HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 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

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
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State Youth Leader
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State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	$241,229
State MCH Funds	$2,646,295
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$70,000	$0
Public Health Services and Systems	$171,229	$2,646,295

FY 2024 Expenditures Federal

FY 2024 Expenditures Non-Federal

Percentage Served by Title V

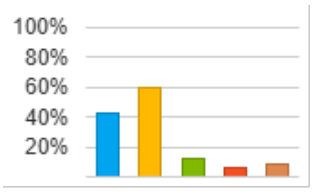
Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	42.0%	$930,000
Infants < 1 Year	60.0%	$523,205
Children 1 through 21 Years	12.0%	$665,808
CSHCN (Subset of all infants and children)	6.0%	$697,361
Others *	9.0%	$50,646

*Others– Women and men, over age 21.

FY 2024 Expenditures

Total: $2,867,020

FY 2024 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 o 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
  o 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.
  o ESM AWV.2: Percent of pregnant women receiving a dental health screening or preventive service (clinic-based, or through outreach)
  o 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

Expand oral health services in pregnancy and early childhood.
 	
NPMs
• Percent of women who had a dental visit during pregnancy - PDV-Pregnancy
  o 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
  o 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).
  o 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 o 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. o 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 NPMs	New	Child Health, Children with Special Health Care Needs

• Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH o 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
  o ESM BF.1: Breastfeeding counseling is integrated into all ANC, delivery, and postnatal visits, with documentation in MHIS.
  o 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

Program Overview – Republic of the Marshall Islands (RMI)

Geographic and Demographic Context

The Republic of the Marshall Islands (RMI) is a Small Island Developing State (SIDS) in the North Pacific with an estimated population of 42,418 spread across 29 coral atolls and 5 islands. More than half of the population resides in Majuro, the capital, nearly one quarter live on Ebeye (Kwajalein Atoll), and the remainder in scattered Neighboring Islands (NIs). Almost 40% of the population is under age 18, and 20% are women of reproductive age, keeping maternal and child health (MCH) at the center of public health priorities.

Health needs are shaped by rapid urbanization in Majuro and Ebeye, ongoing out-migration under the Compact of Free Association (COFA), and the growing impact of climate change. Overcrowding, workforce shortages in the NIs, and displacement due to droughts and sea-level rise deepen inequities in access to essential health services.

Figure 1. Republic of the Marshall Islands– Geographic Dispersion of Population and Health Services.

This map highlights the distribution of Majuro (55% of the population), Ebeye (23%), and

Health System and Program Structure

RMI's health system is organized in three tiers. At the national level, Majuro Hospital and Leroij Atama Zedkaia Memorial Hospital in Ebeye provide inpatient care, deliveries, cesarean sections, neonatal services, pediatrics, and dental care, while also functioning as referral hubs. At the community level, service delivery relies on Zone Outreach Units (ZOUs), Mobile Outreach Teams, and 56 dispensaries in the Neighboring Islands (NIs), which provide immunizations, antenatal and postnatal care, family planning, nutrition counseling, and growth monitoring. For conditions beyond national capacity, patients are referred to hospitals in Hawai'i, the Philippines, or Taiwan through Compact funding and bilateral support.

Delivering services across 750,000 square miles of ocean is logistically complex. Travel to NIs requires boat or small aircraft missions, often delayed by irregular schedules, fuel shortages, or weather disruptions. Title V funds are vital in maintaining these outreach cycles by covering mission costs such as transport, per diem for outreach staff, and vaccine and supply shipments.

Figure 2. Travel Times from Majuro to Outer Islands

This map illustrates the distance and time required for outreach and referral, highlighting delays in emergency obstetric transport, access to neonatal intensive care (NICU), and availability of specialty services such as dentistry. The figure contextualizes the logistical challenges that shape maternal and

Frontline staff anchor this system: Community Health Outreach Workers (CHOWs), nurses stationed in Majuro's seven zones under the Clinics Without Walls model, and Health Assistants assigned to NI health centers. These cadres, most of them women, provide preventive care at the community level while referring complex cases to Majuro or Ebeye. Coordination within MOHHS ensures integration of MCH with NCD, HIV/STI, TB, Cancer Control, and Health Information Systems. Partnerships with WHO, UNICEF, CDC, UNFPA, Pacific Island Health Officers Association (PIHOA), Women United Together in Marshall Islands (WUTMI), Canvasback Missions, and faith-based and regional organizations extend reach and technical capacity.

