

# **Republic of Palau**

**“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 MDG and WFFC goals and indicators are recognized at the highest policy levels within the Republic of Palau and are used to frame national development priorities to the extent of local relevance. In some cases, Palau has achieved or exceeded international targets and now directs its efforts toward more ambitious targets.

#### ***Poverty***

With respect to poverty, the central focus of the MDG, Palau has not promulgated an official definition of poverty (income poverty or any other types of poverty) or hardship (the term preferred in the Pacific Island region). Poverty/hardship prevention and alleviation, however, are addressed implicitly in all government plans and policies. As an overarching objective, the National Master Development Plan of 1996 calls for actions to “*substantially enhance the quality of life of Palauan and future generations of Palauan*” and sets three main goals:

- 1. To increase real economic growth on a sustained basis;*
- 2. To share the benefits of economic growth on an equitable basis;*
- 3. To enrich and enhance confidence in the Palauan culture, raise national consciousness, and protect the natural environment of Palau.*

As a part of the national poverty strategy, the Constitution and Palau National Code contain a number of relevant provisions including: (a) policies that strive to prevent alienation of land; (b) twelve years of fee-free education for all citizens; (c) free or subsidized health care for all citizens.

#### ***Participation***

The process of involving children and youth in policy formulation and program design is now widespread in Palau. Many organizations routinely make provisions for children and youth to be heard. Non-government organizations, such as the Palau Community College, specifically include a youth or student representative in their Board of Directors or have other mechanisms for involving children and youth. While there is always the ability to improve, given that Palau is traditionally a society in which only elders speak, tremendous progress has been made opening-up avenues for children and youth to be heard on matters that affect them.

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

As the Mid-decade Review of the WFFC demonstrates, since the MDGs were promulgated in 2000 and WFFC goals were promulgated in 2002, Palau has incorporated many of these goals into major policies and plans, passed significant legislation and introduced new programs which enhance the lives of children and their families.

- A National Plan of Action for Children was prepared in 1997 at the time of Palau's first report to the International Committee on the Rights of the Child. This plan will be updated in 2007 as an output of the UNICEF-sponsored update on the Situation of Children. In the interim, sector and sub-sector plans have been prepared to address specific aspects of children's well-being notably, the revised Education Master Plan (EMP) 2006-2016 and the Maternal and Child Health (MCH) Plans (updated annually). WFFC goals and targets are prominently featured in the EMP 2006-2016 and are referenced as applicable in the National MCH Plan.
- A National Youth Policy (encompassing the 15-34 age group) was prepared in 2004.
- The National Master Development Plan was prepared in 1994 and adopted in 1996. The plan will be updated in 2007-8. WFFC goals and targets will be integrated into the plan to the extent these are relevant to Palau's situation.
- Legislation has been enacted to extend mandatory school attendance to age 17 or high school graduation.
- A National Nutrition Act for Children has been enacted to implement the International Code on the Marketing of Breastmilk Substitutes.
- Legislation has been enacted that makes it a criminal offence for an HIV/AIDS positive person to knowingly infect other persons.
- Comprehensive tobacco control legislation has been proposed in the National Congress to implement the International Framework Convention on Tobacco Control.
- Proposed amendments to Child Abuse legislation have been introduced into the National Congress to increase penalties.
- Other legislation now before Congress includes mandatory seat belt/car seat safety measures and mandatory health examinations for school children.
- The Ministry of Justice has implemented an alternative sentencing program for juveniles charged with non-violent offences; this program includes restitution to victims, community service, and cultural education.

## **3. Resource trends for children**

### ***Health***

Funds allocated for overall health activities have increased significantly over the past decade although funding for core public health activities targeting mothers, children, and

families (e.g. Maternal and Child Health and Family Health programs) has not increased significantly.

The Ministry of Health is very concerned about ensuring adequate human resources for health, namely (1) recruiting new health workers and (2) upgrading the skills of current health workers in response to changing epidemiological patterns.

The number of physicians available in Palau has steadily increased since the early 1990's but there continues to be a shortage of Palauan nurses and ancillary health care professionals. Several actions have been taken to address issues of recruitment:

1. A career ladder in nursing has been developed in which high school graduates are recruited and trained on-the-job as nurse aides; they are then assisted to train as LPNs (Licensed Practical Nurses), and later, assisted to train as RNs (Registered Nurses) through a Nursing Education Program at the Palau Community College.
2. Legislation has been introduced to suspend the Mandatory Retirement Law (age 60 or 30 years of service) for nurses and to provide financial incentives for nurses who have or are eligible to retire to stay on the job or return to work.
3. The Ministry of Health and the Ministry of Education have recently (2007) embarked on a collaborative effort to improve science education in the schools and thereby help ensure that students interested in health careers have the prerequisite education in the sciences to facilitate their success.

