <i>(Line3, Form 2)</i>	440000	180400	440000		440000	
4. Local MCH Funds <i>(Line4, Form 2)</i>	0	0	0		0	
5. Other Funds <i>(Line5, Form 2)</i>	0	0	0		0	
6. Program Income <i>(Line6, Form 2)</i>	0	0	0		0	
7. Subtotal	1026600	699871	979323		977887	
8. Other Federal Funds <i>(Line10, Form 2)</i>	990058	990058	272260		65357	
9. Total <i>(Line11, Form 2)</i>	2016658	1689929	1251583		1043244	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	142779	85910	142255		138228	
b. Infants < 1 year old	168755	117991	158645		162056	
c. Children 1 to 22 years old	214833	164189	210625		204280	
d. Children with	286484	227409	270660		270010	

Special Healthcare Needs						
e. Others	105339	50077	98114		103911	
f. Administration	108410	54295	99024		99402	
g. SUBTOTAL	1026600	699871	979323		977887	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	100000		97260		65357	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	0		0		0	
i. CDC	179585		175000		0	
j. Education	0		0		0	
k. Home Visiting	0		0		0	
k. Other						
EHDI	300000		0		0	
Title X Family Plann	410473		0		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	495340	413658	491156		159517	
II. Enabling Services	192541	110285	120289		226753	
III. Population-Based Services	217333	135651	234628		229326	
IV. Infrastructure Building Services	121386	40277	133250		362291	
V. Federal-State Title V Block Grant Partnership Total	1026600	699871	979323		977887	

A. Expenditures

/2013/ There may be some discrepancies in forms 3,4 and 5 due to the fact that in filling out these forms, the FSM MCH program based its expenditures report on what was actually awarded for the fiscal year and reflected in the Notice of Grant Award. In the budgeted columns, the numbers reflected the amounts that FSM requested when the MCH grant application for 2012 was filed, last year. This year, the FSM MCH Program is requesting for a total of \$537,887 to provide needed services to improve the health of our mothers and children, including those children with special health care needs throughout the four (4) FSM States. We are mindful of the budget cuts by the US Government, but in order for us to achieve our goals (8 goals) stated in this application, FSM needs the requested dollars to increase outreach activities and services, improve current screening services and initiate new ones, such as blood spot screening and to carry out quantitative

and qualitative surveys and have the survey data analyzed to assist us in the development of sound work plans that address what our clients need but not what we (program staff) think they need. The funds will also support training programs for the FSM MCH Program staff for in-country refresher training programs or other training programs overseas.

//2013//

B. Budget

/2013/ B. Budget

Budget Narrative

Federated States of Micronesia-FSM

2013 MCH BUDGET

PERSONNEL \$33,614

A total of \$33,614 is budgeted to continue to support the salaries of the National MCH Program Coordinator and the Federal Grants Manager currently funded by MCH funds.

FRINGE BENEFITS \$3,698

A total of \$3,698 has been set aside for fringe benefits which cover social security, insurance and other benefits due the staffs. Fringe benefits are based at 11% of the total base salary.

TRAVEL \$14,139

Portion of the funds will be used for program and financial monitoring in the four (4) FSM states. The difference will fund the program coordinator and one program staff to attend the MCH Block Grant Review in Honolulu, HI, and AMCHP meeting in Washington, D.C.

EQUIPMENT \$0

No equipment requested in FY-2013.

SUPPLIES AND MATERIALS (EXPENDABLE) \$200

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

CONTRACTUAL \$1,000

\$1,000 is requested for Membership fee for the Association of Maternal and Child Health Program (AMCHP).

OTHER \$ 600

\$100 is for communication, \$300 for POL and \$200 for freight.

TOTAL: \$53,251

PREGNANT WOMEN, MOTHERS & INFANTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2013

PERSONNEL \$117,987

The sum of \$150,745 is requested to continue to support the salaries of the component staff in the four (4) FSM States of Kosrae, Chuuk, Pohnpei and Yap.

FRINGE BENEFITS \$11,968

Established Fringe benefits rates are set aside to cover social security, insurance and other benefit due the staff. Fringe Benefit Rates for the FSM States and National Government are as follows: Yap is at 6%; Kosrae at 13.0%; Pohnpei at 12%; Chuuk at 10% and 11% for FSM National Government.

