

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: PW

APPLICATION YEAR: 2005

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## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to this section.

### **B. FACE SHEET**

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

### **C. ASSURANCES AND CERTIFICATIONS**

Assurance for Non-Construction is maintained in the Office of the Director, Bureau of Public Health, Dr. Stevenson Kuartei and maybe accessed by contacting him at the addresses provided in this document.

### **D. TABLE OF CONTENTS**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

### **E. PUBLIC INPUT**

For this submission, the Family Health Unit, conducted a 4 day conference whereby the public was invited to attend. This conference was held in the 2nd week of June and was attended by more than 70 people. In this four day conference, we discussed and received comments from the attendants on the various components of our program, from pregnancy, early childhood to male health. We use this type of forum to receive comments on our MCH program as other means that have been explored in the past had proven fruitless, no one shows up for public input.

With the success of this forum, we are being asked to hold another two-day men's forum in September to organize and refocus our program to address the growing male health issues in Palau.

Another important point that came out of this conference is that, primary and public health programs must refocus to address the growing family/relationship issues. This refocusing meant that programs should not only concentrate on specific health programs of individuals, but must incorporate family members into the discussion and intervention/solutions. Included in this discussion is the need for health programs to be responsive to community needs...that we should be actively seen in the community so that communities can work with us to address their specific needs.

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### **III. STATE OVERVIEW**

#### **A. OVERVIEW**

##### 1.4 Overview of the State

The Republic of Palau is situated 814 miles southwest of Guam on the western rim of what was once known as The Caroline Islands and, more recently, The Trust Territory of the Pacific Islands. The Republic is an archipelago consisting of high volcanic islands, raised limestone islands, classic atolls and barrier reefs extending nearly 700 miles on a northeast to southwest axis. Palau has a total land-mass of 188 square miles. The main island group, which lies 7 degrees above the equator, comprises 14 of the total 16 Palauan states. The grouping extends from Kayangel, the northern most atoll, to Babeldaob, Koror, and over a hundred uninhabited islands enclosed in a barrier reef, and ends with the small islands of Peleliu and Angaur to the south. The 7.1 square mile island of Koror is the Republic's administrative and economic capital, with 71% of the population residing either there or in its neighboring state, Airai, located on the island of Babeldaob. Babeldaob itself is the single largest island, second in Micronesia only to Guam. It is connected to Koror via a temporary pontoon style bridge that was opened for use almost one year after the collapse of the original bridge. The Southwest Islands comprise of two remaining states; 1. Sonsorol and its island of Fanah, Meriil, and Pulu-Anna, 2. Hatohobei and its island of Helen's Reef. They are located approximately 300 miles southwest from the main island group. They are sparsely inhabited, geographically isolated and in many ways culturally different from the rest of Palau. Map of Palau is included as Appendix A.

Traditionally, Palau was comprised of several competing chiefdoms. The society was characterized by a system of strong, ascribed hierarchical social ranking where the matrilineal descent determined social position, inheritance, kinship structure, residence, and land tenure. Since western contact, dramatic societal changes have occurred, perhaps the great contributing factor being depopulation due to the introduction of western diseases. Only a tenth of the estimated original pre-contact population of 40,000 remained by the turn of this century. Regardless, traditional society continues to play an important function in the daily lives throughout the entire strata of the contemporary Palauan society. While Palauan and English are the official languages, many persons 60 years and older still speak Japanese, having been educated during the Japanese administration of these islands from 1914 until 1945.

Given the geographic nature of the islands, several significant geographic barriers to health care access exist in Palau. Most travel in Palau is by means of boat with only Koror and parts of neighboring Airai having fully accessible paved roads. The other four states in Babeldaob are all connected to Koror by dirt roads, some of which are frequently impassable during the six month tropical rainy season. Although the Babeldaob Road Project has initially connect the upmost states to this road network, they are accessible only by four-wheel drive vehicles and dependent solely on the daily weather conditions. (Palau receives nearly 200 inches of rainfall a year.) Likewise, boat travel is dependent upon weather conditions, since traveling to several locals necessitates going outside the safety of the reef and into open water. This information emphasizes that while the 80% of the population has reasonable access to health care, the remainder must undertake lengthy and expensive boat or automobile trips to reach services. By USA standards, the entire nation of Palau is a rural area. Palau is considered a medically underserved area with a shortage of health care personnel.

#### **DEMOGRAPHIC CHARACTERISTICS**

Religion: The general population of Palau is mainly of Christian faith with majority being Catholic, followed by Protestant and Seventh Day Adventists. Approximately 11 % of the population is made up of people who practices the Palauan religion, Modekngai.

Environmental & Sanitation Practices: Environmental and Sanitation services are provided by the National and State Government. The Environmental Quality Protection Board (EQPB) reviews/approve/disapprove licenses for building, earthmoving, dredging and other function that

generally interferes with environmental natural condition. This Board is semi-autonomous and its members are appointed by the President of the Republic of Palau and confirmed by the Senate (OEK). Another important function of this board is to assure that in major development projects, proper EIS are completed and public hearing conducted to assure that environmental impact and citizens health are protected under the law. Sanitation services are provided by National and State governments. These services include household sanitation inspection, health education, eradication programs for rodents and mosquitoes, and ocean going vessels inspection.

Dengue and Leptospyrosis are endemic in Palau. Outbreaks of these two very serious and life threatening diseases occur occasionally in Palau. There has been three major epidemic of dengue in Palau; in 1988, 1995 and the most recent one from October 2000 to February 2001

## MCH POPULATION CHARACTERISTICS POPULATION PATTERNS AND DISTRIBUTION BY REGIONS

Age groups(All Ages) General Pop. MCH Pop. MCH Population by Region (Super-dispensary Level of Care)

Reg.I Reg.II Reg.III Reg.IV Reg. V

3 to 21 y.o. 6, 390 6, 390 991 659 2,913 1,153 674 2,909 2,144 1,843 1,272 2,289 963 1,046 19,129 10,026 629 476 548 7,886 565

3 and Under 991 54 43 53 776 65

4 -- 5 y.o. 659 36 30 41 523 29

6 -- 14 y.o. 2,913 195 136 156 2,251 175

15 -- 18 y.o. 1,153 61 36 84 915 27

19 -- 21 y. o. 674 28 21 31 566 28

Female Only

22 -- 30 2,909 1,409 945 763 519 32 26 32 125 46

31 -- 35 2,144 30 21 25 103 35

36 -- 40 1,843 21 26 30 653 33

41 - 44 1,272 19 18 16 447 19

45 - 55 2,289 54 45 30 793 34

56 - 65 963 34 22 21 359 31

65 and Up 1,046 65 52 29 375 43

Total Pop. 19,129 10,026 629 476 548 7,886 565

MCH Pop as a

% of the Population 52% 60% 69% 63% 51% 69%

Table 1: Population by Region, : 2000 Census of Population and Housing, Office of Planning & Statistics, ROP).

Regions: I -- Kayangel, Ngarchelong, Ngaraard, II -- Ngiwal, Melekeok, Ngchesar, III -- Ngardmau, Ngaremlengui, Ngatpang, IV -- Koror, Aimeliik, Airai, V -- Peleliu, Angaur, Southwest Islands (Sonsorol, Tobi, Meriir Pulo Ana)

The maternal and child health population of the Republic of Palau, based on the recently completed 2000 National Census is 10,026 which is approximately 52% of the total population. Another portion of the population that needs consideration is the women over age 45 years. Although this population is outside the definition of "Maternal and Child Health Clients" as established by MCH Bureau and HRSA, it remains a population that utilizes services that are deemed part of the "MCH Program" within the established Health System of the Republic of Palau and therefore, takes its toll on staffing, supplies, space and other resources that supports a comprehensive Maternal and Child Health Program.

