

**CHILDREN IN THE FEDERATED STATES
OF MICRONESIA
AN ATLAS OF SOCIAL INDICATORS**



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Children in the Federated States of Micronesia: 2013
An Atlas of Social Indicators

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Map (opposite page) based on www.fsmgov.org/info/maplg.gif

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THE FEDERATED STATES OF MICRONESIA



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In Micronesian culture, children have always been considered valuable. This is underscored by our saying that “The more children one has the more wealth one has”. Culturally, Micronesians see people as the strength of a community, while women are considered to be the life line of a clan. More people means more hands to accomplish shared tasks and visions in the community. This explains why we have never considered large families and having many children as a burden of having more mouths to feed. To the contrary, more children mean more people, and more people mean more food and opportunities for families and communities to thrive and develop.

Today we still base our ways of life around the concept that children truly are treasures and assets. The natural and socioeconomic environment in which we cherish this concept has however changed. The scope and role of the extended family has been significantly reduced with the focus of the community now oriented towards cash as the foundation for the well-being of the individual, the family and the community. Education is no longer provided by the clan, but by a formal school system separated from it. Individual career ambitions now supersede family expectations. The fast changing global village is encroaching on the traditional close knit village. New life styles are adopted rapidly by parents, guardians and children, resulting in subtle changes in our traditional cultural values. One of the most striking of these changes is the breakdown of trust in – and sense of responsibility for – one another. This

puts especially our children and most vulnerable community members at extra risk of falling through the cracks of society, and in the process failing to be productive and thriving members of our nation.

It is therefore essential that we stay alert and look into the well-being of our children and the most vulnerable in the Federated States of Micronesia. This Atlas of Social Indicators is an important resource that can help us focus our efforts to ensure that we do not let our children and each other down in this new time and age. It helps us identify socio-economic gaps and increased risks to those who need our support and attention the most and it can inform our actions to address these vulnerabilities.

The Federated States of Micronesia is grateful to UNICEF for supporting us and our children by providing technical assistance to develop this Atlas. It provides us with a focused and up-to-date overview of key social indicators and identifies gaps and weaknesses that demand our attention. It is now up to all of us – government, civil and faith-based organisations, community leaders and members of the public – to follow up and address these gaps. Taking action now will make a real and meaningful difference in the lives of our children and youth, and in the development of our nation as a whole.

Dr. Vita Akapito Skilling

Secretary of Health and Social Affairs
Federated States of Micronesia

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The Government of the Federated States of Micronesia (FSM), in collaboration with UNICEF, has developed this Children's Atlas of Social Indicators to provide an in-depth view of the situation of children and women in the country. It maps sub-national patterns of inequity among children that global and national averages tend to conceal. The aim is to provide evidence for effective decision-making on policies, programmes and budgets.

The FSM is a constitutional confederation with a central government, and each of the four states (Chuuk, Kosrae, Pohnpei and Yap) has its own constitution and its own elected legislature and governor. The FSM entered into a Compact of Free Association with the United States of America in 1986, which was renewed in 2004. Under the Compact, the FSM receives annual grants from the United States to support its economic and social development, and Micronesians are allowed to travel to and work freely in the US.

The FSM ratified the Convention on the Rights of the Child (CRC) in 1993. The CRC differentiates the needs of children from those of adults, recognizing children's specific rights. When ratifying the CRC, governments commit to safeguard children's rights through laws, financial resources, adequate social services, strengthening families and communities as well as through other mechanisms.

The FSM has made commendable progress in fulfilling the rights of its children, which constitute 43 per cent of the total population. The country has made significant progress in reducing infant and under-five mortality, although child mortality remains

relatively high compared to other Pacific Island Countries. Nearly 90 per cent of births occur in a health facility. Gender parity has been achieved in primary education and the special education program is dedicated to supporting children with disabilities. Access to improved sanitation facilities has more than doubled over the last two decades.

Many challenges remain and available data suggest the country is slipping back in a number of areas. Immunisation coverage, for example, varies widely between States and has decreased since the mid 2000s according to official estimates. Micronutrient malnutrition is relatively common: around one third of pregnant women and infants screened in public hospitals were found to be anaemic in 2011. Progress towards universal primary education has stalled while secondary school participation declined over the period 2000 to 2010. Although domestic legislation and policies are partially aligned with child protection standards enshrined in the CRC, the FSM lacks many of the systems and programmes that would ensure children are protected from violence, abuse and neglect.

The country struggles with poor socio-economic outcomes and youth are confronted with limited employment prospects. A pressing issue for the FSM is ensuring an adequate fiscal transition when the Compact of Free Association with the United States ends in 2023. Health and education – two key sectors for child development – are almost entirely funded through the Compact. Safeguarding adequate and equitable levels of government spending in these core sectors will be crucial for children.

CHAPTER 1

Demography

The Federated States of Micronesia (FSM), located in the North Pacific, consists of 607 islands dispersed over one million square miles of ocean, although the total land area is only 271 square miles. Each of its four States (Chuuk, Kosrae, Pohnpei and Yap) is centered around one or more main high islands, and all but Kosrae include numerous outlying atolls.

The population of the FSM reached 102,843 at the last census taken in 2010, a decline of 0.4 per cent relative to the 2000 census. The country has a young population: children under the age of 18 years constitute 43 per cent of the total population while the median age is 21.5 years. The male-to-female sex ratio stands at 102.7. Fertility rates vary significantly across the country, from an average of 2.5 children per woman in Yap to 3.6 children in Chuuk. Likewise, the average household size ranges from 4.9 in Yap to 6.9 in Chuuk. One in five households are female-headed households. The level of urbanization remains relatively low with about 22 per cent of the population living in urban areas. The FSM is the third least urbanized country in the Pacific, after Papua New Guinea and Solomon Islands.

While declining fertility has contributed to the drop in the population growth rate, out-migration to the United States of America and other parts of Micronesia is the primary cause of negative growth. Rural-urban migration is gradually depopulating the outer islands of Pohnpei and Chuuk. As a result, FSM is experiencing dramatic age-structure changes that have serious consequences for local production as well as social welfare (UNFPA, 2012). Children and older women, in particular, are often 'left behind'. However, the patterns and impact of migration are not well understood (DHSA, 2012).

A total of 44,144 children aged 0 to 17 years live in FSM, representing 43% of the total population

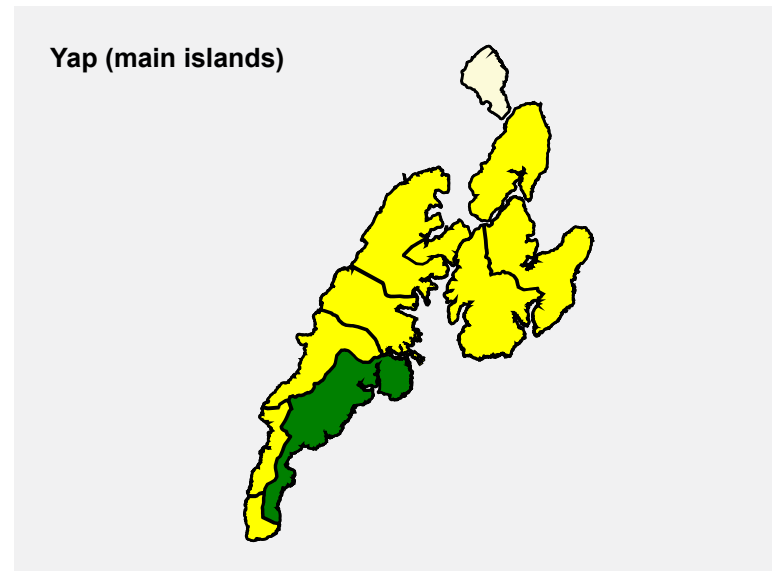
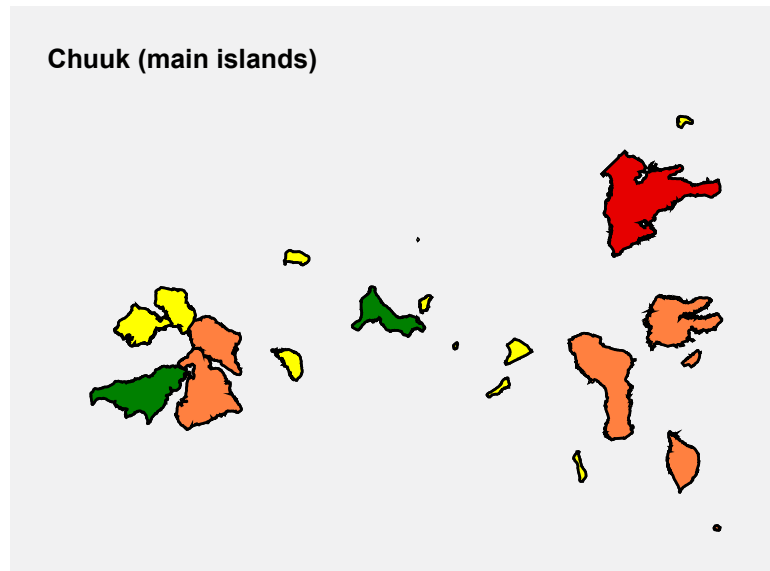
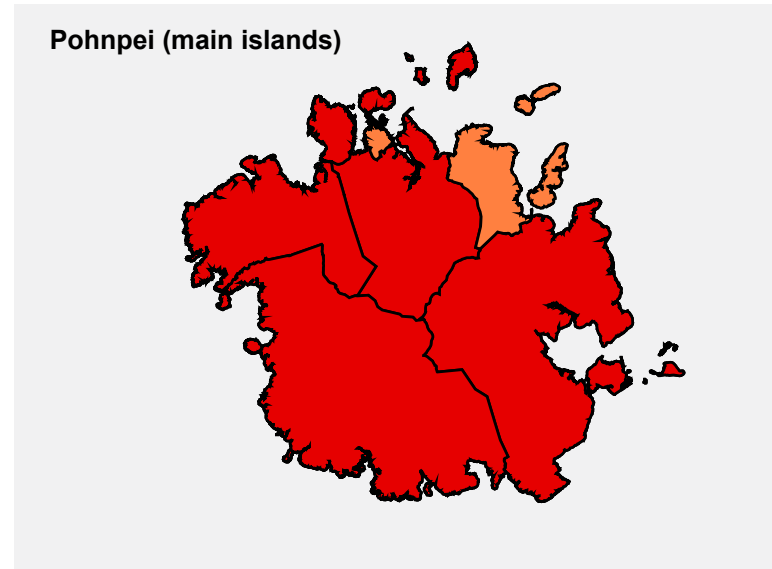
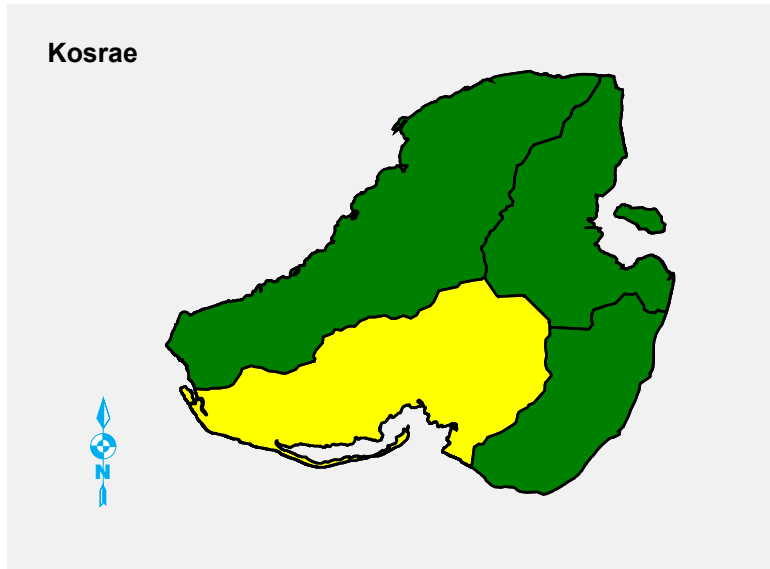
Number of children 0-17 years by age group and State, 2010

	State				FSM
	Chuuk	Pohnpei	Yap	Kosrae	
0 - 4 years	5,998	4,115	1,160	800	12,073
5 - 9 years	5,757	4,202	1,192	788	11,939
10 - 14 years	6,040	4,490	1,329	826	12,685
15 - 17 years	3,622	2,590	745	490	7,447
Total number of children	21,417	15,397	4,426	2,904	44,144
Total population	48,654	36,196	11,377	6,616	102,843
Children as % of total population	44%	43%	39%	44%	43%

Source: FSM 2010 Census of Population and Housing, S.B.O.C

The number of children varies widely across States and municipalities

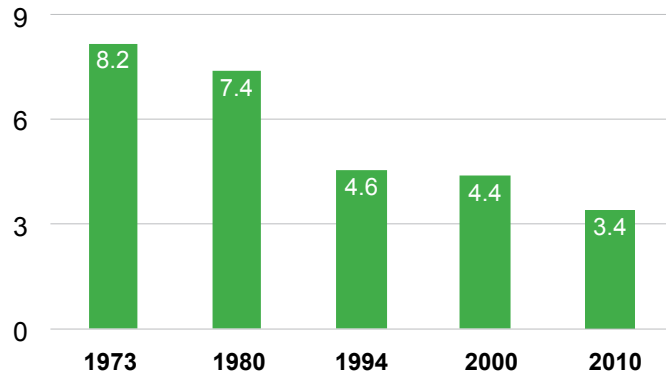
Number of children 0-17 years by municipality, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

FSM's total fertility rate declined from 8.2 children per woman in 1973 to 3.4 in 2010

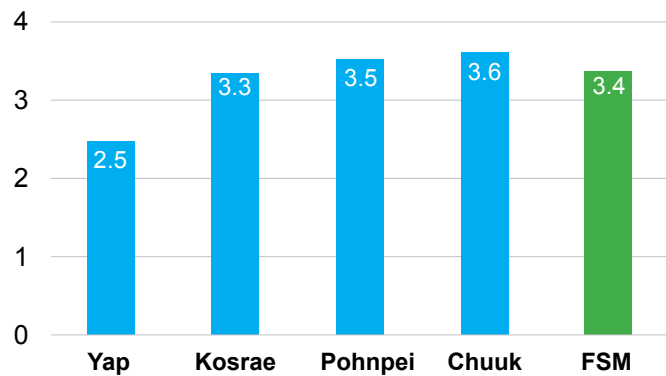
Average number of children per woman aged 15-49 years (total fertility rate), 1973-2010



Source: FSM Censuses

Fertility rates vary significantly across States, from 2.5 children per woman in Yap to 3.6 in Chuuk

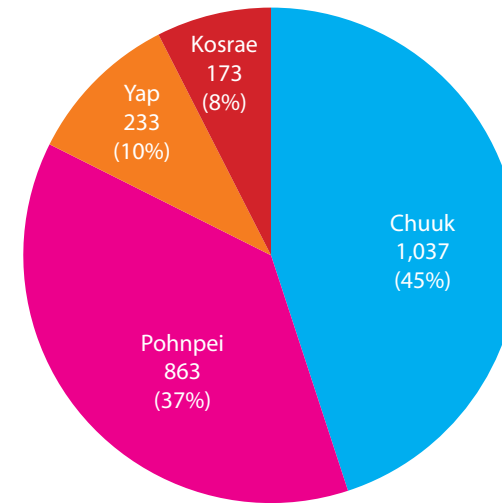
Average number of children per woman aged 15-49 years (total fertility rate) by State, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

2,306 births were recorded in 2011; over 80% of all births occurred in Chuuk and Pohnpei

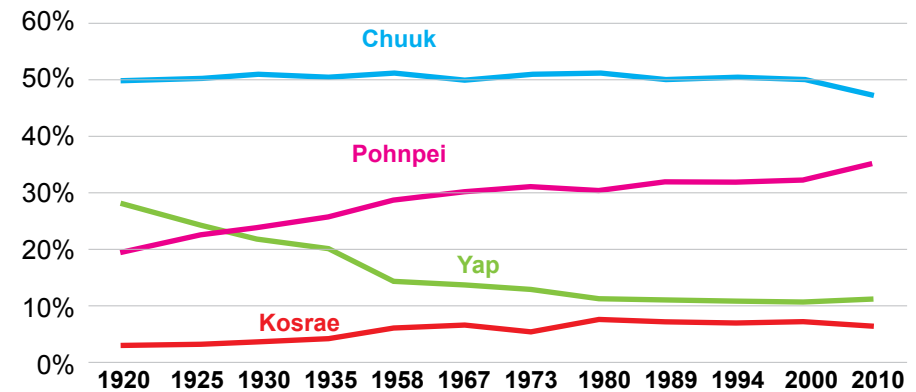
Number of recorded births by State, 2011



Source: DHSA 2011

Yap has seen the greatest decrease in its relative share of the population over the last century

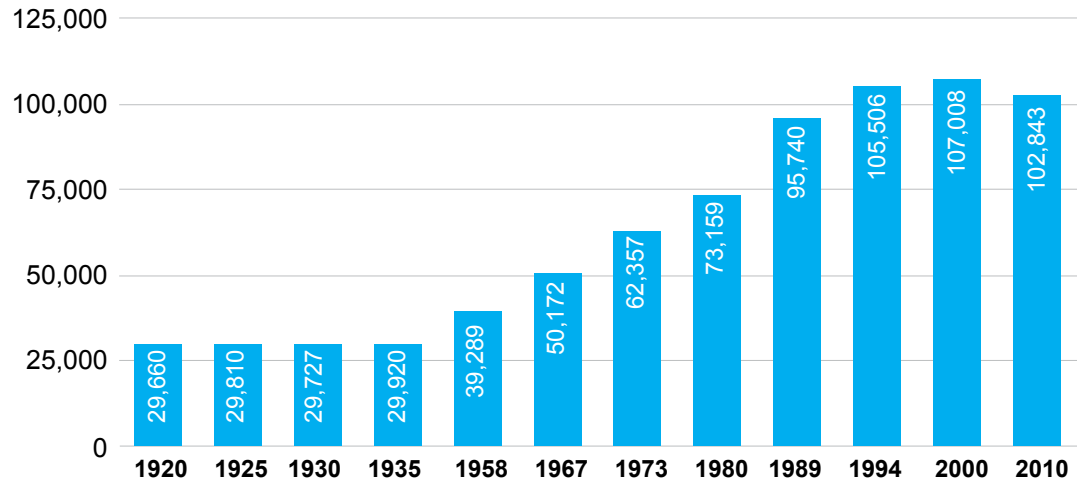
Percentage of the population by State, 1920-2010



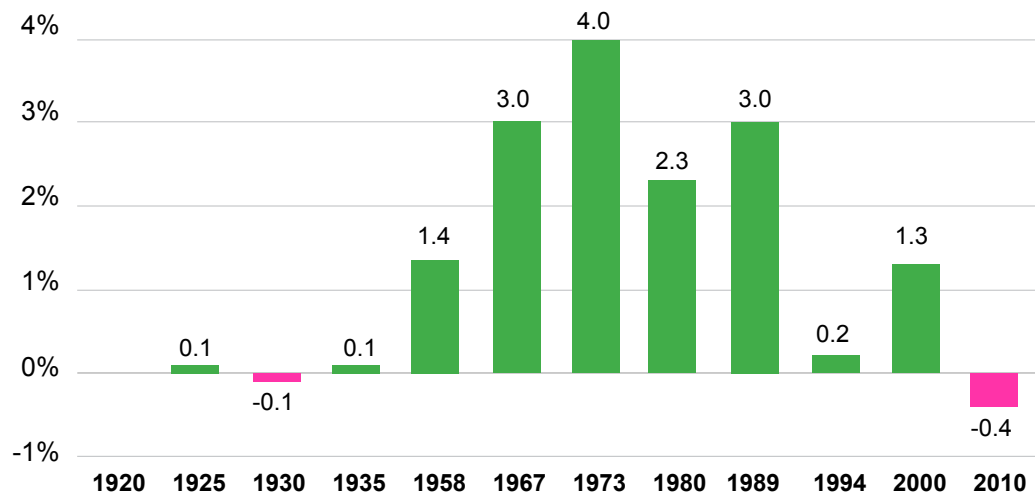
Source: FSM Censuses

Population growth slowed down to -0.4% per annum during the last decade, largely due to massive migration out of FSM

Population size, 1920-2010



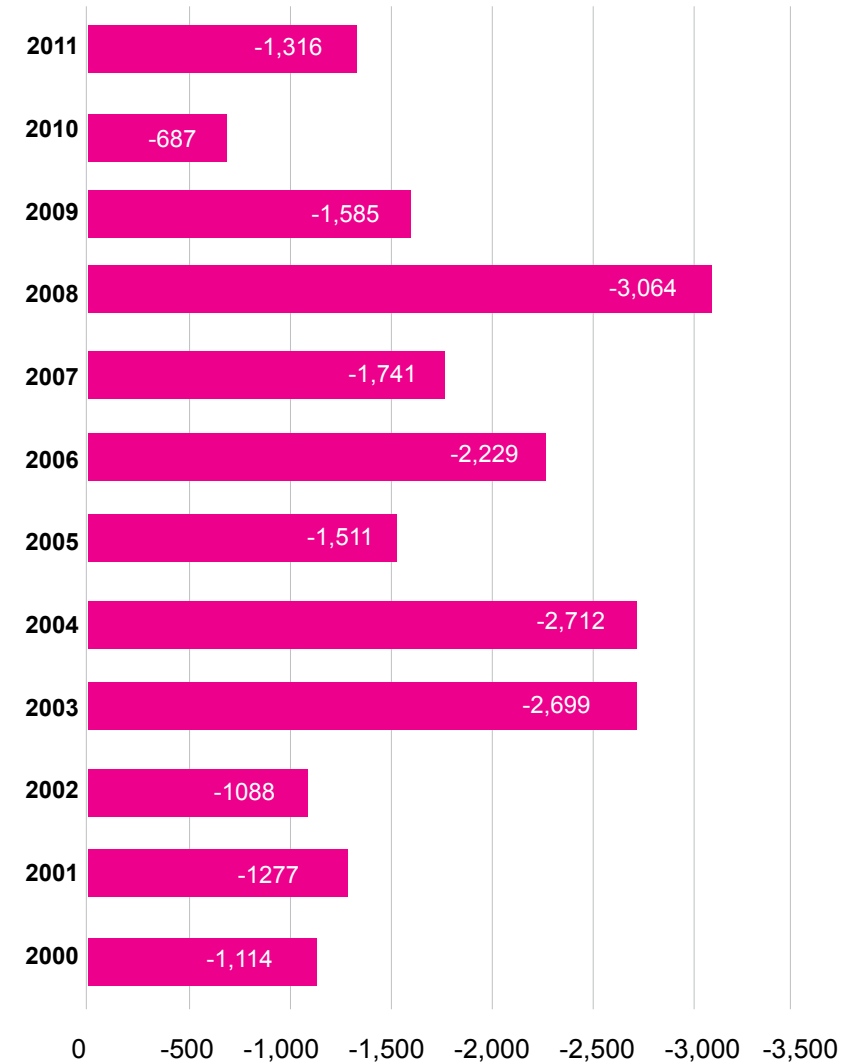
Annual population growth (%) in the intercensal periods, 1920-2010



Source: FSM Censuses

On average, around 1,750 people migrate out of FSM to the United States every year

Annual net number of people leaving FSM for the US, 2000-2011



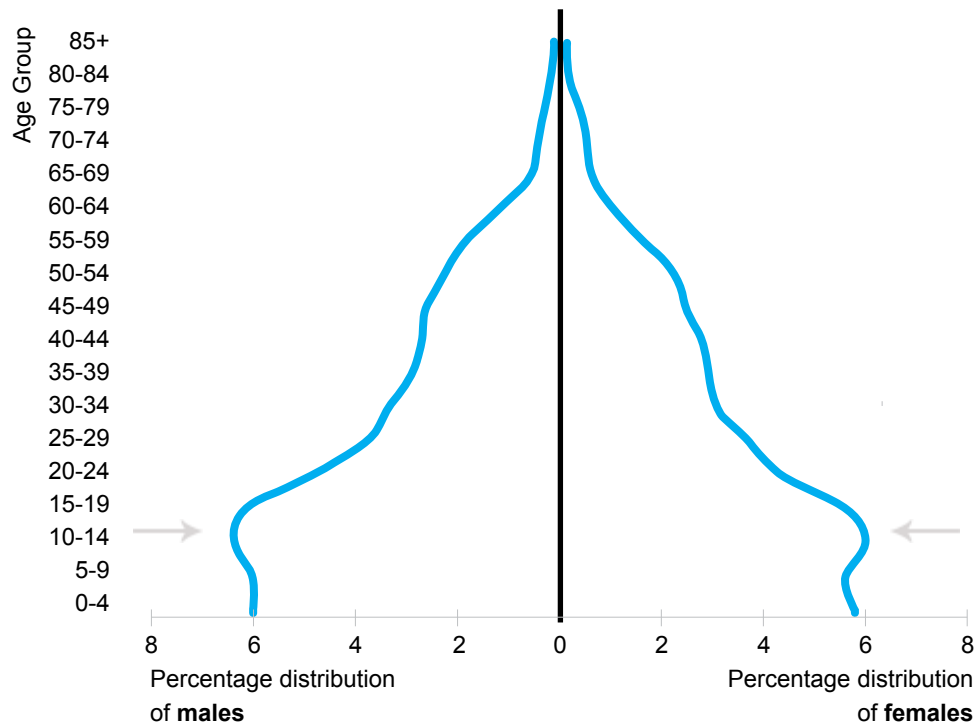
Note: Outmigration is measured by net movements of FSM citizens leaving the FSM (arrivals minus departures). Data only include air passengers to/from FSM and US airports (Guam, Hawaii, Saipan).

