



# HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

## **FEDERATED STATES OF MICRONESIA**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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State Youth Leader	
Mr. Stanley S. Mickey Interim FSM MCH Program Manager	

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$476,396
State MCH Funds	\$110,000
Local MCH Funds	\$440,000
Other Funds	\$0
Program Income	\$0

FY 2024 Expenditures



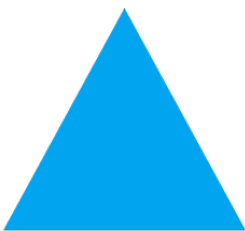
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$440,000
Enabling Services	\$285,838	\$0
Public Health Services and Systems	\$190,558	\$0

FY 2024 Expenditures  
Federal



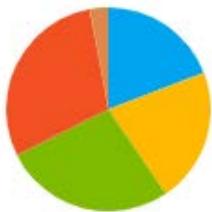
FY 2024 Expenditures  
Non-Federal



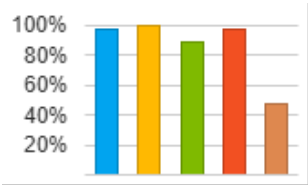
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	97.0%	\$167,451
Infants < 1 Year	99.0%	\$186,451
Children 1 through 21 Years	89.0%	\$235,836
CSHCN (Subset of all infants and children)	97.0%	\$257,919
Others *	47.0%	\$25,100

FY 2024 Expenditures  
Total: \$872,757



FY 2024 Percentage Served



\*Others– Women and men, over age 21.

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)
<p>Access to proper health care services through early detection of diabetes, pregnancy-Induced hypertension (PIH), and improve cancer and anemia screening</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Percent of clinics providing adequate supplies for gestational diabetes, cervical cancer and anemia screening</li> </ul>	Revised	Women/Maternal Health
<p>Ensure newborn mothers receive physical recovery, emotional well-being and infant care support system</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>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 <ul style="list-style-type: none"> <li>ESM PPV.1: Percent of women that attended Postpartum Visit</li> </ul> </li> </ul>	New	Women/Maternal Health
<p>Prevent the death of newborns including awareness on premature babies, birth defects, and breastfeeding</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> <li>ESM BF.1: Percent of new mothers who attended breastfeeding group workshops</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 2: Percent of pregnant women who received education or awareness on the causes of newborn deaths and prevention</li> </ul>	Revised	Perinatal/Infant Health
<p>Improve child health through physical activity and nutrition promotion</p> <p>NPMs</p>	Continued	Child Health

<ul style="list-style-type: none"> <li>Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child                             <ul style="list-style-type: none"> <li>ESM PA-Child.1: Percent of schools providing at least 60 minutes daily physical activity opportunities for students before, during and after school day.</li> </ul> </li> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH                             <ul style="list-style-type: none"> <li>ESM MH.1: Percent of families and stakeholders received training on early identification, referral system, roles and responsibilities, and other types of services</li> </ul> </li> </ul>		
<p>Ensuring that all children receive necessary and updated vaccines</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 3: Percent of children (1-5 years old) who receive completed vaccination</li> </ul>	New	Child Health
<p>Promoting Healthy Lifestyles including alternatives to drugs and alcohol use</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV                             <ul style="list-style-type: none"> <li>ESM AWV.1: Percent of adolescents ages 12 through 17 attending educational awareness on preventive medical visits in the schools</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 4: Percent of teens/adolescents (10-19 years old) receive health and wellness screening</li> </ul>	Revised	Adolescent Health
<p>Strengthening Collaboration between CSHCN Stakeholders (Revisit Inter Agency Collaboration Agreement)</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH                             <ul style="list-style-type: none"> <li>ESM MH.1: Percent of families and stakeholders received training on early identification, referral system, roles and responsibilities, and other types of services</li> </ul> </li> </ul> <p>SPMs</p>	New	Children with Special Health Care Needs

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| <ul style="list-style-type: none"><li>SPM 5: Percent of CSHCN, 5-21 years old enrolled and complete Primary and Secondary schools.</li></ul> |  |  |
|--|--|--|

## Executive Summary

### Program Overview

#### I.E. Program Overview

The Federated States of Micronesia (FSM) comprises part of what was generally known as the Eastern and Western Caroline Islands. Some of the islands are volcanic and others are small atolls, except the state of Kosrae that doesn't have any other smaller atolls. The four FSM states are widely spread apart by the ocean, hundreds of miles from east to west.

