HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

Title V Federal-State Partnership - Marshall Islands

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
Caroline Johnny Jibas MCH Program Director cjibas@rmihealth.org (692) 625-3355	Caroline Johnny Jibas MCH Program Director cjibas@rmihealth.org (692) 625-3355

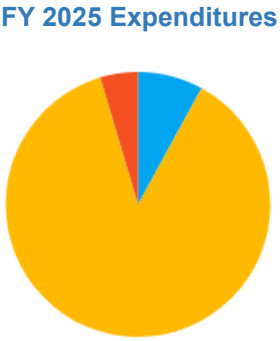
SSDI Project Director	State Family Leader
Edlen Anzures SSDI Project Directo cjibas@rmihealth.org (692) 625-3355	No Contact Information Provided

State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$241,229
State MCH Funds	$2,646,295
Local MCH Funds	$0
Other Funds	$139,000
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$102,229	$1,500,000
Public Health Services and Systems	$139,000	$1,146,295

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

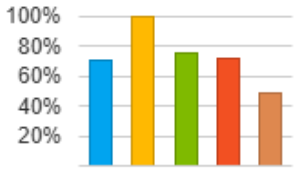
Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	70.0%	$940,000
Infants < 1 Year	100.0%	$535,330
Children 1 through 21 Years	75.0%	$676,030
CSHCN (Subset of all infants and children)	72.0%	$719,295
Others *	49.0%	$0

*Others– Women and men, over age 21.

FY 2025 Expenditures
Total: $2,870,655



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)
Increase immunization and newborn care in the Neighboring Islands NPMs • Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months - VAX_Child ○ ESM VAX_Child.1: Percent of planned NI immunization outreach missions completed and with data entered into WebIZ within 1 month of the visit. SPMs • SPM 2: Percent of infants from Neighboring Islands (NIs) who received all recommended 2-month immunizations by 8 weeks of age.	New	Perinatal/Infant Health, Child Health

Improve adolescent access to sexual and reproductive health (SRH) services.
 	
NPMs
• Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV
  ○ ESM AWV.1: Percent of adolescent program participants (ages 12-21) receiving a documented preventive well-visit referral or completing a preventive visit through clinics, school health visits, or outreach missions.
  ○ ESM AWV.2: Percent of pregnant women receiving a dental health screening or preventive service (clinic-based, or through outreach)
  ○ ESM AWV.3: Percent of adolescent girls fully vaccinated for HPV by age 13 years through clinic and school-based services, or outreach services documented in WebIZ or RH clinic registers.
 	
SPMs
• SPM 4: Percent of planned Neighboring Island (NI) MCH outreach missions completed in the reporting year.
	Revised	Adolescent Health,
		Cross-Cutting/Systems Building

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

Expand oral health services in pregnancy and early childhood.
 	
NPMs
• Percent of women who had a dental visit during pregnancy - PDV-Pregnancy
  ○ ESM PDV-Pregnancy.1: Percent of pregnant women receiving a dental health screening or preventive service (clinic-based or through outreach).
• Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child
  ○ ESM PDV-Child.1: Percent of children ages 1-17 years receiving preventive oral health screening through clinic or school visits (MHIS/Oral Health records).
  ○ ESM PDV-Child.2: Number of children ages 1-17 years receiving preventive dental care from a dentist.
	Revised	Women/Maternal Health,
		Child Health,
		Adolescent Health