Source: Fiscal Year 2011 Economic Review, Graduate School USA's Pacific Islands Training Initiative (PITI)

Population pyramids by State show dramatic differences in age/sex structures between the main and outer islands

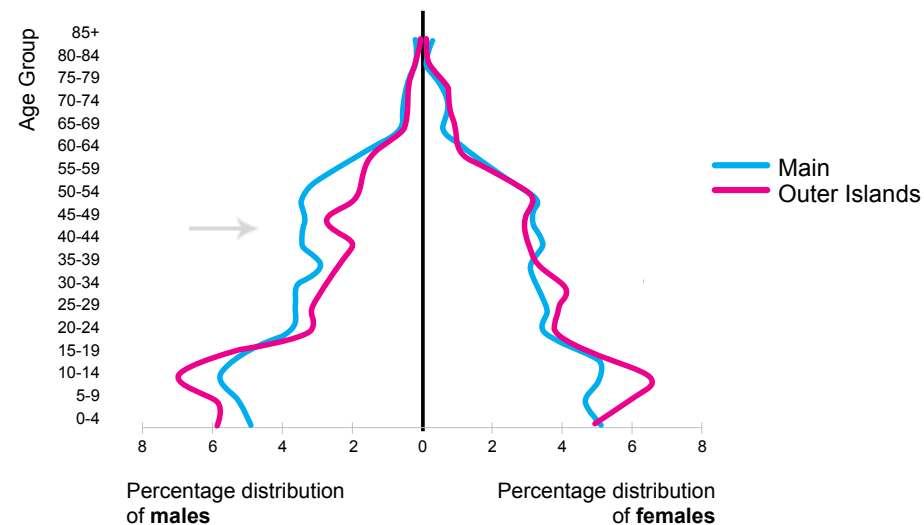
Population pyramids (distribution of population by age group and sex) by main islands and outer islands by State, 2010

FSM: The country is experiencing a 'youth bulge' – a demographic trend where the proportion of adolescents and young people increases significantly compared to other age groups

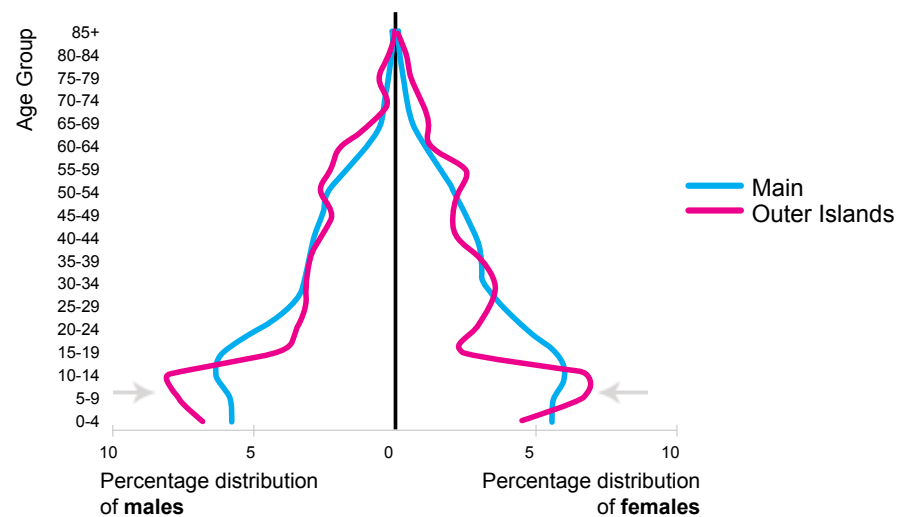


Source: FSM 2010 Census of Population and Housing, S.B.O.C

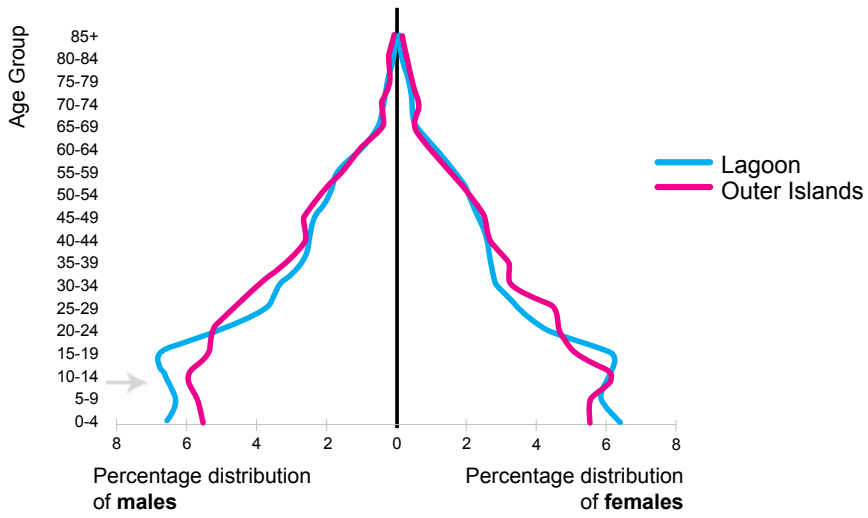
Yap: The proportion of working-age men is relatively low in the outer Islands



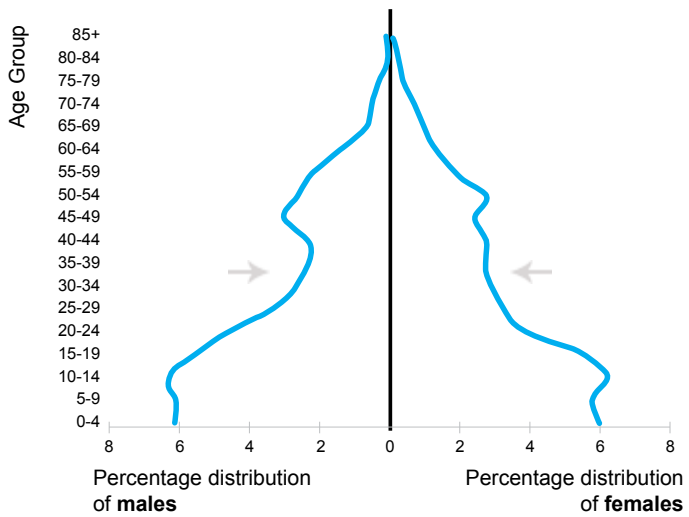
Pohnpei: The population structure on the outer Islands is heavily skewed towards children under 15 years



Chuuk: The proportion of male children and adolescents is relatively high in Chuuk Lagoon

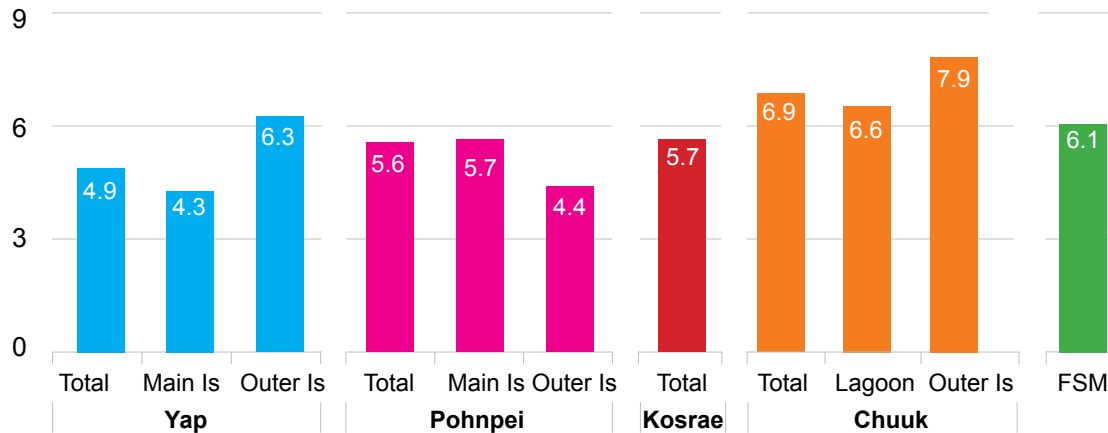


Kosrae: The population pyramid shows the effects of age-selective out-migration



Average household size ranges from 4.3 in Yap's main islands to 7.9 in Chuuk's outer islands

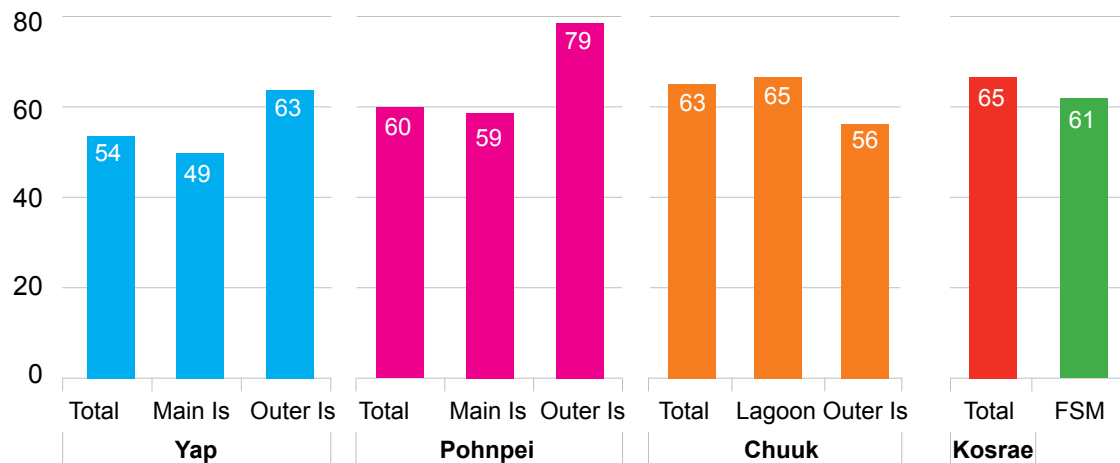
Mean household size by State, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

FSM has a relatively high child dependency ratio with 61 children per 100 working-age people

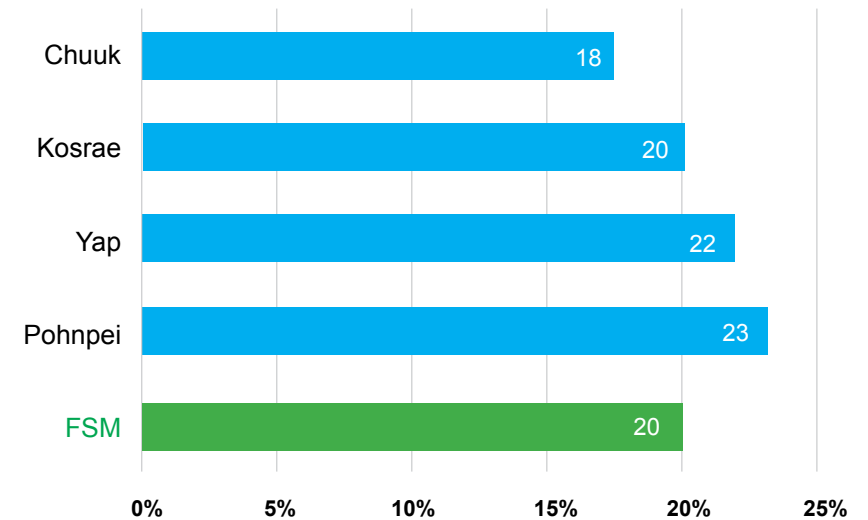
Ratio of the population aged 0-14 to the population aged 15-64 (child dependency ratio), 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Nationwide, one in five households are headed by women; from 18% in Chuuk to 23% in Pohnpei

Percentage of households headed by females by State, 2005



Source: FSM 2005 Analysis of Poverty from HIES, UNDP

The average size of the poorest households is up to 2.9 times larger than the richest households

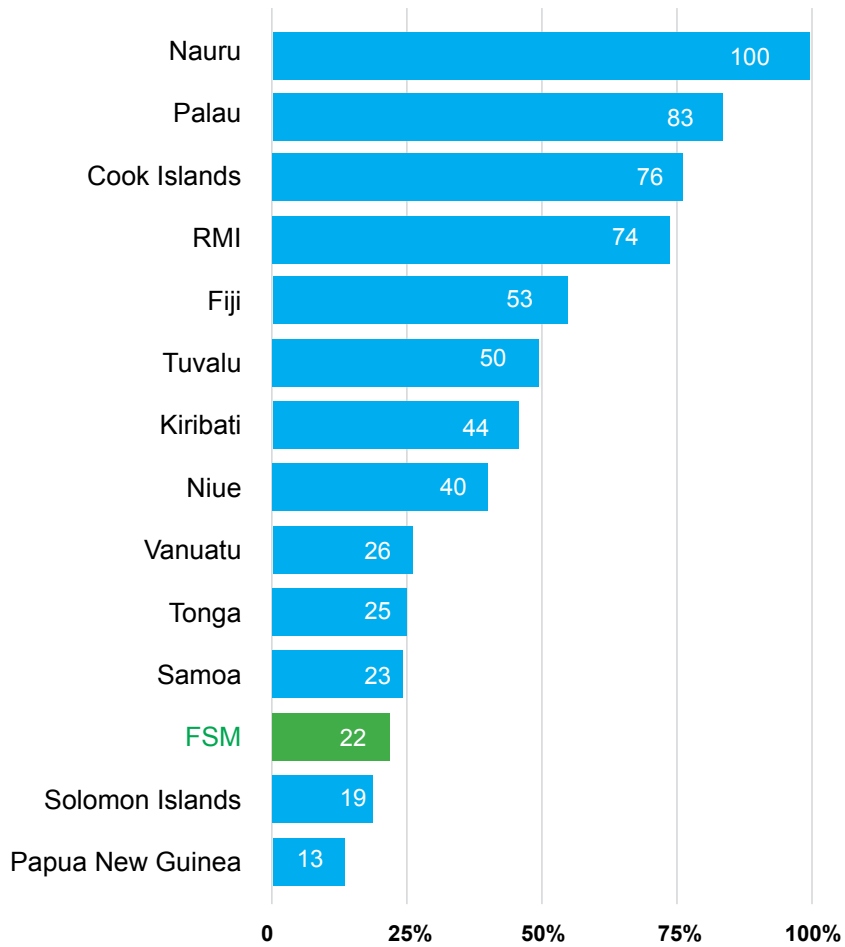
Household size by household wealth quintile, 2005

	Poorest 20%	Richest 20%	Ratio
Yap	10.0	3.4	2.9
Kosrae	9.1	4.8	1.9
Pohnpei	8.7	3.4	2.6
Chuuk	8.6	4.1	2.1
FSM	8.7	3.7	2.4

Source: FSM 2005 Analysis of Poverty from HIES, UNDP

FSM is one of the least urbanized countries in the Pacific

Percent of total population living in defined urban areas, 2010



Source: World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2007 Revision, UNDESA

The degree of urbanization varies from 7% in Yap to 33% in Kosrae; overall it has declined or remained stable

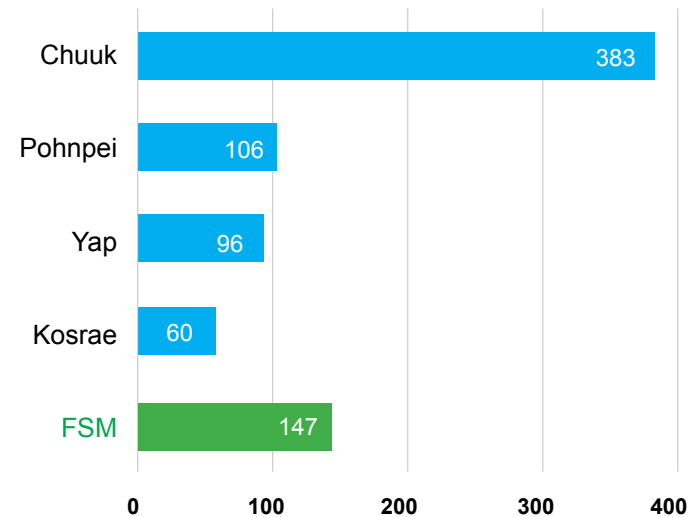
Percent of total population living in defined urban areas, 2000 and 2010

	2000	2010
Kosrae	33.7	32.6
Chuuk	25.8	28.5
Pohnpei	16.5	16.8
Yap	11.0	7.4
FSM	21.8	22.3

Source: FSM 2010 Census of Population and Housing, S.B.O.C

Chuuk's population density is 2.6 times above the national average

Number of people per square kilometer by State, 2011



Source: FSM 2010 Census of Population and Housing, S.B.O.C

FSM's economy is characterized by a high dependency on external assistance from the United States under the Compact of Free Association. The original Compact provided US\$ 1.3 billion from 1986 to 2001, and included direct financial assistance from the US for the development of FSM. The amended compact, which entered into force in June 2004, provides the equivalent of US\$ 2 billion over the subsequent 20 years. Grant funding decreases annually in most years while, at the same time, contributions to a trust fund increase. Earnings from this trust fund are intended to bolster the country's long-term budgetary self-reliance by providing an ongoing source of revenue after 2023.

FSM also derives revenues from fishing license fees (28% of total revenues in 2011). Betel nut exports generate an estimated US\$ 2-4 million annually (US State Department, 2012). Although a potential niche for economic growth, the tourism industry is not well developed, due in part to a lack of infrastructure and limited and expensive air connections.

The US Government Accountability Office found that the distribution of Compact funding among the four states was based on a formula that did not fully account for differences in population size or State's needs (GOA, 2006). This funding imbalance has resulted in different levels of per capita government services across States, with particularly low levels of public services in Chuuk (including immunization and education).

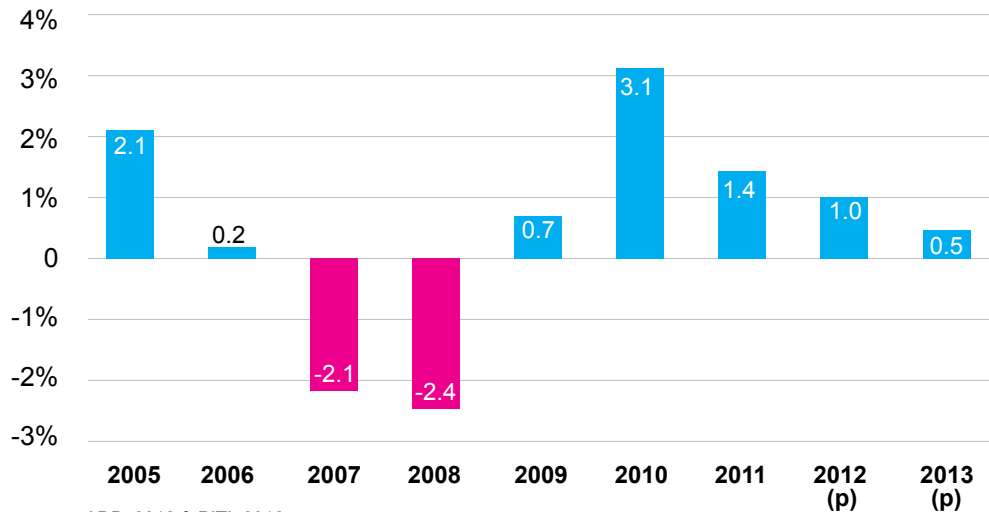
FSM's economy contracted by 4.7 per cent over the period 2007-2009, mainly due to downsizing of the public sector in Chuuk and Kosrae, coupled with the negative shock of the global economic crisis. Rising food and fuel prices eroded families' real incomes. Economic activity has somewhat recovered since then, though projected growth for the years ahead is low (0.5 to 1.5 per cent) as the private sector falls short of offsetting a decline in public sector spending from scheduled Compact grant reductions.

Nationwide, some 16 per cent of the labour force is unemployed, but significant geographic and gender disparities exist. The unemployment rate is highest among women in Chuuk Lagoon (36 per cent). A large and growing proportion of the population lives off subsistence activities such as production of breadfruit, coconuts, bananas, betel nuts, cassava, taro, and kava. One in three households receive remittances from family members living abroad.

At the time of the latest Household Income & Expenditure Survey (2005), 30 per cent of the population was living below the country's basic needs poverty line, and 11 per cent lived below the food poverty line and could not afford a minimally nutritious diet. Family and community networks provide an important informal safety net, while government has a range of social security programmes in place. However, these only benefit those who have worked in the formal economy and given the low rate of formal employment, many people are excluded from receiving such benefits.

FSM's economy contracted in 2007-2008 due to public sector downsizing coupled with the negative shock of the global economic crisis

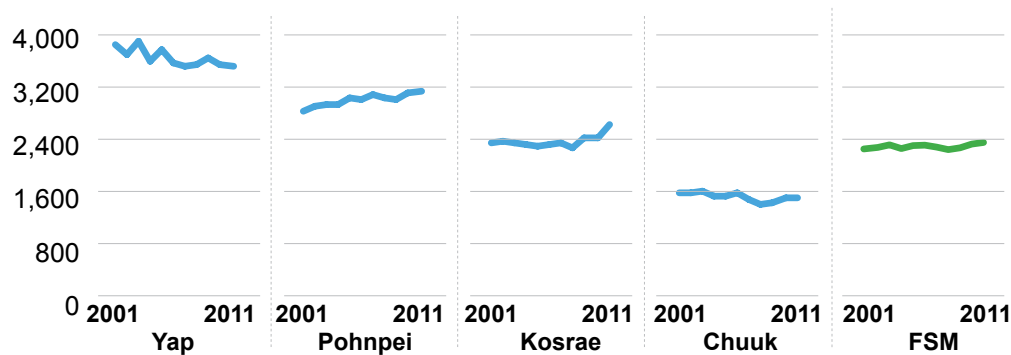
Annual change (%) in Gross Domestic Product, 2005-2013



Source: ADB, 2012 & PITI, 2012

Over the last decade, GDP per capita declined in Yap and Chuuk while increasing in Pohnpei and Kosrae

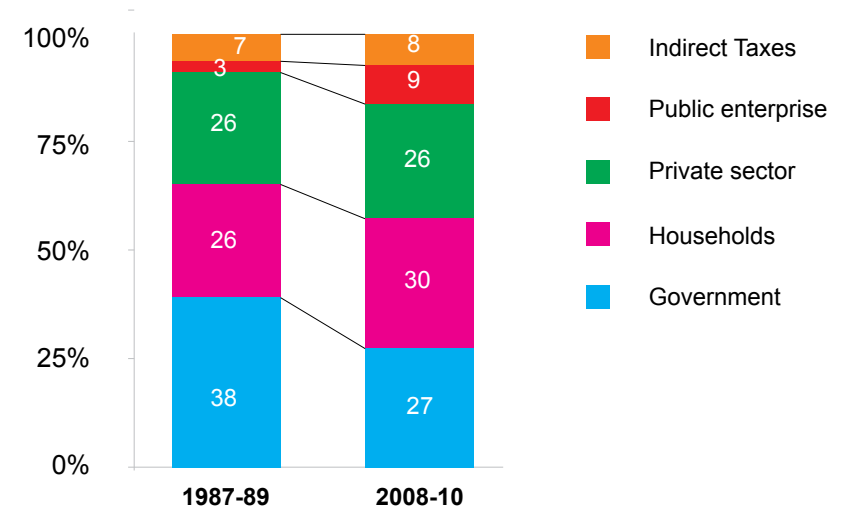
Gross Domestic Product per capita (US\$) in constant 2000 prices by State, 2001-2011



Source: Fiscal Year 2011 Economic Review (PITI, 2012)

Households contribute substantially to the gross domestic product, signaling the importance of subsistence production

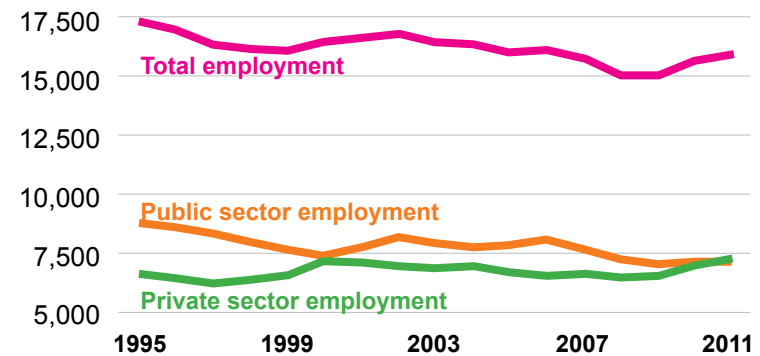
Share of GDP by institutional sector (%), 1987-89 & 2008-10