To upgrade the skills of existing health personnel, the Palau Ministry of Health is collaborating with Palau Community College and health authorities in the Federated States of Micronesia and the Marshall Islands through the AHEC (Area Health Education Center). This center is based at Palau Community College but provides in-service training to a wide range of health personnel throughout Micronesia.

### ***Education***

Financial resources for education have been reduced over the past decade due primarily to Palau no longer being eligible for many of the U.S. Federal grants for education that it received prior to and in the early years of independence. In terms of human resources, many of Palau's trained and experienced teachers have retired. This has necessitated hiring of untrained teachers to fill the gap. To ensure that teacher's without teaching credentials provide competent services, a "teaching academy" is offered every summer to provide basic training for teachers without a post-high school degree in education. Teachers without degrees are also offered financial incentives to enroll in degree programs at Palau Community College (PCC). Through a partnership with San Diego State University (California), PCC is now able to offer bachelor's and master's degrees in education. To stem further attrition, legislation has been introduced in the Congress to suspend mandatory retirement for teachers and provide financial incentives for current teachers to stay on the job and retired teachers to return to the teaching force.

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

In general Palau is doing well on the sub-indicators within the MDG/WFFC although no specific assessment has been undertaken to identify baseline benchmarks and systematically monitor progress in a comprehensive and holistic manner.

The Ministries of Health and Education each have their own monitoring systems that address WFFC, MDG, and National Development Plan goals. MOH monitors vital events, disease incidence, and use of public health facilities. MOE monitors student numbers, student progression, and student performance using standardized performance measures (Palau Achievement Test and SAT10). For some measures (e.g. expenditures), there is no database to provide total national information that combines data from the public and private systems.

Regular national surveys that provide information for monitoring include:

1. Censuses conducted every 5 years (last census was 2005);
2. Household Income and Expenditure Surveys (last survey 2005 with future surveys to be conducted every five years in conjunction with the census);
3. Youth Risk Behavior Surveys initiated in 1999 and conducted every two years (1999 and 2001 surveys included only children enrolled in grades 9-12 in public schools; 2003 and 2005 surveys included children enrolled in grades 6-12 in public schools; beginning in 2007, children enrolled in grades 6-12 in all schools will be surveyed);
4. Comprehensive school health screenings (initiated in 2006 to be conducted annually by the Ministry of Health);
5. Palau Achievement Tests and SAT10 administered by the Ministry of Education annually (PAT) and bi-annual (SAT10) to measure educational performance.

Other periodic surveys are held with less regularity including:

1. National Health Survey was conducted in 1990 to provide information about risk behaviors, especially those relevant to HIV/AIDS prevention;
2. Community health assessment last conducted in 2004;
3. Intermittent youth tobacco, alcohol, and drug surveys;
4. PRAMS (Pregnancy Risk Assessment Monitoring System) last conducted in 2005.

Standard health indicators (vital events, incidence and prevalence of illness, utilization of public facilities) are tracked and reported on an annual basis. Standard education indicators (student enrollment, progression, drop-out rates) are also tracked and reported on an annual basis.

SPC produces regular development monitoring reports based on data provided by government. Where government has inadequate information (e.g. poverty incidence and

trends), SPC cannot provide accurate reports either as it has no independent data collection capacity.

For 2007, UNICEF has provided support to update the Situation Analysis of Children (last produced in 1997). The Asian Development Bank has provided support for a social sector review to be completed in 2007. The World Bank, IMF, World Health Organization, and other agencies also produce periodic global and regional reports that include data on Palau but these data are based on information provided by government.

## **5. Enhancing partnerships, alliances for children and participation**

### ***Domestic Partnerships***

Several new partnership or alliances have formed within Palau to promote the well-being of children.

1. The Palau Early Childhood Initiative includes health and education officials; it aims to improve the psycho-social development of young children through training of educators, parents, and other caregivers and developing a legislative framework to ensure that out-of-home childcare providers provide good quality, safe care.
2. The Head Start Policy Council promotes the well-being of children (ages 3-5) enrolled in the Head Start Program and is also influential in affecting policies and programs that address the needs of young children and their families nationally (including those in and out of the Head Start Program).
3. Blengur (National Nutrition Task Force) is a government-community collaboration to address nutritional issues (primarily eating behaviors that contribute to overweight and obesity).
4. The Physical Activity Working Group focuses on the physical activity determinants of overweight and obesity.
5. The Adolescent Health Collaboration led by the Ministry of Health involves 17 other partners (government and non-government) in promoting the comprehensive well-being of adolescents (including physical, social, emotional, and behavioral health).
6. The National Youth Congress, comprised of one youth representative from each state, provides advice to the National Youth Office on youth affairs and carries out independent activities that address youth issues. The current priority is youth employment.
7. The Belau Family School Community Association is an NGO that works closely with the Ministry of Education to promote parent education and family involvement in the education.
8. The President's Council on Substance Abuse Prevention (COSAP) focuses on alcohol, tobacco, marijuana, and methamphetamine prevention and control.
9. STUN (Stop Tobacco Use Now) is a government-NGO collaborative to implement a comprehensive strategy for reduction of tobacco use.

