HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

FEDERATED STATES OF MICRONESIA

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

Title V Federal-State Partnership - Federated States of Micronesia

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2027 Application / FY2025 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
Mr. Stanley S. Mickey MCH Program Manager, Family Health Unit smickey@fsmhealth.fm (691) 320-2619	Ms. Arlynn R. Linny MCH Data Manager

State Youth Leader
Mr. Rothgery Lopez FSM EHDI Coordinator

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$548,967
State MCH Funds	$110,000
Local MCH Funds	$440,000
Other Funds	$0
Program Income	$0

FY 2025 Expenditures



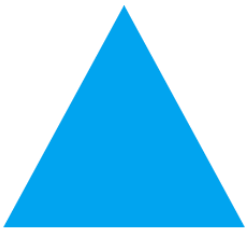
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$440,000
Enabling Services	$339,446	$0
Public Health Services and Systems	$209,521	$0

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

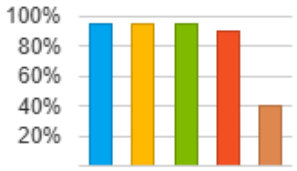
Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	95.0%	$199,500
Infants < 1 Year	95.0%	$212,290
Children 1 through 21 Years	95.0%	$250,636
CSHCN (Subset of all infants and children)	90.0%	$250,125
Others *	40.0%	$22,304

*Others– Women and men, over age 21.

FY 2025 Expenditures
Total: $934,855



FY 2025 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Access to proper health care services through early detection of diabetes, pregnancy-Induced hypertension (PIH), and improve cancer and anemia screening SPMs • SPM 1: Percent of clinics providing adequate supplies for gestational diabetes, cervical cancer and anemia screening	Revised	Women/Maternal Health
Ensure newborn mothers receive physical recovery, emotional well-being and infant care support system NPMs • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV ○ ESM PPV.1: Percent of women that attended Postpartum Visit	New	Women/Maternal Health
Prevent the death of newborns including awareness on premature babies, birth defects, and breastfeeding NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: Percent of new mothers who attended breastfeeding group workshops SPMs • SPM 2: Percent of pregnant women who received education or awareness on the causes of newborn deaths and prevention	Revised	Perinatal/Infant Health
Improve child health through physical activity and nutrition promotion NPMs	Continued	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)

• Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child
  ○ ESM PA-Child.1: Percent of schools providing at least 60 minutes daily physical activity opportunities for students before, during and after school day.
• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
  ○ ESM MH.1: Percent of families and stakeholders received training on early identification, referral system, roles and responsibilities, and other types of services		

Ensuring that all children receive necessary and updated vaccines SPMs • SPM 3: Percent of children (1-5 years old) who receive completed vaccination	New	Child Health
Promoting Healthy Lifestyles including alternatives to drugs and alcohol use NPMs • Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of adolescents ages 12 through 17 attending educational awareness on preventive medical visits in the schools SPMs • SPM 4: Percent of teens/adolescents (10-19 years old) receive health and wellness screening	Revised	Adolescent Health
Strengthening Collaboration between CSHCN Stakeholders (Revisit Inter Agency Collaboration Agreement) NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percent of families and stakeholders received training on early identification, referral system, roles and responsibilities, and other types of services	New	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
SPMs ● SPM 5: Percent of CSHCN, 5-21 years old enrolled and complete Primary and Secondary schools.		

Executive Summary

Program Overview

Executive Summary
The Federated States of Micronesia (FSM) Title V Maternal and Child Health (MCH) Program, administered by the Department of Health and Social Affairs, serves as the national framework for improving the health and well-being of women, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). Working collaboratively with the Departments of Health in Chuuk, Kosrae, Pohnpei, and Yap, the Title V Program provides national leadership, technical assistance, policy guidance, performance monitoring, and strategic coordination to strengthen maternal and child health systems across the nation.

The **2026–2030 Five-Year Action Plan** establishes a comprehensive framework that guides the implementation of evidence-based and evidence-informed interventions designed to improve health outcomes, reduce health disparities, and strengthen health systems throughout the Federated States of Micronesia. Developed through the national Five-Year Needs Assessment and informed by extensive consultation with state programs, healthcare providers, families, community leaders, and development partners, the Action Plan aligns national priorities with measurable National Outcome Measures (NOMs), National Performance Measures (NPMs), State Performance Measures (SPMs), and Evidence-based Strategy Measures (ESMs).
The framework adopts a life-course approach, recognizing that health outcomes are influenced by experiences from preconception through adulthood. Over the next five years, the FSM MCH Program will focus on seven strategic priorities:

- Improve maternal health services.
- Strengthen postpartum care.
- Improve perinatal and infant health.
- Improve child health.
- Strengthen adolescent health.
- Expand systems of care for Children and Youth with Special Health Care Needs.