What is striking in this population breakdown is that in Regions I, II, III, and V, the MCH population is more than region IV (Koror, Airai and Aimeliik). These four regions are rural areas where a greater proportion of young children and older population reside. The reproductive age group these regions generally migrate to Region IV for employment purpose. Region IV, however has more people per square mile than the other regions. We project that this population profile will definitely begin to

change once the north island of Babeldaob become accessible with the completion of the Compact Road, scheduled to open within the next two to three years.

Current census data indicates that 27 percent of total population is non Palauan (4,717/17,225). Filipinos represent the largest single group with a total of 2,858 persons. The People's Republic of China is second with 550 persons followed by 334 Americans and 218 Japanese. Tourism has also increased dramatically with a total 69,330 coming to Palau in 1996 compared to 35,030 in 1994. These visitors are predominantly from Japan, Taiwan, and the United States.

#### Health Resources and Distribution by Level of Care:

The Republic of Palau's established Health System (see attached organization chart) puts the MCH Program under the Bureau of Public Health, Division of Primary Care. This division oversees the administration and delivery of primary health care services including those that are based in the hospital out-patient department. Services that are core part of Palau MCH Program include Well-Baby Clinic, High Risk Clinic for children, Prenatal Clinic and High Risk Clinic for Prenatals, Postpartum Clinic, Family Planning Services, and Gynecological services, and CHSCN Clinic. Regular out-patient services for children is delivered through the Belau National Hospital and although separated by distance from the MCH Program in the Bureau of Public Health, information exchange links patient history and health records. The pediatrician who is charged with children's services at Belau National Hospital is also MCH services provider and therefore is another linkage between hospital based and public health based services.

The established Health System of the Republic of Palau is such that general outpatient services and emergent care are provided at the Belau National Hospital, including three private clinics (SDA, Belau Medical Clinic and Family Medical/Surgical Clinic). Primary and Preventive Health Services are provided through the Bureau of Public Health, Division of Primary Health Care. These services are mentioned above including medical and urgent care services that are also provided in the dispensary and super-dispensary level.

#### Health Services Budgetary Distribution by Level of Care

##### Budget by Sources and Site

1995 2000

Health Budget as a Percentage of Total National Budget 11.2%

Per Capita Expenditure on Health \$339

% of household earning less than \$2,500 per anum (Poverty)\* 15% 11%

% of household earning less

than \$5,000 per anum (Economically Vulnerable)\* 10% 7%

MOH Expenditure on:\*\*

Medical Referral (N=130) \$6,153 .

Hospital Admissions (N=2,900) \$1,482

Primary, Preventive & Promotive Services (N=100,000) \$9

Based on this organizational chart, MCH Program provides direct services such as Prenatal and Postnatal care, Childhood Immunization Program, Gynecological and Cancer Screening Services, and Well-child services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

Health care services in the Republic of Palau are provided primarily through the government's Ministry

of Health. The ministry provides comprehensive primary, secondary and limited tertiary services, including both preventive and curative care through a 80-bed hospital and Community Health Center/Public Health Clinic located in the most populated state. There are four Community Health Centers or in the past they were referred to as Superdispensaries. The four CHC's, the Northern, the Eastern, Western, and Southern are now fully operational and located in the outlying states of Palau. There are six additional satellite dispensaries located in states that have limited accessibility to the CHC's. The dispensaries are staffed by Health Assistants trained in primary health care. Two of the CHC's are staffed by physicians, while two others are staffed by Registered Nurses. The main Community Health Center/Public Health is located at the site of the old McDonald Memorial Hospital, and staffed by physicians, medical officers, registered nurses, graduate nurses, laboratory technicians, and health assistants.

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the \$.9 million dollars that supports close to 100,000 encounters each year.

#### MCH Human Resources

#### MCH Services By Level of Care

#### Service Sites Available Manpower

Primary Health Services Preventive/Promotive Services Childhood Immunization Prenatal Services Postpartum Services Women's Health Services Family Planning Well-baby Services CHSCN Services Home Health & Geriatric Serv. Behavioral Health Services PH Clinics Dispensaries (limited) BNH Physicians Psychiatrist Interns/Residents Nurse Practitioners Nurses Social Workers Health Educators Nutritionists Counselors Lab Techs X-Ray Techs Clerks PT Hospital Based Services Delivery Pediatric Services - hospital based Audiology/ENT Services Specialty Clinics Emergency Medical Services Urgent Care Services BNH Physicians Psychiatrist (\*) Interns/Residents Nurses Lab Techs X-Ray Techs PT Clerks Tertiary Medical Care Medical Referral Intensive Care services for pediatric, Adolescents and women Tripler Army Med. Center Philippine Hospitals BNH Specialty personnel

(\*) Psychiatrist receives referrals from MCH and any other sites when service is required.

#### ECONOMIC CHARACTERISTICS

Over the past five years, the population of the Republic of Palau has increased by 10%. Along with this increase, is also a slight increase in the number of household headed by female. A reverse of this trend is observed in the proportion of household meeting the poverty income guidelines as set forth in the above mentioned CoPopChi publication of 1997. However, using the Republic of Palau Census figures, this document places approximately 64.2% of the population as living under poverty income guidelines. It also establishes a per capita income level of \$5,213 as an income that is 75% below poverty level. However, comparing female situation with republic-wide information, slightly more female-headed household with children involved are economically under poverty.

Population 1995 2000

17,225 19,129

Proportion of population under 18 years of age 35.4%

Number of Households 3,183 3,350\*

Female as head of Household 25% 26%

Average Household Size 5.8 4.8

Median Household Income\* \$13,432

Average Wage per Capita (1998)++ \$7,687

Income below 75% of Poverty Level \$5,213

% of people below poverty level 64.2%

(Source: "Sustainable Human Development in Palau", CoPopChi, 1997

Statistical Year Book, 1999, Office of Planning and Statistics, ROP

++ Republic of Palau Economic Report, BOH, Feb. 2000

? "Poverty" & "Economic Volnurability" are defined in the above mentioned CoPopChi publication of 1997

\* Table 23, Table 43, Table 57, Census 2000

\*\* Dr. S. Kuartei, 7/11/2000 "Palafox/Dever Triangle"

### Female Economic Profile

(Calendar 1999)

# of Female 18 years & Over and in labor force 3,547

Head of household, no husband present 940 26%

? With children 18 years and under 342 36%

? With related children under 6 years of age 427 45%

? # of Female householder, no husband present with Per Capita Income Below Poverty Level 645 69%

? (source: 2000 Census of Population and Housing, Republic of Palau)

Insurance coverage continues to be low, with approximately 25% (Source: 2000 Needs Assessment) of CHC users reporting being insured. This number is even lower for clients under age 18, with less than 5% of these clients being insured. Palauan citizens are not eligible for Medicare or Medicaid. However, no one is refused medical services because of inability to pay, in accordance with Palau's constitution. See Appendix B, Table 3 for additional socio-economic information.

The geographic isolation noted earlier is compounded by the fact that the cost of transportation also affects access to services. There is no public transportation in Palau and private taxi rates are standardized at a level which is quite excessive in relation to the income level of those forced to use them.

The low socio-economic status and rural living conditions have an impact upon the health status of residents. Even though 92% of the population has access to public water, it frequently requires boiling to ensure complete safety from parasitic, bacterial and environmental contaminants. The sanitation and hygienic conditions are below US standards, with only 71% of the houses having adequate sewage disposal, 81% lacking complete plumbing (32% utilize outdoor privies and 2% have no toilet facilities at all). Nearly three fourths (73.6%) have only cold water available and 6% have no piped water. Complete kitchen facilities and refrigeration are lacking for 18% of the population. (Source: 1995 Census of population and housing).

## B. AGENCY CAPACITY

The State Title V Agency

The Republic of Palau's Family Health Unit implement the Maternal and Child Health Program.