10. The Community Coalition Against Tobacco Use is a non-government initiative that works in partnership with STUN and the Ministry of Health to control tobacco use.
11. The HIV/AIDS community planning group provides advice to the Ministry of Health on strategies to combat the spread of HIV/AIDS and also carries out independent community-focused prevention programs.
12. The Environmental Quality Protection Board is concerned with safe drinking water and sanitation, sedimentation control, regulation of pesticides, etc.
13. The Palau National Olympic Committee address sports development for fun, fitness, and competition.

In addition, an annual Public Health Convention encourages broad-based debate on issues affecting the public's health. A periodic education convention does the same in the field of education. A National-State Leadership Conference (2006) and a National Economic Symposium (2007) addressed health, education, and human well-being issues in the context of sustainable economic development.

A National Committee on Population and Children (CoPopChi) was formed in 1995 and served as a focal point for children until about 2002. As members of CoPopChi changed positions, retired, or moved away, the group ceased to be active. Since this time, there has been no focal organization that is concerned exclusively with the rights and well-being of children. During the process of updating the UNICEF-sponsored Situation Analysis of Children, consideration will be given to whether the CoPopChi ombudsman-like mantle should be transferred to another body or whether CoPopChi should be reconstituted to ensure that children's issues are at the forefront of development efforts.

### ***Partnership with Development Partners***

Several new partnerships with donors and development partners have been formed to promote healthy life style, quality education and the child/youth participation.

1. The United Kingdom Sports Initiative is a new program working in collaboration with the Ministries of Education and Health and the Palau National Olympic Committee to promote physical fitness and sports education in and through schools thereby addressing physical inactivity, a significant risk factor in the development of overweight and non-communicable diseases.
2. The Asian Development Bank is providing support for a social sector assessment and will soon initiate technical assistance for updating the National Master Development Plan.
3. Palau has a long-standing collaboration with many divisions of the United States Department of Health and Human Services including the Maternal and Child Health Bureau and Health Resources and Services Administration.
4. Palau has a long-standing partnership with the U.S. Department of Education and the Pacific Resources for Education Laboratory (PREL), an inter-government organization based in Hawaii.

5. Palau has long-standing partnerships with various bilateral development partners of which some of the most active donors outside of the United States include Japan, the People's Republic of China (Taiwan), Australia, and the European Union.
6. Palau works closely with UNICEF to monitor the situation of children and has been an active participant in Regional Ministerial Consultations on children.
7. Palau also collaborates closely with the World Health Organization on all health related issues.
8. Palau is an active participant in IBFAN and assumed a leadership role in the development of the International Framework Convention on Tobacco Control.
9. Palau was the initiator of Micronesia Challenge, a sub-regional collaboration that aims to promote environmental conservation in the region.
10. Palau works in close partnership with the Secretariat of the Pacific Community in the areas of youth and women's affairs and health.
11. Palau is an active participant in the Micronesia Youth Coordinating Network and hosted that group's 2007 Regional meeting.
12. Palau works with RARE Center for Tropical Conservation (an environmental NGO based in the U.S. with programs in 20 countries world wide) to produce "Changing Tides" a radio soap opera that addresses a wide range of reproductive health, youth risk behaviors, and environmental conservation issues.
13. Palau works with the Pacific Islands Health Officers Association and the Pacific Basin Medical Association on programs and projects that address children's health issues, directly and indirectly.

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

### ***A. Promoting Healthy Lives:***

The Ministry of Health has adopted an overall vision statement: "Healthy Palau in a healthful environment" and an accompanying strategy statement: "Making healthy choices the only choices." This is an overarching vision and strategy that guides all health activities including those for children, youth, and families.

- **Child Mortality:**  
Because of Palau's small population, IMR and U5MR rates fluctuate widely from one year to the next but are generally low. The IMR for 2006 was 7.7/1000 live births (2 deaths); the IMR for 2005 was 21.5/1000 live births (6 deaths) (Bureau of Public Health, Ministry of Health data).
- **Maternal Health:**  
Maternal mortality is rare. There were no maternal deaths reported in 2006 nor have there been for over a decade. Health officials are concerned, however, about the increasing prevalence of overweight and non-communicable diseases among women of childbearing ages. This is resulting in more women being classified as high-risk during pregnancy and subsequently, contributing to an increase in caesarean births. School and adolescent health programs aim to ensure that all



youth (male and female) achieve optimal health thereby enhancing healthy motherhood and parenthood.