TRAVEL \$9,330

This amount will cover intra-island and off-island travels of component staff to attend MCH and Family Planning related conferences, workshops, or trainings.

SUPPLIES \$7,750

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

EQUIPMENT \$0

No equipments funds requested in FY-2013.

CONTRACTUAL SERVICES \$5,000

This amount is requested to contract an off-island Laboratory to read Pap smear for the four (4) FSM States.

OTHER \$3,952

This amount is requested to cover the cost of printing and reproduction of MCH educational materials, correspondence, and reports; including communication (telephone, FAX,); freight, and petroleum, oil and lubricant (POL)

TOTAL: \$155,987

CHILDREN & ADOLESCENTS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2013

PERSONNEL \$117,987

This amount requested to continue to support the salaries of the component staff in each of the four FSM states.

FRINGE BENEFITS \$11,968

This amount is based on established fringe benefits rates of 12% for Pohnpei, 10% for Chuuk, 8% for Kosrae and 6% for Yap. This amount is set aside for social security and other benefits due the staff.

TRAVEL \$9,330

The amount requested is for intra-island and off-island travels for the program staff in the Four (4) FSM states.

SUPPLIES \$7,750

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

CONTRACTUAL SERVICES: \$5,000

This amount is requested is to support the breastfeeding support group in the FSM States.

OTHER \$3,952

This amount is requested for printing and reproduction, communication, freight, and fuel, oil and lubricant for all four FSM States.

TOTAL: \$155,987

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2013

PERSONNEL: \$71,349

This amount is to continue to support the salaries of CSHCN Physician, Chuuk State MCH Coordinator, and CSHCN Coordinator for Pohnpei State.

FRINGE BENEFITS: \$6,421

This amount covers Social Security, insurance and other benefits due the staff, and is based on a 11% fringe benefit rate.

TRAVEL: \$42,000

\$42,000 is requested so FSM MCH Program staff can attend the; 1) 2013 PACRIM Annual Conference; 2) the Federal and State Partnership Conference in Washington, D.C. in 2013. The balance will support the travel of the off-island pediatric cardiology team from CHOC in California to visit the four (4) FSM states to provide cardiology services.

SUPPLIES: \$40,000

\$40,000 is requested to purchase long acting Bicilline, Multi Vitamind, and Albendazole for the four FSM states.

CONTRACTUAL SERVICES: \$7,500

\$7,500 is requested for consultancy fee for the Pediatric Cardiologist Team from CHOC in California to provide services in the four FSM states.

OTHER: \$5,392

A sum of \$5,392 is requested to support the CSHCN program activities in the four FSM States based on proposals to be submitted to the FSM National Government.

TOTAL: \$172,662

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2013

State of Chuuk

PERSONNEL: \$75,106

A total of \$75,106 is requested to continue to support the salaries of a CSHCN Coordinator, two (2) graduate nurses, three (3) practical nurses, three (3) Health Assistants, one (1) health educator, one (1) MCH Secretary, one (1) Data clerk, and one (1)

Dental Assistant.

FRINGE BENEFITS: \$7,511

A Fringe Benefit rate of 10% is set aside to cover benefits such as social security, insurance and other benefits due the staff.

TRAVEL: \$4,500

Of this total, \$1,500 is requested for travel (Outreach) to the Outer Islands and the Lagoon Island of Chuuk. \$3,000 is to support the travel of the MCH Coordinator and one MCH staff to attend the 2013 Pacific Basin Title X Family Planning Annual Conference in Guam.

EQUIPMENT: \$0

No equipment requested in FY-2013.

SUPPLIES: \$3,132

Of this total, \$2,100 is requested to purchase prenatal tablets, iron tablets and liquid, multi-vitamins and tempura for children and to purchase dental supplies. The balance of \$1,032 is requested to purchase office supplies to run the MCH main clinic in the center and dispensaries in the outer islands.

CONTRACTUAL SERVICES: \$4,600

Of this amount, \$3,000 will be used to read Pap smear for an estimated 300 women at a cost of \$10.00 per pap smear. \$800 will be used to support the Mortality Audit Committee to continue to evaluate the neonatal mortality each quarter and \$800 will support the Breastfeeding support group.

OTHER: \$3,200

This amount is requested for printing and Reproduction of MCH educational material, correspondence, and reports; including communication (DSL internet access; Petroleum, oil and lubricant(POL) and boat rental for outreach activities in the lagoon islands and outer-islands.