Services in this Unit comprised of services geared toward Family well-being including but not limited to Women and men of reproductive age group such as Obstetrics and Gynecology for women and male health primary and preventive services, Prenatal Services, Postnatal and reproductive health services (male/female), Well Child Services for infants, children, which includes immunization, and services for children with Special Health Needs. Services for adolescent is provided in collaboration with the School Health program that is part of the Primary Care Division. As part of the School Health improvement, a school-based clinic was opened in 1999 within the campus of the only public High School in Palau. This clinic is within walking distance for student at the Palau Community College who makes frequent use of this facility. An additional clinic will be opening sometime in the year 2001 in one of the public elementary school. Behavioral Health Services are accessed on an as-needed basis. Family Health Unit is becoming a strong partner in Adolescent health services. The Unit is working in partnership with Milad'l Dil to begin a hotline service, have lobbied for and locate funds to hire an Adolescent Health Care Coordinator and a Family Health Care Coordinator to improve services specifically for adolescents and families. Behavioral Services are now provided within the Clinic in conjunction with mental/behavioral health screening. Dental screening services for Prenatal and Well-child services are provided on-site by a permanently assigned dental nurse. Mothers and children who are found to require services are then referred to Dental Clinic for appropriate services, free of charge.

## **C. ORGANIZATIONAL STRUCTURE**

### Organizational Structure

The Family Health Unit which operationalizes the Title V MCH program is under the Division of primary and Preventive Services; one of the four divisions under the Bureau of Public Health. The Family Health Unit Administrator oversees the unit vision and mission as they relate to the health of all MCH population including the health of Palauan families and male of reproductive age group. Presently, the administrator works under the direct supervision of the Chief of the Division of Primary and Preventive Health Services. A nurse practitioner supervises the daily supervision of clinic staff and works under the supervision of the Public Health Nurse Supervisor who is under the Office of Nursing Management. The FHU Administrator, Clinic Supervisor and the Public Health Nurse Supervisor MCH Coordinator work in collaboration with other divisions in the Bureau of Public Health to assure that services, programmatic and ministerial responsibilities to the health of the MCH population are continued in a manner that is acceptable to the public and the policy of the Palau Government. At the same time, the FHU Administrator is responsible or the preparation of annual grant application and annual report and other administrative functions. The division chief and the director are responsible for program policy development.

The Bureau of Public Health is one of the two bureaus under the Ministry of Health and is headed by the Minister of Health. The Minister of Health is appointed by the President of the Republic of Palau.

## **D. OTHER MCH CAPACITY**

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking at the above chart, it is the \$.9 million dollars

that supports close to 100,000 encounters each year.

//2004// Other capacities ingrained in the Palau Family Health Unit, is the ability to work with other external agencies, ngo's to broaden the coverage of the MCH program. In this year, the Unit worked with the Ministry of Community and Cultural Affairs to develop a National Policy on Youth. This document contains many issues that requires the Ministry of Health, specifically the FHU to work collaboratively outside the boundaries of the MOH. The Unit also took the initiative this year to develop a collaborative Memorandum of Agreement with 17 agencies outside of MOH to create an Adolescent Health Collaborative. From this agreement, Palau High School have agreed to provide the Unit a space to house an Adolescent Health Program, along with the Division of Behavioral Health. The program will be supervised by the Chief of the Division of Behavioral Health and will work to address needs of individual students/families including group work and counseling services. From this site in the Palau High School, we will also extend our services to other schools and communities. Another initiative undertaken by the Unit is the development of Policies and Procedures for the Unit. This process began last year, however, we being asked to complete the Manual for the whole life cycle. The basic parts of it for implementation of prenatal, post natal and well baby services have been completed and implemented in the 3 other super dispensaries, however, the remaining parts are being completed for implementation in the next fiscal year. The Unit also completed a Mental Health Screening tool, in collaboration with the Division of Behavioral Health. We began implementing this tool on July in our prenatal and post natal clinics. We are using the tool to identify pregnancy and post-pregnancy related depression and begin to help people before they become life long problems of women in Palau.

## **E. STATE AGENCY COORDINATION**

### **Program Capacity**

A core staff consisting of two nurse practitioners, a social worker, nutritionist, and a clerk/typist provides MCH Services in the Republic of Palau. Additionally, teams of doctors including two OB/GYN, a Pediatrician, and other interns and health assistants assist in providing services on a rotational basis. MCH collaborates with other divisions within Public Health for services including Dental Services, Behavioral Health, specialty care for children with Special Health Needs, and Health Education and Promotion.

A core team consisting of the Administrators, Program Coordinators, Physicians, Nurses, Health Educators, Division Chief, and the Director meets regularly to plan for the decentralization of services as well as review, revise, and develop protocols that to be used in these clinic sites. This group has met several times and will continue to meet to plan the needs assessment activities. Other people from within the Ministry of Health as well as other Ministries and local agencies are invited as needed to address relevant issues. The Healthy Island council will be another key group in carrying out the needs assessment.

Proposed MCH Service Delivery Model  
Within the Five (5) Primary Health Care Regions  
Bureau of Public Health

The above model of service delivery, being proposed for implementation in early 2002 will affect the delivery of Maternal and Child Health services. It is believed by Ministry of Health Management team that such model will enable the Ministry to be able to cover all household in the republic. The model will lth that includes Maternal and Child Health services. This new model will be established at each region. The model calls for a team consisting of a physician, nurse, social worker, and a sanitation

engineer. This team will be responsible for providing all health needs of assigned for each region

? Preventive and primary care services for pregnant women, mothers, and infants.

The MCH program is the sole provider of prenatal services at this time. Close to 100% of deliveries occur in the hospital. Mothers and babies are usually kept in the hospital for at least 24 hours, and sometimes for 48 hours. In May 1997, a new Health Service fee schedule went into effect. Individuals are charged on a sliding fee schedule that is based on their income level and family size. The sliding fee schedule only applies to Palauan citizens only. Most mothers are now requesting to be discharged within 24 hours the perceived high hospitalization cost. In response to early discharge, Public Health initiated a clinic for both mothers and infants at two weeks post delivery. Collaborations between public health nurses and hospital nurses are being strengthened as a way of facilitating communications and referrals of mothers and or infants who require home care before the two week visit.

Family Planning services are routinely provided as part of mothers post-partum care. Pap Smear screening for early detection of cervical cancer is also built into prenatal and postnatal care. Women are taught how to perform breast self-examination and counseled on the importance of having annual physical examinations. Pregnant women, mothers, and infants who reside in the outlying states are referred to the Health Worker in the nearest CHC for follow up of routine care.

The Ministry of Health receives funding from CDC for a Breast and Cervical Cancer Early Detection program. Two of the nurse practitioners working for this program are former MCH staff members and continue to collaborate with the MCH program.

? Preventive and primary care services for children

The MCH program conducts routine clinics for children up the age of six years. Services include physical examination and developmental assessment, immunization, and referral for appropriate specialty type of health teaching and anticipatory guidance. The nutritionist, dental assistants, and health education staffs contribute to the routine care for children and adolescent.

Within the Ministry of Education, the Health Promotion Program has been very successful in incorporating health topics into the school curriculum. MCH personnel regularly participate in health related activities in schools. The Ministry of Education conducts a Youth Risk Behavior Survey every two years (YRBS). //2004// The Unit supported the completion of the 2003 YRBS//. The result of the YRBS are provided to the Unit and the Unit use these indicators to meeting reporting requirements by the Title V Block Grant. The Bureau of Public Health works as well with the Belau Families, Schools, and Community Association in promoting awareness in the community on health issues especially in children. One policy issue that is being entertained is to make physical examinations required for high school entry. The Physical Examination will be performed within the school based clinic.

Further more, the MCH program assists with school activities organized by the School Health program, which is organized by the Primary Care Division of Public Health.