- 99% of Palau households have access to safe drinking water.
- Although financial resources have not increased, through efficient use of available financial and human resources, there has been significant expansion in the Maternal and Child Health program.
  - Birthing and parenting classes, previously offered intermittently, have been institutionalized as a core part of the program.
  - A collaborative relationship has been developed with the University of the Philippines for neonatal genetic screening to facilitate early identification of four potentially serious genetic conditions.
  - Prenatal and postnatal services have been expanded in the regional dispensaries.
  - Dispensary nurses have been trained to apply dental sealants and the dental sealant program for children has now been decentralized to them.
  - A new mental health screening tool has been developed for use in prenatal and postnatal clinics to help identify post-partum depression and other health problems that require behavioural health intervention.
  - Recognizing that ear infections (otitis media) and hearing loss are significant health problems, the MOH has implemented universal newborn hearing tests and has integrated hearing screening into the school health program.
  - School health programs have been expanded with the launch of a new annual Health and Psycho-Social screening for all children preschool-through-high school. This program includes traditional physical, dental, and vision screening but has been expanded to also include screening for hearing impairment, mental health related problems, and health behavioural risk factors.
  - The Ministry of Health has entered into a collaborative agreement with 17 other organizations to create an Adolescent Health Collaborative. As a part of the collaborative, school based clinics have been opened at Palau High School (serving Palau High School and Palau Community College) and at George Harris Elementary School in Koror. Other schools are served regularly by visiting health personnel.
  - Using information from the school health screening, a school-based substance abuse intervention will be implemented beginning with the 2007-08 school year.

### ***B. Promoting quality education***

The framework for education in Palau is set forth in Public Law 4-57 that states:

*The purposes of education in the Republic are to increase citizen participation in economic and social development, to unify the Republic by giving the people knowledge of their islands, economy, government, and world, and to provide citizens of the Republic with the knowledge*

*and skills required for self-development and the development of the Republic. These skills include professional and vocational, as well as social and political, abilities.*

In 2000 this law was amended to require mandatory school participation to age 17 (up from age 14) or high school graduation. Under the Constitution, public education is provided free of charge to all citizens. (In practice, free education is provided to all children irrespective of citizenship). To address financial short-falls in the education sector, the National Development Plan (1996) proposed that fees be introduced for secondary education. This was a controversial recommendation that the public, in general, opposes. To ensure that public education will remain free, the Constitutional Convention in 2006 proposed a constitutional amendment that clarifies current language by stipulating that public education in grades 1-12 is to be provided without charge to all citizens. This amendment will go before the voters in November 2008.

A new Master Plan for Education (2006-2016) has been released. The plan was formulated on the basis of extensive stakeholder consultations including input from the 2006 National-State leadership symposium and a two-day Education Summit (April 2006) involving students, parents, teachers, principals, public leaders, NGOs, and community representatives. The vision articulated in the plan is:

*Our students will be successful in Palauan society and the world.*

The overarching goal stated in this plan is:

*...the Republic of Palau Ministry of Education, in partnership with students, parents, and the community, will ensure student success through effective curriculum and instruction in an environment conducive to learning.*

Objectives set forth in the plan to realize the vision and goal are:

1. Strengthen governance and policy setting
  - Designate education as the primary national priority
  - Establish a Board of Education
  - Improve and implement an education policy manual
  - Improve management and accountability systems
2. Improve curriculum and instruction
  - Improve curriculum frameworks
  - Increase literacy, numeracy, Palauan knowledge, life skills
  - Integrate technology into the curriculum
  - Strengthen and expand career academies (initiate career academies in Grade 5; expand number of career academy choices)
  - Improve student assessment systems
  - Improve and expand extracurricular and enrichment activities
3. Improve school operations and management
  - Resolve school land property issues

- Resolve school consolidation issue
  - Improve delivery of instruction
  - Improve monitoring of school operations
  - Develop, maintain, and utilize student tracking system
  - Develop and implement school handbook
  - Accredite public schools
  - Strengthen partnerships to maximize student success
4. Improve the quality of personnel
    - Revoke the mandatory retirement law as it pertains to teachers
    - Implement a teacher certification system
    - Implement an administrator certification system
    - Improve the quality of performance by teachers, administrators and staff
    - Implement a personnel manual
  5. Improve facilities and support services
    - Provide and maintain safe and healthy learning environments
    - Improve and expand counselling and health services
    - Increase access to technology resources
    - Establish and implement transportation policies and procedures
    - Subsidize the school lunch program and explore the feasibility of privatization.

