Palau State Action Plan Table 2027 Application/2025 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Well Woman Preventive Visit	Increase well-woman preventive visits by 15% over 5 years.	Offer training and refresher courses focusing on postpartum care for health care professionals, based on ACOG recommendations and components of postpartum care. Implement SMS text reminders and apps to remind women to schedule postpartum appointments and access support. Conduct community awareness campaigns to educate women about the importance of postpartum care and well-women preventive visits. Train peer counselors and community health workers to encourage postpartum follow-up and provide guidance to new moms. Ensure integrated access of prenatal, post-natal, and mental health services for evaluation and treatment of mental health concerns. Update and provide culturally appropriate materials on first trimester prenatal care, post-partum care, and well-woman preventive visits. Train CHWs to provide culturally appropriate education and support for maternal health, connecting traditional practices with modern healthcare.	ESM PPV.1 - Percent of health care professionals who demonstrate increased knowledge of ACOG postpartum care recommendations following training	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Improved oral health services for women and children.	Improve maternal oral health and prevent pregnancy complications	Conduct focus groups with women who chew betelnut with tobacco to understand current practices. Develop culturally sensitive educational materials about oral health risks. Train healthcare providers in betelnut cessation counseling Establish oral health screening protocols for pregnant women Create community/traditional partnerships to promote oral health	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	NPM - Preventive Dental Visit - Pregnancy	**Linked NOMs:** Women's Health Status Children's Health Status

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Well Woman Preventive Visit	By 2030, improve birth outcomes and reduce maternal and infant morbidity to align with HP2030 objectives (65% by 2030)	Expand clinic hours including evenings and weekends to accommodate working women Conduct public awareness campaigns about the importance of early prenatal care Use automated reminder systems for appointments via text, email, or phone Connect with family planning services to ensure seamless transitions	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Percentage of pregnant women who received prenatal care in the first trimester	**Linked NOMs:** Preterm Birth Perinatal Mortality Neonatal Mortality Preterm-Related Mortality Severe Maternal Morbidity Neonatal Abstinence Syndrome Women's Health Status Maternal Mortality Low Birth Weight Stillbirth Infant Mortality SUID Mortality **Linked SOMs:** SOM 2 - Percentage of women and adolescents who report understanding available health information and services for themselves and their children
Perinatal/Infant Health					
Breastfeeding and Safe Sleep	Prevent sleep-related infant deaths through safe sleep practices.	Conduct assessment of healthcare provider knowledge on safe sleep practices and provide refresher courses in safe sleep guidelines Develop/ensure clinics and hospitals have safe sleep demonstration kits Create safe sleep educational videos in local languages Conduct home visits by CHWs to reinforce safe sleep practices Establish safe sleep certification for childcare providers	***Inactive -*** *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	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality
Breastfeeding and Safe Sleep	Maintain or improve exclusive breastfeeding rates to support infant health and development.	Train lactation consultants and peer counselors Work with partners to establish breastfeeding support groups in the community	ESM BF.1 - Percent of pregnant women who receive prenatal breastfeeding education through	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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		Collaborate with partners and community members to create breastfeeding-friendly spaces in public areas	MCH-supported enabling services		
Child Health					
Childhood Obesity Prevention	By 2030, reduce childhood obesity by 10% to prevent diabetes, cardiovascular disease, and other chronic conditions.	Train teachers and school staff in 5-2-1-0 program components Develop age-appropriate educational materials for different grade levels Collaborate with Ministry of Education and NCD program to develop healthy food policies for schools and community centers Collaborate with NCD and community partners to train parents in healthy meal planning and preparation Collaborate with NCD to create cooking classes focusing on healthy, traditional foods Conduct focus groups on parental food options and portion behaviors	ESM PA-Child.1 - Percentage of Schools and Community Centers Successfully Implementing the 5-2-1-0 Healthy Lifestyle Program	NPM - Physical Activity - Child	**Linked NOMs:** Children's Health Status Child Obesity
Screen time monitoring for children ages 1-12	Promote healthy cognitive development.	Conduct workshops on child development and screen time guidelines Partner with Kotel a Deureng to create parenting groups focused on healthy child development Develop take-home materials on age-appropriate activities Train pediatric providers in screen time counseling and refresher courses in developmental screening tools Establish developmental screening protocols for well-child visits Create/Ensure referral pathways for children needing additional assessment.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percentage of parents/caregivers who receive screen time guidance during well-child visits	**Linked NOMs:** Children's Health Status **Linked SOMs:** SOM 1 - Percentage of children ages 1-12 who meet AAP screen time recommendations
Improved oral health services for women and children.	Increase access to preventive dental care to prevent oral diseases through school health screenings	Conduct annual oral health screening in all school Train teachers in oral health education Collaborate with partners, MOE, and Oral Health Department to strengthen	ESM PDV-Child.1 - Percentage of Children Receiving Preventive Dental Services Following	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status CSHCN Systems of Care

