HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

PALAU

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

Title V Federal-State Partnership - Palau

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

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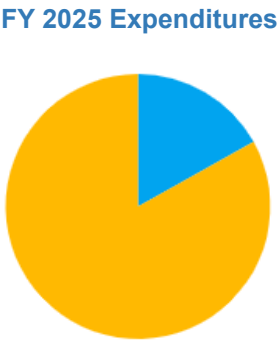
SSDI Project Director	State Family Leader
Mindy Sugiyama Epidemiologist/Evaluator mindy.sugiyama@palauhealth.org (680) 488-2172	No Contact Information Provided

State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$126,385
State MCH Funds	$622,290
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	$102,167	$566,421
Public Health Services and Systems	$24,218	$132,347

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

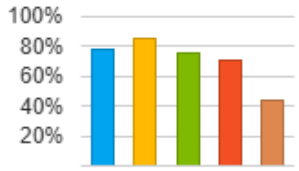
Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	77.0%	$202,160
Infants < 1 Year	85.0%	$174,037
Children 1 through 21 Years	75.0%	$147,054
CSHCN (Subset of all infants and children)	70.0%	$103,136
Others *	44.0%	$92,468

*Others– Women and men, over age 21.

FY 2025 Expenditures
Total: $718,855



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)
Well Woman Preventive Visit 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 health care professionals who demonstrate increased knowledge of ACOG postpartum care recommendations following training SPMs • SPM 1: Percentage of pregnant women who received prenatal care in the first trimester	Continued	Women/Maternal Health
Childhood Obesity Prevention NPMs • Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child ○ ESM PA-Child.1: Percentage of Schools and Community Centers Successfully Implementing the 5-2-1-0 Healthy Lifestyle Program	Continued	Child Health
Adolescent Preventive Visits NPMs • Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of adolescents who receive preventive care services through the integrated adolescent care model with Title V support.	New	Adolescent Health
Breastfeeding and Safe Sleep NPMs • A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF	Continued	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM BF.1: Percent of pregnant women who receive prenatal breastfeeding education through MCH-supported enabling services ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS ○ ESM SS.1: Number of child care facilities that received training on safe sleep ○ ESM SS.2: Percent of pregnant women who receive culturally adapted safe sleep education through MCH-supported public health activities		
Transition to adulthood for youth with special health care needs NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percentage of Children with and without Special Health Care Needs Successfully Linked to Primary Healthcare Services and Community Support Through Care Coordination Plans	New	Children with Special Health Care Needs
Improved oral health services for women and children. NPMs ● Percent of women who had a dental visit during pregnancy - PDV-Pregnancy ○ ESM PDV-Pregnancy.1: Percent of pregnant women who chew betel nut with tobacco who receive at least one preventive oral health visit through an integrated care approach ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - PDV-Child ○ ESM PDV-Child.1: Percentage of Children Receiving Preventive Dental Services Following School-Based Oral Health Screening	Revised	Women/Maternal Health, Child Health
Improved Health Literacy Across all Domains. SPMs ● SPM 3: Number of culturally appropriate health education materials developed and disseminated	New	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Adolescent Substance Use Prevention NPMs • Percent of adolescents, grades 9 through 12, who currently use tobacco products - TU ○ ESM TU.1: Percent of schools implementing Life Skills Training tobacco prevention curriculum through Title V-supported enabling services	Revised	Adolescent Health
Screen time monitoring for children ages 1-12 SPMs • SPM 2: Percentage of parents/caregivers who receive screen time guidance during well-child visits	New	Child Health
Well-Child Visits and Developmental Screening NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percentage of Children with and without Special Health Care Needs Successfully Linked to Primary Healthcare Services and Community Support Through Care Coordination Plans	New	Child Health

Executive Summary

Program Overview

Program Overview
The Title V Maternal and Child Health (MCH) Block Grant Program in the Republic of Palau is administered by the Family Health Unit within the Division of Primary & Preventive Health, under the Bureau of Public Health of the Ministry of Health and Human Services. As the only program within the Bureau of Public Health that covers the entire spectrum of the MCH population—including women, mothers, infants, children, adolescents, children with special health care needs (CSHCN), and men—the Title V program serves as the cornerstone of Palau's maternal and child health system.