Improve postpartum care and 12-week follow-up. 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 postpartum women recorded in MHIS/WebIZ as having a clinic visit within 12 weeks after delivery. SPMs • SPM 1: Percent of postpartum women who attend a clinic visit within 12 weeks	Revised	Women/Maternal Health
Increase cervical cancer screening among women ages 21–65 years. SPMs • SPM 3: Percent of women ages 21-65 years who received cervical cancer screening (Pap smear or HPV-DNA test) in the reporting year. ○ SPM ESM 3.1: Percent of RH clinics and outreach missions reporting cervical cancer screening services quarterly.	New	Women/Maternal Health
Early identification and coordinated care for CSHCN	New	Child Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
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 CSHCN identified in MHIS, ECD program registers, or Public School System Special Education registers who have a documented ongoing point of care (Majuro/Ebeye hospital or NI health facility) serving as their medical home.		
Expand access to breastfeeding education and support for mothers in Majuro, Ebeye, and the Neighboring Islands NPMs ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF ○ ESM BF.1: Breastfeeding counseling is integrated into all ANC, delivery, and postnatal visits, with documentation in MHIS. ○ ESM BF.2: Percent of health facilities (Majuro, Ebeye, NI outreach clinics) routinely providing breastfeeding support as part of ANC, delivery, and postnatal services.	Revised	Perinatal/Infant Health

Executive Summary

Program Overview

III.A.1. Program Overview - Republic of the Marshall Islands (RMI)

The Ministry of Health and Human Services (MOHHS) administers the federal Title V Maternal and Child Health (MCH) Block Grant through the MCH Program, in the Office of Primary Health Care (OPHC) under the Bureau of Public Health Services (BPHS). Title V is RMI's primary financing mechanism for preventive MCH services, since RMI has no Medicaid or Title XIX program. RMI's population is young and spread across Majuro, Ebeye, and the Neighboring Islands, described further in the State Description (Section III.B.1).

Needs Assessment Framework and Methodology

RMI's current Five-Year State Action Plan (FY2026-2030) is grounded in a 2025 needs assessment. Procurement delays prevented hiring an external consultant, so the MOHHS Title V team ran a rapid one-month assessment: two focus groups, eight key informant interviews, two community listening sessions, and review of existing data (2021 RMI Census, Marshall Islands Health Information System (MHIS), immunization and Non-Communicable Disease (NCD) registries, MCH Jurisdictional Survey (MCH-JS)). This approach gathered less family and community input than a full assessment would; an area of RMI is working to strengthen. RMI's data infrastructure for MCH monitoring, including MHIS, is supported in part by the federal State Systems Development Initiative (SSDI), described further in Section III.C.1.b.ii.d. Full methodology is in Section III.C.1.a.

Needs Assessment Findings Summary

Key findings: preventive visit rates for women outside Majuro remain low (under 20% in the Neighboring Islands), exclusive breastfeeding at six months is under 15% nationally, cold chain gaps exist at more than 10 Neighboring Island sites, and adolescent well-visit rates are below 30%, lower still in Ebeye and the Neighboring Islands. A March 2026 visit to 18 Neighboring Island health centers found 28% of children stunted and three neonatal or maternal deaths in January 2026 (Mili, Arno, Jaluit), with most deliveries there receiving no antenatal care. RMI has not yet conducted a systematic oral health screening survey.

Focus groups identified Children with Special Health Care Needs (CSHCN) service gaps: no on-island audiologist for newborn hearing follow-up, no speech pathologist or occupational therapist, case management still on spreadsheets rather than a shared database, the Early Intervention Program director role funded only half-time, and no dedicated Part C funding or legislation for children ages 0-3, unlike the federally established Part B program for ages 5-21. Cross-cutting gaps include inconsistent data by island, irregular Neighboring Island supply chains, and workforce vacancies in outer sites. Details by domain are in Section III.C.1.b.i.