Source: US Department of the Interior, FSM Fiscal Year 2010 Economic Review, 2011

Lack of job creation combined with a youth bulge in the demographic distribution causes high levels of youth unemployment

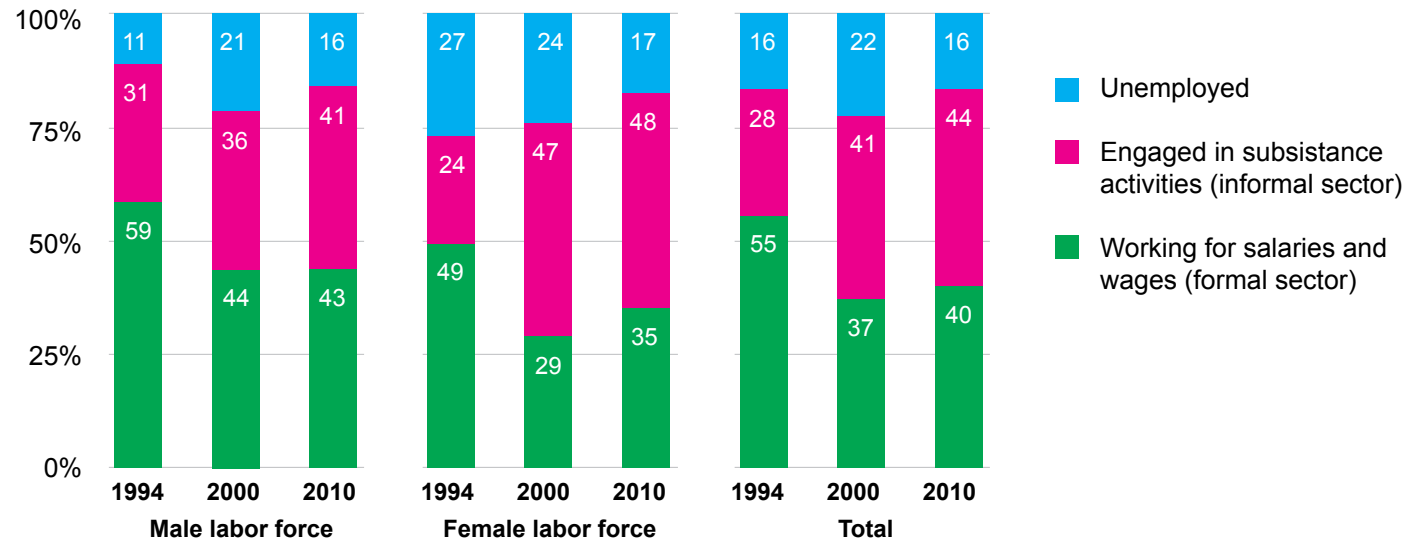
Number of jobs by sector, 1995-2011



Source: Fiscal Year 2011 Economic Review (PITI, 2012)

Subsistence sector employment has significantly increased among both men and women since 1994

Distribution (%) of labor force by type of employment and by sex, 1994-2010



Source: FSM Censuses



Subsistence production accounts for nearly half (47%) of households' food consumption; significant disparities exist across States and the wealth status of households

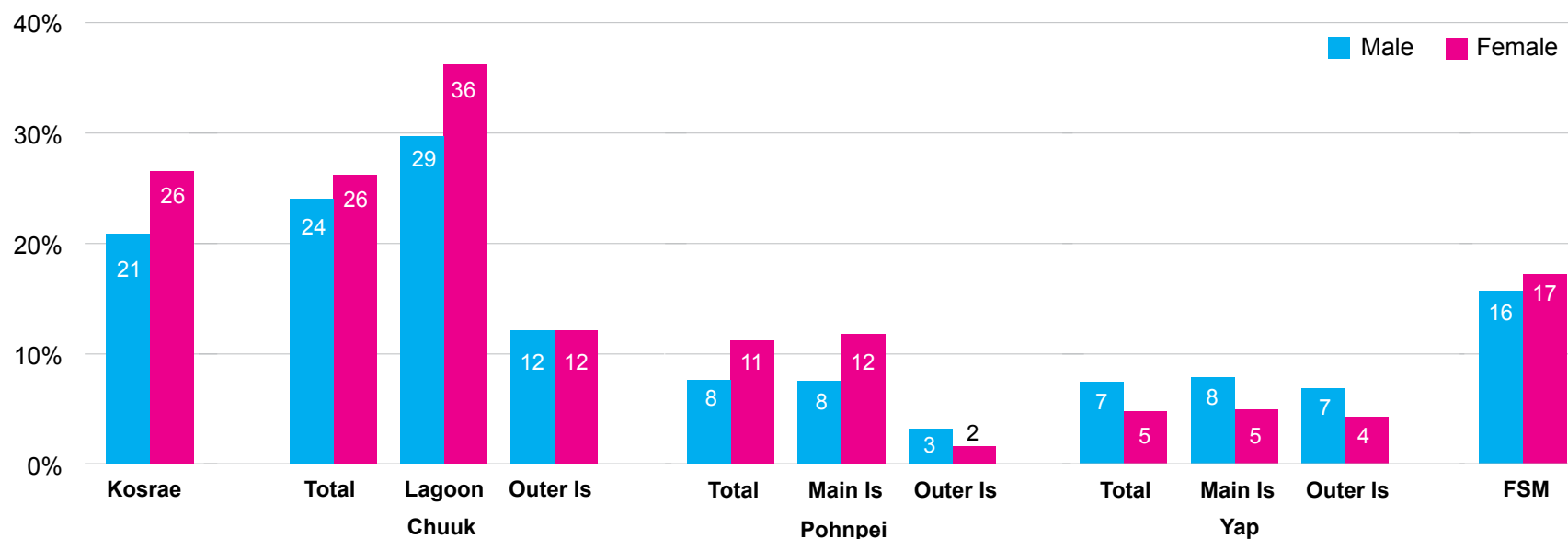
Percentage of own production in total food consumed, 2005

	Yap	Chuuk	Pohnpei	Kosrae	FSM
Poorest 20% of households	89	67	67	40	61
Wealthiest 20% of households	46	46	26	19	37
Average all households	67	53	32	24	47

Source: Abbott, D. (2008). FSM: Analysis of the 2005 HIES.

Wide geographic and gender disparities exist in unemployment

Unemployment rate by State and sex, 2010



Note: The FSM defines the unemployment rate as the proportion of the labor force who were not employed or engaged at a formal job or subsistence activities, in the week before the census.

Source: FSM 2010 Census of Population and Housing, S.B.O.C

A third of households in FSM report receiving over US\$ 7 million in remittances from overseas. The outer islands in Yap and Pohnpei receive a negligible share of remittances.

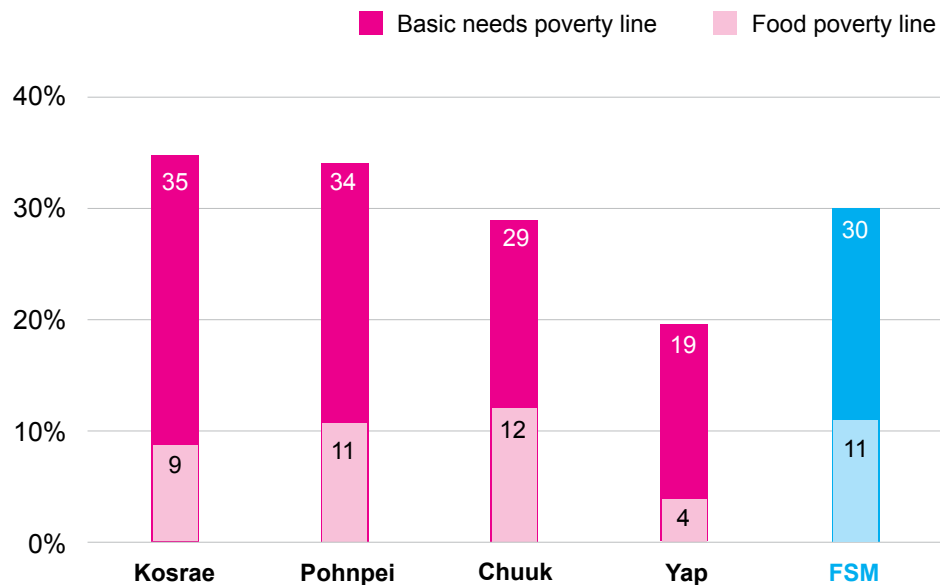
Remittances received from overseas in US\$ by State, 2010

	Yap			Chuuk			Pohnpei			Kosrae	FSM
	Total	Main	Outer Is.	Total	Lagoon	Outer Is.	Total	Main	Outer Is.		
% of household receiving remittances from overseas	8%	10%	3%	44%	48%	28%	27%	28%	16%	51%	33%
Total reported amount, US\$ x 1000	\$237	\$223	\$14	\$3,814	\$3,356	\$458	\$3,016	\$2,972	\$44	\$667	\$7,734
% of the total received	8%	3%	0%	49%	8%	6%	39%	8%	1%	9%	100%

Source: FSM 2010 Census of Population and Housing, S.B.O.C

Nationwide, one in three people (30%) live below the basic needs poverty line while one in ten (11%) cannot afford a minimally nutritious diet

Percentage of the population below the Basic Needs Poverty Line (BNPL) and the Food Poverty line, 2005

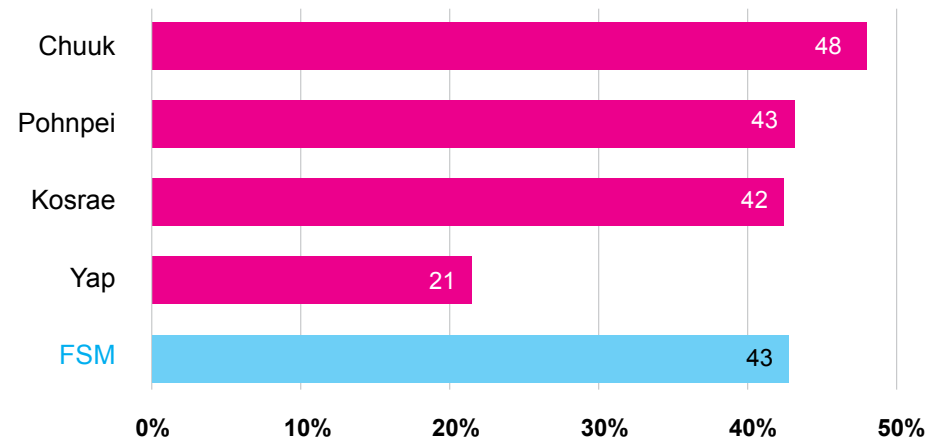


Note: People falling below the national BNPL have insufficient cash income or access to subsistence production to provide a basic, minimally nutritious diet (benchmarked at an average of around 2100 calories/day per adult per capita) and to cover basic expenses related to housing, health care, education, clothing, transport and customary and community obligations.

Source: FSM : Analysis of Poverty from 2005 HIES

Children in Yap are much less likely to live in poor households than those in the rest of the country

Percentage of children (0-14 years) living in poor (bottom three decile) households, 2005

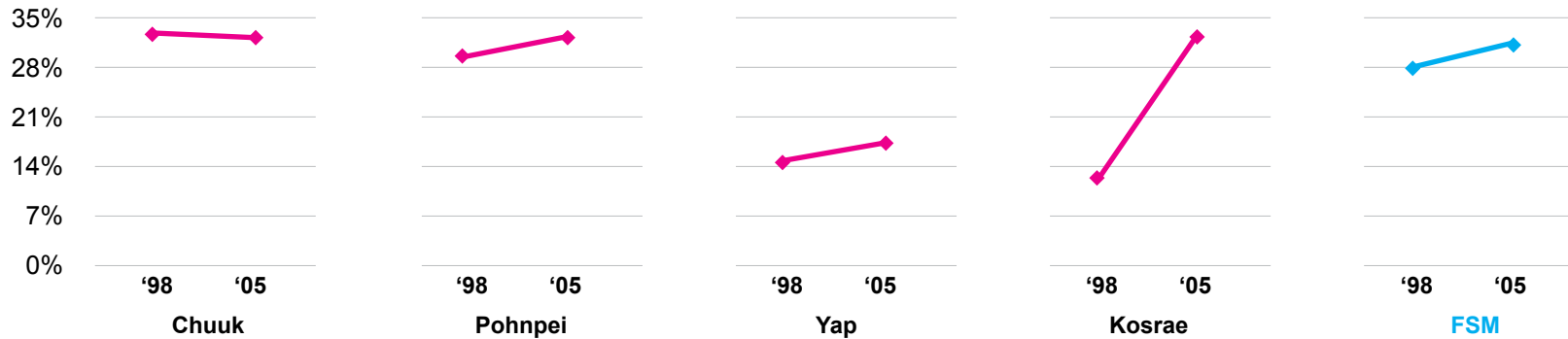


Source: Abbott, D. (2008). FSM: Analysis of the 2005 HIES



Between 1998 and 2005, levels of poverty increased in three out of four States. Kosrae's population, in particular, was hit hard by public sector retrenchment.

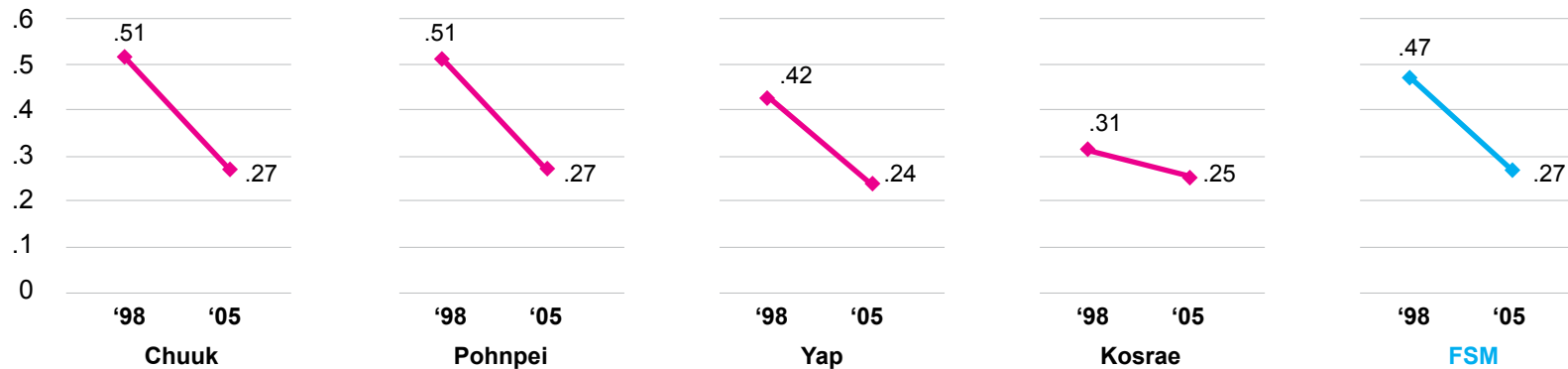
Percentage of the population below the Basic Needs Poverty Line (BNPL), 1998 & 2005



Note: As no adult equivalence figures are available for 1998, the 2005 figures have been adjusted to a per capita basis to make them comparable to the 1998 estimates.

...Yet inequality, as measured by the Gini Coefficient, declined sharply

Gini coefficient nationally and by state, 1998 and 2005



Note: The Gini coefficient is a commonly used indicator to measure disparities in income. A value of 0 would represent perfect equality, and a value of 1 represents complete inequality. A value between 0.3 and 0.4 is considered to be within a "normal" range.

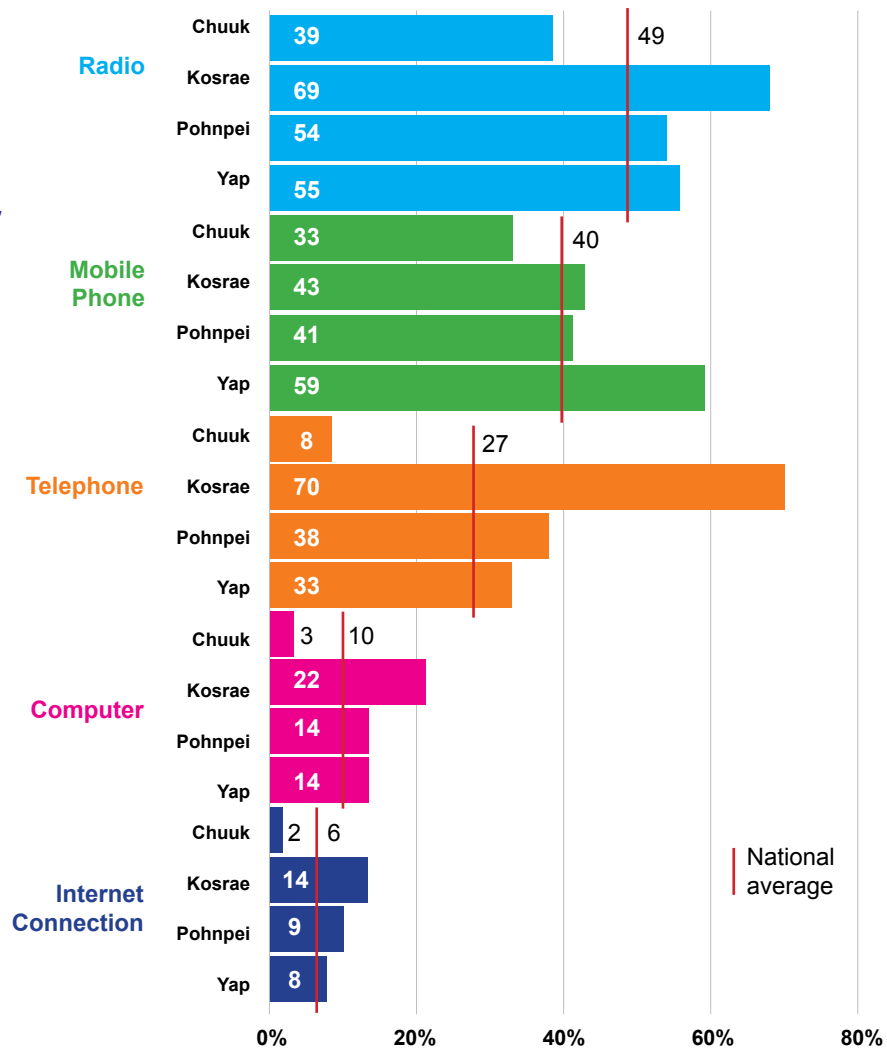
Source: Abbott, D. (2008). FSM: Analysis of the 2005 HIES.

Access to ICT

Access to information is an essential component of increasing children's knowledge and awareness, providing an opportunity to learn about their rights and the ability to participate in society. Health messages are also conveyed through mass communication, which is an important way of reaching the wider population as well. Access to information is one of the components included in the global multidimensional child poverty concept developed by UNICEF to measure poverty beyond income.

Significant disparities exist in household access to information and communication technology; Chuuk lags well behind other States

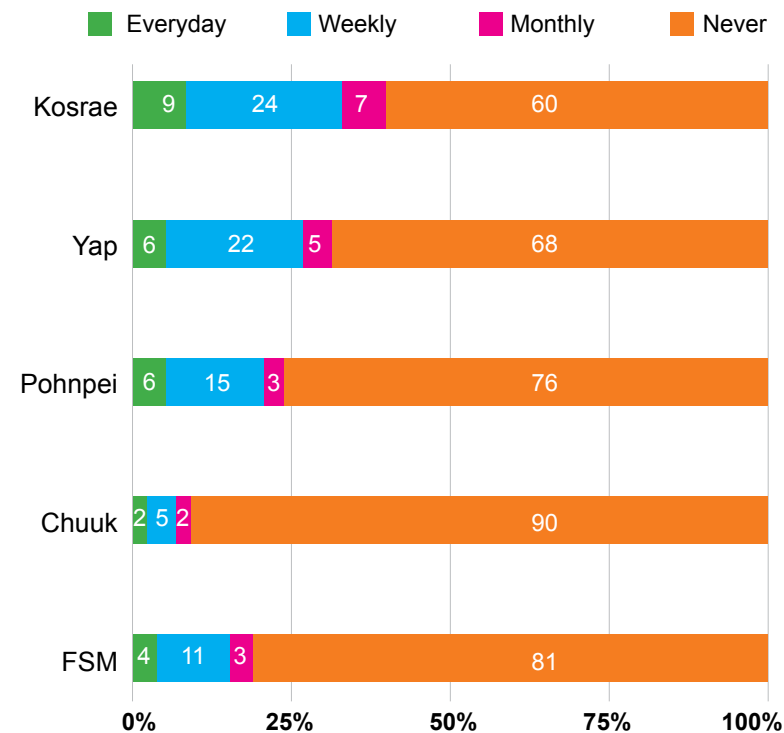
Percentage of households owning various communication and information assets by State, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Use of Internet by young people is low

Frequency of internet use among youth aged 15-24 years by State (%), 2010

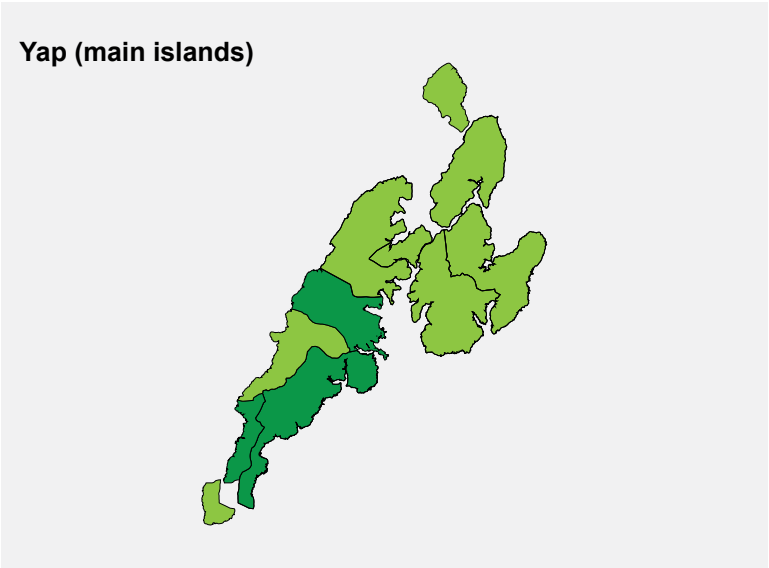
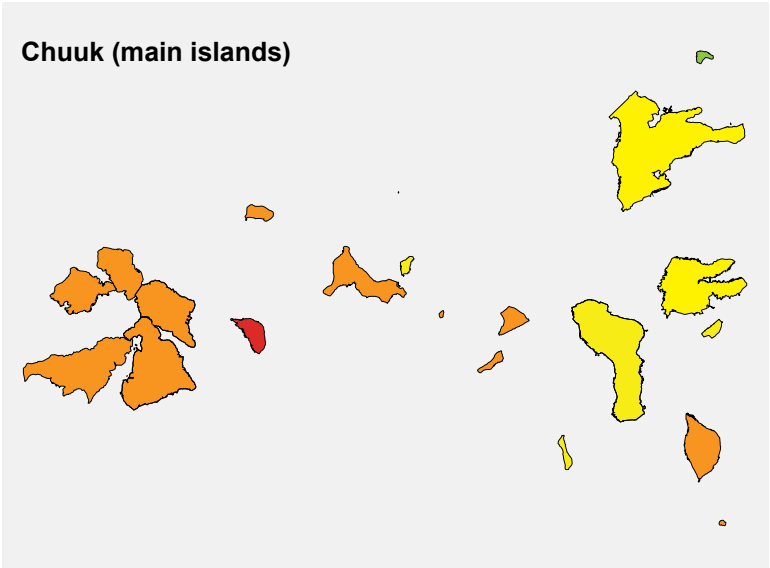
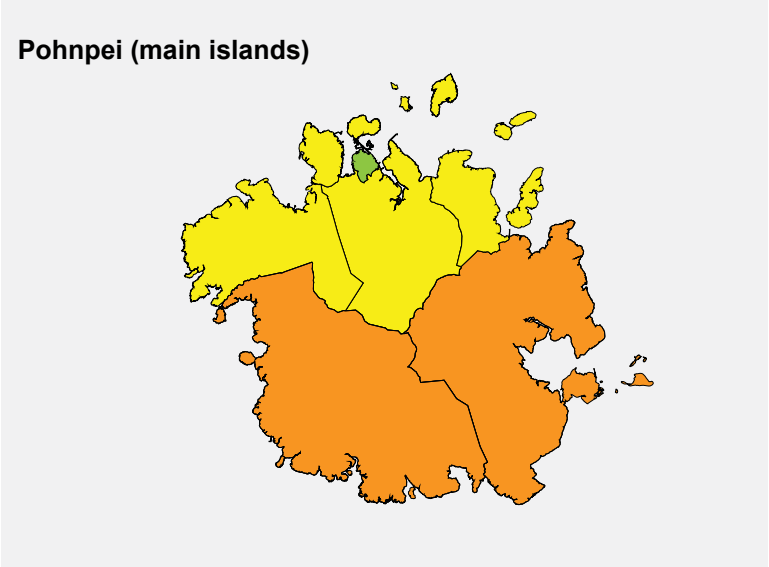
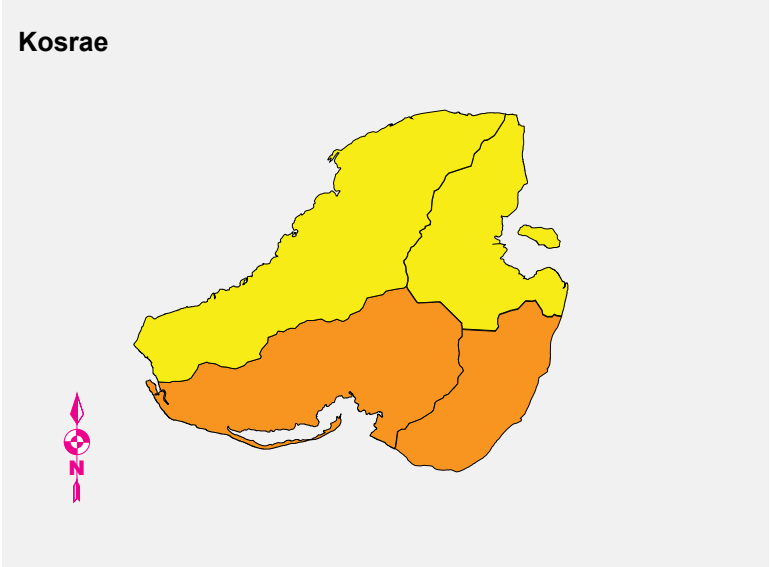


Source: FSM 2010 Census of Population and Housing, S.B.O.C

Mobile phone ownership varies heavily between municipalities

Percentage of households who own a mobile phone, by State and municipality, 2010

- 80% or more
- 60-79%
- 40-59%
- 20-39%
- Less than 20%



Source: FSM 2010 Census of Population and Housing, S.B.O.C

CHAPTER 3

Education

Education in the FSM is compulsory for all children, including those with disabilities, from ages six to fourteen or until completion of grade eight. Secondary schooling (grades 9-12) is not compulsory. The National Department of Education is responsible for setting standards, including teacher certification, school accreditation, and school assessments. Departments of Education at the State level are responsible for direct educational services including curriculum development. Complementing the public education system, religious groups run privately funded elementary and secondary schools.