Operating across Palau's unique islands of 16 states spanning approximately 700 miles, the program addresses the complex health service needs of approximately 17,614 residents distributed across multiple islands, with varying levels of access to healthcare services. The program's vision is

"Palau's Families are Healthy and Leading Quality Lives: Allowing them to be productive members of their families, their communities and the nation,"

while its mission is

"To improve the health of families through provision of quality and comprehensive public health and medical services."

Given Palau's geographic isolation, limited medical capabilities, and status as a medically underserved area, the Title V program operates as both a direct service provider and a coordinator of comprehensive care. The program leverages federal Title V funds alongside state resources to ensure delivery of promotive, primary, and preventive services, particularly for children 0-5 years of age, while coordinating tertiary care through visiting specialists and off-island medical referrals.

Program Framework and Operational Structure
Palau's Title V program operates within a comprehensive framework that integrates needs assessment, program planning, implementation, and performance monitoring for Maternal and Child Health (MCH) populations. Using a collaborative approach, it aims to optimize limited resources while ensuring culturally appropriate services. The program is structured around the MCH Pyramid of Health Services, allocating federal and state resources across direct health services, enabling services, population-based services, and infrastructure-building services, effectively addressing immediate health needs and promoting sustainable improvements.

Continuous quality improvement is a key focus, supported by monitoring systems like the Palau Pregnancy Risk Assessment Surveillance System (PPRASS) and annual school health screenings. These systems play a crucial role in informing planning and resource allocation. Additionally, a network of 14 formal committees and initiatives—including government agencies, community organizations, and educational institutions—facilitates coordinated service delivery, maximizing impact across the MCH continuum, which is vital for Palau's small population and limited resources.

Key Population Health Findings:
Maternal and Women's Health: Only 50.5% of pregnant women receive early prenatal care compared to 77% nationally, with 36% using tobacco (chewing betel nut with tobacco) during pregnancy. According to the Palau Hybrid/CHA survey, more than half of women reported fair or poor health. Low birth weight rates are twice the national average at 16% compared to 8.6%, associated with late prenatal care, unhealthy mothers with chronic conditions, advanced maternal age, and teen births.
Perinatal and Infant Health: While breastfeeding initiation rates remain high, the focus has shifted to promoting exclusive breastfeeding for 6 months and maintaining safe sleep practices. Despite good progress in safe sleep education, continued monitoring is essential due to the lack of a pathologist to confirm sleep-related infant deaths.
Child and Adolescent Health: Childhood obesity presents a critical challenge, with 40% of children and adolescents overweight or obese despite statewide prevention efforts. Only 13% of adolescents receive preventive health visits compared to 70% nationally, representing a significant gap in preventive care. Adolescent substance use shows alarming trends, with high school cigarette smoking increasing from 23.6% in 2021 to 34.5% in 2023, and 40% reporting current marijuana use.
Oral Health: Only 37% of pregnant women received dental visits during pregnancy, 59% of women had no dental visits in the past year, and only 26% of children and adolescents had preventive dental visits, with 49% having dental caries.
Children with Special Health Care Needs: Limited services support the transition from adolescence to adulthood, creating gaps in care continuity. The program aims to ensure continuity of care for 60% of youth with SHCN by 2030.
Health Literacy and Access: A significant finding shows that 64% of community members identify lack of awareness about services as a primary barrier to accessing MCH services, highlighting the critical need for improved health literacy and communication strategies.
Emerging Needs: Screen time monitoring for children ages 1-12 has emerged as a new priority to promote healthy cognitive development and reduce obesity risk, reflecting modern challenges in child development and health.
Program Capacity and Partnerships: The program demonstrates strong data collection and surveillance capabilities but faces challenges in maintaining up to date data collection due to limited data staffing. Partnership networks remain robust, though coordination can be challenging across multiple islands. The program's capacity to provide culturally appropriate services is a strength, with deep community connections and understanding of traditional practices.