MCH Priorities and Five-Year State Action Plan

Population Domain	FY2026-2030 Priority Need	Status vs. 2020-2024 Priorities
Women's/Maternal Health	Postpartum care and 12-week follow-up	New emphasis; 2020-2024 cycle focused more broadly on coordinated care across pregnancy
Women's/Maternal Health	Cervical cancer screening, ages 21-65	Narrowed from a broader 2020-2024 women's cancer screening priority
Perinatal/Infant Health	Immunization and newborn care in the Neighboring Islands	New specific focus; 2020-2024 cycle addressed developmental screening and a newborn passport tool
Perinatal/Infant Health	Breastfeeding education and support	Continued from 2020-2024
Women's/Maternal, Child, and Adolescent Health	Oral health services in pregnancy, early childhood, and adolescence	Continued from 2020-2024 (child oral health partnership with schools), now spanning pregnancy through adolescence
Child Health / CSHCN	Early identification and coordinated care for CSHCN	Continued from 2020-2024 (clinical management, guidelines, and registry for CSHCN)
Adolescent Health	Adolescent sexual and reproductive health access	Continued from 2020-2024 (teen reproductive health and pregnancy prevention)
Cross-Cutting/Systems Building	Strengthen completion and reliability of Neighboring Island MCH outreach missions	New; reflects the outreach logistics challenges described in the Program Overview and the SPM4 outreach completion measure

RMI's eight priority needs for FY2026-2030, shown above by domain and status versus 2020-2024, reflect both continued and new priorities. Related Performance Measures are in Section III.C.1.c. RMI's Five-Year State Action Plan aligns with the national Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, Strategy, and Implementation Plan and the MOHHS Strategic Plan, rather than standing alone.

Title V's Role in Family-Centered, Coordinated Services

Title V funds MCH nurse salaries in Majuro, Ebeye, and the Neighboring Islands, a dental assistant, and reproductive health staff, covering all six MCH domains including CSHCN. Title V's Component C mandate for CSHCN is carried out through RMI's National Interagency Council on Individuals with Disabilities and Their Families, to be formalized through a draft Memorandum of Understanding (MOU) among MOHHS and partners including the Public School System (PSS), the Ministry of Culture and Internal Affairs (MOCIA), Women United Together Marshall Islands (WUTMI), and the Marshall Islands Special Parents Association (MISPA), with endorsement planned for FY2026; full membership is in Section III.B.1. Title V also reaches adolescents through Youth to Youth in Health (YTYIH) clinics.

Complementary Federal Investment: ERASE-MM, MMRC, and MPDSR

RMI's Title V maternal health priorities are reinforced by a Centers for Disease Control and Prevention (CDC) cooperative agreement, Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM). RMI's award number is NU58DP007771 (Federal Award Identification Number, FAIN), for the period September 2024 through September 2029. It supports RMI's Maternal Mortality Review Committee (MMRC), which reviews pregnancy-associated deaths using CDC's MMRIA platform, with clinical, vital statistics, epidemiology, and community members meeting quarterly. This directly supports Title V's postpartum care and 12-week follow-up priority, since MMRC review surfaces the same antenatal and postpartum care gaps found in the needs assessment, especially in the Neighboring Islands.

MOHHS is also building a Maternal and Perinatal Death Surveillance and Response (MPDSR) system to cover perinatal deaths and, later, severe maternal morbidity or near-miss cases, which fall outside the MMRC's scope. MPDSR, as defined by the World Health Organization (WHO), is a continuous system linking case identification, notification, and review to concrete prevention action. For RMI, it would strengthen two Title V measures that rely entirely on RMI's own data, since federal data is not available for either: the Rate of Severe Maternal Morbidity (NOM SMM) and Perinatal Mortality Rate (NOM PNM). It would also support more complete case-finding for the Maternal Mortality Rate (NOM MM) and Infant and Neonatal Mortality Rates. MPDSR and the MMRC share one goal, reducing preventable maternal and perinatal death, and are designed to complement, not duplicate, each other.

As a first step, MOHHS is holding an MPDSR orientation and training July 15-17, 2026 [confirm facilitator/funding source and participating staff], to build shared understanding of MPDSR principles, notification, and case review among clinical, nursing, and vital statistics staff. This training will shape an RMI-specific MPDSR framework, including committee structure, forms, and reporting timelines suited to RMI's referral and outer-island context.