According to data from the latest Census, some 85 per cent of primary school-aged children attended school in 2010, compared to only 55 per cent of secondary school-aged children. There are, however, significant disparities between and within the four States. The data suggest little progress over the last decade: the national primary school attendance rate remained virtually unchanged between 2000 and 2010 while participation in secondary schooling declined. The country has, however, achieved gender parity in primary education but boys tend to be disadvantaged at the secondary level.

Quality of education is a key concern. More than forty per cent of pupils in grade eight score far below the minimum benchmarks for math and reading in performance

assessments. The poor quality of learning and educational achievement is attributed to inadequate resourcing and a lack of qualified teachers. Educational resources vary considerably between the States. Budget allocations per pupil in Kosrae and Yap are approximately two times higher than allocations in Chuuk and Pohnpei.

As more people have migrated to the state capitals, urban schools have become 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. Outer island schools are typically very small, access is slow and expensive, and they can only be contacted by short wave radio. This makes it difficult for state and national agencies to provide technical assistance and support.

While cognizant of the importance of measures to ensure all children enter and stay in school, government's primary focus has moved to issues of quality and relevance. Accordingly, the FSM Strategic Development Plan (2004-2023) contains five goals for the education sector that target these twin issues: (1) Improve the quality of learning; (2) Improve the quality of teaching; (3) Consolidate performance monitoring and data based decision-making; (4) Strengthen participation and accountability of the education system to communities; and (5) Ensure education is relevant to the lives and aspirations of the FSM people.

The total number of schools varies from 8 in Kosrae to 85 in Chuuk

Number of schools by level by State, 2012

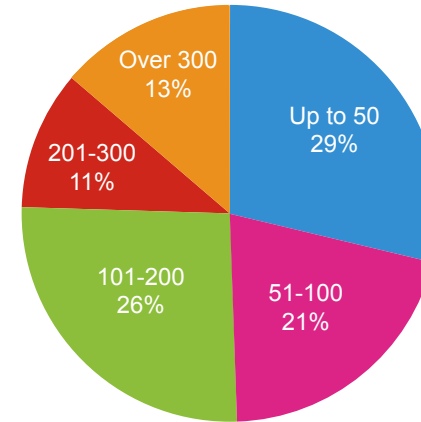
	ECE*	Elementary and/or ECE	Middle School	Secondary	All Grades	Total
Chuuk	n/a	63	0	11	11	85
Pohnpei	n/a	33	0	5	2	40
Yap	25	29	1	4	1	60
Kosrae	n/a	7	0	1	0	8
Total	25	132	1	21	14	193

*Note: Chuuk, Pohnpei and Kosrae have merged ECE centres with primary schools. Table includes both public and private schools that are chartered by FSM Department of Education.

Source: FSM JEMCO Education Indicators Report, 2012

Nearly one in three schools have less than 50 pupils; many of these small schools are located in remote areas, including outer islands

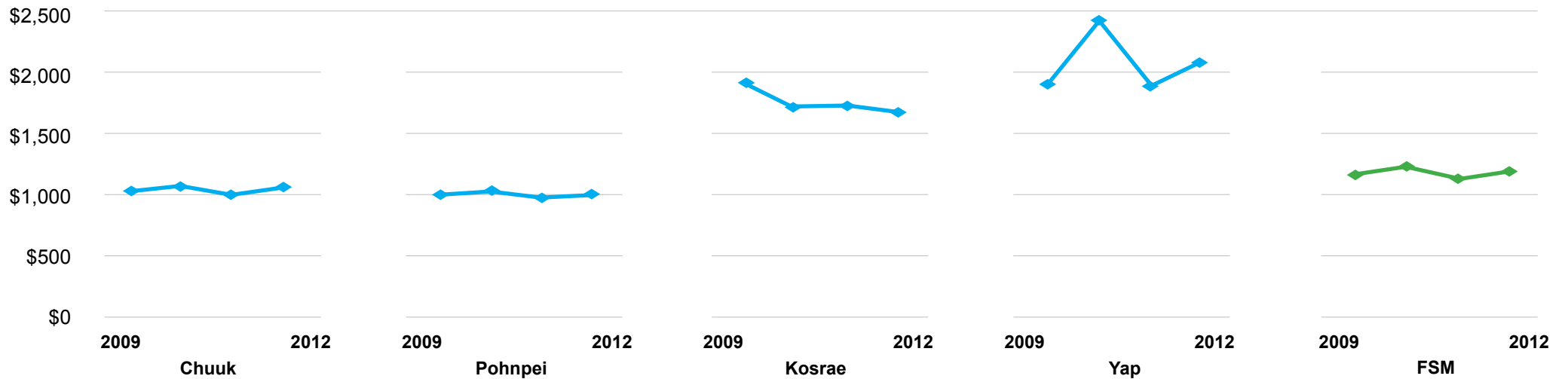
Percentage distribution of schools by size, 2012



Source: FSM JEMCO Education Indicators Report, 2012

Significant differences in the budget allocations per student exist between the States

Budget allocation per pupil (annual operating K-12 budget divided by enrolled student count), 2009-2012



Note: Budget figures are based on the Education Sector Grant and Supplemental Education Grant allocated to States by JEMCO, not the actual expenditure. They do not take into account infrastructure grants or local funds.

Source: FSM JEMCO Education Indicators Reports, 2009-2012

Early Childhood Education

Early childhood education is critical to children's cognitive, social, and behavioral development. Investments in the early and foundational years support children in attaining their full potential both in school and later in life. Research has also shown that ECE helps forestall deficits in learning and psychological development (WHO, 1999).

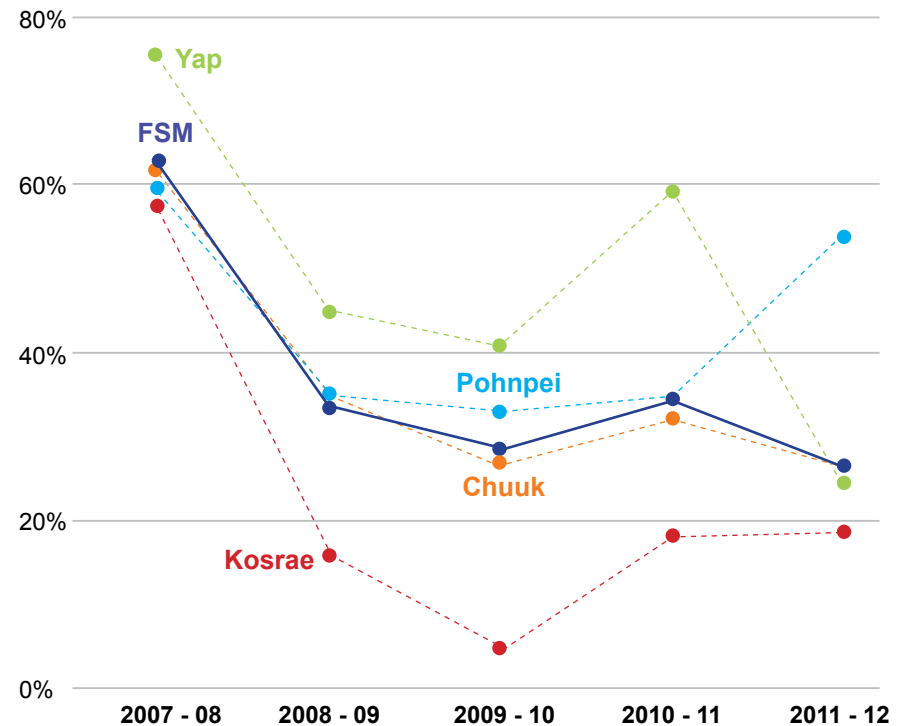
Early childhood education benefits not only the child, but also families, and communities on the whole. Investments in quality ECE are a cost-effective way of benefiting societies by reducing school dropout and repetition rates, and improving educational outcomes. Additional evidence demonstrates that ECE has a particular beneficial impact for the poor and more disadvantaged segments of the population, by providing access to better nutrition for instance.

In FSM, in 2005 the Head-Start Program was replaced by the Early Childhood Education Program. The Long Term Fiscal Framework (LTFF) seems to indicate that the ECE program serves more as a baby-sitting program than a formal pre-school education. Kindergarten curricula is being developed to develop social skills with math and language activities. Overall, enrollment has declined, with only a quarter of children enrolled in ECE centers, suggesting poor access and/or out-migration of that age group. According to the 2011 UN Common Country Assessment, "More vulnerable and disadvantaged children do not have access to ECE," but data are lacking to adequately understand disparities by socio-economic background or gender.



Enrolment in early childhood education appears to be declining in most States

Percent of base school age population enrolled in ECE (children 4 and 5 years old), by State, 2007/08 - 2011/12



Source: Department of Education, 2012

Access to Education

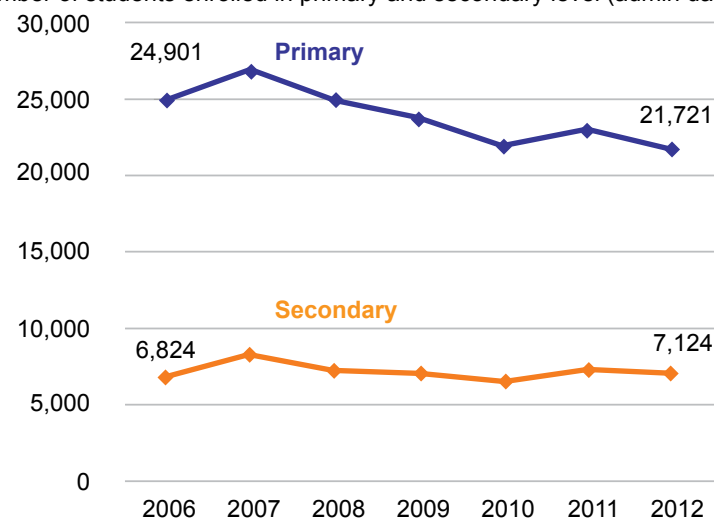
An assessment of children's access to education can rely on two sources: enrolment data, which are based on administrative records from Departments of Education, and attendance data from household surveys or censuses. In FSM, enrolment rates tend to differ substantially from attendance rates. There are two principal reasons for this discrepancy. On the one hand, reliable annual school-age population estimates, the denominator for enrolment rates, are generally not available due to incomplete vital registration and high levels of migration. On the other hand, quality and timeliness of administrative data remain major challenges (FSM JEMCO, 2012).

This section uses the following core indicators derived from FSM's Census of Population and Housing to measure children's school participation:

- Net attendance rate (NAR) is defined as the percentage of children of the official age group for a given level of education who are attending a public or private school. The theoretical maximum value is 100 per cent. Values below 100 per cent provide a measure of the proportion of children of the specified age group who are out of school.
- Gross attendance rate (GAR) is defined as the number of students, regardless of age, who are attending a given level of education, expressed as a percentage of the official school-age population corresponding to the same level of education. GAR can exceed 100 per cent due to the inclusion of over-aged and under-aged students because of early or late entrants, and grade repetition. A GAR value approaching or exceeding 100 per cent indicates that the country is, in principle, able to accommodate all of its school-age population, but it does not indicate the proportion already enrolled/attending. The achievement of a GER of 100% is therefore a necessary but not sufficient measure for enrolling all eligible children in school.
- Gender Parity Index (GPI) is defined as the ratio of girls to boys for a given level of education. To standardise the effects of the population structure of the appropriate age groups, the GPI of the gross attendance rate for each level of education is used. GPI of 0.96 to 1.04 means that the percentages of boys and girls in school are roughly equal. GPI of more than 1.04 means that the percentage of girls in school is higher than the percentage of boys in school. GPI of less than 0.96 means that the percentage of boys is higher than the percentage of girls in school.

The number of students enrolling in school has decreased markedly since 2007, possibly as a result of family migration out of FSM

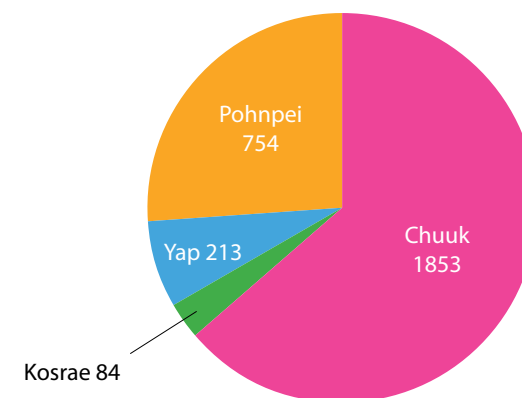
Number of students enrolled in primary and secondary level (admin data), 2006-2012



Source: FSM JEMCO Education Indicators Reports, 2006-2012

More than 2,900 primary-school-aged children were out of school in 2010; most of them live in Chuuk and Pohnpei

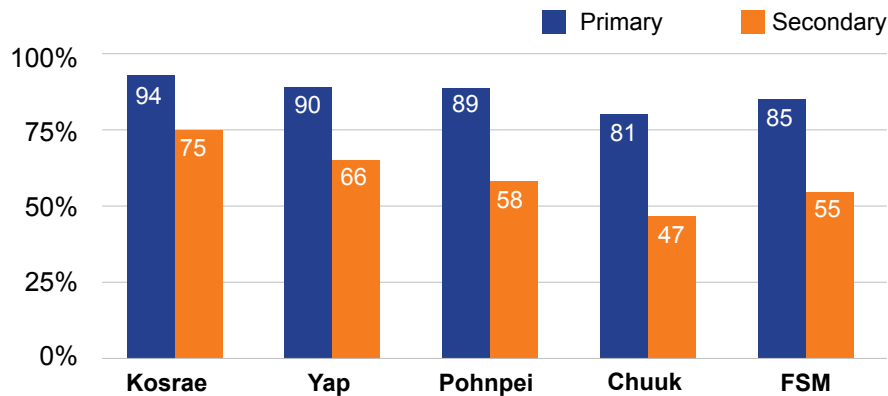
Number of primary-school-aged children not attending school by State, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Nationwide, 85% of primary-school-aged children attended school in 2010, compared to only 55% of secondary-school-aged children

Primary and secondary net attendance rate by State, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Progress towards universal primary education has stalled or reversed while secondary school participation declined over the past decade

Primary and secondary net attendance rate by State, 2000 & 2010

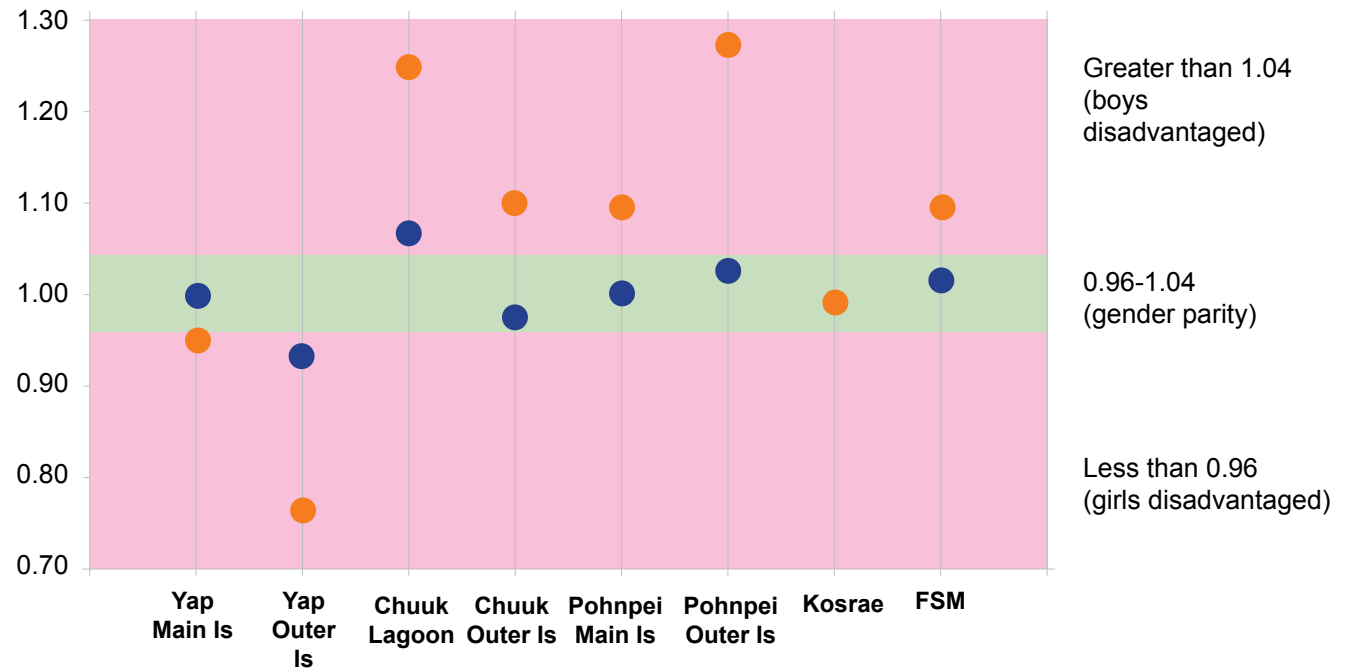
	Primary			Secondary		
	2000	2010	%-change	2000	2010	%-change
Kosrae	96	94	-2.5%	73	75	1.9%
Yap	88	90	1.7%	74	66	-12.0%
Pohnpei	82	89	8.7%	60	58	-2.2%
Chuuk	86	81	-6.2%	64	47	-26.6%
FSM	86	85	-0.2%	64	55	-15.1%

Source: FSM 2000 & 2010 Census of Population and Housing, S.B.O.C

Most States have reached gender parity in primary education while boys tend to be disadvantaged at the secondary level. In Yap Outer Islands, however, girls are less likely than boys to attend primary or secondary education

Gender parity index (GPI) in primary and secondary education, 2010

● GPI Primary ● GPI Secondary

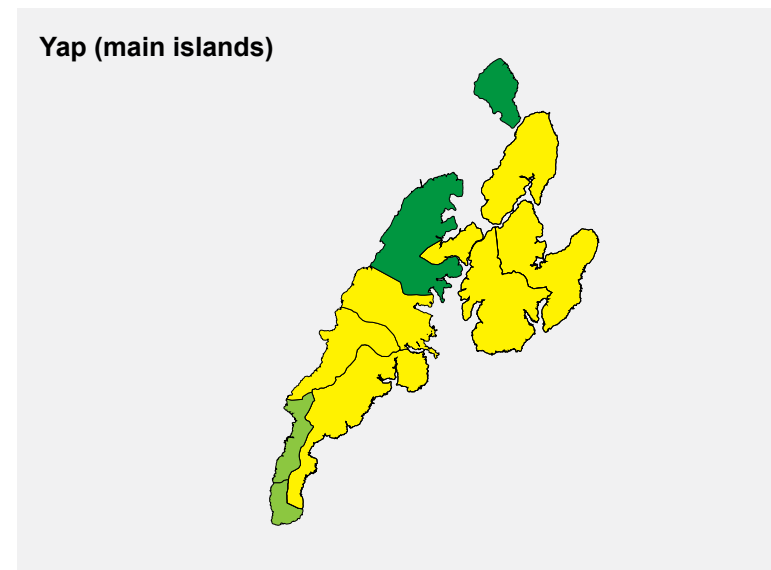
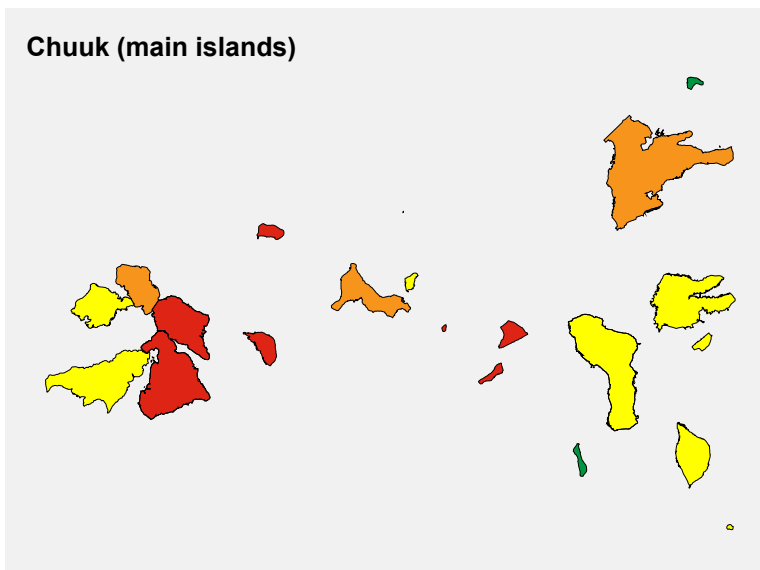
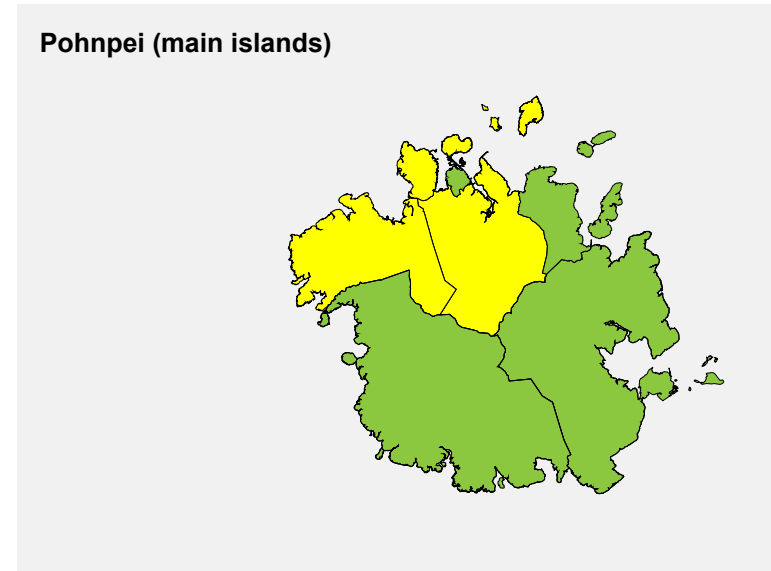
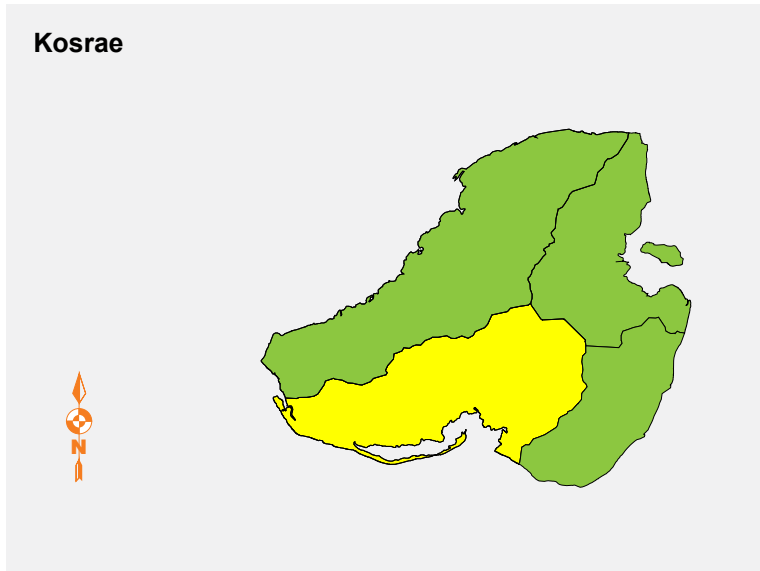


Source: FSM 2010 Census of Population and Housing.