Reference: *Republic of Palau Ministry of Education (October 2006). Education Master Plan 2006-2016. Koror, Palau: Author (54-56).*

### ***Early Childhood Education***

The 1996 Master Plan for Education proposed that mandatory kindergarten programs be attached to all elementary schools. Because funding was not available to implement this proposal (and not anticipated to become available), the proposal has been deleted from the 2006 Master Plan for Education. Early Childhood Education (preschools and kindergartens) is provided by non-government organizations such as Palau Community Action Agency and local churches. An estimated 75% of age-eligible children participate in some form of early childhood education.

There is a significant need for child care services to support working parents. One model center was established by the Ministry of Health and is currently operating through the Palau Community College. A couple of private centers are known to have been established but there is no requirement for licenses, certification, or supervision of such facilities. To address various issues surrounding early childhood education, representatives from health, education, churches, and NGOs have established a Palau Early Childhood Care Initiative. The purpose of this Initiative is to: (a) develop national framework legislation that will regulate childcare and early childhood centers to ensure quality and safety; and (b) to provide training in the psycho-social development needs of young children to the

people who serve preschool and lower elementary children including school teachers.

### ***Quality of Education- Elementary and Secondary Schools***

The mandatory retirement law has forced many experienced, trained teachers out of the public workforce (although some have moved into private schools). In the mid-1990's, 80% of public-school classroom teachers had a bachelor's degree. Today only 24% hold bachelor's degrees and 43% have no credential beyond a high school diploma. To address this issue:

1. A teaching academy is offered every summer to provide basic training for teachers that do not have a college degree in the field of education;
2. Teachers without degrees in education are given financial incentives to take courses leading to degrees through the Palau Community College;
3. Legislation is now before Congress to suspend mandatory retirement for teachers and provide financial incentives for teachers to either remain on the job after reaching retirement age (60 years) or if already retired, to return to the teaching force.

### ***Other Education Programmes***

In 2000, an Adult High School was established at the Palau Community College (PCC) to provide opportunities for youth and adults who did not complete high school to finish their education and receive a General Equivalency Diploma. The Ministry of Education also offers Adult High School programs in outlying communities (Peleliu, Angaur, Kayangel, and Northern Babeldaob).

The Palau Community College (PCC) is constantly expanding and modernizing its course content in response to Palau's need for a well trained workforce. In 2007-08 new programs are being introduced in Technology Education and Palauan Studies. In partnership with external partners, PCC now offers a wide range of vocational training (associate degrees, diplomas, and certificates) and a limited range of 4-year and master's degree programs in education (in cooperation with San Diego State University of California).

## **C. Protecting Against Abuse, Exploitation and Violence**

There has been no change in the situation of children vis-à-vis abuse, exploitation and violence. There is a long-standing unit within the Ministry of Health that deals with child and domestic abuse cases in cooperation with the Ministry of Justice. Despite several recent high-profile cases prosecuted in the courts, the number of children referred to the unit has remained stable since the unit was established in the early 1990's.

The Child Abuse unit within the Ministry of Health is staffed by two persons. This is the same level of staffing that the program has had since its inception in the early 1990's.

The unit uses a networking strategy whereby professionals and laypersons from throughout the community are trained to recognize signs of abuse and neglect and to make proper referrals. The Palau Law provides for mandatory reporting of suspected child abuse and neglect cases by teachers, health workers, public safety, and other professionals.

### **Legislation**

- An amendment to the Child Abuse legislation is before the OEK to raise penalties upon conviction
- Framework Legislation on Tobacco is poised for enactment; this is addressed at reducing the exploitation of children and youth by tobacco interests
- Although no new legislation has been enacted, there is increased effort to enforce existing legislation that protects children and youth from abuse and exploitation in the form of alcohol use.

### **Programmes**

Both the biennial Youth Risk Behaviour Surveys and the annual School Health Assessments include screening for violence, including child-to-child violence by bullying. The inclusion of these questions into periodic surveillance is relatively recent so it is not yet possible to draw any conclusions about the prevalence of the problem or trends.

A new Substance Abuse Strategic Plan for 2007-2011 has been developed by the President's Council on Substance Abuse Prevention. The plan addresses four priorities: alcohol use; tobacco use; marijuana use; and methamphetamine use.

The Ministry of Justice operates a restorative justice program in which young offenders involved in non-violent law violations have the options of alternative sentencing including restitution to the victim(s), a public apology, community service, and work with one or more of the traditional leaders in the community from which they are descended. This program has received many positive evaluations.