Strengthen health systems, workforce capacity, partnerships, and data systems.
These priorities will be implemented through coordinated annual state action plans, continuous quality improvement, performance monitoring, workforce development, and strong collaboration among national and state partners. Together, these efforts provide a roadmap toward healthier women, children, adolescents, families, and communities across the Federated States of Micronesia.

The requested budget amount of **$580,000.00** is necessary to adequately support the implementation, coordination, and sustainability of the planned activities and services. This funding level reflects the resources required to address program needs across the FSM, including personnel support, technical assistance, training and capacity-building activities, equipment and operational costs, community outreach, data management, and monitoring and evaluation efforts. Given the geographic challenges of serving dispersed island communities, including remote and underserved areas, additional resources are needed to ensure equitable access to quality services and to strengthen partnerships among state programs, community providers, and stakeholders. The requested amount will allow the program to effectively carry out its objectives while maintaining the quality, reach, and continuity of services provided to the target populations.

Program Overview
The FSM Title V Maternal and Child Health Program is administered through the Department of Health and Social Affairs under the National Government and implemented collaboratively with the Departments of Health in Chuuk, Kosrae, Pohnpei, and Yap. The program serves as the nation's principal public health system for improving maternal and child health through strategic leadership, technical assistance, funding oversight, policy development, workforce development, quality improvement, and program evaluation.

The **2026–2030 Five-Year Action Plan Framework** translates identified health priorities into coordinated actions, measurable outcomes, and long-term population health improvements. The framework integrates comprehensive needs assessment, strategic planning, implementation, monitoring, evaluation, and continuous quality improvement to ensure that services remain responsive to the evolving needs of women, infants, children, adolescents, and families across the Federated States of Micronesia.

Implementation follows a results-based framework that links evidence-based interventions with measurable short-term and long-term outcomes. National leadership is complemented by state implementation, allowing each state to address local priorities while contributing to national goals. Progress will be monitored through National Outcome Measures (NOMs), National Performance Measures (NPMs), State Performance Measures (SPMs), and Evidence-based Strategy Measures (ESMs), ensuring accountability, transparency, and continuous improvement.
Recent accomplishments—including validation of the FSM Maternal and Child Health Manual, expansion of developmental screening, strengthening of the Early Hearing Detection and Intervention (EHDI) Follow-Up Program, improved national reporting systems, and partnerships with regional organizations such as the JICA RESPECT Project—provide a strong foundation for implementation over the next five years.

FSM Title V Maternal and Child Health Strategic Framework (2026–2030)
Vision
Healthy Women. Healthy Children. Healthy Families. Healthy Communities throughout the Federated States of Micronesia.

Mission
To improve the health and well-being of women, infants, children, adolescents, and children and youth with special health care needs through equitable access to quality healthcare, evidence-based interventions, strong partnerships, and resilient health systems.

Strategic Framework

FSM TITLE V MCH PROGRAM
2026–2030 FIVE-YEAR ACTION PLAN

VISION
Healthy Women • Healthy Children • Healthy Families • Healthy Communities

▼

NATIONAL FIVE-YEAR NEEDS ASSESSMENT
Health Data • Families • Communities • States • Partners

▼

STRATEGIC PRIORITY AREAS (2026–2030)

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1. MATERNAL HEALTH

Short-Term Outcomes
• Increased prenatal care attendance
• Increased maternal screening
• Improved postpartum follow-up
• Earlier identification of pregnancy complications

Long-Term Outcomes
• Reduced maternal morbidity
• Track and Prevent Postpartum Depression & Anxiety
• Improved maternal health outcomes

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2. PERINATAL & INFANT HEALTH

Short-Term Outcomes
• Increased exclusive breastfeeding
• Earlier newborn screening
• Improved caregiver knowledge

Long-Term Outcomes
• Reduced infant mortality
• Improved infant development
• Reduced post neonatal mortality

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3. CHILD HEALTH

Short-Term Outcomes
• Higher immunization coverage
• Increased developmental screening
• Increased physical activity

Long-Term Outcomes
• Improved child health
• Reduced childhood obesity

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4. ADOLESCENT HEALTH

Short-Term Outcomes
• Increased preventive visits
• Improved health literacy
• Reduced risk behaviors

Long-Term Outcomes
• Reduced teen pregnancy
• Improved adolescent mental health

• Adolescent mortality

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5. CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS

Short-Term Outcomes
• Improved referrals
• Increased family engagement
• Better care coordination

Long-Term Outcomes
• Improved quality of life
• Increased educational participation
• Family-centered systems of care

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6. FAMILY & COMMUNITY ENGAGEMENT

Short-Term Outcomes
• Increased community participation
• Stronger partnerships

Long-Term Outcomes
• Sustainable community ownership
• Improved health quality

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7. HEALTH SYSTEMS STRENGTHENING

Short-Term Outcomes
• Improved workforce capacity
• Stronger reporting systems
• Better interagency collaboration

Long-Term Outcomes
• Sustainable MCH system
• Evidence-based decision making
• Resilient health services

Response to Recommendations

The Title V Program acknowledges and appreciates the recommendations provided and remains committed to strengthening program implementation, financial management, reporting accuracy, regulatory compliance, and equitable access to maternal and child health services throughout the FSM. In response to these recommendations, the program will continue to improve internal processes and coordination mechanisms to enhance the effectiveness and accountability of the MCH Block Grant.

