



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**PALAU**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### 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 FY2025 Application / FY2023 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
Edolem Ikerdeu Chief, Division of Primary and Preventive Health edolem.ikerdeu@palauhealth.org (680) 488-4805	Mindy Sugiyama Epidemiologist/Evaluator ssugiyama79@gmail.com (680) 488-4804

SSDI Project Director	State Family Leader
Edolem Ikerdeu Chief, Division of Primary and Preventive Health edolem.ikerdeu@palauhealth.org (680) 488-4805	No Contact Information Provided

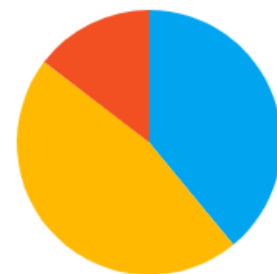
State Youth Leader
No Contact Information Provided

**State Hotline:** Toll-free hotline is not available

### Funding by Source

Source	FY 2023 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$155,729
<span style="color: orange;">■</span> State MCH Funds	\$185,124
<span style="color: green;">■</span> Local MCH Funds	\$0
<span style="color: red;">■</span> Other Funds	\$58,150
<span style="color: brown;">■</span> Program Income	\$0

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$68,895	\$198,325
Public Health Services and Systems	\$86,834	\$44,949

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



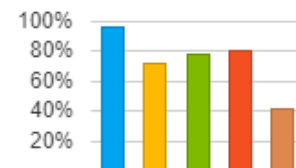
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	96.0%	\$58,012
Infants < 1 Year	72.0%	\$36,433
Children 1 through 21 Years	78.0%	\$70,093
CSHCN (Subset of all infants and children)	80.0%	\$92,217
Others *	42.0%	\$58,813

FY 2023 Expenditures Total: \$315,568



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Well-Woman</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul>	<p>Women/Maternal Health</p>
<p>Child and Adolescent Immunization</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child                             <ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program</li> </ul> </li> </ul>	<p>Child Health</p>
<p>Substance Use Among Youth</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 6: Number of school-based group educational sessions on alcohol and drug use</li> </ul>	<p>Adolescent Health</p>
<p>Mental health among children and adolescents including but not limited to suicide prevention</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services</li> </ul> </li> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS</li> </ul>	<p>Women/Maternal Health, Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM DS.1: Number of parents of children 9-35 months who complete the ASQ developmental screening tool</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year</li> </ul>	
<p>Systems improvement for MCH and CSHCN</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 (Medical Home, Formerly NPM 11) - MH                             <ul style="list-style-type: none"> <li>○ ESM MH.1: Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 7: Number of trainings to improve and enhance MCH workforce capacity</li> </ul>	<p>Child Health, Children with Special Health Care Needs, Cross-Cutting/Systems Building</p>
<p>Youth sexual health</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents</li> </ul>	<p>Adolescent Health</p>
<p>Childhood Obesity</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)</li> </ul>	<p>Child Health, Adolescent Health</p>
<p>Improved Birth Outcomes and Child/Adolescent Health</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: Number of child care facilities that received training on safe sleep</li> </ul> </li> </ul>	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Percent of live births to resident women who received first trimester prenatal care</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 2: Percent of infants who are breastfed exclusively for up to 6 months</li> </ul>	
<p>Oral Health for Children</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy             <ul style="list-style-type: none"> <li>○ ESM PDV-Pregnancy.1: Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy</li> </ul> </li> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child             <ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program</li> </ul> </li> </ul>	<p>Women/Maternal Health, Child Health, Adolescent Health</p>

## Executive Summary

### Program Overview

#### PROGRAM OVERVIEW

The Republic of Palau's Maternal and Child Health (MCH) program, housed within the Family Health Unit of the Bureau of Public Health, is committed to improving the health and well-being of women, infants, children, adolescents, and children with special health care needs (CSHCN). Guided by a life course approach and health equity lens, the program provides a continuum of preventive, primary, and specialty care services to support optimal perinatal health, child development, and family well-being.

**Key program components include:**

- Prenatal care and education
- Postpartum and newborn care
- Breastfeeding support
- Immunizations
- Child health screenings and anticipatory guidance
- School health services
- Adolescent health and youth development programs
- Early intervention and services for CSHCN
- Oral health promotion and dental services
- Nutrition counseling and food assistance
- Family planning and reproductive health services

The MCH program serves a diverse population, with particular attention to addressing the needs of vulnerable groups such as low-income families, residents of outlying states, and non-Palauan communities. Services are delivered through a network of community health centers, with the main MCH clinic located in Koror.

The program is funded through a combination of federal grants, including the Title V MCH Services Block Grant, as well as local revenue and partnerships. Key collaborators include the Ministry of Education, Behavioral Health Division, Division of Oral Health, Palau Parent Empowered, Faith-Based organizations and other community-based organizations.