The Ministry of Justice has started a Law Enforcement Explorer's Program (LEEP). The program emphasizes self discipline and physical training as well as exposure to law enforcement careers.

## ***D. Combating HIV/ AIDS:***

### ***Policies and Strategies***

HIV/AIDS strategies include: (1) education and outreach that promotes abstinence as the preferred preventive strategy or “safe sex” as an alternate; (2) screening of prenatal clients, blood donors, STD clinic clients, and others upon request; (3) provision of comprehensive treatment services including HAART (highly active antiretroviral therapy) made possible through U.S. Federal program support.

The increased emphasis on abstinence as the preferred method of prevention, as opposed to an earlier focus on “safe sex,” is driven by U.S. Federal funding program requirements and informed by the Youth Risk Behaviour Surveys. In these surveys, the Ministry of Health has uncovered a correlation between early sexual behaviour, depressive symptoms, and suicide ideation among teenagers, especially teenage girls.

### ***Legislation***

There is new legislation that makes it a criminal act for an HIV/AIDS positive person to knowingly infect other persons.

### ***Programmes***

HIV/AIDS programs have not changed significantly in recent years with the exception of an increasing emphasis on abstinence education and promotion especially for youth.

## ***7. Lessons learned***

There are a number of inter-sectoral collaborative, initiatives and committees that address part of children’s issues. However, there is no overall coordinator or advocate for children, a role formally played by CoPopChi. The need for such a body will be evaluated during the upcoming revision of the Situation Analysis of Children and the National Plan of Action for Children.

Much of what Palau has been able to achieve for children is dependent on external funding, especially U.S. Federal program grants. The financial provisions of the Compact of Free Association between Palau and the United States, including eligibility for Federal Categorical Programs, will lapse in September 2009. A review, leading to possible extension, may begin in 2008. The possibility of changes in Palau’s eligibility for U.S. financial assistance introduces a significant element of uncertainty and potential unsustainability with respect to programs and achievements for children.

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

### Target 1: Promoting Healthy Lives

<b>Goal: Reduce child mortality:</b> Reduction in the infant and under five mortality rate by at least one third in pursuit of the goal of reducing it by two thirds by 2015			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Infant mortality rate	21.6 (2000)	7.7 (2006)	Bureau of Public Health, MOH, vital statistics report dated 7-4-07
Under 5 mortality rate (death per 1,000 live births)	29 (2002)	11 (2005)	ChildInfo database
Proportion of newborns with low birth weight (%)	9.8% (1996)	2.2% 2005	Situation Analysis, 1998) p 40; MCH Grant application 2007 & annual report 2005, p. 15.
Neo-natal mortality rate (%)	14 (2000)	-	WHO, vital registration and household survey
Proportion of one year old children immunized against measles (%)	99 (2002)	98% <sup>1</sup> (2005)	National Coverage rates, WHO/UNICEF estimate, 2005, Immunization Summary 2007 edition

*Note: Malaria is not present in Palau. Diarrhoea is not a cause of infant or child mortality in Palau.*

<b>Goal: Reduce maternal mortality:</b> Reduction in the maternal mortality ratio by at least 1/3 in pursuit of reducing it by ¾ by 2015			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Maternal mortality ratio (per 100,000 live births)	0 (1990)	0 (2006)	SA (1998) p 41. Bureau of Public Health, MOH
Proportion of births attended by skilled health personnel (%)	100 (2002)	100 (2006)	Bureau of Public Health, MOH
Number of facilities providing comprehensive essential obstetric care	1 (2001)	1 (2006)	Bureau of Public Health, MOH
Proportion of women aged 15-49 attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife)	100 (2000)	100 (2006)	Bureau of Public Health, MOH

<b>Goal: Reduce child malnutrition:</b> 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.			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>

<sup>1</sup> Palau follows US EPI schedule and percentage of children fully immunized according to MOH protocol is 97% (2001) and 99% (2005). (MOH State Plan, 2006 page 29)

Prevalence of Anaemia among children under 18 years old (%)	1.2 (1997)	-	Age/Data type not known.
Prevalence of underweight ( $\leq$ 80% WHO/NCHS standard) children under five years of age- moderate and severe (%)	1.4 (1999)	1 US child identified as underweight (2006)	1999 – Situation Analysis; 2005 - Bureau of Public Health, MOH (Personal Communications)
Proportion of infants less than 4 months (120 days) of age who are exclusively breastfed (%)	55 (2001)	53.1 (2005)	Bureau of Public Health, MOH (MCH Grant Application 2007; Performance Report 2005)
Proportion of infants under 6 months who are exclusively breastfed (%)	36 (1996)	37.5 (2005)	Bureau of Public Health, MOH (MCH Grant Application 2007; Performance report 2005)
Proportion of infants 6 - 9 months (180 to 299 days) of age who are receiving breastmilk and complementary food (%)	37 (1996)	38.4 (2005)	Bureau of Public Health, MOH (MCH Grant Application 2007; Performance Report 2005)

