

Federated States of Micronesia

**“Plus 5” Review of the 2002 Special Session
on Children and World Fit for Children Plan
of Action**

Country Report

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1. Introduction

The following report on the status of the WFFC +5 demonstrates that the Federated States of Micronesia has been active in pursuing WFFC goals and objectives since 2002. While the data show the level of successes, there are major structural, social, economic and cultural issues that face the full achievement of all of the objectives in the various UN programmes that target children and wider issues. However, considerable progress towards improving the situation of children and the wider population has been achieved in FSM through the work of the FSM Government, the international community, and civil society groups. The WFFC goals and objectives are very similar to those of the MDG and also bear semblance to CRC objectives. Reporting is largely against MDG goals and objectives as WFFC is subsumed into them.

2. Major national actions taken for children towards the WFFC targets since 2002.

Progress since 2002:

- a. Signatory to the CRC Optional Protocol, 2004
- b. CEDAW Ratification in 2005
- c. Youth Policy passed in 2005 and started implemented in 2006
- d. The first MDG report linked into the National Strategic Development Plan (SDP) which includes WFFC indicators and objectives
- e. Taskforce created to implement Trafficking and CSEC, 2006
- f. Introduced Trafficking and CSEC Bill to the FSM Congress, 2006
- g. Draft report and plan of Action on the FSM MDG, 2007
- h. MDG Report to be finalized, August 2007
- i. Girl Scouts became an active program, promoting CRC and CEDAW (Girls aged 6 to 17 years old), 2005 until present
- j. Parenthood Training (Father and Sons) and (Mother and Daughter) Annual workshops – aim is to improve Communication Skills problems, Summer 2005 until present
- k. Young Women in Sport, 2005 until present
- l. Boy Scouts, Summer Program 2000 until present
- m. National Gender Sensitivity Training of Trainers to Youth in the FSM-on-going
- n. Food and Nutrition Policy; and National Plan of Action on Nutrition, 2007-2012.

2. Resource trends for children

Estimated Funding Streams for FSM Children (1 to 18 yrs.)		
US Federal Programs	Amount	Year
Maternal and Child Health	\$522,538.00	2006
State Systems Development Initiative (SSDI)	\$100,000.00	2006
Family Planning	\$410,743.00	2006
Immunization	\$813,279.00	2006
HIVIDS	\$351,519.00	2006
Special Education	\$576,523.00	2006
Head Start (EEC)	\$5,000,000.00	2006
Foreign Grants		
World Health Organization (for all programs)	\$262,000.00	2006
UNICEF	\$7,000.00	2006
UNFPA	\$28,000.00	2006
Total	\$ 8,071,602	2006

Source: DEPT. OF HEALTH, EDUCATION AND SOCIAL AFFAIRS

4. Development and use of monitoring instruments to track WFFC/MDG targets

The FSM Planning and Statistics Office has just completed the 2005 Household Income and Expenditure Survey (HIES) reported the following:

The incidence of basic needs poverty averages approximately 28% across the FSM. This does not mean that 28% of families were going hungry or experiencing absolute poverty, but rather they were facing demands for cash to satisfy basic needs including food, school fees, health care and community obligation that exceed their income.

A study conducted in 2004 by the Asian Development Bank in the 3 out of 4 FSM States concluded the most of the people believed their situation had worsened in the past 5 years, particularly because of the growing needs for cash to gain access to basic services and goods. A contributing trend was a rise in alcohol and drug use in the community. The people most at risk of poverty or hardship or disadvantage included: those without regular income; families with many dependents and no land or secure tenure; and people who lacked access to basic education and health services. These particularly included:

- Single mothers, widows, and/or sole income earner;
- Youth particularly those who were unemployed, drop-outs, or young parents having no or few prospects of becoming financially independent from their families;
- Orphans.

5. Enhancing partnerships, alliances for children and participation

The FSM and State Youth Program conduct various youth orientated activities including: an annual Youth Conference (focus on child protection and rights); Youth Participation in the annual National Law Day Debates; Youth participation in church programs; Youth participation in the FSM Suicide Coalition.

The FSM is involved with youth orientated initiatives such as: the 1st Conference of Youth Ministers of the Pacific Community held in Tahiti in July 1998; the ministers adopted the Pacific Youth Strategy 2005; the United Nations World Program of Action for Youth to the Year 2000 and Beyond; the UNICEF Convention on the Rights of the Child; and the Commonwealth Youth Programmes' Plan of Action for Youth Empowerment.