MCH Priorities and Five-Year State Action Plan
Based on the comprehensive needs assessment, Palau identified ten priority areas for the current cycle, addressing critical health challenges with ambitious but achievable targets aligned with Healthy People 2030 objectives:

Priority Areas:

1. **Well Women Preventive Visit** - Only 50.5% of pregnant women receive early prenatal care, and 36% use tobacco during pregnancy. In women aged 30 and older, gestational diabetes and preeclampsia rates have risen to 15.1% and 18.6%, respectively, with 18% of those with gestational diabetes and 44.4% with preeclampsia experiencing preterm births or cesarean deliveries. The 2023 Palau Hybrid/Community Health Assessment found that only 14% of women aged 18-44 reported excellent or very good health, while 42% did not have an annual exam and 59% skipped a dental visit last year. Additionally, 80% of women were overweight or obese, nearly 50% had hypertension, and 31% had diabetes.
2. **Breastfeeding and Safe Sleep** - While excelling in breastfeeding initiation, focus on promoting exclusive breastfeeding for 6 months and continuing safe sleep education to reduce SIDS and sleep-related deaths. About 13% of infants were born preterm <37 weeks and Low birth weight remains high at 16%, associated with maternal tobacco use, late prenatal care, and maternal health conditions
3. **Childhood Obesity Prevention** - Childhood obesity is an alarming issue that affects a significant portion of our younger population. Recent statistics reveal that 38% of children under the age of 12 are identified as overweight or obese, which is defined as being at or above the 85th percentile for body mass index. Even more concerning, 25% of these children fall into the category of obesity, classified as having a body mass index at or above the 95th percentile. These figures highlight the urgent need for effective prevention strategies to address the growing epidemic of childhood obesity and promote healthier lifestyles for our children.
4. **Screen Time Monitoring for Children Ages 1-12** - There is a new priority aimed at enhancing cognitive development and decreasing the risk of obesity through healthy screen time guidelines and increased physical activity. While this initiative could be considered as part of childhood obesity prevention strategies, most participants in the needs assessment workshop, including the First Lady of Palau, strongly believe it deserves to be treated as a standalone priority. Currently, nearly 30% of children do not meet the recommended guidelines for screen time.
5. **Adolescent Preventive Visits** - Recent data highlights alarming trends in adolescent health. According to the MCH Jurisdictional Survey, only 13% of adolescents receive preventive health visits, compared to 70% nationally. Mental health issues are prevalent, with nearly 30% contemplating suicide and 26.3% having attempted it; 31% made a suicide plan. In terms of sexual health, 35.9% of high school students have had sexual intercourse, yet less than half used condoms during their last encounter, and only 13.2% have been tested for STDs. Obesity affects 26% of adolescents, categorizing them as obese. Furthermore, the rate of adolescents receiving at least one dose of the HPV vaccine has significantly dropped from 47% in 2020 to 28% in 2024. These trends emphasize the urgent need for improved awareness, education, and access to preventive health services for adolescents.
6. **Transition to Adulthood for Youth with Special Health Care Needs** - Recent findings highlight a shortage of healthcare providers trained in transition planning and specialty services for children with special healthcare needs. The Palau CSHCN Survey shows that 47% of children have difficulties with self-care, with 25% experiencing a little difficulty and 22% facing significant challenges in tasks like eating and dressing. Alarmingly, only 50% of children with special healthcare needs have access to a medical home. Additionally, 30% of respondents indicated that their child's condition severely limits their daily activities. This underscores the urgent need for better healthcare resources and support for these families.
7. **Improved Oral Health Services for Women and Children** - Recent health statistics reveal that only 37% of pregnant women attended dental visits during pregnancy, and 59% of women had no dental visits in the past year. For children, only 26% had preventive dental visits, and 49% experienced dental caries. These findings highlight the urgent need for improved access to dental care for both women and children.
8. **Improved Health Literacy Across All Domains** - In a recent survey, it was found that 64% of community members perceive a lack of awareness as a significant barrier to accessing maternal and child health services. This highlights a crucial gap in information and education within the community. To bridge this gap, it is essential to develop culturally appropriate materials that resonate with the community's values and norms. Moreover, utilizing multiple communication channels can enhance outreach, ensuring that information reaches a wider audience effectively. By focusing on these strategies, we can improve awareness and ultimately increase access to vital health services for mothers and children.
9. **Adolescent Substance Use Prevention** - Cigarette smoking among high school students rose from 23.6% in 2021 to 34.5% in 2023. Alcohol use is similarly concerning, with 24.9% of students reporting current use and 13% engaging in binge drinking, while 40% currently use marijuana.
10. **Well-Child Visits and Developmental Screening** – There was a renewed focus on the importance of well-child visits and developmental screenings. These visits are crucial for ensuring that children receive the appropriate care at different stages of their growth. By emphasizing the need for age-appropriate well-child visits, Palau aims to guarantee that children not only meet their developmental milestones but also stay current with their immunizations. This proactive approach is designed to safeguard children's health and support their overall development as they grow.