*Note: Data on prevalence of overweight children will become available from 2007 based on revised school health survey protocols.*

*Stunting, wasting, Vitamin A deficiency and, iodine deficiency are not public health issues in Palau, therefore these global indicators are not monitored.*

<b>Goal: Enlarge the access to hygienic sanitation facilities and affordable and safe drinking water:</b> Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least 1/3			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Proportion of households with sustainable access to an improved water source (%)	96.2% (2000)	99% (2005)	2000 & 2005 Census
Proportion of households with sustainable access to an improved sanitation (%)	98.8 (2000)	99% (2005)	2000 & 2005 Census

*Note: This represents the best estimate of access to “improved” water and sanitation according to the UNICEF-WHO definition of “improved”. These estimates should not be construed to imply that further improvements to protect public health and safety are not needed.*

## **Target 2: Providing quality education**

<b>Goal: Expand early childhood care &amp; education for children</b> Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Proportion of children aged 36 -59 months who are attending some form of organized early childhood	Not Available	75% (2005)	2005 estimate based on the Census report



education programme preschool (%)			
Primary school net enrolment ratio (%)	94.5 <sup>2</sup> (2000)	Male: 100 Female: 100 2005	2000 data from PIC Regional MDG Goals Report 2004; 2005 data from the Master Plan for Education, 2006-2016
Ratio of girls to boys in primary, secondary, Tertiary education	Primary: 0.94 <sup>3</sup> Secondary: 0.98 Tertiary – Not Av. (1997-1998 SY)	Primary: 0.9 <sup>4</sup> Secondary 1.07 Tertiary – Not Av (2005-2006 SY)	Master Plan for Education 2006-2016, p 21
Primary completion rate (%)	99.4 (2003-2004 SY)	96.7 (2004-2005 SY)	Master Plan for Education 2006-2016, page 23
Secondary school net enrolment ratio (%)	Not Av.	Not Av	
Proportion of trained <sup>5</sup> teachers in the primary education (%)	100 (late 1990s)	67 (2005)	Master Plan for Education, 2006-2016 (public schools only)
Years of education that is compulsory to attend (years)	Ages 6-17		Palau National Law
Years of education that is free from charge	Grades 1-12		Palau National Law & Constitution

<b>Goal: Eliminate illiteracy amongst adults</b> Achieve a 50% improvement in levels of adult literacy by 2015, especially for women			
<b>Indicator</b>	<b>Baseline 2002 (or most recent available)</b>	<b>Most recent data available</b>	<b>Source of data</b>
Adult literacy <sup>6</sup>	91 (2000)	93 <sup>7</sup> (2005)	2000 & 2005 Census

<sup>2</sup> Total: 96 Male: 98.3, Female: 94.5, UNESCO/UIS database, 2000

<sup>3</sup> In 1997-1998 School Years, the ratio of girls to boys in primary education was 1359:1446, and 556:565 for secondary education. In the same year, PIC Regional MDG Goals Report 2004 reported 0.97 for primary education and 0.88 for secondary education.

<sup>4</sup> In 2005-2006 School Year, the ratio of girls to boys in primary was 1342:1489 and 685:638 in secondary school.

<sup>5</sup> College education with or without an education degree.

<sup>6</sup> Defined as adults aged 25 and over with 4 or less years of schooling (census reports)

<sup>7</sup> Citizens only. Exclusive of foreign residents in Palau on temporary work permits.