6. Achievement of WFFC Plan of Action set against related MDG targets

A. Promoting Healthy Lives:

The FSM Constitution and the Law on Public Health, Safety and Welfare promote and protect the basic well-being of all residents of the FSM including the most vulnerable members of the community mothers and children. The following are legal milestones of the Law:

- a. 41FSMC & 403 requires all children to complete immunized against communicable diseases prior entering school, PL1-122;
- b. Draft Bill on Exclusively Breastfeeding up to 6 months – Pending Status (The FSM Congress had passed the first reading and it got deferred. This draft bill came back for the President's Office to review further and re-submit. This draft bill is still pending at the President's Office.)
- c. Proposed Amendment to Part 10.2 A (Paid Maternity Leave), Part 10.3 ("Leave with Pay") of the Public Service System Regulation is proposed to be amendment by inserting a new sub-part 10.3h entitled "Paid Maternity and Paid Paternity Leaves." This amendment is consistent with Section 146 of the PSS Act, which allows maternity leaves and leaves for "other reasons that are in the interest of the others, including children."
- d. 41/fsmc, Chapter 7, Sanitation, sets standards and practices for the construction of toilets, sanitary condition of property, removal of rubbish and inspection of food and schools for acceptable standards of health and sanitation

- e. Healthy Meal and Snack Guidelines for the National Conferences and Workshop in the FSM- pending status
- f. FSM Food Guide – MODFAT (Micronesia One Diet Fits All Today)
- g. FSM School System, Policies on Nutrition, School Feeding Program, Wellness and Physical Activity – Under review.

B. Promoting quality education

Challenges

- There are high drop-out rates in secondary schools.
- There are also significant problems relating to the quality of education services, particularly in the Outer Islands.
- Over 20 percent of total population of the FSM has out-migrated to the US mainland or other locations which affects school enrolments.

Current Situation of the FSM Education:

The FSM has an American style education system with free public education from the ages 6 to 15 years of completion of the 8th grade. Complementing the public education system, religious groups run privately funded elementary and secondary schools with government supports with non-public school aids.

The school system generally is not in a good state. As more people have migrated to the state capitals, urban schools have become over-crowded and outer island schools depleted of students. Many school buildings are old and in poor repair, textbooks and other teaching aids are in short supply. The school system has had difficulty in keeping up with the growing school-age population, a problem compounded by the economic down-turn.

By national law, school attendance is compulsory for all children, including those with disabilities, from the ages of six to fourteen or at graduation from the eighth grade but this is still not fully enforced. According to the 2000 National Census, school attendance peaked around 9 to 11 years at 90 per cent of all children, suggesting that around 10 per cent of this age-group were either left schools or transferred to other schools within the FSM or to Hawaii, Guam or other schools in the United States.

Net enrolment ratio in primary education in 1994 was 94%. The 2000 FSM Census reported a slightly reduced ratio of 92%. Again this may be caused by the movement of the people of the FSM through interstate or out-migration.

The proportion of pupils starting grade 1 who reached grade 5 reported in 1999 FSM School Year were 3,519 (**87%**) and reduced to 3,062 students (**85%**) reported in School Year 2005 due to out migration of people in the FSM.

The Teacher Certification Regulations were revised based on the recommendations of the National Education Summit in 2000.

C. Protecting Against Abuse, Exploitation and Violence

FSM Constitution, Chapter 5, states that the FSM Government is responsible for the care and protection of children removed from their homes because of abuse. However, there are at present no State run institutions to which children in these circumstances can be remanded. This is because there is no perceived need for any such institution due to the role of the extended family unit in the FSM. Clan members intercede to provide care and maintenance for abused children.

FSM does not have foster homes or separate homes for abused children.

D. Combating HIV/ Aids:

There have been a total of 32 confirmed cases of HIV in the FSM since 1989, of which five are still living although two are now residing overseas. Of the thirty two cases, twenty three are from Chuuk and just three of these 23 cases are still alive. Most cases were identified between 1998 and 2001 and were clustered in particular island groups. The risk factors for acquiring the HIV infection were:

- Heterosexual contact (13 Case/7 males and 6 females)
- Homosexual contact (15 Male cases)
- Perinatal transmission (4 cases/2 males and 2 females))
- Injecting drug use (1 male case)

Prevention and care services for HIV and other STIs are primarily funded through four grants from the US Centers for Disease Control (CDC) with a total approximate annual value of US\$350,000.

7. Lessons learned

- a. A significant fact is that FSM does not have a systematized and updated statistical representation of data relating directly to WFFC or MDG indicators.
- b. Progress towards achieving significant progress against WFFC indicators is uneven and in some cases going backwards, especially in education, health, HIV/AIDS and water and sanitation.
- c. FSM is experiencing economic instability and there are few real chances for young people to gain an adequate education and employment within the cash economy. This results in a severe 'poverty of opportunity' which then reinforces the cycle of dependency and need – the WFFC and MDG goals struggle to accommodate this situation.
- d. FSM Government and civil society have demonstrated ability to work against multiple economic and social problems but will require further structural reforms and donor assistance to progress MDG and WFFC goals.

Annex: Achievement of WFFC Plan of Action and related MDG targets.