Title V Role and Workforce Support

Within the Bureau of Primary Health Care Services (BPHCS), the MCH Program manages Title V alongside reproductive health and MCH clinic services. In RMI, Title V is not supplemental; it is the backbone of the MCH workforce. In FY2024, more than $184,000 of the federal allocation sustained salaries for MCH nurses in Majuro, Ebeye, and the NIs, along with a dental assistant and reproductive health staff who deliver cervical cancer screening, family planning, and adolescent health education. By funding these positions, Title V ensures continuity of essential services across all six MCH domains and makes outreach missions possible. Without Title V, these frontline services would not be sustained.

Title V Funding and Financial Management

In FY2024, the RMI Title V allocation totaled $241,229. Funds were distributed as follows: 30 percent ($72,368.70) for children, 32 percent ($75,985.00) for Children with Special Health Care Needs (CSHCN), 8 percent ($20,505.82) for administrative costs, and the remaining 30 percent ($72,368.70) for other program activities.

Complementary resources include Compact State Match funds, the State Systems Development Initiative (SSDI), UNFPA RMNCAH programming, and categorical grants such as Family Planning, EHDI, and Immunization. In addition, partners such as Shriners Hospitals, Taiwan Medical Missions, Canvasback Missions, and the World Bank Early Childhood Development project provide in-kind resources.

Financial management has faced challenges. Across two years, $77,000 in unobligated funds were lost due to Ministry of Finance drawdown delays. State match and in-kind contributions have not always been certified, and administrative costs have been reported inconsistently. To correct these issues, MOHHS is implementing a program-level financial tracker, clarifying definitions of administrative expenditures, and strengthening coordination with the Ministry of Finance to ensure timely drawdowns and certification.

Title V Needs Assessment and Priority Alignment

In 2025, MOHHS completed a focused one-month Maternal and Child Health (MCH) Needs Assessment to inform the FY2026–FY2030 State Action Plan. The process was guided by the Title V Nine-Step Framework and supported by resources from the Strengthen the Evidence for MCH Programs initiative. Although condensed, the assessment drew on national strategies, surveys such as the 2025 MCH Jurisdictional Survey, the 2024 Rapid Youth Survey, and the 2023 Hybrid Adult Survey, as well as program reports and community inputs. The assessment ensured alignment with the RMNCAH Strategy 2024–2030, the MOHHS Strategic Plan 2024–2028, and the National Strategic Development Plan 2020–2030.

The review confirmed persistent system gaps, including inconsistent postpartum follow-up, low rates of exclusive breastfeeding, delayed immunization in the Neighboring Islands, limited oral health services, low cervical cancer screening coverage, and unmet needs for children with special health care needs (CSHCN). Adolescents also continued to report barriers to accessing sexual and

reproductive health services. These issues were assessed using the criteria of burden of need, feasibility, data availability, alignment with national strategies, and severity of service delivery gaps.

Based on this structured process, MOHHS identified seven priority needs for FY2026:

1. Improve postpartum care and 12-week follow-up.
2. Increase breastfeeding initiation, exclusivity, and continuation rates.
3. Increase immunization and newborn care in Neighboring Islands.
4. Improve adolescent access to sexual and reproductive health services.
5. Expand oral health services in pregnancy and early childhood.
6. Increase cervical cancer screening among women ages 21–65 years.
7. Early identification and coordinated care for CSHCN.