TOTAL: \$98,049

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2013

State of Kosrae

PERSONNEL: \$43,628

A total of \$43,628 is requested to continue to support the salaries of CSHCN Coordinator, MCH Coordinator, Nutritionist, a staff nurse, and one Dental Assistant.

FRINGE BENEFITS: \$7,102

A fringe benefit rate of 13% is set aside to cover benefits such as social security, insurance and other benefits due the staff.

TRAVEL: \$3,200

This amount will cover travel cost for the MCH Coordinator or one program staff to attend 2013 Pacific Basin Annual Family Planning Conference in Guam.

EQUIPMENT: \$0

No equipment requested in FY-2013.

SUPPLIES: \$3,500

a) Of this amount, \$2,500 is requested to purchase medical supplies such as vitamins, irons, Tylenol, and dental supplies for children and pregnant women.

b) Expendable Supplies \$1,000

\$1,000 is requested to purchase office supplies to support MCH clinic in the center and dispensaries.

CONTRACTUAL SERVICES: \$7,254

Of this amount \$2,000 will continue to contract one off-island laboratory to read Pap smear.

b) A sum of \$5,254 is requested to continue to fund four (4) Breast Feeding Support Group mothers supporting exclusive breastfeeding in the communities and at the central clinics.

OTHER: \$1,850

Of this amount a) \$500 is to pay for Utilities; b) \$500 for printing and reproduction of health education materials in both English and Kosraean for the MCH Program; c) \$400 is for boat and car rental to do outreach clinic in the communities; d) and \$450 will purchase POL for outreach activities in the communities to do immunization updates, conduct workshops,

school physical examinations, home visitations and outreach education and counseling and other related MCH activities.

TOTAL: \$66,534

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2013

State of Pohnpei

PERSONNEL: \$55,044

A total \$55,044 is requested to continue supporting the salaries of the Five (5) existing MCH Staffs.

FRINGE BENEFITS: \$7,506

This amount is based on 12% of the base salary for social security and other benefits due the staff.

TRAVEL: \$5,000

Of this total, \$2,000 is requested for intra-island travel to do outreach clinic. The differences amount of \$3,000 will support off-island travel for the MCH Program Coordinator or program staff to attend the 2013 Pacific Basin Annual Family Planning Conference in Guam.

SUPPLIES: \$4,000

Of this total a) \$2,500 is for medical supplies, such as prenatal vitamins, iron tablets and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children; b) \$1,000 is for dental supplies; c) and \$500 for office supplies and materials.

EQUIPMENT: \$0

No equipment fund requested in FY-2013

CONTRACTUAL SERVICES: \$3,000

A sum of \$3,000 is requested to continue to contract a laboratory to read pap smears.

OTHERS: \$1,500

Of this total a) \$200 is for communication; b) \$800 is for POL and c) \$500 for freight .

Total: \$76,050

BUDGET NARRATIVE JUSTIFICATION

Fiscal Year 2013

State of Yap

PERSONNEL: \$55,227

\$55,277 is requested to continue to support salaries of eight (8) existing MCH staff plus one

(1) new position for a nutritionist.

FRINGE BENEFITS: \$3,314

Fringe benefit is based on 6.0% of the total base salary, which covers social security, insurance and other benefits due the staff.

TRAVEL: \$6,500

A sum of \$3,000 is requested for intra-island travel to conduct outreach clinics. The differences will support off-island travel of the MCH Coordinator or program staffs to attend the 2013 Pacific Basin Annual Family Planning Conference in Guam.

EQUIPMENT: \$0

No equipment requested in FY-2013.

SUPPLIES: \$2,500

Medical and Dental Supplies:

The amount of 2,000 is requested to purchase medical supplies including prenatal tablets, iron tablets and liquid, multi-vitamins and tempra for children, sealants and fluoride & silver fluoride varnish for infants and children. The differences amount of \$500 will be use to purchase office supplies.

CONTRACTUAL SERVICES: \$3,000

A sum of \$3,000 is requested to continue to contract one off-island laboratory to read Pap smears.

OTHER: \$800

A sum of \$400 is requested to support the Yap Interagency Nutrition Education Council in its efforts to promote "Go Local" in the communities and \$400 for printing and

reproduction.
TOTAL: \$71,341
//2013//

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.