Target 1: Promoting Healthy Lives

Goal: Reduce maternal mortality: Reduction in the maternal mortality ratio by at least 1/3 in pursuit of reducing it by ¾ by 2015			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Maternal mortality ratio (per 100,000 live births)	224 (2000) ¹	-	PIC Regional MDG Goals Report 2004
Proportion of births attended by skilled health personnel (%)	87.7 (2001)	-	PIC Regional MDG Goals Report 2004

Goal: Reduce child malnutrition : Reduction of child malnutrition among children under 5 by at least 1/3, with special attention to children under 2 years, and reduction in the rate of low birth weight, weight for at least 1/3 of current rate.			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Prevalence of underweight –moderate and severe (%)	15% (2000)	-	PIC Regional MDG Goals Report 2004
Prevalence of Under 5 stunting-moderate and severe (%)	Yap & Kosrae :19.5% (2-4 yr) (2000) Chuuk :18% (2-6 yrs) (2002)	-	US CDC, FSM Health Authorities, UNICEF survey report, 2000; US CDC UNICEF survey report, 2002
Prevalence of Under 5 wasting- moderate and severe (%)	Yap & Kosrae: 3.5% (2-4 yr) (2000) Chuuk: 6% (2-6 yr) (2002)	-	Same as above
Prevalence of Anaemia among children under 18 years old (%)	Yap & Kosrae: 12.3% (2-4 yr) (2000) Pohnpei: 20.8% (2-4 yr) (2004)	-	Same as above
Proportion of infant less than 4 months who are exclusively breastfed (%)	60% (1999)	-	UNICEF Pacific Island Country Profile, 2000
Proportion of children 6 - 59 months of age who have received a high dose vitamin A supplement in the last 6 months (%)	-	74% (2004)	NYHQ Nutrition section database, UNICEF 2006

¹ Calculated based on the number of maternal deaths 6 and the number of births 2,677; 274 in 1999 according to the SITAN 2004

Goal: Enlarge the access to hygienic sanitation facilities and affordable and safe drinking water: Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least 1/3			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Proportion of households with sustainable access to an improved water source (%)	-	Total: 94% Urban: 95% Rural: 94% (2004)	WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation
Proportion of households with sustainable access to an improved sanitation (%)	-	Total: 28% Urban: 61% Rural: 14% (2004)	WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation

Target 2: Providing quality education

Goal: Expand early childhood care & education for children Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Primary school net enrollment ratio (%)	92.3 % (2000)	-	PIC Regional MDG Goals Report 2004
Survival rate to grade 5 (Administrative data)	66.9 % (2000)	-	PIC Regional MDG Goals Report 2004
Secondary school net enrollment ratio (%)	24.9 % (2000)	-	State of Pacific Youth, 2005
Years of education that is compulsory to attend (years)	6-14		Elimination of All forms of Discrimination and Violence against the Girl Child, 2006
Years of education that is free from charge	Yes		Same as above

Goal: Eliminate illiteracy amongst adults Achieve a 50% improvement in levels of adult literacy by 2015, especially for women			
Indicator	Baseline 2002 (or most recent available)	Most recent data available	Source of data
Adult literacy	Male: 96% Female 94.2% (2000)	-	UNESCO Institute for Statistics