? Services for children with special health needs

MCH personnel collaborate closely with other agencies outside of the Ministry of Health such as Special Education, School Health program, Head Start, and other community based organizations when necessary. The Interagency Office (SSDI funded program) is housed in the Public Health building and assist MCH Program in many coordination activities. The data for tracking of children with special health needs (CSHN) is used by the MCH program. Regular Interagency meetings are ongoing. The High Risk/CSHCN Clinics are held on a monthly basis. These clinics are collaborative in nature and its membership consist of parents, healthcare providers, case manager/social worker, special educations specialists and other specialists are invited when need is indicative.

### 1.5.1.3 Other Capacity

Within the office of the Minister of Health, a fiscal officer oversees the internal financial matters for MCH program. The fiscal officer works closely with the National Finance office on financial reports and other financial activities.

The Palau Community College began an Associate Degree Nursing program in 1998, in the hopes of alleviating the staffing needs felt in many areas of nursing. The first class of thirteen students graduated in May 2000. An early childhood education program is now on going. Public Health is collaborating closely with the college in pursuit of qualified childcare workers.

On an international level, the MCH program receives assistance from other organizations such as WHO, UNICEF, UNFPA and SPC. In 1997, the SPC Secretary for the Pacific Community (formerly known as South Pacific Commission), sponsored a preliminary study on Vitamin A deficiency among children in Palau. Dr. Guy Hawley conducted this study. The report showed that Vitamin A deficiency is not a problem for children in Palau. The UNICEF has sponsored activities that allowed the Ratification of the Convention of the Right of the Child, as well as the development of the proposed National Population Policy. The WHO and UNFPA have funded numerous training for MCH staff especially in the area of contraceptive management and in particular, Norplant insertion.

Palau also receives fund for a CISS grant. The goal of this three-year project was to develop a model demonstration and training facility for child care. Child Care Services are non-existent in Palau, especially for infants and toddlers. Head Start and three other mission schools offer kindergarten education for preschoolers. The MCH and Child Care program have conducted two focus group meetings. An overwhelming need for this type of program was voiced during both meetings. In 1999, collaborations with the Palau Community College and Head Start program were further enhanced. This is evident by the following actions; A Head Start paid staff works full time in the Model Child Care Center. This is done so that more children could be accepted into the program. The Palau Community College is now in the process of opening an additional Child Care site within the College Campus. Public Health and Head Start will provide the training while students enrolled in the Early Childhood program assist. This will part of the course requirement for this program. The Child Care Program also receives volunteer workers from Japan Government under the JOVC Program. These volunteers assist the program by skill development of child care trainees. The Japan Government, supported a ten month training program in Japan for one the trainees.

## **F. HEALTH SYSTEMS CAPACITY INDICATORS**

### Program Capacity

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The above model of service delivery, being proposed for implementation in early 2002 will affect the delivery of Maternal and Child Health services. It is believed by Ministry of Health Management team that such model will enable the Ministry to be able to cover all household in the republic. The model will lth that includes Maternal and Child Health services. This new model will be established at each region. The model calls for a team consisting of a physician, nurse, social worker, and a sanitation engineer. This team will be responsible for providing all health needs of assigned for each region

Preventive and primary care services for pregnant women, mothers, and infants.

The MCH program is the sole provider of prenatal services at this time. Close to 100% of deliveries occur in the hospital. Mothers and babies are usually kept in the hospital for at least 24 hours, and sometimes for 48 hours. In May 1997, a new Health Service fee schedule went into effect. Individuals are charged on a sliding fee schedule that is based on their income level and family size. The sliding fee schedule only applies to Palauan citizens only. Most mothers are now requesting to be discharged within 24 hours the perceived high hospitalization cost. In response to early discharge, Public Health initiated a clinic for both mothers and infants at two weeks post delivery. Collaborations between public health nurses and hospital nurses are being strengthened as a way of facilitating communications and referrals of mothers and or infants who require home care before the two week visit.

Family Planning services are routinely provided as part of mothers port-partum care. Pap Smear screening for early detection of cervical cancer is also built into prenatal and postnatal care. Women are taught how to perform breast self-examination and counseled on the importance of having annual physical examinations. Pregnant women, mothers, and infants who reside in the outlying states are referred to the Health Worker in the nearest CHC for follow up of routine care.

The Ministry of Health receives funding from CDC for a Breast and Cervical Cancer Early Detection program. Two of the nurse practitioners working for this program are former MCH staff members and continue to collaborate with the MCH program.

Preventive and primary care services for children

The MCH program conducts routine clinics for children up the age of six years. Services include physical examination and developmental assessment, immunization, and referral for appropriate specialty type of health teaching and anticipatory guidance. The nutritionist, dental assistants, and health education staffs contribute to the routine care for children and adolescent.

Within the Ministry of Education, the Health Promotion Program has been very successful in incorporating health topics into the school curriculum. MCH personnel regularly participate in health related activities in schools. The Ministry of Education conducts a Youth Risk Behavior Survey every two years (YRBS). The first YRBS was conducted in 1997 followed by a second one in 1999. The Bureau of Public Health works as well with the Belau Families, Schools, and Community Association in promoting awareness in the community on health issues especially in children. One policy issue that is being entertained is to make physical examinations required for high school entry. The Physical Examination will be performed within the school based clinic.

Further more, the MCH program assists with school activities organized by the School Health program, which is organized by the Primary Care Division of Public Health.

Services for children with special health needs

MCH personnel collaborate closely with other agencies outside of the Ministry of Health such as Special Education, School Health program, Head Start, and other community based organizations

when necessary. The Interagency Office (SSDI funded program) is housed in the Public Health building and assist MCH Program in many coordination activities. The data for tracking of children with special health needs (CSHN) is used by the MCH program. Regular Interagency meetings are ongoing. The High Risk/CSHCN Clinics are held on a monthly basis. These clinics are collaborative in nature and its membership consist of parents, healthcare providers, case manager/social worker, special educations specialists and other specialists are invited when need is indicative.

### Other Capacity

Within the office of the Minister of Health, a fiscal officer oversees the internal financial matters for MCH program. The fiscal officer works closely with the National Finance office on financial reports and other financial activities.

The Palau Community College began an Associate Degree Nursing program in 1998, in the hopes of alleviating the staffing needs felt in many areas of nursing. The first class of thirteen students graduated in May 2000. An early childhood education program is now on going. Public Health is collaborating closely with the college in pursuit of qualified childcare workers.

On an international level, the MCH program receives assistance from other organizations such as WHO, UNICEF, UNFPA and SPC. In 1997, the SPC Secretary for the Pacific Community (formerly known as South Pacific Commission), sponsored a preliminary study on Vitamin A deficiency among children in Palau. Dr. Guy Hawley conducted this study. The report showed that Vitamin A deficiency is not a problem for children in Palau. The UNICEF has sponsored activities that allowed the Ratification of the Convention of the Right of the Child, as well as the development of the proposed National Population Policy. The WHO and UNFPA have funded numerous training for MCH staff especially in the area of contraceptive management and in particular, Norplant insertion.

Palau also receives fund for a CISS grant. The goal of this three-year project was to develop a model demonstration and training facility for child care. Child Care Services are non-existent in Palau, especially for infants and toddlers. Head Start and three other mission schools offer kindergarten education for preschoolers. The MCH and Child Care program have conducted two focus group meetings. An overwhelming need for this type of program was voiced during both meetings. In 1999, collaborations with the Palau Community College and Head Start program were further enhanced. This is evident by the following actions; A Head Start paid staff works full time in the Model Child Care Center. This is done so that more children could be accepted into the program. The Palau Community College is now in the process of opening an additional Child Care site within the College Campus. Public Health and Head Start will provide the training while students enrolled in the Early Childhood program assist. This will part of the course requirement for this program. The Child Care Program also receives volunteer workers from Japan Government under the JOVC Program. These volunteers assist the program by skill development of child care trainees. The Japan Government, supported a ten month training program in Japan for one the trainees.