Complementary Technical and Commodity Support: UNFPA Partnership

RMI's Title V MCH program is strengthened by a long-standing partnership with the United Nations Population Fund (UNFPA), which provides commodities, technical assistance, and capacity building for women's maternal health, adolescent sexual and reproductive health, and family planning. UNFPA supplies reproductive health commodities across Majuro, Ebeye, and the Neighboring Islands, and funds training in contraceptive counseling, emergency obstetric care, and infection prevention and control. With UNFPA, RMI has developed key policies, including the RMI Reproductive Health Strategic Framework, maternal health service guidelines, adolescent sexual and reproductive health protocols, and postpartum care standards, aligned with international standards and Title V priorities.

Integrating Family, Community, and Individual Experience

RMI's main channels for family and community input are the 2025 needs assessment's community listening sessions and ongoing engagement through partners like WUTMI and Youth to Youth in Health. This engagement has been limited to date; RMI is working to expand it through the National Interagency Council's family-facing partners and continued Neighboring Island outreach.

Program Evaluation, Accomplishments, and Ongoing Challenges

In FY2025, child immunization coverage rose to 73% from 62% in FY2024, and Human Papillomavirus (HPV) **v**accination among 13-year-old girls rose to 52% from 37%. RMI launched its HPV Screen-and-Treat Program for same-day cervical cancer screening and treatment. Newborn hearing screening is at about 98%, supported by a hospital policy holding discharge until screening is complete.

MOHHS, with the University of Arkansas and the Marshallese Educational Initiative, is building a newborn screening program for congenital hypothyroidism. Delayed from a June 2025 launch by laboratory and training setbacks, technical setup finished in May 2026, with clinical training underway this month ahead of an August 2026 launch.

In March 2026, 30 MOHHS staff completed training in Silver Diamine Fluoride, iodine, and fluoride varnish application for pregnant mothers and young children. RMI also completed its first full round of quarterly MES visits to all target Neighboring Island atolls: health center scores rose from an average of 47 in October 2025 to 64 in February 2026, and centers with 10 percent or greater improvement rose from 3 of 18 to 14 of 18.

Ongoing challenges include Neighboring Island health center vacancies (12 of 49 positions), inconsistent data integration across MHIS and program registers, the Early Intervention Program director role funded only half-time, no dedicated Part C funding, gaps in family and community engagement, and uneven access to skilled birth attendants on outer islands. RMI is addressing these through workforce investment, data systems strengthening, expanded partnerships, and advocacy for sustainable CSHCN funding.

How Federal Title V Funds Complement State-Supported MCH Efforts

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

For FY2027, RMI's requested federal Title V allocation totals $242,700. This builds on the FY2025 actual federal expenditure of $241,229 described in the Program Overview. RMI has no Medicaid or Title XIX program, so Title V is not an extra layer on top of insurance. It is the main way preventive MCH services are funded, and it is the backbone of the MCH workforce.

Augmenting Non-Federal Investment

Title V pays the salaries of MCH nurses in Majuro, Ebeye, and the Neighboring Islands (NIs), a dental assistant, and reproductive health staff. These staff deliver cervical cancer screening, family planning, and adolescent health education. Title V also pays for outreach travel, including Air Marshall Islands (AMI) airfare, boat charter and fuel costs, and per diem for outreach staff. Without this funding, preventive MCH services could not reach NI communities.

Title V funds are combined with a State MCH Fund match of $2,646,295, an in-kind contribution representing staff salaries for personnel delivering MCH services across Majuro, Ebeye, and the NIs. This match brings the FY2027 Federal-State Title V Partnership Subtotal to $2,888,995. It is further supplemented by other federal MCH funding, including the CDC ERASE MM cooperative agreement ($295,000 for FY2027), for a total MCH funding base of $3,183,995.