More than half of all municipalities have primary gross attendance rates exceeding 100%, indicating high levels of late entry or grade repetition in primary school

Primary gross attendance rate by municipality, 2010

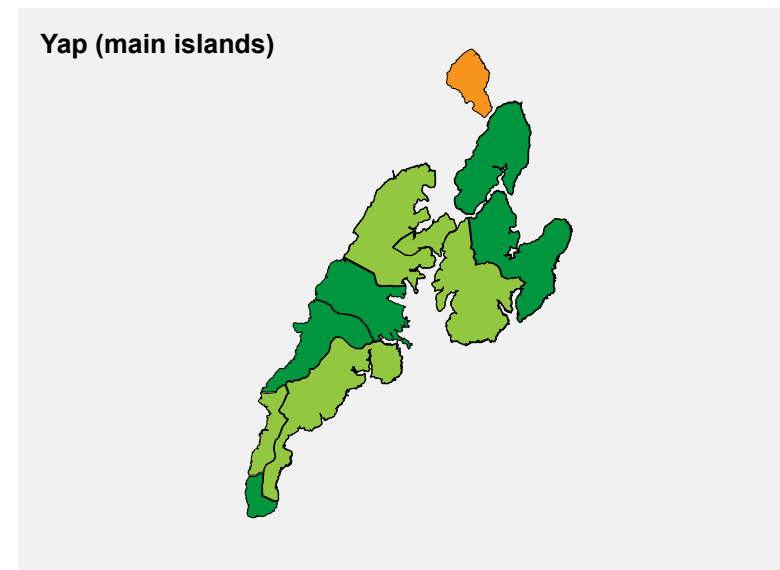
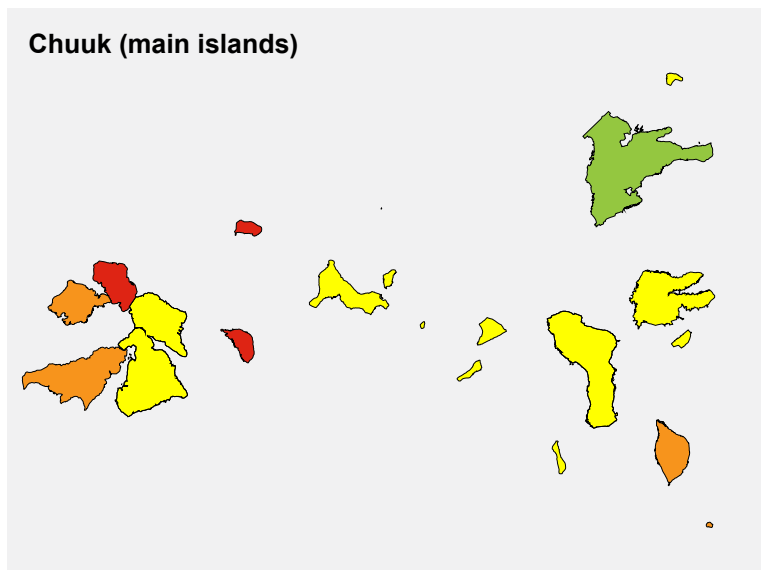
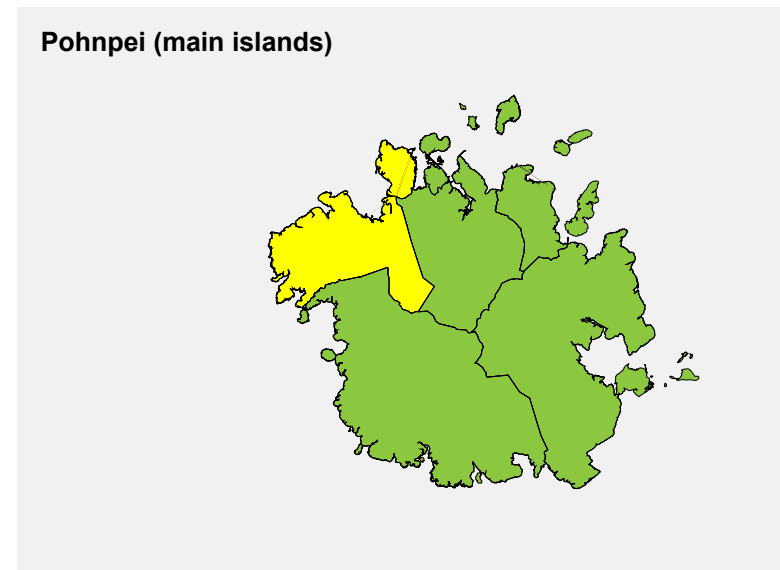
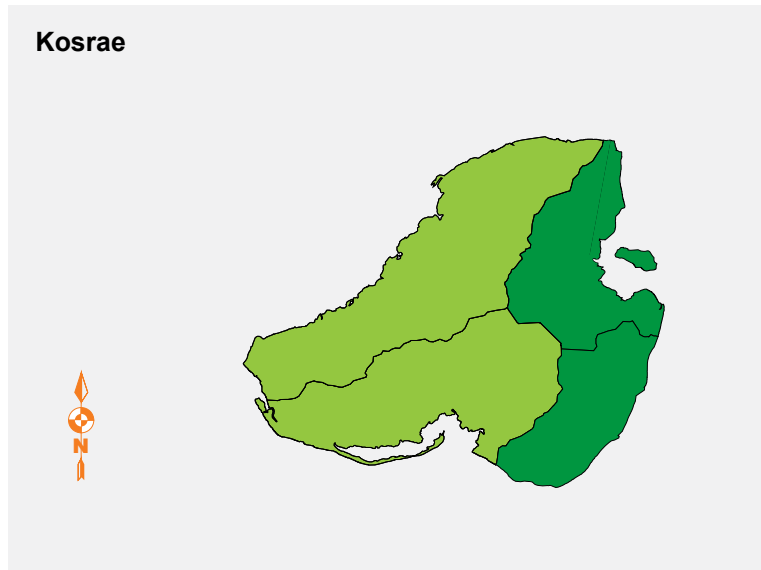
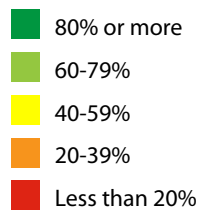
- 110% or more
- 100-109%
- 90-99%
- 80-89%
- Less than 80%



Source: FSM 2010 Census of Population and Housing

Secondary gross attendance rates are relatively low due to constrained capacity to teach high school pupils, especially in Chuuk and the outer islands of Yap and Pohnpei

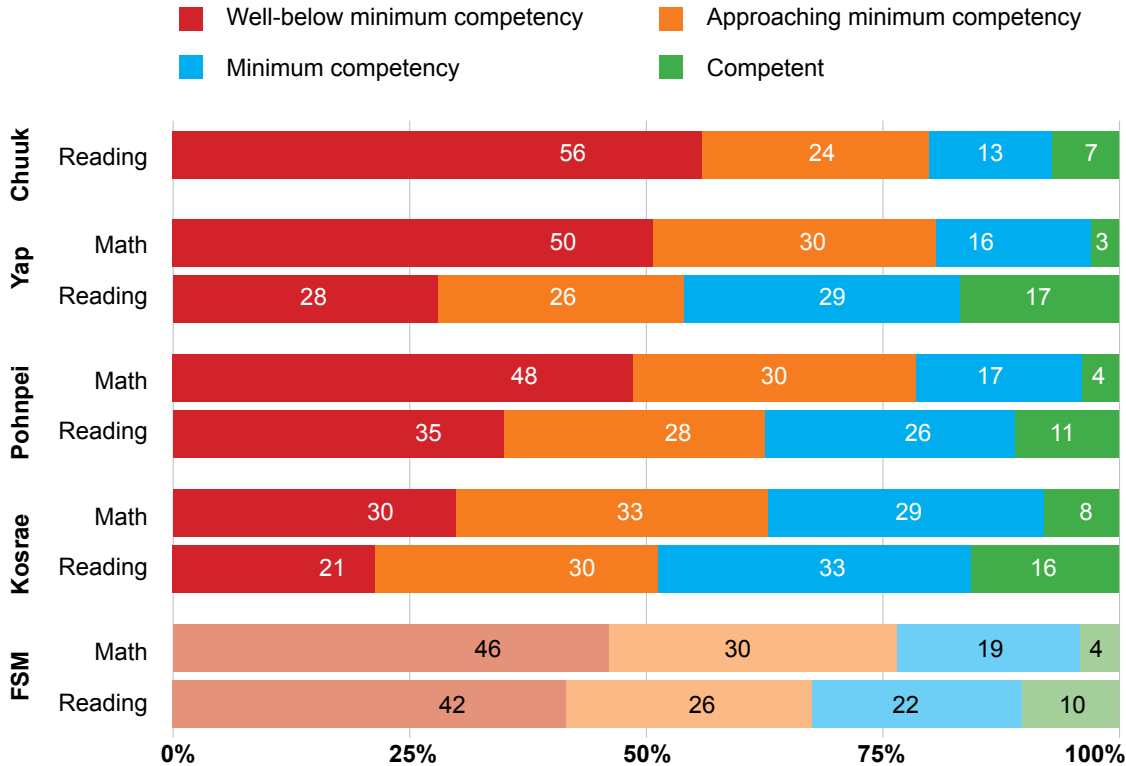
Secondary gross attendance rate by municipality, 2010



Source: FSM 2010 Census of Population and Housing

Quality of education is a serious concern: More than 4 out of 10 children nationwide perform far below the minimum benchmarks and have no or limited skills in reading and math when they leave primary school

Performance of 8th grade students in the National Minimum Competency Test by State, 2011

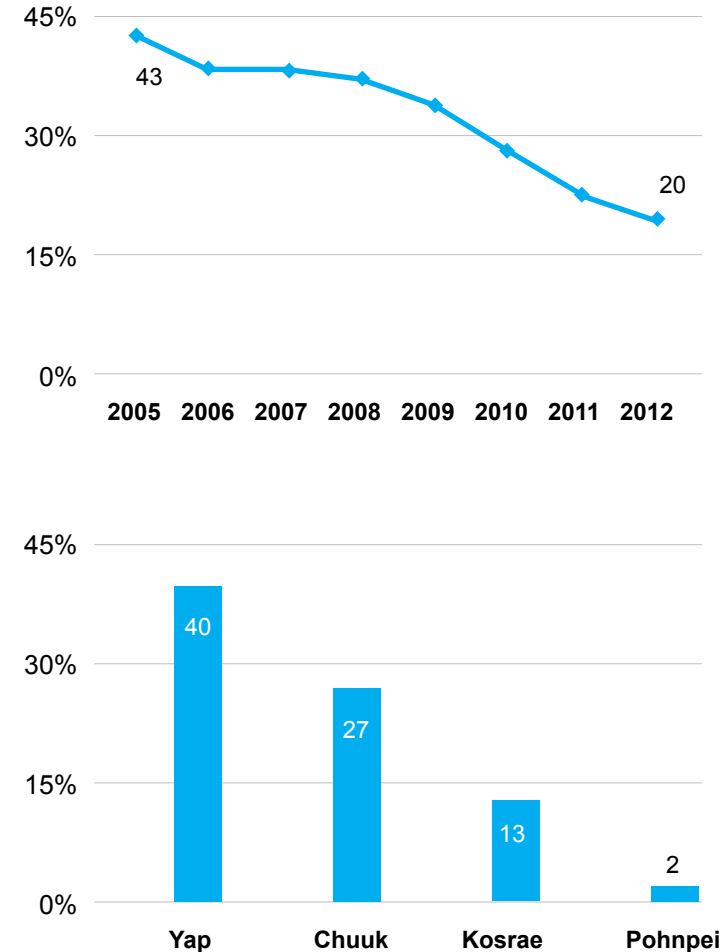


Note: The math test was not administered in Chuuk. Competent means that the student has mastered the minimum competency for the benchmark. Minimum competency means that the student has achieved minimum competency for the benchmark. Approaching minimum competency means that the student has some knowledge or skill regarding the benchmark, but needs improvement to reach the minimum competency. Well-below minimum competency means that the student has no or limited knowledge in the tested skills.

Source: FSM JEMCO Education Indicators Report, 2011

FSM has made strong progress in addressing the lack of qualified teachers; though Yap and Chuuk still have critical shortages

Percentage of teachers who do not have a postsecondary degree by year and by State, 2012



Source: FSM JEMCO Education Indicators Reports, 2005-2012

On average, 10% of teachers in primary and 15% in secondary school are absent. Teacher absenteeism impacts negatively on students' academic performance.

Average teacher attendance rate (%) in primary and secondary school by sex of teacher, 2012

	Primary			Secondary		
	Male	Female	Total	Male	Female	Total
Chuuk	92	91	92	85	81	84
Pohnpei	88	91	90	86	84	85
Yap	86	86	86	89	85	88
Kosrae	97	97	97	97	98	97
FSM	90	90	90	86	83	85

Source: FSM JEMCO Education Indicators Report, 2012

The number of pupils per teacher varies from 8 in primary schools in Yap to 22 in secondary schools in Pohnpei

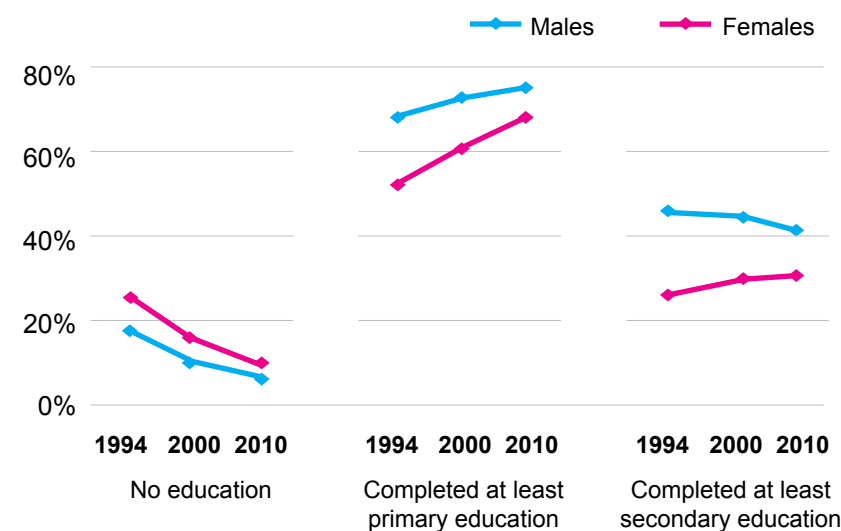
Pupil-teacher ratios in primary and secondary education by State, 2012

	Primary	Secondary
Chuuk	18	15
Pohnpei	19	22
Yap	8	14
Kosrae	10	16
FSM	16	17

Source: FSM JEMCO Education Indicators Report, 2012

The proportion of adults reaching at least primary education is increasing and the gap between males and females is narrowing

Educational attainment of the population aged 25 years and above by sex, 1994-2010



Source: FSM 1994, 2000 & 2010 Census of Population and Housing, S.B.O.C



The FSM has a three-tier public health care system provided at the national, state and municipal level. Policy directions are provided by the National Department of Health and Social Affairs (DHSA), while each State is responsible for coordinating and implementing its own health care system. Each State has one public hospital that provides primary and secondary care services. In the outer islands and remote villages, state-run health dispensaries or clinics are staffed by health assistants and supervised by the local mayors. These dispensaries provide primary health care services and refer advance cases to the state hospitals. Overall, adequate health services are difficult to organize due to the extremely dispersed population, and often involve transport by air or boat.

The FSM has a dedicated Maternal and Child Health (MCH) Programme that provides clinical and outreach activities within communities and schools, including efforts to reach out-of-school adolescents. The country has identified eight priority areas for the period 2010-2015: (1) To increase the percentage of pregnant women attending antenatal care in the first trimester; (2) To decrease infant mortality; (3) To improve the nutritional status of the MCH population; (4) To increase the immunisation coverage; (5) To decrease incidence of STIs in among the MCH population; (6) To decrease the rate of teenage pregnancy; (7) To improve the oral health status among the MCH population; and (8) To improve the number of newborns screened or diagnosed with potential hearing loss for early intervention services.

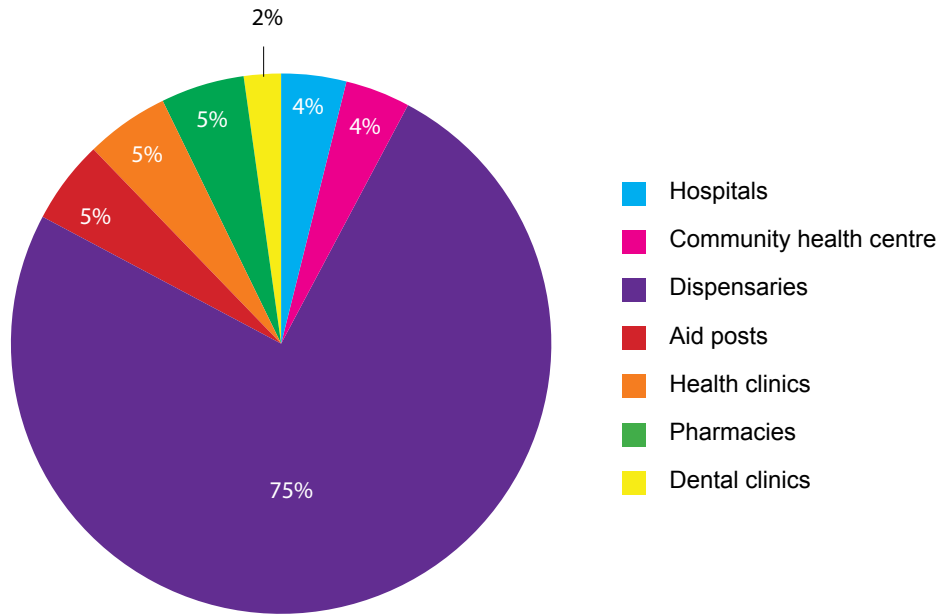
The country has made significant progress in reducing infant and under-five mortality over the last two decades, but child mortality remains relatively high compared to other Pacific Island Countries. The leading causes of death among young children under one year of age are pneumonia, sepsis and diarrhoea. The FSM also has a relatively high maternal mortality rate, partly due to limited access to good quality prenatal care and the remoteness of many communities from medical facilities, particularly in an emergency.

Immunisation coverage varies widely between States and has decreased since the mid 2000's according to official data. Kosrae is the only State to have achieved the country's domestic target of fully immunising 90 per cent of young children. Malnutrition and micronutrient deficiencies are a concern as around one third of pregnant women and infants screened in public hospitals were found to be anaemic.

A key constraint in monitoring the health and nutritional status of Micronesian children and women is the lack of a nationally-representative household survey, such as the Demographic and Health Survey that has been undertaken in several other Pacific Island Countries. As a result, the FSM does not have any information available on critical health issues such as exclusive breastfeeding, infant and young child feeding practices, childhood illness, or unmet needs for family planning. Moreover, little is known about the association between health outcomes and socio-demographic factors such as age, sex, location or wealth.

Dispensaries represent three-quarters of health facilities available

Percentage distribution of health facilities by type, 2012



Source: DHSA, FSM Global AIDS Response Progress Report 2012

Most dispensaries are located in remote villages and outer islands in Chuuk

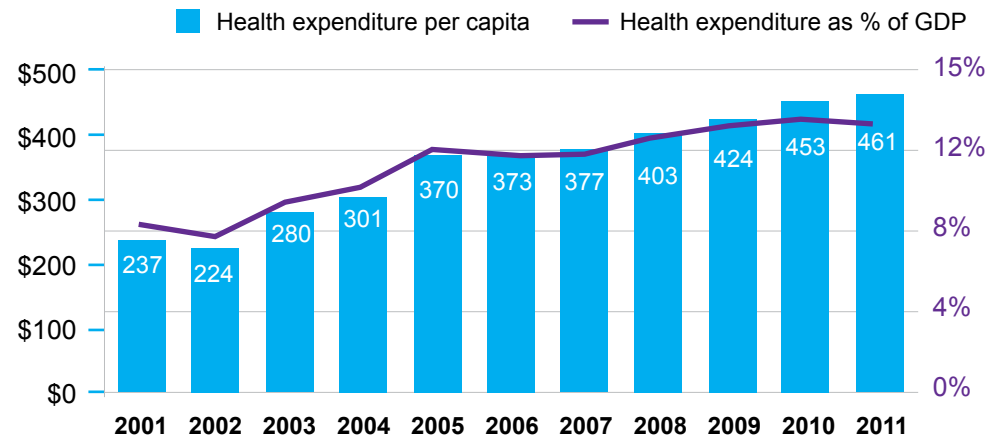
Distribution of health facilities by State, 2012

Type of facility	Kosrae	Pohnpei	Chuuk	Yap	Total
Hospitals	1	2	1	1	5
Community health centers	0	1	0	4	5
Dispensaries	0	9	64	19	92
Aid posts	5	0	0	1	6
Health clinics	0	3	3	0	6
Pharmacies	0	2	3	1	6
Dental clinics	0	2	0	0	2
Total	6	19	71	26	122

Source: DHSA, FSM Global AIDS Response Progress Report 2012

Per capita health expenditures have doubled over the last decade

Total health expenditure per capita and as a percentage of GDP, 2001-2011



Note: Total health expenditure is the sum of public and private health expenditures as a ratio of total population. Expenditures in purchasing power parity (PPP), constant 2005 international \$.

Source: World Health Organization National Health Account database

Child Survival And Health

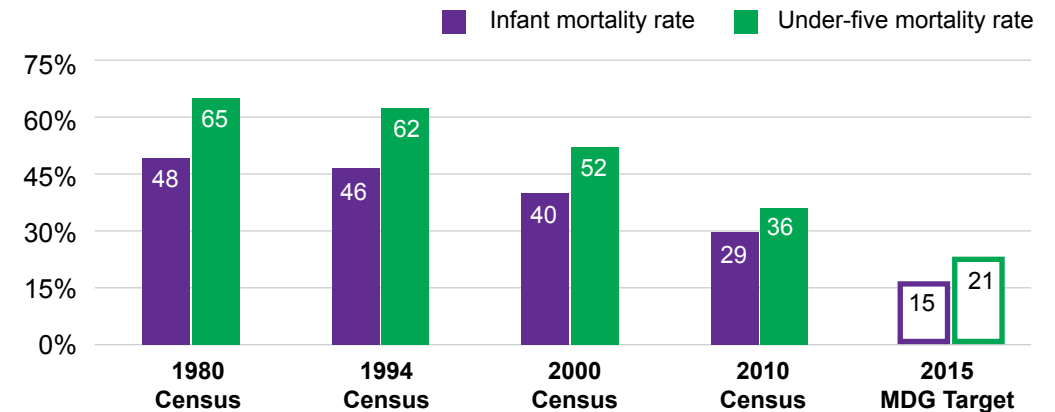
Article 6 of the Convention on the Rights of the Child (CRC) states that children have the right to live and governments should ensure that children survive and develop healthily. The Convention places a high value on the children's right to survival and states that children have the right to good quality health care, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy.

The FSM have made significant progress in reducing under five and infant mortality, showing a fundamental commitment to child health. Both the infant mortality rate (IMR) and the under-five mortality rate (U5MR) have declined since 1990, although the rate of reduction is still too low to reach Millennium Development Goal 4 by 2015. Pneumonia, sepsis and diarrhoea are the leading killers of infants, while unintentional injuries are the predominant cause of death among older children.

Immunisations prevent and reduce child mortality and morbidity. The country is, however, not achieving its own domestic target of 90 per cent of children completing all immunisations by or before two years of age. Coverage dropped to 68 per cent during the period 2009-2011. The latest Health Sector Progress Report attributes this decline to the increase in the number of vaccines added to the regular vaccine schedule, insufficient number of personnel, and logistics in planning and delivering the vaccines in an environment challenged by a population dispersed over long oceanic distances and limited transportation means (DHSA, 2012).