To understand the challenges and context of the FSM, a brief review of the geographical location, political status, population, and the significant ethnic and mixture of languages of the FSM is necessary. FSM is an island nation with a total population of approximately 104,832 spread out over some 607 widely dispersed islands in the Western Pacific Ocean. The FSM is a constitutional federation incorporating four main states: Pohnpei, Chuuk, Yap and Kosrae. Kosrae State is the only FSM State composed of a single island. Surrounding each of the other three States are sparsely inhabited outer islands. Each of the FSM States is separated by hundreds of miles of Pacific Ocean accessible only by airplane or boat.

The people of the FSM are highly distinct with nine main and different ethnic groups speaking some thirteen (13) different languages. This population with different languages or dialect use English to communicate across the four FSM states. English proficiency levels vary, with most of the older population being monolingual in their own native language. Most of the younger population has basic English proficiency skills. In the public-school classrooms, children are taught in both their native language and English from first to third grade, after which English is used almost exclusively in middle-elementary to high school. What is truly unique about the linguistic context of the FSM is that each major language is not interrelated with the other language. With the arrival of many Asian businesses to the FSM, other languages are being introduced, such as Filipino and Chinese. The MCH Program respects this cultural and mixture of languages and seeks appropriately paired demographics within its staff, community leaders and families that participate in the program on each island state.

Although there have been improvements in some areas, there continue to be differences which still present challenges. The effects of the remote location preventing access to basic services as well as the population demographics affecting health literacy were seen in the identified priorities. The MCH Program has been instrumental in forging strong partnerships to enhance disease prevention and public awareness activities. Much of the work accomplished by MCH staff is done in collaboration with other state agency staff, particularly Public Health and Education. MCH personnel work with other state agency staff on a nearly daily basis through coalitions, task forces, advisory groups, committees, and through cooperative agreements. The FSM MCH Program is well-integrated with Family Planning Program, Immunization Program, Substance Abuse and Mental Health Program, HIV/STD Prevention Program, Non-Communicable Disease Unit including Diabetes, Cancer, Tobacco Control, and the FSM Department of Education, particularly the Early Intervention Service. The MCH Program works with each FSM State's Community Health Centers to improve accessibility and expand primary care services for low-income and vulnerable populations. The MCH Program has an established working partnership with the College of Micronesia for training needs of both clinical and programmatic staff, conducting awareness activities in nutrition and physical activity, and to prevent and control non-communicable disease. The MCH Program staff at the state level work closely with parents' support groups, church leaders, women's groups, and community and traditional leaders.

The MCH NA process challenges included FSM's dispersed geography, making comprehensive participation difficult, capacity limitations in specialized assessment areas, and time and resource constraints affecting the depth of this NA. Looking forward to the update NA, the national MCH team identifies specific actions to address several data gaps and strengthen systems for future reporting.

The systematic process to identify the problems, resources, and priorities within the MCH population in the FSM involves gathering information about the community's strengths and weaknesses, determining what services are lacking, and understanding the community's goals. This information is then used to make informed decisions about how to allocate resources and develop programs to improve the well-being of the FSM communities.

The national MCH NA team reviewed the following documents:

- 2020 NA and interim NA findings and noted trends since the last NA
- 2020-2024 MCH Data Matrix
- Recent state, regional and national reports to determine possible issues/problems to be explored in the FSM
- Identified major data/indicators including trends of health status, access, health needs and health gaps to be included in the assessment for each domain; and
- Determined stakeholder and public input processes

During the 2025 NA in the four States, the MCH NA team utilized MCHB's Needs Assessment guidance and Title V indicators and measures - NPMs, NOMs including the SPMs and other quantitative and qualitative data. The MCH NA participants reviewed major morbidity, mortality, health problems, gaps and differences for the MCH population to identify specific needs by MCH population domain based on analysis of data trends.

The FSM selected the following identified priority areas during the MCH NA for the next five-year period (2026-2030).