## **IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES**

### **A. BACKGROUND AND OVERVIEW**

#### Five Year Performance Objective

For the most part, the five year performance objectives remained the same. For those where adjustment were made, the explanations are provided in the ERP notes section.

#### State "Negotiated" Five Year Performance Measures

Palau chose to keep the ten negotiated performance measures that were adopted last year. Although there were changes in the priority listing, it did not warrant changing the state negotiated performance measures.

#### Development of State Performance Measures

//2004//In our Family Health Conference that was recently held in June, The Bureau of Public Health decided to retain Performance Measures established in 2000 for the next five years. As mentioned earlier in other sections of this document, changing our service delivery model to be more community and family-based, resonated in this conference. Attendants of the conference's most noted comment was that the health indicators of our nation "are indicators of solutions" that people resort to doing. The problems are usually are the underlying factors that causes the indicators to appear as they are and that the health system, in order to understand these 'underlying problems, must be ingrained in communities/families lives.

#### Discussion of State Performance Measures

//2004//A detailed listing is provided on the negotiated performance measure table. The Negotiated Performance Measure that addresses families has been made the first measure in the order of its importance. Discussion on each of the measure is also provided in the progress report section of this application. There are no significant changes to be explained in this section.

#### Five Year Performance Objectives

Again, performance objectives are presented on Form 11 and explanations are provided as needed in the ERP notes. A few of the performance objectives had to be revised and in this instance the explanation is provided in the notes.

### **B. STATE PRIORITIES**

//2004// Palau will maintain the SNPM for another year. In 2005 we will change as indicated by the Needs Assessment.

#### LIST OF PALAU MCH PRIORITY NEEDS FISCAL YEAR 2004

1. To develop and implement a support system for parents and families that include home visitation, parenting education and support group.
2. To develop a system of services for adolescents who become victims of sexual abuse and sexual molestation.
3. To reduce the use of tobacco among children and adolescents.

4. To reduce the percentage of suicide attempts among adolescents.
5. To reduce the rate of death of children under 24 years of age.
6. To reduce the prevalence of obesity among children under 14 years of age.
7. To fully integrate hearing screening at 6 months of age in the Well-baby clinic's routine care which includes teaching parents on prevention of Otitis Media.
8. To increase the rate of pregnant women seeking prenatal care during the first trimester.
9. To increase the rate of children 9-11 years of age who receive sealant on at least one molar tooth.
10. To reduce the incidence of low and very low birth weight infants

### C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

#### a. Last Year's Accomplishments

//2004// This measure is not really performed in Palau for those conditions mandated. However, when a newborn is suspected of congenital anomalies, then tests are requested. The reason why we do not perform it for all births, is that the expenses associated with it can be very expensive. If genetic screenings are required, they have to be sent off island for for laboratory work-up and confirmations. However, Hepatitis B vaccines are administered at birth to the infant, whether or not a mother is positive or carrier. We continue to perform hearing screening at 6 months as mentioned earlier in other sections of this document.

#### b. Current Activities

Please refer to above statement under Last Years Accomplishments.

#### c. Plan for the Coming Year

We will continue to do as has been said before.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

#### a. Last Year's Accomplishments

//2004// We have finalized our SLAITS-like instrument. Two parents of children with special needs have been confirmed to assist the FHU to conduct the SLAITS-like survey. Data on this survey will be available in time for the 2005 Needs Assessment.

#### b. Current Activities

We are in the process of finalizing contracts for the parents to conduct the survey before October 31, 2004. We will utilize some of the MCH monies for this project as the parents are,

through this project, can ear a bit of income to support their child with special needs.

**c. Plan for the Coming Year**

We plan to have the data from this survey analyzed and used for improvement of services for children with special needs and their families, meeting reporting requirements of the Title V Block Grant, and also to influece/implement polices/regulatory measures that will influence community actions that improves the lives of people with special needs.

*Performance Measure 03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

**a. Last Year's Accomplishments**

//2004//We have not been able to measure this in the past and up till now.

**b. Current Activities**

We have finalized our SLAITS-like survey and will begin surveying identified household with a child with special needs in the home. Household's identification was completed through the 2003 Community Assessment.

**c. Plan for the Coming Year**

Complete the SLAITS-like survey and analyze results. Adopt changes to address problem areas that are identified in the survey in the 2005 Needs Assessment.

*Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

**a. Last Year's Accomplishments**

Refer to discussions under NPM04.

**b. Current Activities**

Refer to discussions under NPM04.

**c. Plan for the Coming Year**

Refer to discussions under NPM04.

*Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

**a. Last Year's Accomplishments**

//2004//The CSHCN in our database are provided on-going collaborative interagency services through a CSN/High Risk Clinic. Our physicians, pediatric case managers and social workers are in this clinic along with specialists from Head Start and Special Education. Other

specialists, such as physical therapy and vocational rehabilitation specialists are brought in when the need arises.

However, to report as to the specifics of this measure, we still cannot at this time. The SLAITS-like survey we are planning to conduct will provide us the information and data that responds to this specific issues.

**b. Current Activities**

Reference is made to above discussions and those under NPM04.

**c. Plan for the Coming Year**

Reference is made to above discussions and those under NPM04.

*Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

**a. Last Year's Accomplishments**

Reference is made to discussions already made under NPM04 and 05.

**b. Current Activities**

Reference is made to discussions already made under NPM04 and 05.

**c. Plan for the Coming Year**

Reference is made to discussions already made under NPM04 and 05.

*Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

**a. Last Year's Accomplishments**

//2004//Palau had an immunization coverage of 98%. In 2003, there were 349 2 year olds and 24 of there were "discharged" from the clinic as they had moved out of Palau. The 98% coverage included 14 of the 336 2 years who, through chart audits, were found to be true delinquent and therefore were visited and immunized. At the time of this assessment, only 3 children who resided in the remote villages, remained to be immunized and therefore, the pediatric case manager worked with the super-dispensary nurses to update and properly record the immunization coverage of the true delinquent.

**b. Current Activities**

We have developed/implemented our P & P for well-baby services including immunization requirements for up to age 5 years. We have oriented the dispensary nurses/re-train them on immunization and on a monthly basis, we send them the names of those children in their dispensary area who need to be updated.

**c. Plan for the Coming Year**

We in Palau really feel that MCHB must make an effort to develop a protocol/implement a recognition award for the states/jurisdictions that really outshine in any of the NMP's. We in Palau think that we should be recognized for this level of immunization coverage that has been established over the years.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

//2004// this measure has been high for Palau for the last 4 years. In 2003, of all births of the teen age groups, 50% occurred to this age group.

b. Current Activities

We have a teen group from one of the high school and elementary school that has been working with us as peer educators. They had developed, acted on it also, a video on teen pregnancy which has been aired off and on for the last 6 months. They are currently doing another one on suicide and suicide prevention/parent-teen communication. In this year, our school health nurse attended a 4 months training program at UCLA Womens Health Nurse Practitioner Program and therefore the school health clinic was only opened 2 times per week for primary health care and all reproductive health services was referred back to central clinic. As of this writing, the clinic has reopened and operational 5 days a week.

c. Plan for the Coming Year

Continue with teen-peer educator project on various health issues relating to teenagers and adolescents and young adults.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

//2004//This measure has become a standard practice of primary dental services in the Republic of Palau. Although we report 81% coverage rate of this measure, this is the percentage of coverage when the dental nurses perform this function in the schools. Those students who are not covered in the school are given appointments to the central clinic for sealant. Therefore, it is close to 100% after follow-up.

b. Current Activities

We will continue to perform as we had last year. MCH works with Division of Oral Health to assure that children are covered for sealants. We also work with Super-dispensary nurses to assure that those children in the villages are covered.

c. Plan for the Coming Year

We will do a complete assessment on this measure in the upcoming 2005 MCH Needs Assessment.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by*

*motor vehicle crashes per 100,000 children.*

**a. Last Year's Accomplishments**

//2004// in 2003, we did not have any deaths by MVC, however, in the YRBS there are indications that this has a chance to be a much greater problem than it appears. One good example is the percentage of kids who ride a car where the driver is intoxicated was 57%.