Recognizing the importance of primary prevention and cross-sector collaboration, the MCH program also invests in community outreach, health education, and efforts to address social determinants of health such as poverty, food insecurity, and intimate partner violence. Recent initiatives have focused on engaging fathers, promoting oral health in schools, and integrating behavioral health into perinatal care.

**The 2023 MCH Needs Assessment identified several priority areas for strengthening MCH services and systems in Palau. These include:**

- Enhancing access to and quality of care, particularly in rural areas
- Addressing disparities by socioeconomic status, education, and race/ethnicity
- Reducing the prevalence of non-communicable diseases like obesity and diabetes
- Preventing substance use and promoting mental well-being across the life course
- Building capacity to support children and youth with special health care needs
- Investing in MCH workforce development and retention
- Strengthening data systems and performance monitoring

**To drive progress in these priority areas, the program will employ the following key strategies:**

1. Increase the availability and accessibility of preventive services across the life course through mobile clinics, telehealth, and community partnerships.
2. Integrate behavioral health promotion and substance use prevention into routine MCH services through provider training, screening and brief intervention, and care coordination.
3. Enhance services for CSHCN through family navigation, respite care, transition support, and access to off-island specialty care.
4. Implement evidence-based programs to promote healthy nutrition, physical activity, and oral health habits starting from early childhood.
5. Engage fathers and support co-parenting through targeted outreach, education, and services that promote men's health and involvement.
6. Identify training opportunities to build a pipeline of skilled and culturally responsive providers.
7. Develop a MCH data dashboard to monitor population health trends, track performance measures, and drive quality improvement.

By implementing these strategies in partnership with families, communities, and cross-sector stakeholders, the Palau MCH program aims to build a more equitable and responsive system of care that enables all mothers, children, and families to thrive. The program is committed to ongoing needs assessment, evidence-based practice, and quality improvement to ensure that services are effectively meeting the evolving needs of Palau's MCH population. Through sustained investment and innovation, Palau can become a model for family-centered, community-driven, and culturally grounded MCH services that advance health equity and family well-being.

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

Title V federal funds are allocated to enhance maternal and child health initiatives in the Republic of Palau. Managed by the Family Health Unit (FHU) under the Ministry of Health and Human Services (MHHS), these funds primarily bolster Enabling Services aimed at improving healthcare access and outcomes. These services encompass prenatal, postnatal, well-baby, high-risk, family planning, and male health clinics held at community centers year-round. They ensure that our providers maintain certification and proficiency in managing the health of pregnant women, new mothers, and children.

The FHU's School Health Program conducts annual school screenings, crucial for data collection and identifying at-risk individuals. Title V funding supports education, screening, and referrals for children and adolescents to necessary services. Additionally, Title V funds support the FHU's Children and Youth with Special Health Care Needs (CYSHCN) program, facilitating monitoring through home visits, data collection and stakeholder training.

Beyond Enabling Services, Title V funds also bolster Palau's Public Health Services and Systems. The Maternal and Child Health (MCH) Block Grant aids in policy development, assessments, program planning, implementation, workforce development, and health campaigns. FHU collaborates with internal and external partners to establish committees and councils that enhance service delivery mechanisms.

This partnership with Title V extends beyond financial support, fostering relationships with other states and jurisdictions. This exchange of experience enriches our program's capacity to serve families comprehensively and with a unified vision.

## MCH Success Story

### [Advancing Child Rights and Healthcare Access: Collaborative Achievements in Palau](#)

In 2023, Palau's Maternal and Child Health (MCH) Program achieved a significant milestone through extensive collaboration with both internal and external partners, particularly in addressing the needs of children and youth with special health care requirements. A pivotal achievement was the program's new responsibility for submitting Palau's Third Periodical Report on the Convention on the Rights of the Child (CRC Report) to the United Nations. This task required substantial partnership and was made possible with the support of Title V Funds and UNICEF.

The program worked closely with various departments within the Ministry of Health and Human Services (MHHS) to convene stakeholders, gather feedback, and share findings. Of particular note was the active engagement of youth, who were solicited for direct feedback on the report. The insights of high school student representatives and officials significantly influenced discussions around child rights, contributing to advancements in the Child Protection Act and bolstering political will to enhance support for vulnerable populations.

Looking ahead to 2024, the outcomes of our efforts in 2023 include a notable 100% increase in financial assistance to individuals with disabilities, encompassing our population of children and youth with special health care needs (CYSHCN). Additionally, the Palau MCH Program conducted its biennial CSN Survey for the first time since the COVID-19 pandemic. This survey data has initiated an internal assessment of data management, collection practices, and patient care services, aligning with recent administrative adjustments within the ministries.

These collaborations underscore a promising future trajectory for our initiatives.

## 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 2023.

### [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.