To address the recommendation regarding the **streamlining of funds drawdown and distribution processes to State MCH Programs**, the Title V Program will continue working with relevant financial and administrative offices to improve coordination, communication, and timeliness in the release and distribution of funds. Strengthening these processes will ensure that State MCH Programs have the necessary resources available to implement planned activities, respond to emerging needs, and provide essential services to mothers, children, adolescents, and families.

In response to the recommendation on **ensuring consistency between Budget and Expenditure narratives, accompanying charts, and Forms 2 and 3a/b**, the program will strengthen its internal review and verification procedures prior to submission of annual reports and applications. Program and financial staff will continue collaborating closely to crosscheck reported figures, expenditure information, and narrative descriptions to ensure accuracy, transparency, and alignment across all reporting documents.

The Title V Program will also enhance its reporting by **including relevant information on specific FSM statutes, regulations, policies, and other authorities that influence the implementation of MCH and Children with Special Health Care Needs (CSHCN) programs**. Future applications and annual reports will provide greater detail on the legal and policy frameworks that guide program operations and support the delivery of MCH services across the nation.

Finally, the Title V Program remains committed to **addressing barriers to access to care, particularly for families living in outer island communities**. Recognizing the unique geographic and logistical challenges of the FSM, the program will continue to strengthen outreach activities, partnerships with State health programs and community organizations, telehealth and referral coordination efforts where applicable, and other strategies that improve access to essential MCH and CSHCN services for underserved populations.

How Federal Title V Funds Complement State-Supported MCH Efforts

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

The Maternal and Child populations serve the largest portion of the population in the FSM. The children with and without CSHCN population of 0 to 21 years old is estimated at 50,000 and childbearing age women 15-44 years old approximately 32,000 and makes up of more than 75 % of the total population of the nation. Specifically, MCH Block Grant funds are used to support policy and system development, annual and five-year needs assessment activities, education and awareness campaigns, program development & implementation, monitoring, evaluation and screening. Most of the Title V MCH funds used to support workforce development towards building capacity among MCHB staff and partners who impacted FSM's Title V Priorities. Generally, the FSM MCH program relies heavily on Title V Grant funds to implement most of the program's operational activities to achieve the FSM MCH goals and objectives in any given fiscal year. Should the federal funding on Title V MCH funds cease, the major functions of the MCH programs at the state levels are anticipated to come to an end if the State department of health services will not fund the program.

MCH Success Story

Resilience in the Islands: FSM's Journey with ResPACT

The Federated States of Micronesia (FSM) has always lived at the crossroads of challenge and resilience. Scattered across the Pacific, its islands face not only the forces of nature—typhoons, floods, and other disasters—but also the strain these emergencies place on essential health services. Maternal and child health (MCH), in particular, has often been disrupted when priorities shift, Manpower runs thin, and geography makes access to care a daily struggle.

Into this landscape stepped the Japan International Cooperation Agency (JICA), through its Pacific Co-learning toward Resilient Health System (ResPACT) Project. More than just a program, ResPACT became a lifeline—strengthening FSM's health system and ensuring that mothers and children could continue receiving care even in the toughest times.

Transforming Knowledge into Actions

- The State MCH Antenatal Care manual, untouched for over a decade, was finally updated.
- A National MCH Guideline was created, uniting the nation under one standard of care.
- Clinicians and program staff received "training of trainers" on emergency MCH modules, multiplying expertise across the islands.
- Specialized mobile ultrasound training empowered clinicians and nurses, while health assistants from outer island dispensaries gained new skills through hands-on sessions with the updated antenatal care guideline.

Modern tools meet local care Six portable ultrasound devices—donated through ResPACT—became game-changers. For many mothers in remote islands, seeing their baby's heartbeat or position and gender on a screen was a first-time, unforgettable experience. Public Health Outreach teams carried these tiny machines across the seas, bringing modern care to places once considered unreachable.

Bridging gaps with Technology and Tools ResPACT also invested in the future: digitalizing educational and training materials so health assistants and pregnant women could access information more easily, even in resource-limited settings. Alongside this, frontline workers received practical obstetric supplies—OB wheels, fetal scopes, and measurement tapes—that strengthened everyday service delivery.

A Lasting Impact Through these contributions, the ResPACT Project has not only helped FSM weather emergencies but also planted seeds of resilience for non-emergency times. It has given health workers confidence, mothers reassurance, and communities hope that even in isolation, care will reach them.

Key Achievements





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

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2025.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.