The FSM have made considerable progress in reducing infant and under-five mortality since 1990

Infant and under-five mortality rate (deaths per 1,000 live births), 1980-2010

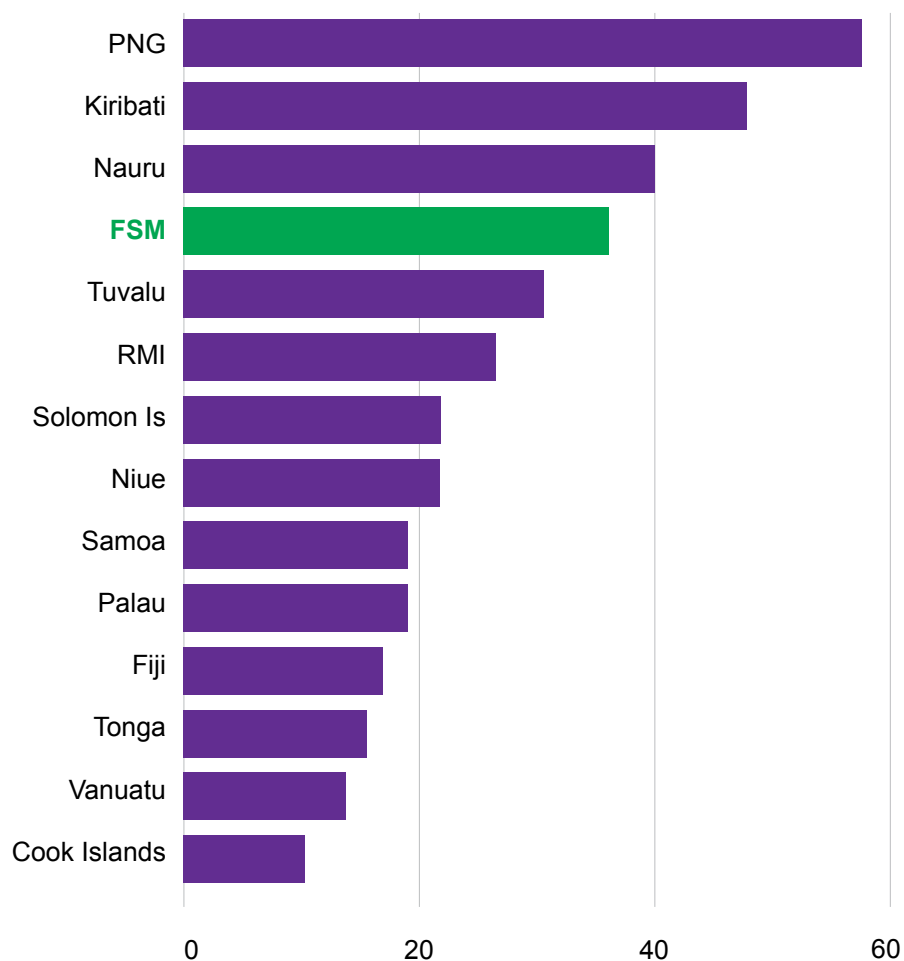


Note: The reference date for the mortality estimates is about 4 years before each census.
Source: Census 1980, 1994, 2000 & 2010 cited in FSM MDG 2010 Report and NMDI Database



Compared to other Pacific Island Countries, child mortality remains relatively high in the FSM

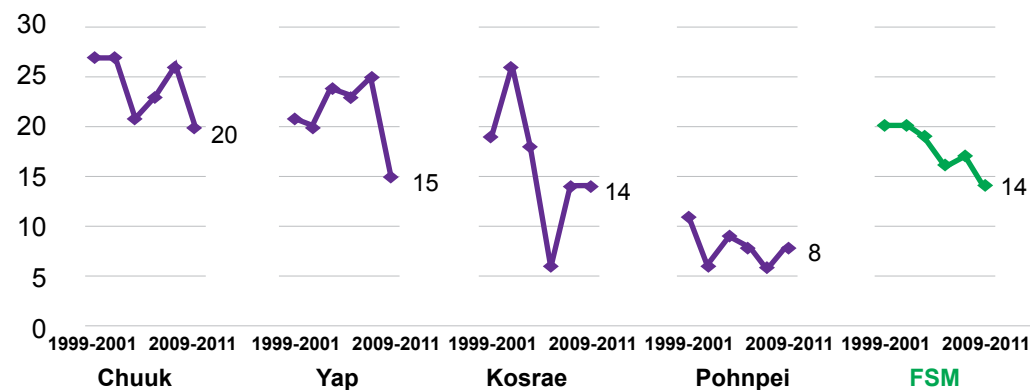
Estimated under-five mortality rate (deaths per 1,000 live births), 2012



Source: UN Inter-agency Group for Child Mortality Estimation (2012)

Administrative data reveal wide disparities between States, but are likely to underestimate true mortality due to underreporting of deaths

Number of infant deaths reported in hospitals per 1,000 live births by State, 1999/01-2009/11 (three-year moving average)



Note: Trend data are based on three-year moving averages to smooth out annual fluctuations.
Source: Vital Statistics Registry, DHSA, 2012

Pneumonia, sepsis and diarrhoea are the leading killers of infants, while injuries are the predominant cause of death among older children

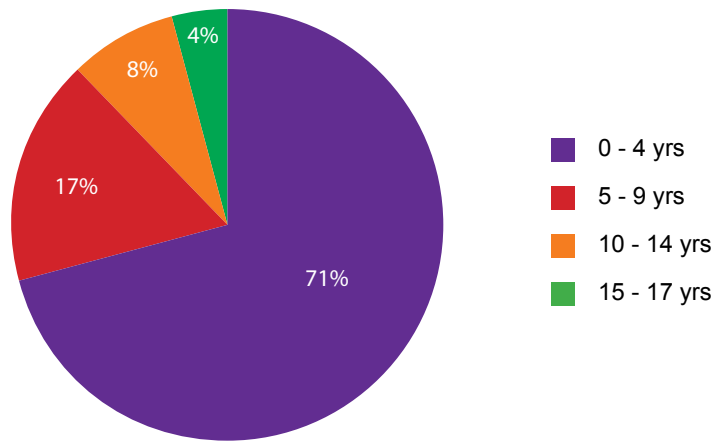
Leading causes of infant and child mortality by age group, 1990-2003

Under 1 Year of age	Rate Per 100,000	Deaths 1-4 Years of age	Rate Per 100,000	Deaths 5-14 Years of age	Rate Per 100,000
Pneumonia - influenza	165	Unintentional injury	21	Unintentional injury	12.5
Septicemia	70	Pneumonia - influenza	15	Suicide	4.4
Diarrhoea	41	Diarrhoea	12	Heart Disease	4
Unintentional injury	24	Cancer	3	Pneumonia - influenza	3
Heart Disease	19	Tuberculosis	2	Tuberculosis	3

Source: FSM MDG Status Report 2010

Nearly three quarters of reported cases of diarrhoea involve young children under five

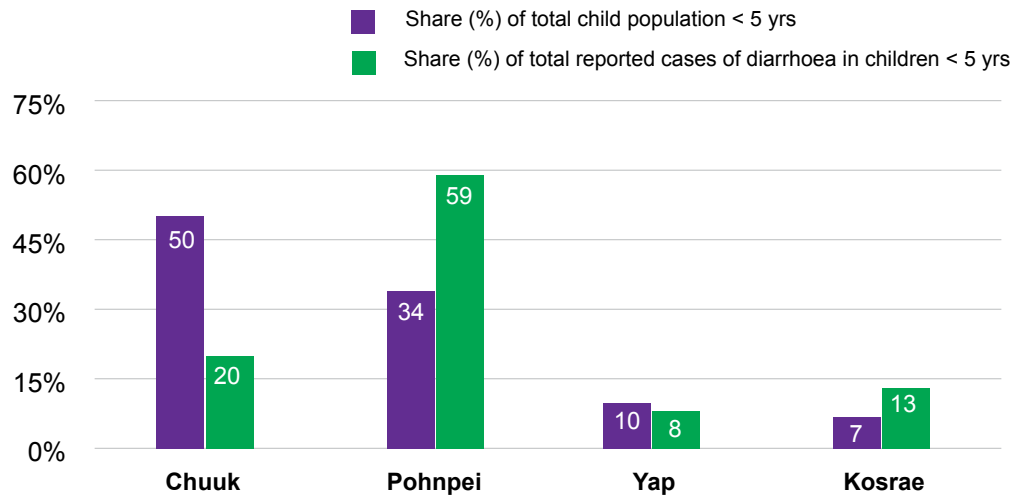
Percentage distribution of reported cases of diarrhoea by age group, 2011



Source: DSHA 2011, unpublished data

Pohnpei appears to carry the largest burden of childhood diarrhoea

Percentage distribution of reported cases of diarrhoea by age group, 2011

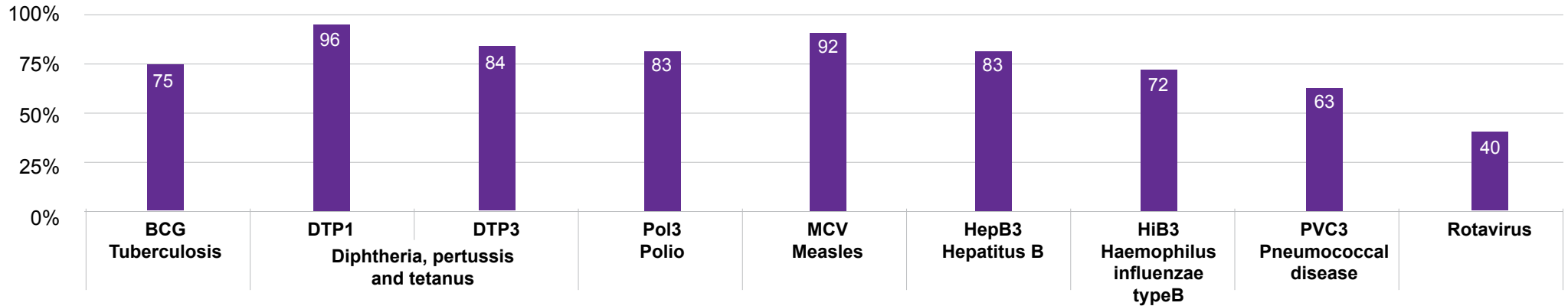


Note: Data should be interpreted with care as they refer to reported cases of diarrhoea. Relative to the size of its child population, Chuuk accounts for an unusually low proportion of reported cases of childhood diarrhoea – suggesting that caregivers are less likely to take young children with diarrhoea to health centres because of low access and/or health-seeking behavior.

Source: DSHA 2011, unpublished data

National immunization coverage for the six major vaccine-preventable diseases – childhood tuberculosis, diphtheria, pertussis, tetanus, polio, and measles – ranges from 75% to 92%. Coverage for new vaccines against pneumococcal disease and rotavirus is much lower

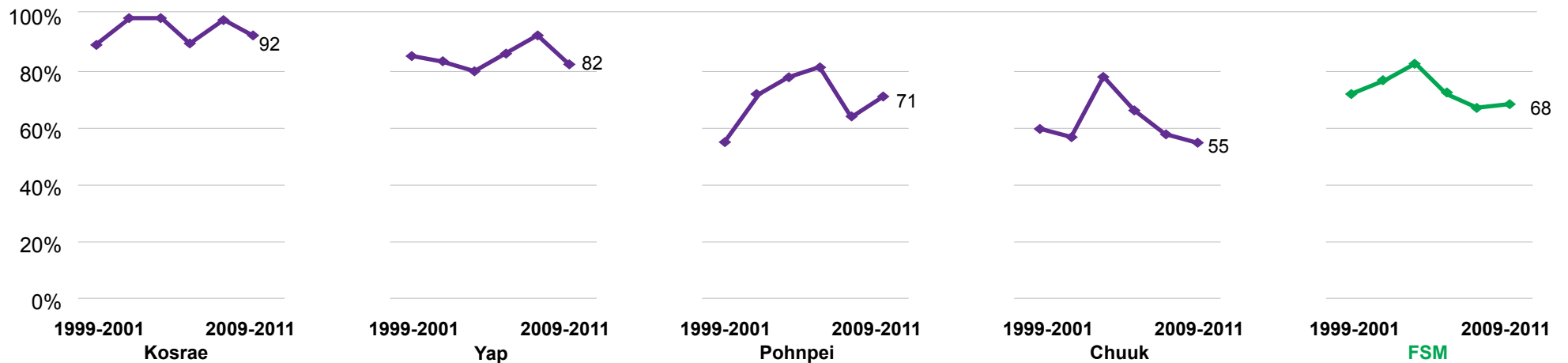
Percent of target population vaccinated by antigen, 2011



Source: Official country estimates from administrative data reported annually through the WHO/UNICEF Joint Reporting Process

Full immunization coverage among two-year-old children varies widely between States and has decreased since the mid 2000's

Percentage of two-year olds who are fully immunized by State, 1999/01-2009/11 (three-year moving average)



Note: Trend data in this chart are based on three-year moving averages to smooth out annual fluctuations.

Source: DHSA, 2012

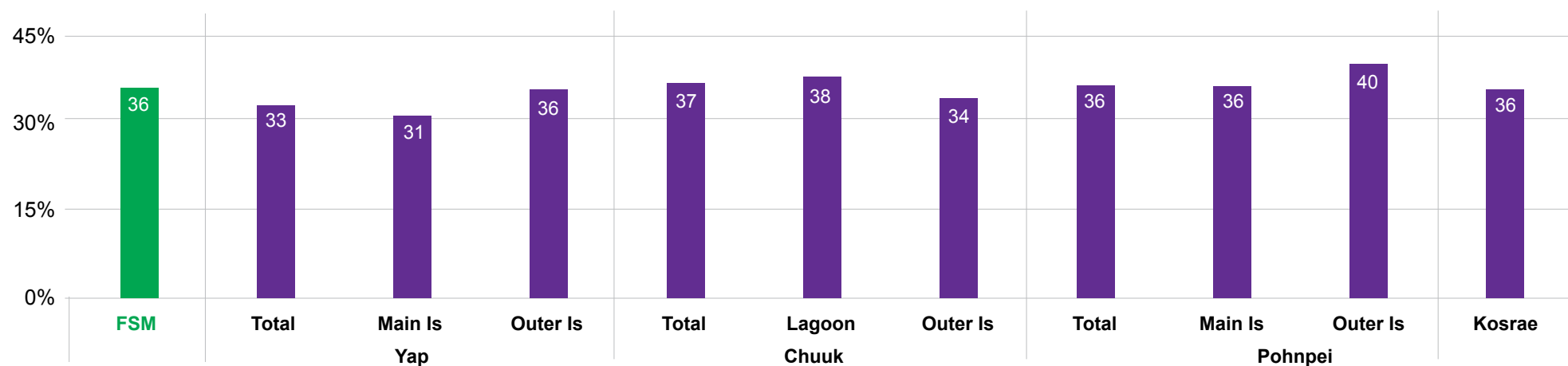
FSM's Routine Childhood Immunization Schedule

Age	Vaccine
Birth	BCG, Hep B1 (First dose of Hepatitis B vaccine is to be administered within 12 hours of birth and the second dose within 2 months of birth)
2 months	OPV1, DTaP1, HepB2, Hib1, PCV7, Rotavirus
4 months	OPV2, DTaP2, Hib2, PCV7, Rotavirus
6 months	OPV3, DTaP3, HepB3, PCV7, Rotavirus
12 months	OPV4, DTaP4, Hib3, MMR1, PCV
13 months	MMR2 (Second dose MMR may be given anytime after 30 days of first dose)
School entry (5-6 yrs)	DTaP5 (Fifth dose of DTaP recommended if fourth dose given before age 4 years)
Adolescent (15-19 yrs)	Tdap or Td, HPV for girls

Source: FSM Immunization Handbook (DHSA, 2009)

A large proportion of children are exposed to secondary smoke at home, which increases their susceptibility to pneumonia and other respiratory problems

Percentage of children (0-14 years) living in households with smokers present, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Child Nutrition

Adequate nutrition is fundamental to the physical, cognitive and mental development of children, in particular during the first two years of life, starting from when the foetus is in the womb. Promoting optimal nutrition practices, meeting micronutrient requirements and preventing and treating severe acute malnutrition are key goals for nutrition programming. UNICEF's 2009 Tracking Progress on Child and Maternal Nutrition report summarized the evidence base for nutrition-specific interventions. Taking a life-cycle approach, the activities fall broadly into the following categories (UNICEF, 2013):

- Maternal nutrition and prevention of low birthweight
- Infant and young child feeding
- Breastfeeding, with early initiation (within one hour of birth) and continued exclusive breastfeeding for the first six months followed by continued breastfeeding up to 2 years
- Safe, timely, adequate and appropriate complementary feeding from 6 months onwards
- Prevention and treatment of micronutrient deficiencies
- Prevention and treatment of severe acute malnutrition
- Promotion of good sanitation practices and access to clean drinking water
- Promotion of healthy practices and appropriate use of health services

The FSM Department of Health and Social Affairs (DHSA) routinely monitors prevalence of low birth weight, anemia (iron deficiency) among pregnant women and infants, and body mass index (BMI) of children 2-5 years attending Well-Baby Clinics. However, DHSA does not track the following internationally recognized core indicators for assessing child nutrition: underweight (low weight-for-age), wasting (low weight-for-height) and stunting (low height-for-age). The Central MCH Department has enlisted the help of Early Childhood Education (ECE) centers for basic data collection, but very few centers have provided the needed data (FSM, Title V Grant Application for 2012).

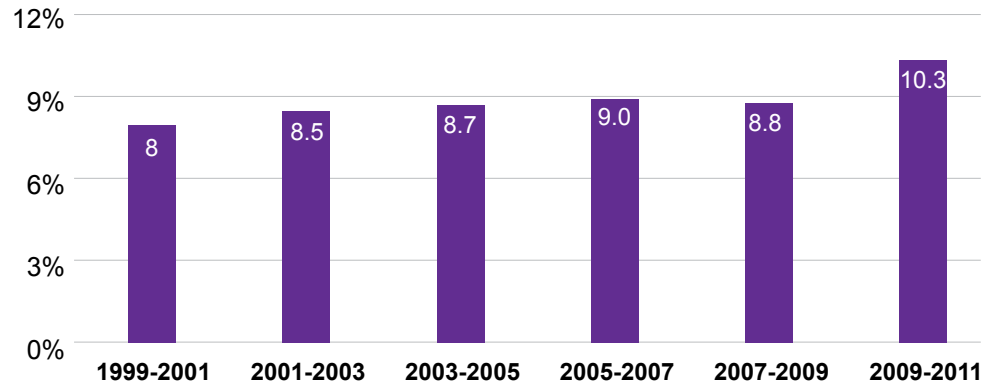
In 2011, more than one in ten babies were born with a low birth weight (under 2.5 kg), which is relatively high according to the WHO standards. Malnutrition is a common problem among young children, due more to the consumption of unhealthy or inappropriate food than a lack of access to nutritious food. The latest available data on child malnutrition from the 1987-88 National Nutrition Survey indicated that 13 per cent of children under five were underweight and 10 per cent were stunted. In the Yap and Kosrae study in 2000, around 17 per cent of young children were stunted, while wasting was below 5 per cent. Moreover, many children and women suffer from micronutrient deficiencies such as Vitamin A, zinc and iron.

The FSM's Long Term Fiscal Framework recommends budgetary cuts in the provision of school lunches at ECE level, but there are no data in relation to the nutritional status of children to inform evidence-based policy-making. A new nationally representative nutritional survey is urgently needed to gauge the current nutritional situation of children and measure the double burden of malnutrition and obesity.

There are also little detailed data in the FSM regarding breastfeeding practices, including whether newborns are breastfed within one hour or one day of birth, the mean duration of breastfeeding or exclusive breastfeeding, and when solid foods are introduced in the infant's diet. As of 2012, Pohnpei is the only State with a baby friendly hospital; an important step in the promotion and protection of breastfeeding. Chuuk has an active breastfeeding supporting group which might explain higher breastfeeding rates in that State.

One in ten babies are born underweight; low birthweight stems primarily from poor maternal health and nutrition

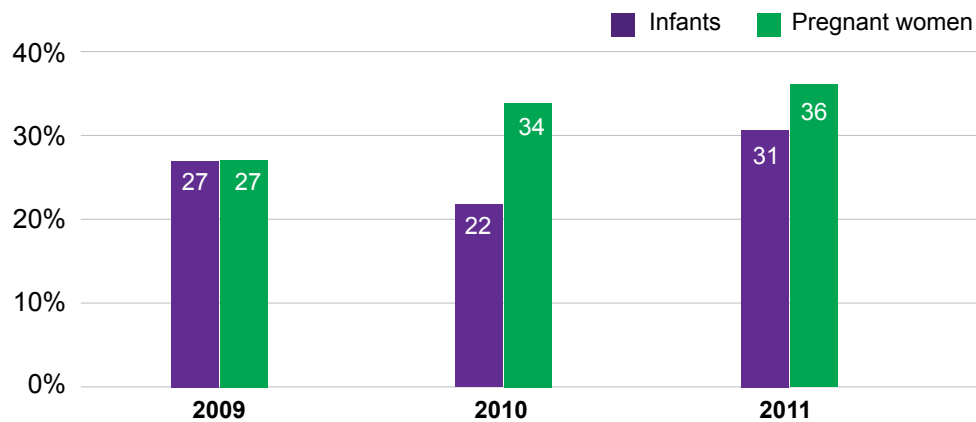
Percentage of live births weighing less than 2,500 grams, 1999/01-2009/11 (three-year moving average)



Note: Trend data are based on three-year moving averages to smooth out annual fluctuations.
Source: DHSA, 2012

Micronutrient deficiencies are common: Around one third of pregnant women and infants screened in public hospitals were found to be anemic in 2011

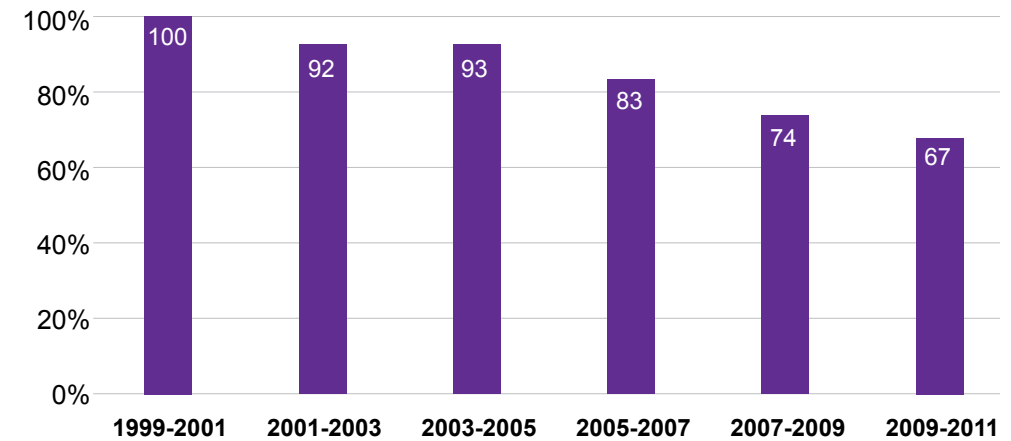
Percentage of screened infants (0-12 months) and pregnant women diagnosed with anemia, 2009-2011



Source: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)

Breastfeeding rates have declined sharply over the past decade

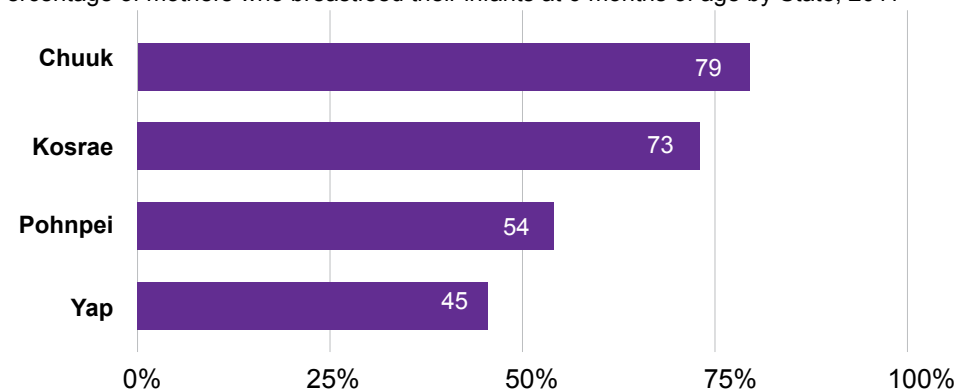
Percentage of mothers who breastfeed their infants at 6 months of age, 1999/01-2009/11 (three-year moving average)



Note: FSM data do not differentiate between exclusive and non-exclusive breastfeeding. Trend data are based on three-year moving averages to smooth out annual fluctuations.
Source: DHSA, 2012

Substantial variation exists in breastfeeding rates across the four States

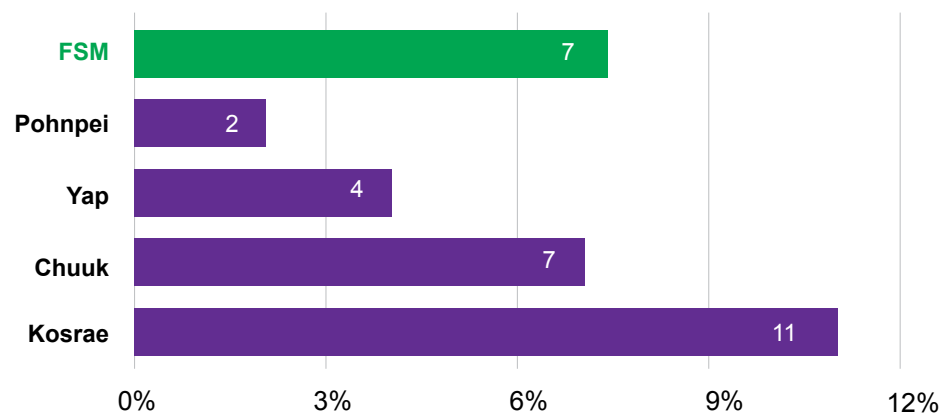
Percentage of mothers who breastfeed their infants at 6 months of age by State, 2011



Source: DHSA, MCH Matrix 2010 and 2011

The FSM face a double burden of malnutrition with the presence of both of under-nutrition and obesity

Percentage of children 2-5 years screened in clinics who are overweight (body mass index at or above the 85th percentile), 2011



Source: DHSA 2011



Maternal and Reproductive Health

According to the FSM's 2010 MDG Status Report, the country is off track with respect to the mortality reduction target of MDG 5. Since the total population so small, the maternal mortality ratio (deaths per 100,000 live births) is not a good measure of maternal mortality. Instead, a multi-year average ratio of registered maternal deaths is presented. Between 2000 and 2011, there were 45 reported maternal deaths, but some under-reporting in the administrative data might be occurring. Many complications arise at the time of delivery and ensuring that women have access to emergency obstetric care remains essential in saving mothers' lives.