**b. Current Activities**

We have not really done anything this year to address the issue.

**c. Plan for the Coming Year**

Address this issue through radio-based parenting education and also through home visitations. Work with Public Safety to improve road/curfew monitoring.

*Performance Measure 11: Percentage of mothers who breastfeed their infants at hospital discharge.*

**a. Last Year's Accomplishments**

//2004// We have always had 100% attainment of this measure as our hospital does not permit bottlefeeding in the maternity ward. We have chosen to monitor 3, 6, 9 and 12 months breastfeeding activity to assure at least 12 months breastfeeding rate for infants. In 2003, our breastfeeding rate at 3 months was 42%, at 6 months, 33%, at 9 months at 27% and 29% at 12 months. We want to see these rates increase and working with a community support group to address this. We also have begun a breastfeeding support in the hospital maternity ward and follow-up visits in the first three months, if moms have breastfeeding issues.

**b. Current Activities**

We have implemented a birthing and childcare/infant care clinics as part of our prenatal services. We have social workers and birthing counselors who conduct these classes. Part of the requirement in the classes is breastfeeding practice prior to delivery.

**c. Plan for the Coming Year**

See statements made above.

*Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.*

**a. Last Year's Accomplishments**

//2004// We in Palau have opted not to do this measure as it costly and not very applicable to hearing issues in our jurisdiction. Almost all our hearing problem are otitis media related and therefore hearing screening at this early age does not address majority of the problem we have. We will continue to screen for hearing problems before the age of 6 months.

**b. Current Activities**

Refer to statement made above.

c. Plan for the Coming Year

Refer to the statement made above.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

//2004//As mentioned in other sections of this document, Palau considers everyone of its citizens as insured as the government supports more than 80% of healthcare costs and all citizens are charged on a sliding fee scale, based on their personal income. Children with special health care needs are further discounted and are not charged for any services that are provided by the Bureau of Public Health and the Belau National Hospital. These include all medical care, diagnostic services, follow-up/home visits. Tertiary medical care to Shriners and the Tripler Medical Center in Hawaii are provided free of charge, however, care received in the various medical centers in the Philippines are on a 50/50 cost share between the government and the patient.

b. Current Activities

Please refer to the statement made above.

c. Plan for the Coming Year

Please refer to the statement made above.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

This measure does not apply to us.

b. Current Activities

This measure does not apply to us.

c. Plan for the Coming Year

This measure does not apply to us.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

//2004//Of the 312 live births, 24 were low birth weight and out of this 24, 2 were very low birth weight and were also pre-term births.

b. Current Activities

As mentioned earlier in other parts of this document, we have begun birthing/childcare/breastfeeding classes as part of our prenatal services. These classes as part

of prenatal services, moms are given appointments to the classes. In these classes, diet/nutrition, mental/behavioral health issues are discussed and if moms have problems, they are encouraged and helped to address them.

c. Plan for the Coming Year

Please refer to the statements made under Current Activities.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

//2004//There was no suicide death in this age group in 2003.

b. Current Activities

We have made counseling available in the school health clinics and through referrals to BHD psychiatrists/social workers. The Behavioral Health Division has also been actively conducting trainings/classes at Palau Community College for local counselors and social workers to appropriately handle suicide and other social health issues in this age group. Our Family Health Social Workers also actively work with the school health clinics and health programs in the Ministry of Education to provide quality intervention services in the schools, clinics and in the homes.

c. Plan for the Coming Year

We will continue to perform as we are doing currently.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

//2004//We do not have NICU in Palau, however, in 2003, a 1 pound baby was delivered in our facility and survived, although he has many congenital problems and we began CSHCN collaborative services for him and his mother.

b. Current Activities

As it is the policy of the Ministry of Health's Belau National Hospital not to have an NICU. We will maintain our infants to the fullest of our Hospital's current capabilities.

c. Plan for the Coming Year

Please refer the statement made under Current Activities.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

//2004//We performed not so well on this measure and this has been the case over the last several years. The percentage has consistently been in the 30's and high 20's. Also in this reporting year (2003) our cesarian birth was also very high with many moms having problems usually associated with weight related problems.

**b. Current Activities**

As mentioned in other parts of this document, we have begun birthing/childcare/breastfeeding classes as part of prenatal services. Also in our social intervention counseling we are beginning to discuss the need for physical activities during pregnancy along with proper nutrition. It is also our opinion that we have to strongly work to change the evolving traditional beliefs of birthing through re-introduction of cultural practices that are beneficial to a healthy/safe pregnancy and birthing. We have begun this by re-assessing our prenatal brochures/information to be more culturally appropriate for Palau as the most problem pregnancies/deliveries are to women of Palauan decents.

**c. Plan for the Coming Year**

Please refer to the statements made under Current Activities.

**FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

**General Instructions/Notes:**

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Anemia Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hearing Screening by 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Birth Deffects Surveillance Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

1. Hire Enumerators to conduct SLAITS-like Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Consultant to analyze/develop report on survey results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Use survey results in 2005 NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Develop Measures to address issues that are indicated by the Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

1. SLAITS-like Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Consultant to analyze/develop report on survey results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Use survey results in 2005 NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Develop Measures to address issues that are indicated by the Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

1. SLAITS-like Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. SLAITS-like Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. SLAITS-like Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis,				

Haemophilus Influenza, and Hepatitis B.				
1. Improve Immunization Activities in the super-dispensaries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Improve recording of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Implement Adolescent Health Collaborative Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Work closely with School Health Program of the Ministry of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Improve Collaborative with Division of Oral Health (DOH) on Sealant Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Assist DOH in data-base development to capture sealant information on various age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Strengthen community education on parenting and intra and inter family communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborative with Belau Family Schools and Community Association (BFSCA) and Palau Early Childhood Comprehensive Systems (PECCS) in informational material improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Improve 6 and 12 months breastfeeding rate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fully integrate breastfeeding counseling/home visitation in post-natal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live				

births.				
1. Improve LBW through implementation/improvement of safe/healthy birthing and pregnancy classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Improve identification/counseling/referral systems of school based health programs/clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. Intensify radio/television program on importance of early prenatal care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**D. STATE PERFORMANCE MEASURES**

**State Performance Measure 1: *To develop and implement a support system for parents and families that include home visitation, parenting education and support group.***

**a. Last Year's Accomplishments**

//2004// In 2003, we began by developing policies and procedures for all our Family Health Unit services, which include creating support systems in the Unit to provide these services. We have now hired a childcare coordinator/social worker, breastfeeding/birthing counselor/consultant and improving our brochures/pamphlets and information materials in the clinics. We also have worked to improve nutrition counseling to include physical activities. In the policies and procedure, it calls for the Womens Health Nurse Practitioners to also act as case managers for all prenatal moms who will follow them up after delivery to assure positive bonding and feeding prior to discharge from the hospital and follow-up in the home for the first 6 weeks to 3 months after delivery, should a problem is indicated.

The Unit counsellers also worked with the Division of Behavioral Health to develop a Mental Health Assessment Tool for prenatal and post partum. This tool has been finalized and has been implemented. We use this tool to identify depression and other disorders in pregnant women and intervene prior to their delivery. A post partum tool is also administered prior to the 4th month after delivery to identify post partum depression and also to intervene before the problem becomes a life time issue of the woman.