Target 3: Protecting Against Abuse, Exploitation and Violence

Goal 1: Protect against abuse, exploitation, and violence	
CRC ratification	Ratified CRC in 1993 (with amendment to Article 43 (2)-Accession) and submitted the initial report in 1996. 5 year periodic report is drafted in 2003.
NACC	The President's National Advisory Council on Children (PNACC) was created to coordinate activities related to promote CRC and implement child rights programmes
Measure to protect children from abuse, exploitation & violence	<p>41 FSMC, chapter 5, Child Abuse, requires the reporting of cases of child abuse and protection of children who are victims of abuse.</p> <p>11 FSMC, Criminal Code, provides numerous crimes that constitute abuse and related punishments</p> <p>41 FSMC, chapter 5, Child Abuse, places the responsibility on the FSM Government for the care and protection of children removed from their homes because of abuse.</p> <p>12 FSMC, chapter 11, Juveniles, requires that children adjudicated as delinquent be confined in a place and under conditions the court deems are in the best interests of the child.</p> <p>40 FSMC § 501, Child Abuse makes it a policy to remove and protect children from circumstances and conditions which have caused them injury. Aside from this situation, there is no law allowing removal of children from their families.</p>
Goal 2: Protect children from the impact of armed conflict	
OP status	Signed the Optional Protocol to CRC on the involvement of children in Armed Conflict in 2002.
Legislative environment to protect the children in armed conflict	<p>In the event that children were to seek refuge in the FSM, the Government, with the assistance of international agencies, would seek to reunite the child with the parents. The FSM Constitution provides for equal protection of all people, regardless of race, ancestry or national origin.</p> <p>The FSM has no armed forces nor has it been involved in any recent hostilities. Consequently, no children are recruited, take part in or are affected by armed conflict.</p> <p>Under the Compact of Free Association, FSM citizens 18 years or older may enlist in the United States armed services.</p>
Goal 3: Fight against sexual exploitation	
OP status	Adopted the Stockholm Declaration and Agenda for Action in 2001.
CADAW ratification	<p>Government signed the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography in 2002.</p> <p>Ratified CEDAW in 2004.</p> <p>Under PNACC, there is a sub-committee to review all protection laws for women and children, to coordinate programme development and to combat poverty and the CSEC.</p> <p>11 FSMC § 918 makes the removal or confinement of a person by force, threat or deception, as in the case of a person under the age of 14 and without the consent of their parents, a crime.</p> <p>Kidnapping includes removing any child under the age of 14 without the consent of the child's parent or guardian.</p>
Measure taken to protect children from sexual abuse	
Goal 4: Eliminate child labour	
ILO convention ratification status	<p>Not member state to the ILO convention.</p> <p>Currently, there are no national laws relating to child labour. Although child labour exists in the FSM, it is not labour of an exploitative kind. Fishing and some agriculture, common to the subsistence nature of the FSM economy are examples of tasks children might do on behalf of the family. The Division of Labour is currently reviewing existing legislation to determine the need for child labour safeguards, such as minimum hours, wages and working conditions.</p>

Goal 5: Improve the plight of millions of children who live under especially difficult circumstances	
Improve the plight of millions of children who live under especially difficult Circumstances	6 FSMC § 1634 states clearly that no adoption shall take place without the child appearing before the court and the court being satisfied that adoption is in the best interests of the child. § 1633 requires the consent of any child over the age of 12 before adoption. The national law also recognizes that a child may be adopted according to local custom. In such circumstances, the court has no authority in the adoption. A local adoption usually requires nothing more than parents willing to give up their child and parents willing to accept the child. Consequently, there are no safeguards that such adoption is in the best interests of the child.
Adopted children	There are no specialists within the FSM to deal with most of children with special health conditions and children are dependent on off-island referrals and visits from specialty teams, who come perhaps once a year.
Children with special needs	The FSM through each state department of education, has available educational programmes for eligible children with disabilities. Such programmes are established, reviewed and required by both state and national legislation. The department of education in each state, under the coordination of the National Department of Education, is responsible for ensuring that individual education plans (IEPs) are developed and implemented for each child with a disability.

Target 4: Combating HIV/AIDS

Goal: Time-bound national target & fight against gender based discrimination in relation to HIV/AIDS			
By 2003 establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2010 HIV prevalence among young men and women aged 15-24 by 25%			
Indicator	Baseline 2002 (or most recent data available)	Most recent data available	Source of Data
Status of HIV and AIDS policies and policies to fight against gender stereotypes and attitudes, and gender inequalities in relation to HIV / AIDS	FSM did not have a comprehensive and costed NSP in 2002. 2003 cumulative HIV infection in FSM was 6. FSM is a signatory to CEDAW and CRC.	FSM has an HIV strategy which is costed, as well as a specific policy to address vulnerability amongst young people. There are no specific targets available in the reports available. 2005 Cumulative HIV infections totaled 21. Progress in intensifying efforts around school-based HIV awareness and prevention have been made (refer to the table below).	UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS; UNIFEM
Cumulative HIV cases (including AIDS)			AIDS Section, Public Health Programme, SPC 2005
Cumulative HIV incidence-crude rate per 100,000 (99% CI)			AIDS Section, Public Health Programme, SPC 2005

Goal: Reduce HIV vertical transmission By 2005, reduce the proportion of infants infected with HIV by 20% and by 50% by 2010, by: ensuring that 80% of pregnant women accessing antenatal care have

<p>information, counseling and other HIV prevention services available to them; Increasing the availability of and by providing access for HIV infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV infected women, including VCCT; Access to treatment, especially ART and, where appropriate, breast milk substitutes and the provision of a continuum of care</p>			
Indicator	Baseline 2002 (or most recent data available)	Most recent data available	Target for 2015 Source of Data
Mother to child transmission cases	There are no documented mother to child HIV transmission cases in FSM. VCCT and antenatal services available in limited settings. Prevention activities prioritized in national strategy.	No change noted	UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.
Status of PMTCT policy	No PMTCT targets have been set.	No PMTCT targets have been set.	UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.
Access to treatment, especially ART and, where appropriate, breast milk substitutes and the provision of a continuum of care	Treatment available to those identified and compliant. No milk substitute policy at baseline.	Treatment available to those identified and compliant. No milk substitute policy.	UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS; UNIFEM; MoH; UNICEF Situation Review.