Nearly nine out of ten births occur in health facilities. Women's access to reproductive health services, however, remains relatively low. Data show that few women start antenatal care (ANC) in the first trimester of their pregnancy. Education and counseling messages on the importance of early ANC seem to have a weak impact. Data on the unmet need for family planning are not available for the FSM, but the use of contraceptives among women of reproductive age is less than fifty per cent. Among adolescents, birth rates declined between 1994 and 2000, but increased in all States except Pohnpei between 2000 and 2010.

A qualitative survey showed that use of local medicine, lack of female health care providers, lack of transportation and child care were important barriers to access reproductive health services. On the outer islands, in particular, services are limited by the low skill level of providers, erratic transportation services, and difficulties in reaching certain clusters of villages with services and supplies.

Between 2000 and 2011, there were 45 reported maternal deaths yielding an 11-year average maternal mortality ratio of 162 per 100,000 live births

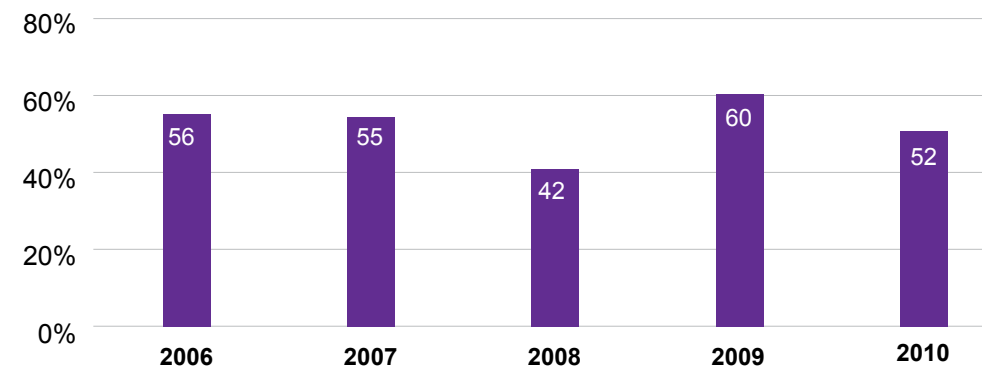
Number of maternal deaths by State, 2000-2011

Year	Number of maternal deaths					Reported live births	Rate/100,000 live births
	Kosrae	Chuuk	Pohnpei	Yap	FSM		
2000	0	0	1	0	1	2,594	39
2001	1	0	0	1	2	2,560	78
2002	0	0	4	1	5	2,577	194
2003	0	0	1	5	6	2,569	234
2004	5	5	0	3	13	2,246	579
2005	1	1	5	1	8	2,369	338
2006	0	5	0	0	5	2,147	233
2007	1	0	0	0	1	2,174	46
2008	0	0	0	0	0	2,119	0
2009	0	0	0	0	0	2,157	0
2010	0	0	0	0	0	2,010	0
2011	0	3	1	0	4	2,306	173
Total	8	14	12	11	45	27,828	162

Source: FSM vital statistics 2011

Around half of pregnant women receive the expected number of antenatal care visits

Percentage of women aged 15-44 years with a live birth who received adequate prenatal care (a score of 80% or greater on the Kotelchuck Index), 2006-2010

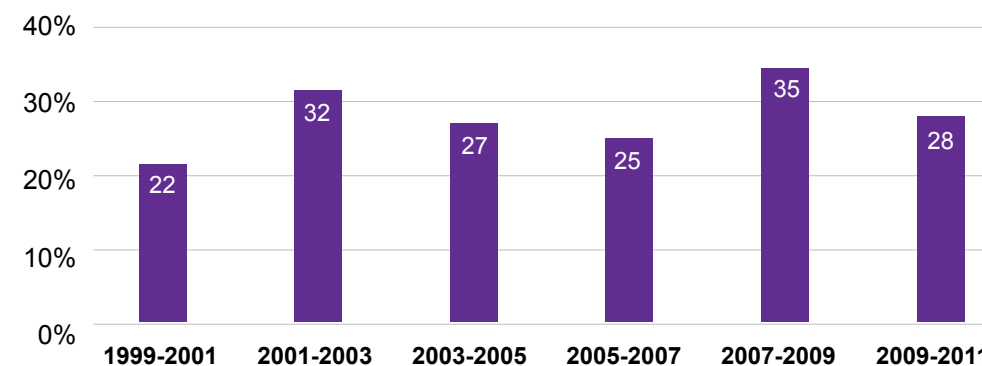


Note: The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, is based on the following four levels: inadequate (received less than 50 per cent of expected visits), intermediate (50 per cent-79 per cent), adequate (80 per cent-109 per cent), and adequate Plus (110 per cent or more).

Source: DHSA, MCH Services, State Narrative for FSM, Annual Report for 2010

Few women start antenatal care early in their pregnancy, with little improvement in the last decade

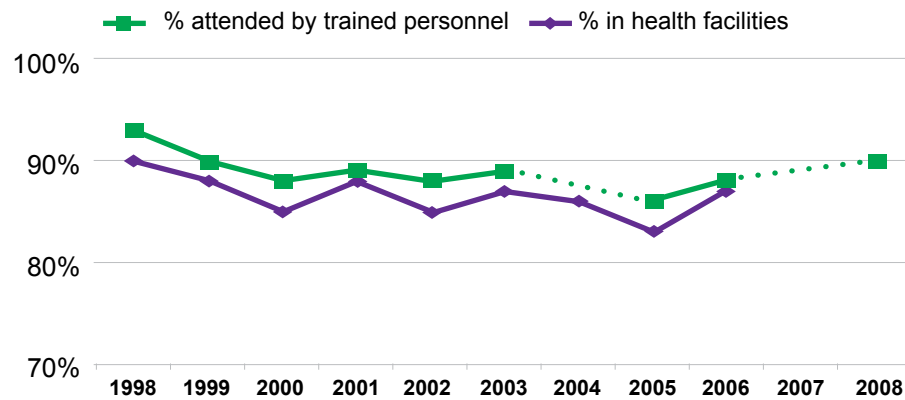
Percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester, 1999/01-2009/11 (three-year moving average)



Source: DHSA 2010 & 2013

On average, 87% of reported births occur in a health facility and 89% are attended by trained health personnel

Percentage of births in health facilities and attended by trained health workers, 1998-2008

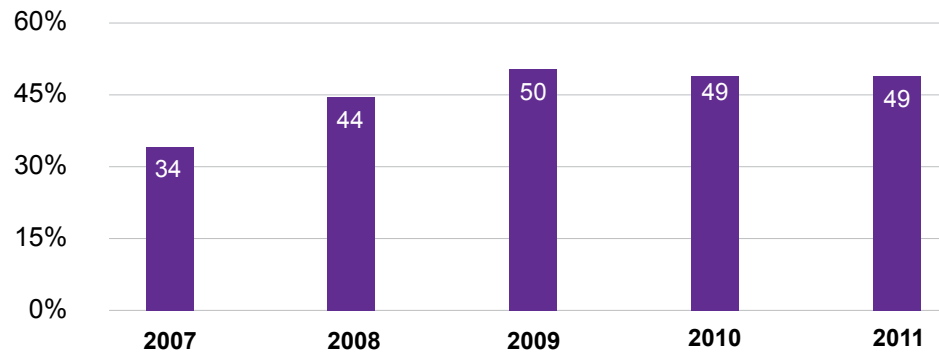


Note: The FSM's definition of skilled personnel differs from the global standard definition. The FSM DHSA classifies any trained health worker, including health assistants and certified birth attendants, as skilled health personnel. The global (MDG) definition of skilled health personnel includes accredited health professionals – such as midwives, doctors or nurses – but excludes traditional birth attendants irrespective of whether or not they are trained.

Source: DHSA in FSM 2010 MDG Report

The national contraceptive prevalence rate has levelled at around 50%

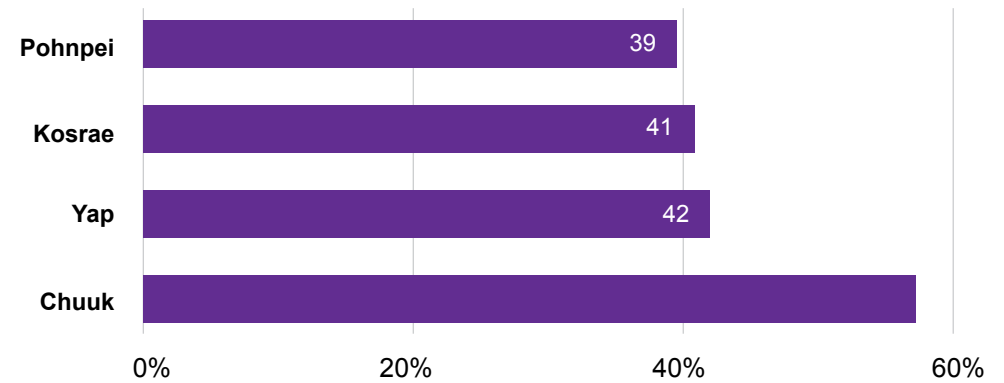
Contraceptive prevalence rate (%) among women aged 15-49 years, 2007-2011



Note: Estimates are based on women who use contraceptives obtained through the government health system.
Source: DHSA, Family Planning Needs Assessment, 2012

Women's use of contraception is significantly higher in Chuuk compared to the other States

Contraceptive prevalence rate among women aged 15-49 years by State, 2011

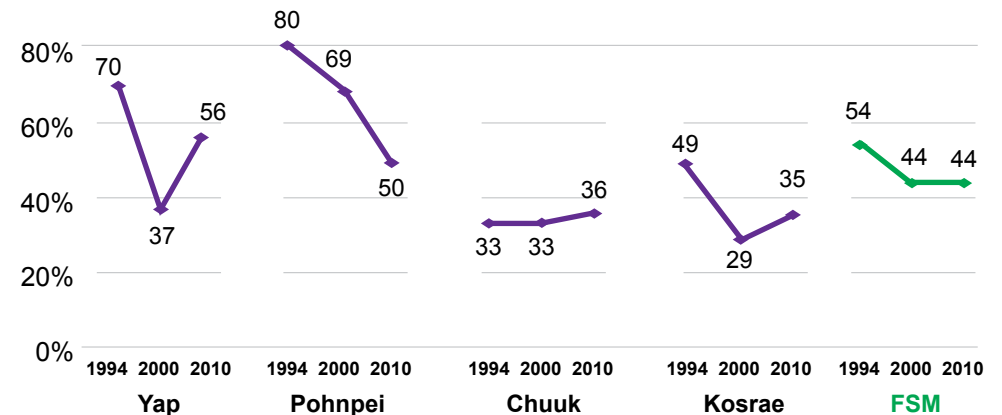


Note: Estimates are based on women who use contraceptives obtained through the government health system.

Source: DHSA, Family Planning Needs Assessment, 2012

Adolescent birth rates declined between 1994 and 2000, but increased in all States except Pohnpei between 2000 and 2010

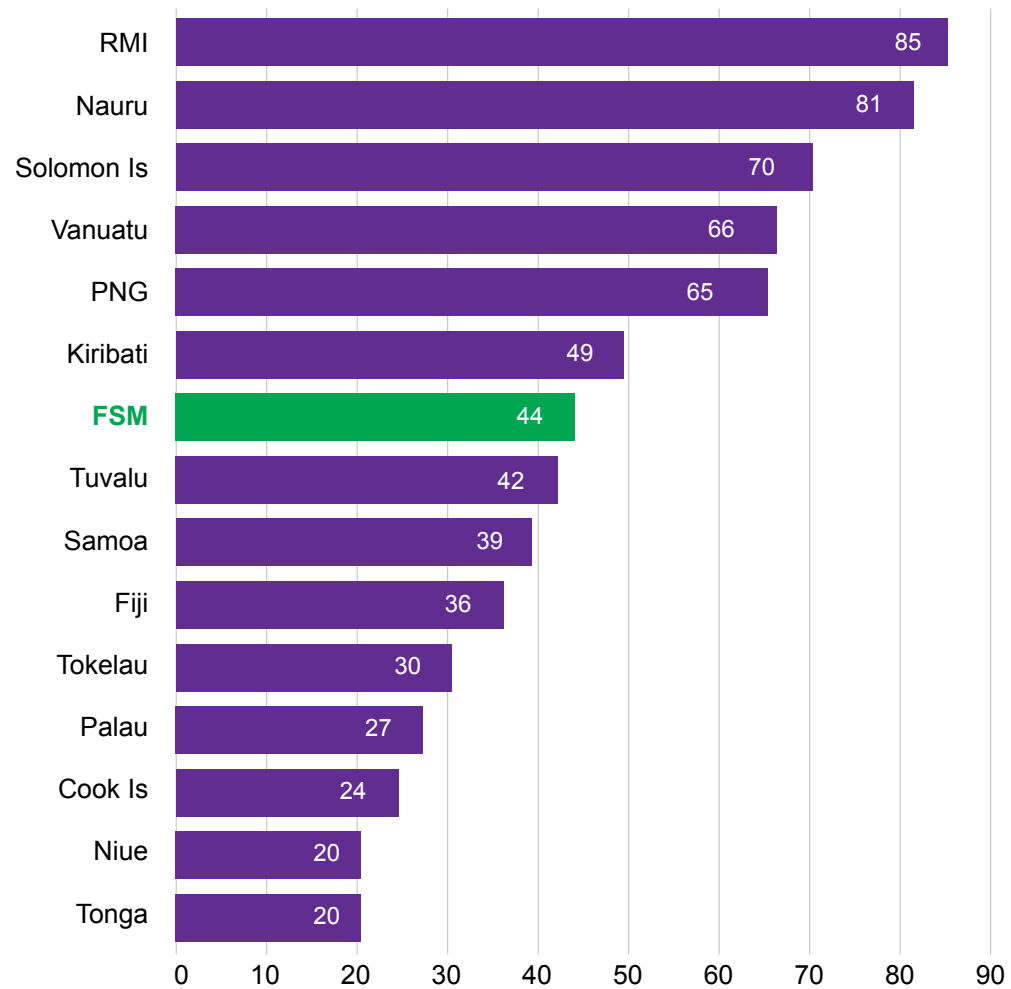
Number of births per 1,000 women aged 15-19 years by State, 1994-2010



Source: FSM Census 1994 & 2000; Census 2010 Preliminary Data

FSM's national adolescent birth rate is in the middle range compared with other Pacific Island Countries

Number of births per 1,000 women aged 15-19 years by country, 2006-2011



Source: SPC Pacific Regional Information System (PRISM), 2013



HIV and AIDS

The FSM are considered to have a low prevalence of HIV. The first case of HIV was recorded in 1989 and the number of reported cases has gradually increased since then, with a cumulative incidence of 38 HIV cases at the end of 2011. All states have reported cases since 1989: Chuuk 23; Pohnpei 9; Kosrae 4; and Yap 2. Most tests were conducted because persons showed symptoms of AIDS, were inpatients or health clinic attendees, or were known contacts of HIV positive people. There is no representative surveillance of the general population and the true extent of infection is unknown.

Surveys conducted in Pohnpei, Yap and Chuuk throughout 2006-2008, interviewed young men and women, police and pregnant women. Whilst results varied across these populations, the surveys identified low knowledge of HIV transmission and prevention (except among the police); limited utilization of testing; low condom use (especially for young women); early onset of sexual activity and strong likelihood of multiple partners (particularly for young men); a strong association between use of alcohol or drugs and sexual activity; low levels of tolerance for positive people; and limited health seeking behavior in relation to seeking treatment for STIs, despite symptoms. These surveys suggested that a significant number of people placed themselves at risk through unprotected sex with multiple partners, despite variations in knowledge of transmission and prevention and access to treatment (FSM 2012 Global Response on AIDS Report).

Efforts are being made to reduce the risks of STI and HIV infection through the Preventive Health Service. National and state STIs and HIV/AIDS coordinators have been appointed, while the churches, which have a powerful influence on public attitudes, acknowledge and are addressing the problems posed by STIs and HIV/AIDS. Foreign donor organisations are also supporting STI and HIV/AIDS prevention activities.

FSM is considered to have a low prevalence of HIV with 38 confirmed cases between 1989-2011

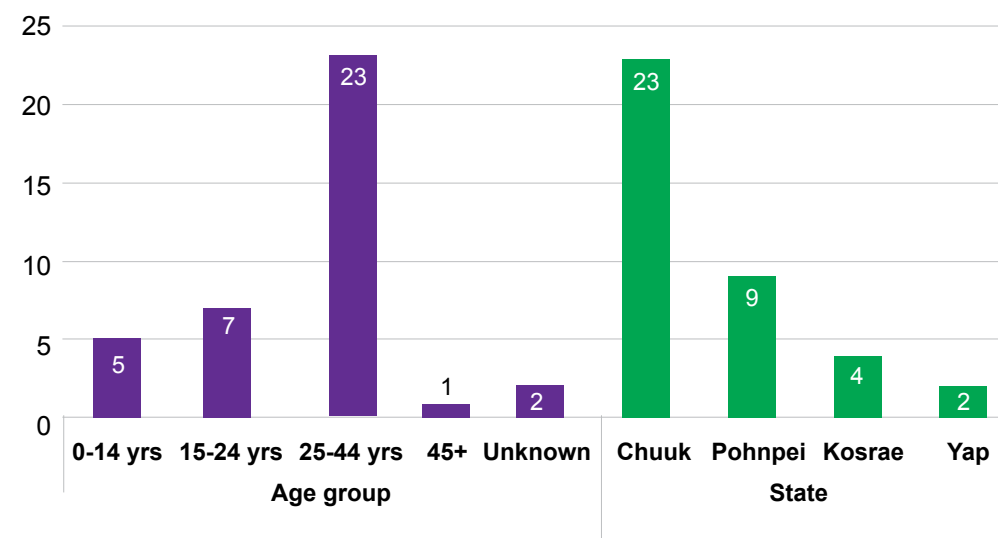
Cumulative number of HIV cases by mode of transmission and gender, 1989-2011

Mode of Transmission	Male	Female	Total
Heterosexual	13	11	23
Men who have sex with men	6	-	6
Mother-to-child	3	2	5
Injecting drug users	2	0	2
Bi-sexual	1	0	1
Total	25	13	38

Source: DHSA, FSM UNGASS Country Report 2010 and 2012 Report

The highest number of HIV cases is seen in the 25-44 years age group and in the State of Chuuk

Cumulative number of HIV cases by age groups and State, 1989-2011



Source: DHSA 2011, FSM Global AIDS Response Progress Report 2012

Young females are more vulnerable to sexually transmitted infections

Number of detected STI cases among children and youth by age groups and type, 2011

Age	Gonorrhea		Chlamydia		Syphilis		Total
	Male	Female	Male	Female	Male	Female	
0-4 yrs	0	0	0	1	2	3	6
5-9 yrs	0	1	0	0	0	0	1
10-14 yrs	2	4	4	10	0	1	21
15-19 yrs	19	29	57	175	5	8	293
20-24 yrs	32	35	79	151	7	11	315
Total	53	69	140	337	14	23	636

Source: DHSA 2011, FSM Global AIDS Response Progress Report 2012

Surveys conducted in Chuuk, Pohnpei and Yap found low levels of knowledge of HIV prevention and high risk sexual behavior

Selected indicators from second-generation surveillance surveys in Chuuk, Pohnpei, and Yap, 2006-2008

	Women	Men	Both
Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject misconceptions about HIV transmission	52%	42%	n/a
Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	5%	34%	n/a
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and know their results*	n/a	n/a	48%
Percentage of adults aged 15-49 years who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse**	n/a	n/a	32%

Note: *The data range for Chuuk, Yap, and Pohnpei varied from 7.5% to 83.3% highlighting disparities and challenges in the notification process.** The data are for Yap and Chuuk only.

Source: SGS Surveys, 2006-2008



CHAPTER 5

Children with Disabilities

In 2009, the FSM adopted a National Policy on Disability to increase awareness and inclusion of people with disabilities. The country has also signed – but not yet ratified – the Convention on the Rights of Persons with Disabilities (CRPD) in 2011. Under FSM law, children with disabilities have the right to special care, education and training up to the age of 21 years. United States federal funds support special programmes for children with disabilities in the FSM, along very similar lines to programmes operating in the USA. Programmes include special preschool and school classes; transition programmes between the home, school and work; training for parents and other care-givers; and related services such as speech or physical therapy and vocational guidance.

Developmental screening is an effective means of detecting disability in children. The purpose of screening is to identify children at risk, to refer them for further assessment and intervention as needed, and to provide family members with vital information on disability. Screening involves vision and hearing examinations as well as assessments of children's progress against developmental milestones such as sitting, standing, crawling, walking, talking or handling objects (UNICEF, 2013).

In the FSM, screening of infant and children takes place at Well-Baby Clinics, during annual Child Find Surveys at community mobile clinics and during school physical examinations. Between 2007 and 2011, approximately 17 percent of children with identified development difficulties were – after a comprehensive assessment – admitted to the Children with Special Health Care Needs (CSHCN) Program (an average of

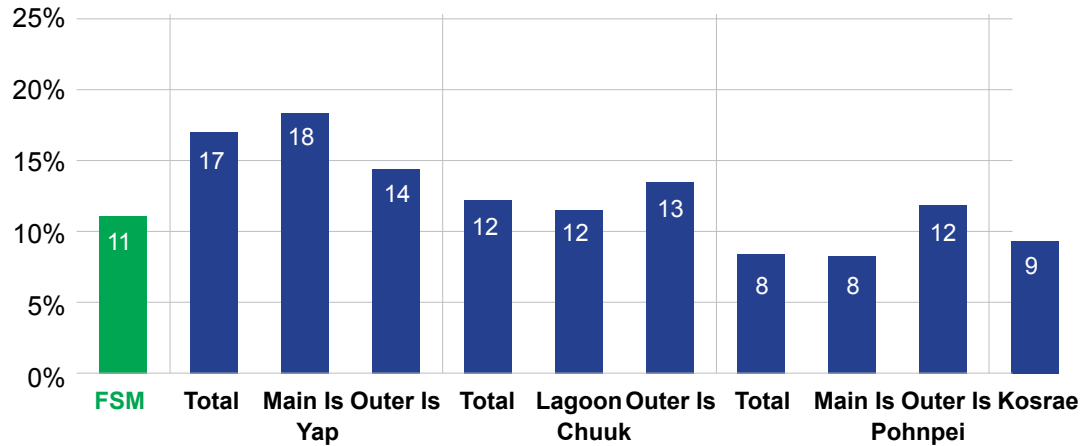
56 children annually). This program is a collaborative interagency effort among the MCH Program, the Special Education Program, the Early Childhood Education (ECE) Program, the state hospital, and community nutrition programmes. In 2011, a total of 1,160 children (0-21 years) were recorded in the CSHCN Registry and eligible for individualized clinic and follow-up services. However, it has been recognized that there remain many gaps in the service delivery system for children with special needs because of a critical shortage of appropriately trained professionals as well as transportation problems (DHSA, 2010).

The Special Education Program, entirely funded by grants from the United States under the Individuals with Disabilities Education Act and supported by FSM public law, is a successful program in Micronesia directed at supporting students with disabilities. In 2012, the Special Education Program catered for nearly 1,900 children (3-21 years), mostly with learning disabilities and speech impairments. A challenge remains in strengthening the transitioning of students and adults with disabilities between home, early childhood education, school, college and work.

The Social Security Administration (SSA) manages a program to protect employees from income loss due to disability. However, eligibility for the program is highly restrictive as only formal sector wage-earners or their dependents might qualify. For example, children of wage-earners might qualify if an active insured person who was eligible to receive a pension dies. Benefits are then payable to a child who was disabled before reaching the age of 22.