These priorities provide the foundation for RMI's Title V strategy, ensuring that federal investments are targeted toward the most critical and feasible areas for improving maternal and child health outcomes, while also aligning with national policies and community-identified needs.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Republic of the Marshall Islands (RMI) receives an annual allocation of approximately $234,585 through the HRSA Title V Maternal and Child Health Block Grant. These federal funds play a pivotal role in advancing the health and well-being of women, infants, children—including those with special health care needs (CSHCN)—and adolescents across the Marshall Islands. In compliance with Title V statutory requirements, RMI allocates a minimum of 30% of federal funds to services for CSHCN, at least 30% to preventive and primary care services for children and adolescents, and no more than 10% for administrative purposes. Title V funding is integrated with additional support from the General Fund, Compact Sector funds, other federal programs including Immunization (CDC), Newborn Screening (HRSA), SSDI (HRSA), EHDI (HRSA), ERASE-MMR (CDC), Cancer Grant (CDC), Breast and Cervical Cancer Screening (CDC), TB and STD/HIV (CDC), Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (PHEP), Epidemiology and Laboratory Capacity Grant (ELC), Chronic Diseases Grant (CDC) and other partners like World Bank, UNICEF, UNFPA, SPC, WHO —ensuring a comprehensive and coordinated public health system.

Addressing Gaps and Supporting State Plans

Unlike states with local-level health departments, RMI's Ministry of Health and Human Services (MOHHS) operates a centralized health system, requiring the Title V program to play a cross-cutting role in both service delivery and system-building. Title V funds complement state and other federal investments by:

- Filling key gaps in maternal, infant, child, and adolescent health services, especially for underserved Neighboring Islands (NIs) through outreach and decentralization
- Supporting the development, revision, and rollout of national clinical guidelines (e.g., postpartum care indicators, immunization protocols, cervical cancer screening strategy)
- Enhancing health workforce capacity through targeted trainings (e.g., breastfeeding counselling, Ages and Stages Questionnaires, Third Edition (ASQ-3) or Ages and Stages Questionnaires: Social-Emotional, Second Edition ASQ:SE-2), screening, family planning, HPV vaccination, referral protocols for CSHCN.
- Supporting family-centered care coordination models for CSHCN, including new referral tracking systems and draft transition planning tools

Workforce and Public Health Infrastructure

The majority of RMI's Title V federal funds support personnel—including midwives, nurses, and outreach staff—who directly deliver or enable MCH services in both hospital and community-based settings. Four staff are partially or fully supported by Title V funds, with the remainder of the MCH Program team funded through the General, Compact, CHC program. These staff collaborate with immunization teams, data officers, health educators, and CHOWs to implement shared program priorities across domains. Title V also supports professional services such as community media campaigns, local printing of health education materials, and small-scale operational supports (e.g., pap kits, pregnancy tests, immunization and STI supplies, CSHCN referrals). Importantly, the MCH program leverages these investments to reinforce MOHHS Strategic Plan goals and KPIs especially around NPMs.

MCH Success Story

Transforming Health for the Next Generation: RMI Launches Milestone Framework for Women, Children, and Adolescents

The Ministry of Health and Human Services launched a landmark action plan to shape the future of health and wellbeing for women, newborns, children, and adolescents in the Republic of the Marshall Islands. This is more than a new document. It marks a bold turn toward integration, equity, and resilience in our health system-centered around the people who matter most: our mothers, our babies, and our youth.

While many initiatives have been launched in recent years, this one stands out. It reflects an intentional and thoughtful shift toward a transformative health agenda—one that ties together fragmented systems and reorients services around the life course of our people.

Why now? Because our Ministry has been laying the foundation for reform. Because the stories from our outer islands, our nurses, and our communities have made clear that a new path is needed. And because aligning our vision with the lived realities of our people can no longer wait.

This plan is both a symbol and a strategy:
 A symbol of our commitment to real, people-centered change.
 A strategy built through wide consultation, technical rigor, and a focus on long-term impact.

To all our frontline workers, community members, and partners: your voice made this possible. And your involvement will ensure its success. We look ahead with purpose—and with all of you.

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 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.