Building Workforce Capacity: A Sustained Strategy

Title V's investment in workforce capacity is a continuing strategy, not a series of isolated training courses. In FY2025, this strategy advanced on several fronts. MCH staff paid through Title V completed hands-on cervical screening, testing, and treatment training with the Kirby Institute of the University of New South Wales from September 1-5, 2025, building directly on program capacity established through Title V-funded positions. This training let RMI launch the HPV Screen-and-Treat Program on September 10, 2025, at the Youth-to-Youth in Health Clinic, a new service that non-federal funds alone had not supported before, and one that advances RMI's ongoing cervical cancer screening priority under the Five-Year State Action Plan.

This same workforce strategy also supported a six-month Community Health Outreach Worker (CHOW) training with the Pacific Island Health Officers' Association (PIHOA) and the College of the Marshall Islands, beginning in July 2025, to build a sustainable pipeline of community-based health workers. NI Health Assistants continued to rotate annually between Immunization in Practice (IIP) and family planning training, with 10 NI Health Assistants completing IIP training in FY2025; those trained in family planning in FY2025 completed IIP training in May 2026, and vice versa, ensuring both skill sets are maintained across the outreach workforce over time.

Title V's core MCH workforce is further complemented by non-federal investment in the broader clinical workforce serving this population. A further 12 CHOWs are set to graduate in January 2026 and will proceed directly into 12 months of Health Assistant training, receiving a diploma from CMI. In FY2025, PIHOA-sponsored fellowships also supported 5 Certified Nurse Midwives and 6 Public Health Nurses, staff who directly serve women, infants, and children even though their training is funded outside the Title V allocation. Title V-funded staff also completed a two-day Grant Management Workshop in Majuro, facilitated by PIHOA using the CDC Federal Grants Management Training Series, reinforcing the financial reporting and compliance capacity needed to sustain this workforce investment long term.

MCH Success Story

III.A.3. MCH Success Story

In FY2025, MCH staff at the Youth to Youth in Health (YTYIH) Clinic in Uliga, Majuro, along with staff from the Sexual Reproductive and Health (SRH) clinic, which also falls under the MCH Program, completed Human Papillomavirus (HPV) and cervical cancer screening training with the Kirby Institute of the University of New South Wales (September 1 to 5, 2025). All these staff have their salaries paid by Title V. The HPV Screen-and-Treat Program launched on September 10, 2025, though at first access was limited. The Ministry of Health and Human Services opened the program to the public on February 2, 2026, in partnership with YTYIH and Women United Together Marshall Islands (WUTMI), building on RMI's Cervical Cancer Elimination Policy, endorsed in October 2023 and launched in July 2024.

Why This Matters

Before this program, a woman with an abnormal result often needed a separate visit, sometimes weeks later, to receive treatment. In RMI, where transport is costly and unreliable, that gap meant some women never returned for care. The Screen-and-Treat model closes that gap: women who test positive can be treated the same day, in the same visit, by the same MCH staff, paid through Title V, who performed the screening. Delivering the program at the YTYIH Clinic in Uliga, outside Majuro Hospital and its related facilities, also gives women another point of access, which matters most for those who face transport, distance, or cost barriers to reaching the main hospital.

Results So Far

As of July 10, 2026, RMI's canSCREEN registry shows the program is working. The HPV Screen-and-Treat Program targets women ages 30 to 65 years. A total of 560 women has been screened, with 1 woman rescreened after 9 months. Of these, 64 women have completed thermal ablation treatment following a positive screen. Screening and treatment continue to expand as the program reaches more women across Majuro.

Title V's Role

Title V does not fund the HPV Screen-and-Treat Program itself, and the program's launch and delivery involve multiple partners, including YTYIH and WUTMI. Title V's specific contribution is the MCH staff who support and deliver the clinical service, at both the YTYIH Clinic and the SRH clinic, whose salaries Title V supports. These are the same staff who completed the Kirby Institute training and who now screen, test, and treat women in a single visit. Without Title V-funded staff in place, RMI would not have had the reproductive health workforce needed to take on this training and deliver the program.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Marshall Islands

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.