**b. Current Activities**

We have implemented those initiatives that we undertook last year as discussed under Last Years Performance.

**c. Plan for the Coming Year**

Another initiative that we will do in the coming year is to complete the SLAITS-like survey and

through result of this survey we will re-think/organize/implement our system of services for children with special health care needs and their families. We feel that the CSHCN Collaborative Assessment Clinic should be increased from one to two each month, however, we want to see through the result of the survey if this is mandated.

*State Performance Measure 2: To develop a system of services for adolescents who become victims of sexual abuse and sexual molestation.*

a. Last Year's Accomplishments

//2004// Although we had developed an Adolescent Health Collaborative Agreement and many people in the community and agencies feel very positive about it, we have not really implemented it. Counseling on school sites is also now available and hotline services has just now taken off the ground. We feel that the services that the Adolescent Health Collaborative will mainly be involved with is strong primary and preventive health program and referral services for secondary and tertiary problems. We are working with the Division of Behavioral Health and the Ministry of Education as our primary partners in this initiative. An office space for the collaborative personnel has been made available to us by the Ministry of Education which we will share with the school-based health clinic. Counseling services will be available on-site and the counselors will work to other schools/homes from this site. They will receive their programmatic supervision from the FHU Administrator and clinical supervision from the BHD Psychiatrist.

b. Current Activities

Please refer to statements made under "Last Years Activities"

c. Plan for the Coming Year

We will finalize/adopt the Adolescent Health Collaborative Agreement and implement it. We also need to identify funding sources that will assist us in really organize our Adolescent Health Program in a manner that is culturally appropriate for Palau.

*State Performance Measure 3: To reduce the use of tobacco among children and adolescents*

a. Last Year's Accomplishments

//2004//Based on the 2003 YRBS the rate for first time smokers in the middle school is under 1% and in High Schools, the rate of use (in the last 30 days) is about 13%. There has been a decrease in this measure since 1997 when YRBS was first conducted.

b. Current Activities

We give school/community/PTA talks and also work with the MOE's School Health Program to promote tobacco education in schools. However, we do give credit to the "Stop Tobacco Use Now" Program (STUN). They have been very vigilant in the tobacco cessation activities in Palau. They were also instrumental in the passage of legislation that increased tobacco sales tax and banning sale of tobacco to minors. They also have been instrumental in the implementation of the law by consistently monitoring vendors and showing results of their monitoring to the public through GPS mapping of the various communities of Palau. This map shows that retail outlets that continually violates existing tobacco laws.

The FHU has been instrumental in actively supporting school/community based physical activities through community and school improvement that promotes physical activities.

**c. Plan for the Coming Year**

We will continue to undertake other initiatives that will help to promote cessation of tobacco use and support programs and activities that promotes this activity.

**State Performance Measure 4: *To reduce the rate of death of children under 24 years of age.***

**a. Last Year's Accomplishments**

//2004// in 2003, Palau first experienced a homicide that took the life of a mother, father and their young son. This became a national tragedy that the whole nation mourned for. We also had 2 deaths in this age group that were MVC related (alcohol related) a drowning and one due to a housefire which was also alcohol-related. In all we had 5 young people who died needlessly. The number of death in this age group was similar to that of our perinatal death.

**b. Current Activities**

Reference is made to statements made in other parts of this document relating to changing the course of our services from very clinic based to more family/community based activities. We have been training our public health nurses in community health, implemented social services component into Family Health Unit, organizing/finalizing the adolescent health collaborative.

The Ministry of Justice have begun monitoring a portion of the road, which in the last two years, 6 deaths of adolescents/young adults have resulted.

**c. Plan for the Coming Year**

Implement the Adolescent Health Collaborative Agreement and strengthen the social service component of the Family Health Unit.

**State Performance Measure 5: *To reduce the percentage of suicide attempt among adolescents***

**a. Last Year's Accomplishments**

//2004//There were no deaths as a result of suicide in this age group. However, in the 2003 YRBS the suicide ideation and suicide attempt rate continue to be high.

**b. Current Activities**

Reference is made to activities we have undertaken relating to the Adolescent Health Collaborative Agreement as have mentioned in other parts of this document.

**c. Plan for the Coming Year**

Reference is made to statements made under "Current Activities" and other parts of this document in relation to this Measure.

**State Performance Measure 6: *To fully integrate hearing screening at 6 months of age in the well-baby clinics routine care which includes teaching parents on prevention of Otitis Media***

**a. Last Year's Accomplishments**

This measure is now fully integrated in the well-baby clinic and has been made part of our services policies and procedures. We had 100% coverage in this measure and part of our strong activities is clinic and community-based prevention measures of otitis media and care of otitis media. We also work closely with ENT Clinic and Specialty Services to identify and refer children for additional care/management of middle ear related problems.

**b. Current Activities**

Please refer to statements made under "Last Year's Accomplishments"

**c. Plan for the Coming Year**

Reference is made to statements made under "Last Year's Accomplishments".

**State Performance Measure 7: *To increase the rate of pregnant women seeking prenatal care during the first trimester***

**a. Last Year's Accomplishments**

//2004//We continue to perform very poorly on this measure as has mentioned in other sections of this docuemnt.

**b. Current Activities**

We have implemented other initiatives that we strongly feel will have a positive impact on this measure. First we have worked with the Delivery and Maternity Ward to allow involvement of fathers/birht partners in the delivery process unless otherwise restricted by the doctor. The EARly Childhood Comprehensive Systems Collaborative Committee, which has members from the community such as mothers, fathers, grand-parents, faith-based counselors, has come up with a school of community-based radio education program where they will discuss the need for pregnancy planning/management as the beginning stage of a good childhood for new babies.

**c. Plan for the Coming Year**

Reference is made to statements made under "Current Activities"

**State Performance Measure 8: *To increase the rate of children 9-11 years of age who receive sealant on at least one molar tooth.***

**a. Last Year's Accomplishments**

//2004//This is another SNPM that we continue to do poorly on. We need to discuss issues relating to this measure with the Division of Primary Health Care as the school health program

is under the direct supervision of this division to make sure that the physical examination for this age group is completed.

**b. Current Activities**

We currently are discussing ways that we can implement to enable us to accurately accomplish this measure, with the school health clinic nurse, administrator of primary health care and the director of the bureau of public health. The direction of these discussions is that it should coincide with school health visits of the dental division when they go to schools to apply sealants so that we do not bother so much school days of the kids.

**c. Plan for the Coming Year**

Please refer to statements made under "Current Activities".

**State Performance Measure 9: *To reduce the prevalence of obesity among children under 14 years of age***

**a. Last Year's Accomplishments**

//2004//We refer to SNPM8. Since this measure was not appropriately covered, obesity rate in children was not done. Again, along with SNPM8, this measure is a collaborative effort between FHU and the Division of Primary Health Care.

**b. Current Activities**

Reference is made to statements already made under SNPM8 and under this measure's "Last Year's Accomplishments"

**c. Plan for the Coming Year**

Reference is made to statements made under SNPM8 and this measure's "Last Year's Accomplishments".

**State Performance Measure 10: *To reduce the incidence of low and very low birth weight infants***

**a. Last Year's Accomplishments**

//2004//There were only 2 VLBW's in 2003, however, our LBW was very high. These VLBW and LBW were mostly of mothers with many birth complications and most often had to deliver by cesarain section. Statements has been made in other parts of this documents on activities we have undertaken to try to intervene on negative birth outcomes.

**b. Current Activities**

Please refer to statements made under "Last Year's Accomplishments".