**The Priority Areas to achieve in the next MCH 5-Year (2026-2030) cycle are:**

- Priority 1: Access to proper health care services through early detection of diabetes, Pregnancy-Induced Hypertension (PIH) and improve cancer and anemia screening
- Priority 2: Ensure newborn mothers receive physical recovery, emotional well-being and infant care support system
- Priority 3: Prevent the death of newborns including awareness on premature babies, birth defects, and breastfeeding
- Priority 4: Improve child health through physical activity and nutrition promotion
- Priority 5: Ensuring that all children receive necessary and complete vaccines.
- Priority 6: Promoting Healthy Lifestyles including alternatives to drugs and alcohol use
- Priority 7: Strengthening collaboration between CSHCN Stakeholders (Revisit Inter Agency Collaboration Agreement)

Prior identified priorities in 2020 were slightly different given the broader view FSM MCH program took of the priorities to improve overall health through specific actions. Three domain priorities (women, perinatal, child) were continued with slight additional issue, and four domain priorities (women, child, adolescent and CSHCN) were new given past performance and needs assessment findings. Depicted below were the old priorities compared to the new ones with notes on changes.

Previous Priority- 2020	Current Priority- 2025	Notes
<i>Women/Maternal</i>		
Access to health services- Improve women's health through cervical cancer and anemia screening	1. Access to proper health care services through early detection of diabetes, Pregnancy-Induced Hypertension (PIH) and improve cancer and anemia screening	Continued with added detection of diabetes and PIH
	2. Ensure newborn mothers receive physical recovery, emotional well-being and infant care support system	New
<i>Perinatal/Infant</i>		
Improve perinatal/infant outcomes through early and adequate prenatal care services including Gestational Diabetes and anemia screening and promoting breastfeeding	3. Prevent the death of newborns including awareness on premature babies, birth defects, and breastfeeding	Replaced with continuing breastfeeding
<i>Child</i>		
Improve child health through healthy weight through physical activity and nutrition promotion	4. Improve child health through physical activity and nutrition promotion	Continued
	5. Ensuring that all children receive necessary and complete vaccines.	New
<i>Adolescent</i>		
Improve adolescent health by providing well medical visits, assessing violence and safety and promoting healthy adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use) and poor outcomes (i.e. teen pregnancy, injury, suicide)	6. Promoting Healthy Lifestyles including alternatives to drugs and alcohol use	New



Children with Special Health Care Needs		
Provide care coordination training for parents/caregivers of Children with Special Health Care Needs	7. Strengthening Collaboration between CSHCN Stakeholders (Revisit Inter Agency Collaboration Agreement)	New

### Women/Maternal Health

According to the FSM MCH Jurisdictional survey in 2023, about 70% of biological mothers aged 18 through 44 reported their health was excellent or very good. Even so, the FSM has a very large, underserved population who are not receiving recommended annual preventive health services. The MCH program aims to improve the number of clients that follow the recommended standard of care in preventive health services through increased education and outreach efforts and collaboration with community-based programs. The MCH Program works closely with the Family Planning Program, Tobacco Control Program, STD/HIV Prevention Program, and other health and social programs. More than 60% of women are not receiving adequate preventive health care in 2023. As in many underserved communities with a high percentage of families living below the federal poverty level, these women face many barriers to care, including unaware of health needs; shame or fear in seeking reproductive health services; access to care issues; uninsured status; transportation issues; and childcare issues.

### Perinatal/Infant Health

The perinatal mortality rate in the FSM in 2023 was 35.4 per 1,000 live births but the data was fluctuating compared to the past 3 years, see Table 3 below. When this data is paired with the 2023 low birth weight percentage of 6.5% and 10.9% of early term births, it insinuated late access and inadequate prenatal care which play a significant role in poor birth outcomes, causing additional stressors on the family, the health care system and the government. As reported by MCH programs, lack of screening for anemia and gestational diabetes during prenatal care affects newborn outcomes. The MCH Program is committed to improving prenatal care access and adequacy as stated above through the MCH clinics and dispensaries in remote communities. There is limited pregnancy expectation education, so the community is unaware of what to anticipate during pregnancy and prenatal care. Unplanned pregnancy, late access and inadequate prenatal care, and poverty play a significant role in poor birth outcomes, causing additional stressors on the family, community, the health care system and the government.