### Target 3: Protecting Against Abuse, Exploitation and Violence

<b>Goal 1: Protect against abuse, exploitation, and violence</b>	
CRC ratification	Palau ratified the CRC in 1995 and submitted the initial report in 1998. The initial report was reviewed by the CRC in 2000 with comments received in 2001.
NACC	There are no provisions under the law for a child to be forcibly removed by the Government from his/her parents or family although a person (including a parent) accused of child abuse or neglect will be ordered to have no contact with that child until the case is resolved and if convicted will be removed from the child by virtue of a prison sentence. When warranted, judicial restraining orders can be used to ensure no-contact.
Measure to protect children from abuse, exploitation & violence	100% of Palau children are registered at birth (Ministry of Health; Office of Planning & Statistics).
<b>Goal 2: Protect children from the impact of armed conflict</b>	
OP status	Palau has not signed the Optional Protocol on CRC on the involvement of children in Armed Conflict.
Legislative environment to protect the children in armed conflict	Palau is not involved in armed conflict and has no armed forces. Were Palau's security to be threatened, defence is the responsibility of the United States under the terms of the Compact of Free Association. Palauans are eligible for voluntary service in the United States Armed Forces; the minimum requirement for enlistment is to be 18 years of age and be a high school graduate.
<b>Goal 3: Fight against sexual exploitation</b>	
OP status	Palau has not signed the Optional Protocol to CRC on the sale of children, child prostitution and child pornography.
CEDAW ratification	Palau has not ratified CEDAW.
Measure taken to protect children from sexual abuse	Sexual abuse is covered under the Palau National Code. The Victims of Crime Assistance Program within the Ministry of Health investigates and provides assistance to children who have been victims of sexual abuse in cooperation with the office of the Attorney General, the police, and judiciary.
<b>Goal 4: Eliminate child labour</b>	
ILO convention ratification status	Only two labour laws specifically refer to children: (a) persons under the age of 16 are prohibited from employment on foreign trading vessels except if operated by a single family (PNC 7.16); and (b) persons under the age of 21 are prohibited from employment in premises used for serving or consuming alcohol (PNC 11.1064). By regulation of the Ministry of Commerce and Trade, no person under the age of 21 years is allowed to obtain a foreign labour permit.  The necessary amendments to the statute to provide for minimum ages and conditions of employment for children can be incorporated in due course into a proposed Uniform Labour Law.  There is no information on child labour available. Employment of children in ways that are prejudicial to their health, development, or education is not considered to be a problem in Palau. There are no street children in Palau.
<b>Goal 5: Improve the plight of millions of children who live under especially difficult circumstances</b>	
Improve the plight of millions of children who live under especially difficult Circumstances	As used in international circles, Palau has no children that live under "especially difficult circumstances." (This term normally refers to street children, children living in deep poverty, refugees, or other victims of extreme circumstances).

Adopted children	<p>Palauan family law provides for legal adoption by any person who is not the child's biological parent. The judicial standard in Palau is to ensure that adoptions are in the best interests of the child. Children over the age of 12 must consent in order for an adoption to be approved. There are also no special safeguards in place that govern adoption by non-citizens and/or non-residents.</p> <p>While customary adoptions are legally recognized when carried out in accordance with recognized custom, there is no requirement for court concurrence or for registration. Customary adoptions generally come under the jurisdiction of the court only if there is an externally imposed reason for court involvement such as a dispute about custody or inheritance or the need for an adoption certificate to be issued to satisfy formalities imposed by foreign Governments (e.g. for immigration purposes). Adoption in Palau is a complicated cultural issue but there is no indication that children are systematically disadvantaged by adoption</p>
Children with special needs	An Inter Agency Team exists in Palau to provide comprehensive services in health, education and social support towards children and their families with special needs . 201 children aged 0-18 years were listed on the registry in 2006 as having special care needs (MCH State Plan 2006).

Special note: Palau has adopted comprehensive legislation in the form of "Anti-People Smuggling and Trafficking Act" that conforms to international legal standards.

#### Target 4: Combating HIV and AIDS

<b>Goal: Time-bound national target &amp; fight against gender based discrimination in relation to HIV/AIDS</b>			
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	National Strategic plan for HIV/AIDS prevention developed in 1999. Policies in place in 2002 through National HIV strategy - there are 7 recorded domestic HIV infections recorded in Palau in 2002; Palau is a signatory to the CRC but not CEDAW.	No specific data available. Policies and National HIV strategy remain in place, have been reviewed, and costed.	UNGASS Composite Policy Index Survey (CPI) 2005: UNGASS reports; UNAIDS
Cumulative HIV cases (including AIDS)	-	8 (2005)	AIDS Section, Public Health Programme, SPC 2005
Cumulative HIV incidence-crude rate per 100,000 (99% CI)	-	38.6 (12.4-89.7) (2005)	AIDS Section, Public Health Programme, SPC 2005

<p><b>Goal: Reduce HIV vertical transmission</b> 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 information, counselling 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>
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<b>Indicator</b>	<b>Baseline 2002 (or most recent data available)</b>	<b>Most recent data available</b>	<b>Target for 2015 Source of Data</b>
Mother to child transmission cases	There are no documented mother to child HIV transmission cases in Palau	There is no documented mother to child HIV transmission cases in Palau. (One infant has been born to HIV positive mother but infant not infected as a result of anti-viral treatment of mother - HIV/AIDS program.)	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.
Pregnant women counselled on PMTCT service in the past year.	Not Available	100% pregnant women counselled; 95% accepted HIV screening (2006)	HIV/AIDS Program, MOH
Number of VCCT facilities (number)		1 – Palau National Hospital	