The Five-Year State Action Plan aligns these priorities with selected National Performance Measures (NPMs) and established State Performance Measures (SPMs), creating a comprehensive framework for MCH improvement that addresses Healthy People 2030 objectives while maintaining focus on Palau's unique cultural and geographic context.

Selected NPMs:

- **NPM (Postpartum Visit)**
- **NPM (Physical Activity - Child)**
- **NPM (Adolescent Well-Visit)**
- **NPM (Safe Sleep - Multiple Components)**
- **NPM (Medical Home)**
- **NPM (Preventive Dental Visit - Pregnancy)**
- **NPM (Preventive Dental Visit - Child)**
- **NPM (Adolescent Tobacco Use)**

- **NPM (Developmental Screening)**

Accomplishments:
Partnership Development: Strong collaborative relationships have been established across sectors, with 14 formal partnership initiatives supporting comprehensive service delivery. The integration of oral health services into prenatal care represents a successful model of service coordination.
Data System Enhancements: The program successfully transitioned from paper-based to web-based surveillance tools, improving data quality and reducing administrative burden. The PPRASS system provides valuable insights into maternal behaviors and outcomes.
Workforce Development: Despite challenges, the program successfully trained staff in substance abuse counseling and other specialized areas, building internal capacity for comprehensive service delivery.
Evidence-Based Practice Implementation: The program has successfully implemented several evidence-based practices:

- Ages and Stages Questionnaire (ASQ) for developmental screening
- First Embrace protocols for newborn care
- Safe sleep education campaigns
- Breastfeeding support initiatives aligned with WHO/UNICEF recommendations

Ongoing Challenges:
Workforce Capacity: Staff turnover and retirements have created knowledge gaps and capacity constraints. Limited availability of specialized professionals on-island necessitates ongoing recruitment and retention efforts.
Geographic Access: Despite service expansion efforts, residents of outer states continue to face significant barriers to accessing comprehensive services. Transportation costs and logistics remain challenging.
Specialty Care Access: Limited availability of pediatric and other specialists requires expensive off-island referrals, creating financial barriers for families and coordination challenges for the program.
Resource Sustainability: Continued dependence on federal funding creates vulnerability, particularly for innovative programs and service expansions.
Emerging Health Challenges: New priorities such as mental health and substance use require program adaptations and potentially new service delivery models.
Future Directions: The program is focused on building sustainable capacity through workforce development, strengthening partnerships, and implementing innovative service delivery models that leverage technology and community resources. Continued emphasis on evidence-based practices and community engagement will guide program evolution while maintaining cultural responsiveness and family-centered care principles.

The Title V program in Palau represents a successful model of federal-state partnership that addresses the unique challenges of delivering comprehensive MCH services in a small island developing state. Through strategic resource utilization, strong community partnerships, and commitment to continuous improvement, the program continues to make meaningful progress toward ensuring that all families in Palau achieve optimal health outcomes.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Maternal and Child Health (MCH) Block Grant plays a vital role in the Partnership between federal and state resources to address the health needs of mothers, infants, children, and children with special health care needs (CSHCN) in Palau. This funding framework allows the Republic of Palau to align federal funds with state investments, establishing a responsive MCH system capable of meeting diverse health service demands across the main islands and remote areas.

Augmenting Core MCH Services
Federal Title V funds significantly enhance Palau's MCH services, extending the reach and quality of essential health services. These federal resources bolster state and local funding streams, ensuring comprehensive health coverage that encompasses direct health services, enabling services, population-based services, and infrastructure support. Particularly crucial is the funding for specialized services for CSHCN, care coordination for high-risk families, and interventions aimed at underserved populations in distant outer states.