### Child Health

Poor health and obesity in the population was initially introduced by the importation of processed foods such as canned meats and rice. The main diet (rice, ramen and can meat, etc) that has been integrated into the food culture of Micronesians are considered regular dish for most families. Processed foods are affordable and plentiful in this remote area where fresh ingredients are often hard to come by, perishable, and expensive for the average FSM resident. This highly processed diet in a population with a strong genetic tendency to diabetes and hypertension leads to devastating rates of diabetes, heart disease, stroke, renal failure and dialysis in patients much younger than the average age in other countries. FSM MCH Program intends to start young to combat obesity and nutrition to prevent non-communicable diseases in future generations.

### Adolescent Health

According to the 2023 Pohnpei Rapid Youth Survey the recommendation for high school programs around substance use, nutrition, physical activity, and reproductive health should be strategically evaluated. Additionally, FSM National policies regarding these topics should also be reviewed. Data results can be a powerful asset to motivate higher level change, especially regarding tobacco, alcohol, and unhealthy food legislation that has potential to greatly reduce risk factor prevalence among youths in the FSM. Without high-impact action, these risk factors will continue to rise among youth, and continue into adulthood, resulting in high adult risk factors and disease prevalence. The MCH Program currently works and will continue to work with their affiliated public health programs and community programs to concentrate their efforts on providing awareness and education and strengthening its outreach activities, targeting adolescents.

### Children with Special Health Care Needs

During the current MCH NA, stakeholders also emphasized the importance of tailoring services to align with cultural expectations and community practices, particularly for children with special needs, many of whom perform better in traditional or vocational settings than in formal academic environments. FSM CSHCN program still encounters challenges and limited services in the CSHCN area. Several of the limitations are Lack of CSHCN specialty services, Limited rehabilitation services, Limited job opportunities for the CSHCN youths and No MOU (other than special education) established with other entities who could provide services to the CSHCN population.

## How Federal Title V Funds Complement State-Supported MCH Efforts

### How Federal Title V Funds Support State MCH Efforts

Similar to previous years, the MCH Block Grant Fund supports the overall MCH efforts in the Federated States of Micronesia (FSM). Primarily, the Block Grant fund supports Enabling Services to improve and increase access to health care and improve health outcomes of the FSM MCH population. The types of enabling services supported include: Care/Service Coordination for Children of

Special Healthcare Needs, Laboratory Supplies for Newborn Screening, Health Education and Counseling for Individuals, Children, and Families, Outreach, and Referrals. Public Health Services and Systems are also supported through MCH Block Grant dollars. Supporting activities and infrastructure to carry out core public health functions in the FSM is critical for the efforts being made towards improving population health. 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.

## MCH Success Story

### **Rheumatic Heart Disease (RHD) screening in Chuuk State - 2024**

In June 2024, a team of Adventist Health Volunteers from California composed of 11 health providers – a cardiologist and nurses along with a local physician from Pohnpei State, Dr. Payne Perman visited Chuuk State to conduct a one-week RHD screening in which they partnered with the Chuuk Public Health and Community Health Center Staff. The main goal of the RHD screening is to detect early for early intervention and management. The RHD team visited four lagoon islands which included Weno- the main Island and 3 remote islands (Fefen, Tonoas and Uman). The RHD screening program started out in Pohnpei State by Dr. Payne Perman and now expand to Chuuk. The target age group is from 4-18 years old. There were total of 756 children that screened and 97 (12.7%) were positive for RHD and among the positive ones, there were few severe/advance cases of RHD that detected by the team. Almost 90% of the children with positive RHD have started on RHD Prophylaxis treatment (Bicilline injection).

Chuuk was very fortune to have this team, because that was the first time to do cardiac screening on the remote Islands, they went island by island by motor speed boat despite the rough sea and the hot weather they encountered. And because of this RHD screening program in FSM, FSM National Congress had supported FSM MCH Program with funding to purchase more RHD prophylaxis treatment (Bicilline Injections) and portable Echo machine (screening devices) to do more screening in the coming years. The team had agreed to continue their service for the upcoming years and provide training on the echo machine to the program staff as well.

## 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 2024.

### [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.