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		school-based toothbrushing programs Collaborate with Oral Health Department and create oral health education materials for parents and caregivers Train CHWs in basic oral health education	School-Based Oral Health Screening		
Well-Child Visits and Developmental Screening	Achieve a 75% completion rate for age-appropriate well-child visits and 90% up-to-date immunization coverage by Year 5	Strengthen monitoring and implementation of standardized developmental screening using validated tools (ASQ) Provide vaccine education to families and address vaccine hesitancy Monitor for obesity and provide family-based interventions Explore and Collaborate with Partners to expand school health screening to pre-school (kindergarten and Head Start)	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	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Health					
Adolescent Preventive Visits	By 2030, increase adolescent well-visits by 40% to improve adolescent health through early detection and prevention of health problems	Establish dedicated adolescent-friendly clinic hours Tain providers in adolescent communication and care Develop confidentiality policies for adolescent care Create youth advisory groups for healthcare improvement Conduct health education sessions in high schools Create peer educator programs Establish partnership with youth organizations and develop social media campaigns on adolescent health	ESM AWV.1 - Percent of adolescents who receive preventive care services through the integrated adolescent care model with Title V support.	NPM - Adolescent Well-Visit	**Linked NOMs:** Teen Births Adolescent Mortality Adolescent Motor Vehicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Substance Use Prevention	By 2030, reduce adolescent tobacco use to prevent lifelong addiction and health consequences by 10%	Implement evidence-based prevention curricula (LifeSkills Training) Collaborate with Palau Prevention Unit to train teachers in substance use prevention	ESM TU.1 - Percent of schools implementing Life Skills Training	NPM - Tobacco Use	**Linked NOMs:** Children's Health Status

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		Collaborate with Palau Prevention Unit and NCD to establish student assistance programs Create peer mediation and leadership programs Collaborate with MOE to develop policies on tobacco and substance use Collaborate with MOE, Prevention Unit, and NCD to train parents in prevention and early intervention Develop media campaigns highlighting risks of substance use	tobacco prevention curriculum through Title V-supported enabling services		
Children with Special Health Care Needs					
Transition to adulthood for youth with special health care needs	Ensure continuity of care for youth with SHCN as they transition to adult services (Target: 60% by 2030)	Collaborate with CSN Committee to draft transition policies to support youth through healthcare Establish roles and responsibilities for staff members in the transition process (process mapping and SOPs) Review and update policies annually with input from youth, families, staff, and partners Enhancing registry system to identify youth starting at the age of 12 Establish regular review process to assess transition readiness Train staff in transitions process and documentation activities Administer age-appropriate transition readiness assessment using the TRAQ transition readiness assessment tool Use assessment data to create individualized transition plans Coordinate with schools, community partners, and healthcare providers in the transition process	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	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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Cross-Cutting/Systems Building					
Improved Health Literacy Across all Domains.	Improve health literacy to enhance health outcomes and healthcare utilization	Translate health education materials into Palauan and Other languages Create visual materials for low-literacy populations Develop culturally appropriate health education videos in Palauan Collaborate with partners to establish health information resource centers Conduct workshops on health literacy and clear communication Train providers in cultural competency Sustain patient feedback systems to improve communication Work with CHWs in Babeldaob and other states to deliver MCH health education	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Number of culturally appropriate health education materials developed and disseminated	**Linked SOMs:** SOM 2 - Percentage of women and adolescents who report understanding available health information and services for themselves and their children