**c. Plan for the Coming Year**

Reference is made to statements under "Last Year's Accomplishments"

**FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) To develop and implement a support system for parents and families that include home visitation, parenting education and support group.				
1. Implement Mental Health Assessment in the Pre and Post partum clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Strengthen breastfeeding visits in the maternity ward and homes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Work with Palau ECCS to finalize culturally appropriate early childhood/parenting informational materials and disseminate as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Strengthen radio/tv parenting education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) To develop a system of services for adolescents who become victims of sexual abuse and sexual molestation.				
1. Implement Adolescent Health Collaborative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assure partnership of the Victims of Crimes Abuse (VOCA) in the Adolescent Health Collaborative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Strengthen/support partnership/activities of the school health clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assure some financial support from the State Incentive Grant to the Adolescent Health Collaborative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) To reduce the use of tobacco among children and adolescents				
1. Support efforts of the STUN Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Support school-based physical activities/programs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) To reduce the rate of death of children under 24 years of age.				
1. Strengthen activities/presence of FHU in each communities of Palau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop state/community partners in health promotion and prevention programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Conduct Social Marketing training for public health and other community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Work with State Incentive Grant (SIG) to assist states to develop their substance abuse prevetion programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) To reduce the percentage of suicide attempt among adolescents				
1. Implement Adolescent Health Collaborative Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Strengthen quality counseling services for adolescents and young adults in health and other agencies through support of training by Behavioral Health Division	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Continue to utilize people in this age group as educators by developing television programs on suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Strenghten agency identification/counseling/referral of suicide attempts/suspects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) To fully integrate hearing screening at 6 months of age in the well-baby clinics routine care which includes teaching parents on prevention of Otitis Media				
1. Continue with implementation of guidelines as has been established	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) To increase the rate of pregnant women seeking prenatal care during the first trimester				
1. Increase promotion activities on the radio and television	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Improve messages on educational program to be more public friendly and culturally appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) To increase the rate of children 9-11 years of age who receive sealant on at least one molar tooth.				
1. Work with Oral Health Divison to improve their database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate/partner with Oral Health Division on activities of school visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Work with super-dispensary nurses and WHNP to improve coverage of physical examination and sealant application on adolescents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) To reduce the prevalence of obesity among children under 14 years of age				
1. Support school and community based physical activity programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Implement the health component of the Palau National Youth Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) To reduce the incidence of low and very low birth weight infants				
1. Improve quality of health education in the prenatal clinics in relation to nutrition/physical activity, STI's and others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Strengthen/improve home visits of high risk pregnancy moms by WNHP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do a longitudinal assessment on these two issues in the 2005 Needs Assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. OTHER PROGRAM ACTIVITIES**

//2004//FHU also works with other programs such as HIV/AIDS to assure that pregnant women are counseled and encouraged to receive HIV testing. We attain over 95% HIV screening of our pregnant moms. We also work with the Division of PRimary Health Care to assure that FHU services in Superdispensaries are delivered in quality manner through training of dispensary nurses. We also have assigned a WHNP to each superdispensary to work with the dispensary nurse to assure quality of care for all our services. The CSHCN/High Risk Clinic has increased to twice a week and we are now deliberating on increasing the CSHCN/High Risk Assessment Team Review to twice a month to assure compliance to our Guidelines which calls for at least 2 assessment each year for each child in the database. We have also met with two communities in the north island to introduce staff and services to their areas and hear community concerns to our services and ways that we can improve on them.

FHU also works to maintain the MOU for CSHCN assure that collaboration and databases continue. We think that unless we continue these activities, it will fall through the crack. Because of this MOU, we work with other agencies and NGO's to promote disability issues, lobby for passage of legislations that will improve the conditions of disability especially children with disabilities in Palau. We have worked in the past to change legislations, influence agency policies and services and initiate infrastructure changes that eventually benefits all people.

FHU continue to work with MOHMIS to assure that the information system is changed to accommodate information needs of the Title V MCH Block Grant. This is an on-going process and that we will continue to be a major player in the process.

## **F. TECHNICAL ASSISTANCE**

In fy 2004, we request the following technical assistance.

1. Request an assistance from an epidemiologist to review/analyze/report on the result of SLAITS-like Survey that we will use in the 2005 Needs Assessment. The TA will pay for the cost of the epidemiologist (Dr. Angela Techur-Pedro).
2. We also would like to have the opportunity to use the TA monies to pay for consultant fees including travel/accommodation for the FHU Administrator/CSHCN Coordinator to present the result of Palau's PRAMS-like and SLAITS-like surveys in the 2005 Pacific Basin Interagency Leadership Conference, which is to be held in Saipan, CNMI in March/April. Palau will be the only jurisdiction in the Pacific FAS including Guam, Saipan and American Samoa that have implemented these two instruments as part of program and services monitoring and evaluation.

## **V. BUDGET NARRATIVE**

### **A. EXPENDITURES**

//2004//The FY2003 budget supported salaries of key MCH staffs including 1.0 FTE of the professional staff who has been helping us to complete our Unit Guidelines and Policies and Procedures and also the Adolescent Health Care Coordinator. Salary for the unit's OB/GYN and other clinic staff has been coming from other different funding sources. Including in this personnel budget is a slot for a Family Health Care Coordinator. This staff will work to implement and intensify process of screening for postnatal depression and other indicators of family dysfunction. The Unit will work with the Division of Behavioral Health to provide consultative services in psychosocial problems of its clients.

Funds from Title V MCH Block Grant are also used to support all activities relating to children with special health care needs. This include clinic activities, salaries for pediatric case manager and coordination activities between FHU and other agencies including the interagency collaborative database for CHSCN.

### **B. BUDGET**

Appendix D  
MCH BLOCK GRANT  
BUDGET AND JUSTIFICATION  
FISCAL YEAR 2004

Personnel

Justification: These are all the personnel that are paid under grant funds, who perform work to meet objectives of the program. They perform direct health care including enabling and population-based services for all MCH population. They collaborative with agencies in and outside of the Ministry of Health to assure comprehensive health services delivery to CHSCN and their families. 130,088

Fringe Benefits (11% of base salary)

14,412

Justification: Fringe benefits factored at 11% are requested for Social Security and Pension Plan for personnel

Travel: 15,746

Justification:

Attend the Annual AMCHP Meeting in Washington, D.C.

(Airfare, per diem, and ground transportation expenses for one person = \$4,046

Attend the annual grants review in Hawaii

(Airfare, Perdiem, and ground transportation expenses for one person = \$3,050

Attend the annual MCH Coordinators Meeting in Honolulu, Hawaii. Airfare, perdiem, and ground transportation = \$3,350

On-island travel:

(POL \$150 x 12 months = \$1,800

(Vehicle Maintenance = \$2,500

Justification: These are all grant required meetings that the coordinator must attend. We also request monies to support inter-island travel for staff when they visit outlying islands and villages for the provision of MCH related services.

5. Equipment 0 0

6. Supplies

Medical = \$2,500 5,000

Office Supplies = \$2,500

Justification: minimal monies are requested for routine medical and office supplies for the clinic.

7. Contractual 0

8. Others 1,500

Communications - telephones, faxes, e-mail

internet = \$1,500

Justification: Monies are requested for internal and external communications costs.

9. Trainings/Meetings 1,500

Justification: Semi-annual meeting/workshop costs. These workshops bring in people from outside and inside the Ministry of Health to discuss/strategize activities that will improve service delivery.

10. Indirect Charges 3,930

Justification: Based on the most recent negotiated agreement at 3%.

Total Amount Requested 164,311

## **VI. REPORTING FORMS-GENERAL INFORMATION**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. GLOSSARY**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. TECHNICAL NOTE**

Please refer to Section IX of the Guidance.

## **X. APPENDICES AND STATE SUPPORTING DOCUMENTS**

### **A. NEEDS ASSESSMENT**

Please refer to Section II attachments, if provided.

### **B. ALL REPORTING FORMS**

Please refer to Forms 2-21 completed as part of the online application.

### **C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS**

Please refer to Section III, C "Organizational Structure".

### **D. ANNUAL REPORT DATA**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.