Resource Allocation Across Service Levels
Palau strategically utilizes federal and state Title V funds across the MCH Pyramid's four service levels. At the direct health services level, federal funds support advanced clinical care and treatment programs that surpass the basic services funded by state resources. For enabling services, Title V funds provide essential support for care coordination and family support initiatives, ensuring specialized training for staff involved in these services.

Federal funding also enriches population-based services, enabling the implementation of community health initiatives and preventive campaigns that reach broad demographics. While state funding underpins routine public health operations, federal resources facilitate innovation and cultural adaptation of health interventions.

Infrastructure-building services also benefit from federal Title V investments, enhancing data systems, workforce development, and overall program improvements, including the Family Health Unit's epidemiological and surveillance capacities.

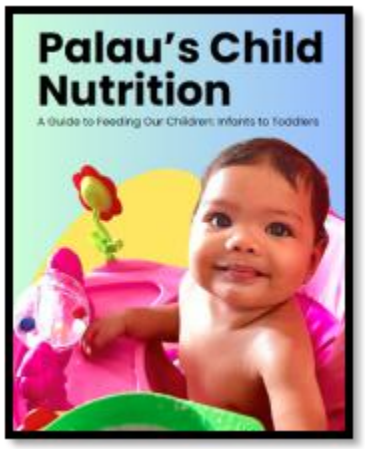
Targeted Population Services
Federal Title V funds are crucial for specific MCH populations that might otherwise be overlooked. Funding supports improved prenatal care coordination, postpartum depression initiatives, and maternal mortality review efforts, complementing state-funded prenatal services. Various programs addressing infant and child health, such as newborn hearing screening and early intervention initiatives, ensure comprehensive developmental support for children, beyond basic medical services, particularly significant in Palau's context of limited resources.

Overall, federal Title V support is indispensable for maintaining a robust, comprehensive MCH system in Palau, ensuring access to critical services and fostering improved health outcomes for mothers and children across the nation.

MCH Success Story

Building Healthy Futures through Healthy Children

The transition from exclusive breastfeeding to solid foods is a critical milestone in a child's development. During this period, parents and caregivers often have questions about when to introduce complementary foods, what foods to offer, and how to ensure their children receive the nutrients needed for healthy growth. Recognizing the importance of this stage, and given the high rates of childhood obesity in Palau, the Maternal and Child Health (MCH) Program collaborated with its partners, including the Non-Communicable Disease (NCD) Unit, the Community Health Centers (CHC), and community-based organizations, to provide families with the knowledge, skills, and support needed to establish healthy eating habits from an early age.



Through this collaborative effort, a child nutrition guideline titled *"Palau's Child Nutrition: A Guide to Feeding Our Children from Infants to Toddlers"* was developed, and a child nutrition clinic was launched in the Central Community Health Center (CCHC) in January 2026. Parents bringing their babies to their 4-month and 6-month appointments participated in educational sessions that emphasized age-appropriate feeding practices and education on the importance of continued breastfeeding alongside complementary foods. Health professionals and community partners worked together to deliver consistent messages and culturally relevant guidance, ensuring that parents and caregivers felt supported throughout their child's nutrition journey.

Kotel a Deurreng, a community-based organization partner, played a vital role in connecting with families, providing incentives such as baby feeding utensils, and encouraging peer support among mothers and caregivers. The NCD Unit provided expertise on infant and young child feeding practices, highlighting the long-term benefits of healthy nutrition in preventing obesity and other chronic diseases later in life. The CHC provided welcoming spaces for learning. Meanwhile, the MCH provided educational resources and materials, conducted data collection, and provided all logistical support.

From January through June, a total of 62 children and families visited the Child Nutrition Clinic. As a result of these combined efforts, participating parents and caregivers reported increased confidence in preparing nutritious meals while gaining a better understanding of how early nutrition influences growth, development, and lifelong health outcomes.

This initiative demonstrates the power of collaboration to improve child nutrition and promote healthier futures for children and families. By working together, the MCH Program, the NCD Unit, and community-based organizations have helped lay the foundation for lifelong healthy eating habits and improved well-being among the youngest members of our community.

Together, we are not only nourishing children today—we are building healthier generations for tomorrow.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Palau

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.