In the 2010 Census, 11% of the general population reported having difficulty seeing, hearing, walking or remembering

Percentage of the population living with a disability by State, 2010

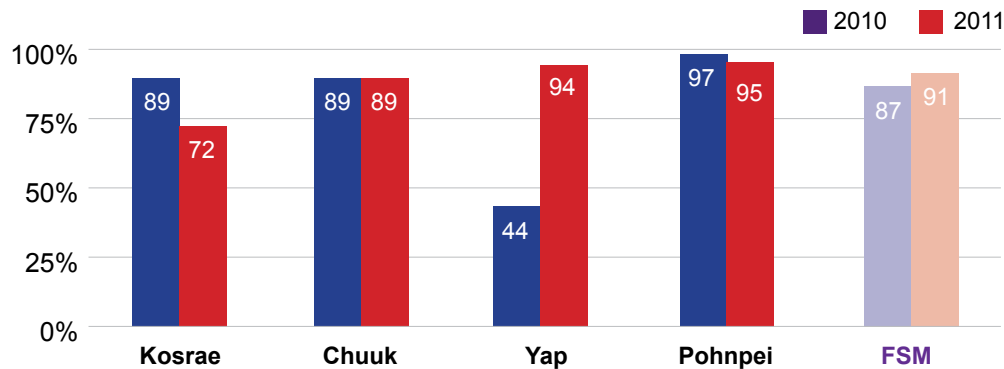


Note: The FSM census questions cover four domains of functioning: seeing, hearing, walking, and remembering/concentrating.

Source: FSM 2010 Census of Population and Housing, S.B.O.C

The Early Hearing Detection and Intervention Program screens nine out of ten newborns in public hospitals for hearing loss

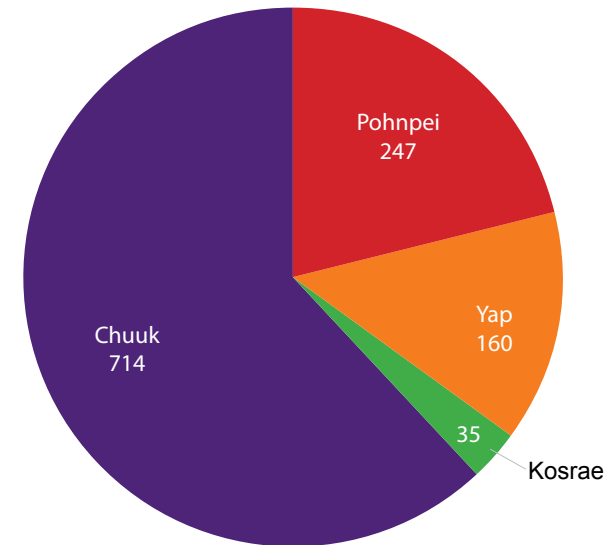
Percentage of newborns who have been screened for hearing before hospital discharge, 2010-2011



Source: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)

Nearly 1,160 children are recorded in the Children with Special Health Care Needs (CSHCN) Registry and eligible for clinic and follow-up services

Number of children (0-21 years) in the CSHCN Registry by State, 2011



Source: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)



Knowledge of support services for children with disabilities in communities

Key informant responses to question: What special services and/or institutional support exists in this community for a child with disability?

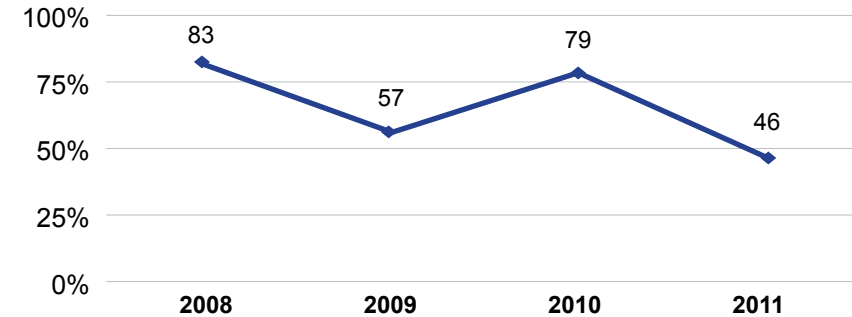
	Number of responses	Percent of responses
None	317	33
Special education classes	368	38
Special vocational training & special rehabilitation services	46	5
Health apparels, such as wheelchairs, hearing aid, special phones and/or other equipment	81	8
Ramps, accessible facilities & washrooms	19	2
Transitional work/employment	32	3
Government financial support	34	3
Other	9	1
Don't know	59	6
Refused to answer	9	1
Total	974	100

Note: Data are based on 795 key informant interviews conducted in 115 locations across 33 municipalities in urban and rural areas as well as outer islands in March-April 2011. Key informants included: traditional and community leaders; religious leaders; health workers; social services workers; education representatives; police; judiciary; youth leaders and civil society organizations.

Source: Federated States of Micronesia Child Protection Baseline Report, UNICEF 2012

In 2011, less than 50% of families caring for children with disabilities indicated that community-based service systems were well-organized

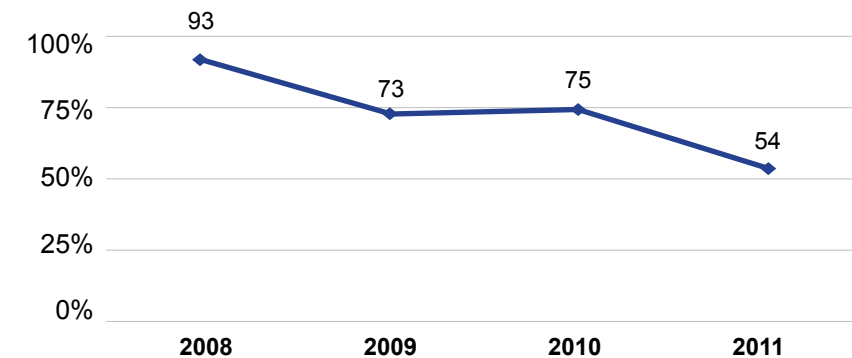
Percentage of children with special health care needs whose families report that community-based service systems are organized so they can use them easily, 2008-2011



Source: CSHCN Survey, in: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)

Parental satisfaction with the services that children with disabilities receive is declining

Percentage of children with special health care needs whose families partner in decision making at all levels and are satisfied with the services they receive, 2008-2011



Source: CSHCN Survey, in: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)

The Special Education Program caters for 1,900 children and youth

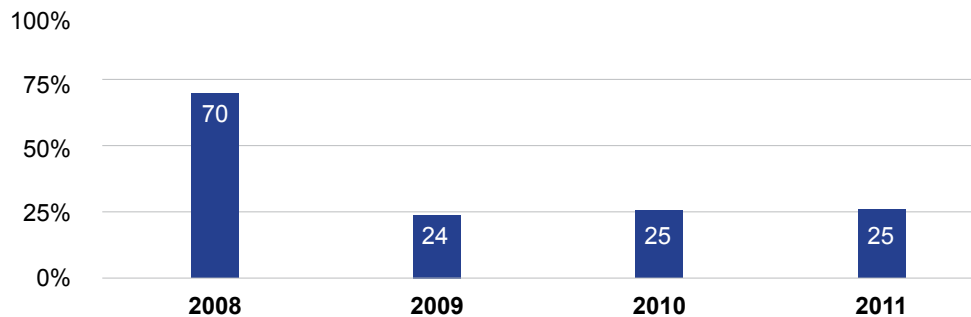
Number of children (3-21 years) enrolled in the Special Education Program by type of disability and by state, 2012

	Pohnpei	Chuuk	Yap	Kosrae	Total	% distribution
Specific Learning Disabilities	546	6	158	116	826	43.7
Speech/Language Impairments	38	594	4	18	654	34.6
Multiple Disabilities	26	35	23	10	94	5.0
Other Health Impairments	52	12	12	2	78	4.1
Orthopedic Impairment	9	44	9	3	65	3.4
Visual Impairments	40	13	7	2	62	3.3
Hearing Impairment	6	6	7	20	39	2.1
Intellectual Disability	7	25	4	3	39	2.1
Developmental Delay	9	-	2	3	14	0.7
Emotional Disturbance	-	9	1	-	10	0.5
Autism	3	1	-	3	7	0.4
Deaf-Blindness	2	-	-	1	3	0.2
Total	738	745	227	181	1,891	100.0

Source: Special Education Program, 2012

One in four young people with disabilities receive services to support their transition into adulthood

Percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence, 2008-2011



Source: Title V Information System (FSM Application for Title V MCH Block Grant for FY2013, DHSA, 2012)

Micronesian employees protected from income loss due to disability under the FSM Social Security Program

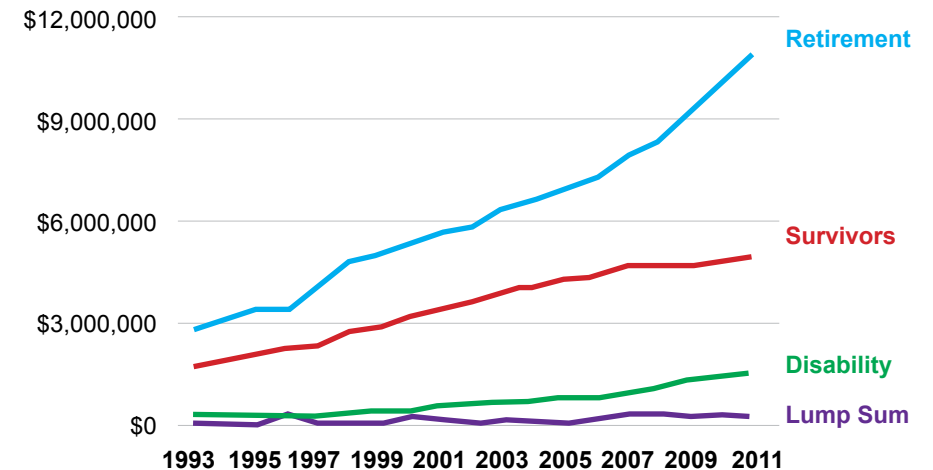
Number of social security recipients by benefit type and by State, 2012

Benefit Type	Chuuk	Pohnpei	Yap	Kosrae	Others	Total
Retirement	1,018	889	334	280	196	2,717
Surviving Spouse	883	670	246	173	90	2,062
Surviving Children	595	505	143	148	5	1,396
Disability	101	146	52	27	20	346

Source: Social Security Administration, 2012

Between 1993 and 2011, the relative share of disability payouts in total social security spending increased from 3.4 to 8.0%

Benefits payments (US\$) by type, 1993-2011



Source: Social Security Administration, 2013

CHAPTER 6

Protection of Children and Women

The Convention on the Rights of the Child (CRC) outlines the fundamental rights of children, including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse, and from physical or mental violence, as well as ensuring that children will not be separated from their family against their will. These rights are further refined by two Optional Protocols, one on the sale of children, child prostitution and child pornography, and the other on the involvement of children in armed conflict.

The FSM ratified the CRC in 1993 and also signed the two Optional Protocols in 2002. A recent review by UNICEF (2012) found that the country's domestic legislation and policies are only partially aligned with international child protection standards enshrined in the CRC. There is, for example, no constitutional guarantee of the right of the child to have his or her best interests taken as a primary consideration, although this important principle is recognised in several procedures related to children in conflict with the law and juvenile justice. The country has legislation dealing with sexual offences against children, but does not have provisions dealing with child labour. Overall, the FSM lacks many of the systems and programmes that would ensure children are protected from violence, abuse and neglect.

The 2006 United Nations Secretary-General's Study on Violence Against Children calls for an end to the justification of violence against children, regardless of customs,

traditions, or justified as a means to discipline children. While physical punishment at school is prohibited under the FSM Criminal Code, over 40 per cent of children report that teachers use corporal punishment at school. Within the home and family environment, most caregivers have good knowledge of positive child rearing practices. Nonetheless, many Micronesian children experience psychological aggression and, to a lesser extent, physical discipline. In around 15 per cent of households, children are physically punished on a daily basis.

The FSM has not yet implemented a study on gender-based violence or a Demographic and Health Survey comparable to those carried out in several other Pacific countries. As a result, statistical data on the extent and nature of violence against girls and women is not available. Domestic violence is perceived to be on the increase, fuelled by increased alcohol consumption and breakdown of the extended family (UNICEF, 2004) but more detailed research is required. The government has acknowledged the need for concrete data on the nature and incidence of domestic violence and violence against girls and women (FSM, 2010). Two NGOs, the Chuuk Women's Council and the Yap Women's Association, have recently received external funding to build women's shelters.

The FSM's domestic legislation and policies are only partially aligned with international child protection standards enshrined in the Convention on the Rights of the Child

Compliance rate with CRC indicators/standards related to child protection by category, 2011

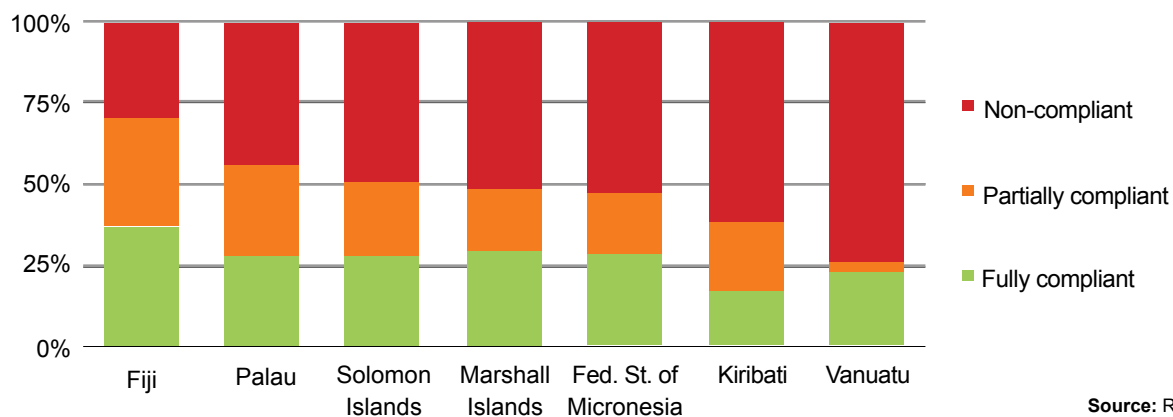
Category	Number of CRC indicators	Compliance with CRC indicators (standards)					
		Fully		Partially		Non-compliance	
		No.	%	No.	%	No.	%
Abduction, sale and trafficking	19	0	0	0	0	19	100
Children in armed conflict	3	0	0	0	0	3	100
Child labor and children in street situations	17	2	12	1	6	14	82
Refugee/unaccompanied migrant children	12	2	17	1	8	9	75
Children in conflict with the law	78	29	37	9	12	40	51
Violence against children	16	4	25	4	25	8	50
Rehabilitation	14	5	36	2	14	7	50
Family separation and alternative care	38	13	34	8	21	17	45
Child-friendly investigative and court processes	25	8	32	7	28	10	40
Child welfare/child protection system	26	5	19	11	42	10	38
Sexual abuse and sexual exploitation of children	16	5	31	7	44	4	25
Information access	4	1	25	2	50	1	25
Birth registration	2	2	100	0	0	0	0
Total	270	76	28	52	19	142	53

Note: Fully = Requirements of an indicator fully met by legislative and policy provisions. Partially = Provisions comply with some aspects of the indicator but not all, or provisions comply fully with the indicator in substance, but do not protect children. No = No relevant legal or policy provision for a given indicator, or the existing provisions are grossly inadequate. Categories are sorted by value of non-compliance rate in descending order.

Source: FSM Child Protection Baseline Research, UNICEF 2012

Cross-country comparison of legislative compliance with CRC standards

Overall compliance rate (%) with CRC indicators/standards related to child protection by country, 2008-2011

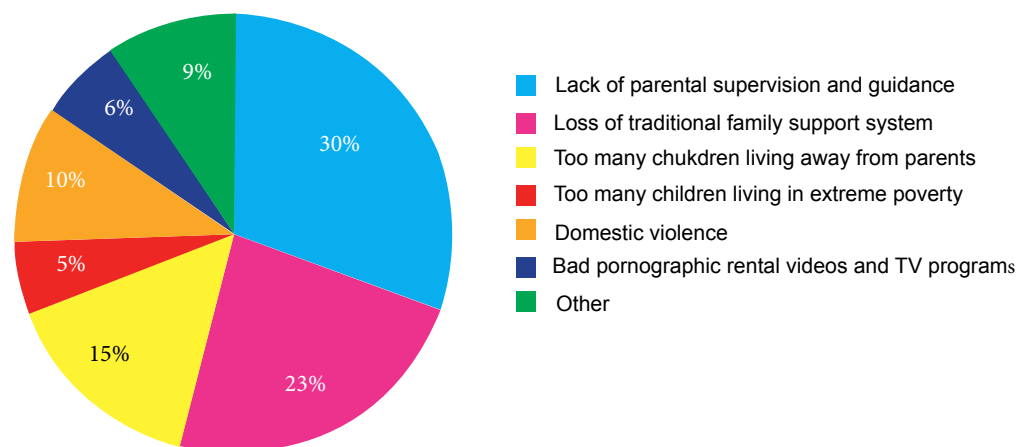


Source: Regional Summary of Child Protection Baseline Reports, UNICEF 2011 & 2013



Lack of supervision, loss of traditional family support and living away from parents are perceived as key factors putting children at risk

Factors that put children at risk of danger according to key informants, 2011



Source: UNICEF CPBR, 2012

Nearly three out of ten key informants report that programmes to reduce domestic violence are important to protect children from harm

Actions that need to be taken to reduce dangers to children, according to key informants, 2011

	Percent of responses
Parenting programmes and programs to reduce domestic violence	28%
Research old traditional community methods that worked, adapt if necessary and/or integrate them in the formal system	16%
More supervised activities and sports for children	25%
Programmes to prepare and help protect children living away from parents	9%
Programmes to help children living in extreme poverty and their families	7%
Educate parents and children about good and bad TV programmes and control rental of pornographic videos	6%
Have a zero tolerance policy on child commercial sexual exploitation with mental, emotional and/or other disability	2%
Other	5%
Don't know	1%
Refused	0%
Total	100%

Source: UNICEF CPBR, 2012

A high proportion of children live with other relatives

Children's (0 to 17 years) living arrangements by State, 2010

	Yap			Chuuk			Pohnpei			Kosrae
	Total	Main Is	Outer Islands	Total	Main Is	Outer Islands	Total	Main Is	Outer Islands	
% with household and spouse	50%	55%	42%	51%	52%	48%	51%	51%	51%	47%
% living with other relatives	39%	36%	43%	39%	38%	41%	40%	40%	36%	44%
% in female-headed household	7%	6%	9%	6%	6%	6%	5%	5%	7%	6%
% in male-headed households	2%	2%	2%	3%	3%	4%	2%	2%	5%	2%
% living with non relatives	2%	0%	3%	1%	1%	1%	1%	1%	1%	1%

Note: The "householder and spouse" category does not necessarily represent the child's biological parents. The category "other relatives" indicates that the child is related to the householder (niece, nephew, cousin, grand-child, etc.)

Source: FSM 2010 Census of Population and Housing, S.B.O.C

Child Disciplinary Practices at Home

Child discipline is an integral part of child rearing in all cultures. It teaches children self-control and acceptable behaviour. Although the need for child discipline is broadly recognized, there is considerable debate regarding violent physical and psychological disciplinary practices. Research has found that these have negative impacts on children's mental and social development. Violent discipline is also a violation of a child's right to protection from all forms of violence while in the care of their parents or other caregivers, as set forth in the Convention on the Rights of the Child.

Violent discipline is defined as actions taken by a parent or caregiver that are intended to cause a child physical pain or emotional distress as a way to correct misbehaviour and act as a deterrent. It can take two forms: physical (or corporal) punishment and psychological aggression.

Relatively little is known about how parents discipline their children, especially in low- and middle-income countries. Without data, it is difficult to describe the nature and extent of violent disciplinary practices; to identify social and demographic factors that may contribute to their use; and to develop effective strategies to promote positive parenting and prevent violence against children. To address the need for more data, the Government of the FSM and UNICEF Pacific included a module on child discipline in the survey questionnaires and key informant interviews of the 2011 Child Protection Baseline Research.

Adapted from: UNICEF (2010 & 2012)

Although most caregivers have good knowledge of positive child rearing practices...

The three best ways to discipline children according to adult respondents, 2011

Disciplinary practice	% of responses
Show children a good example	27
Explain rules/be consistent/ communicate with children	26
Reward/encourage good behaviour	26
Give a light spanking/pull ears/slap hand	7
Not let children watch TV/or do what they enjoy	3
Hit/smack children	2
Deprive children of food	2
Tell children off/scold them	2
Other	2
Keep children home from school	1
Total	100

...Many children experience psychological aggression and, to a lesser extent, physical discipline

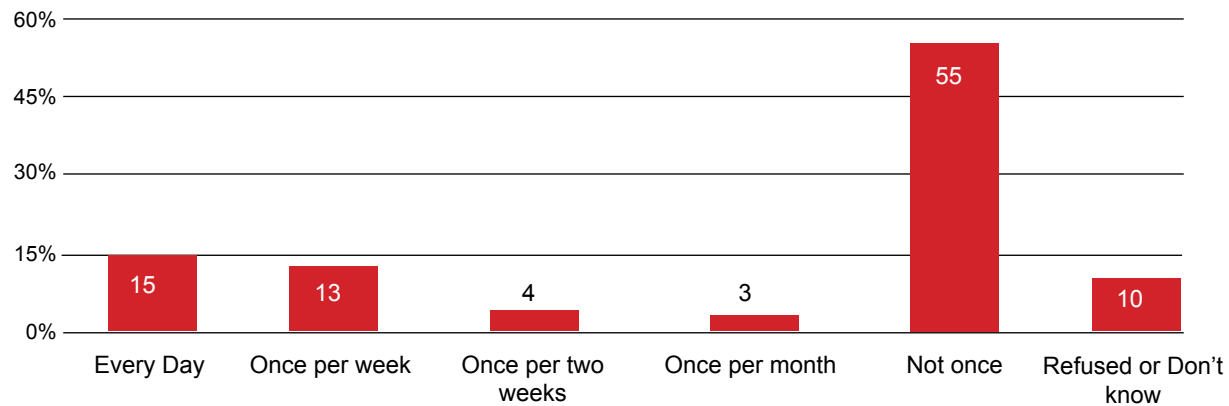
Types of disciplinary practices experienced by children (16-17 years old) in the past month, 2011

Verbal and psychological discipline	68
Being called stupid/idiot/loose screws in the brain	16
Being called lazy/worthless/good-for-nothing	15
General swearing	14
Being called boy's name or girl's name (opposite sex)	7
Made fun of children's appearance	5
Other	11
Physical discipline	31
Hit with open hand/slapped face or head/pulled hair or ears	11
Light spanking/slapped hand	11
Hit with closed fist/kicked/hit with belt,ruler,wooden spoon or other object	9
Don't know or refused	2
Total	100



In 15 per cent of households, children are physically punished on a daily basis

Percentage of respondents who say that a child in their household was physically punished (hitting, smacking, spanking, kicked, pulling of ears) in the last month by frequency, 2011

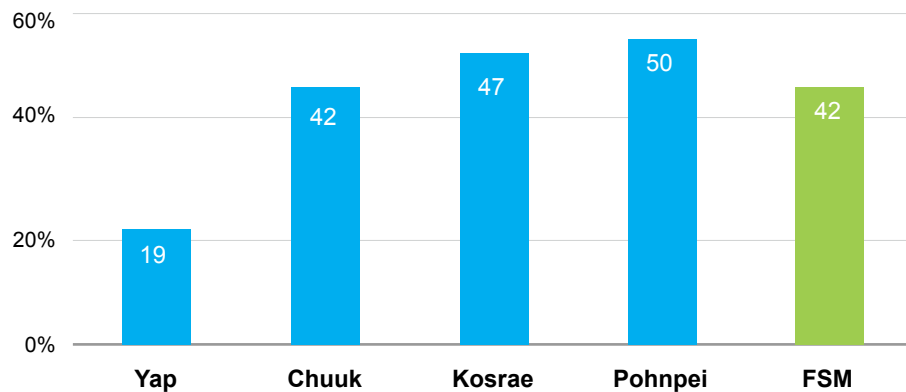


Note: Data are based on a household survey administered to 1,044 adult caregivers and 1,070 children aged 16-17 years in 115 sampled sites/locations in urban and rural areas as well as six outer islands and atolls in 2011.

Source: UNICEF (2012) FSM Child Protection Baseline Research

4 out of 10 children say that teachers practice corporal punishment

Percentage of children who disagree with the statement that “teachers/administrators don’t physically punish, hit, smack, pinch, kick, pull or twist children’s ears”, 2011



Note: Data are based on a household survey administered to 1,070 children aged 16-17 years in 115 sampled sites/locations in urban and rural areas as well as six outer islands and atolls in 2011.

Source: UNICEF (2012) FSM Child Protection Baseline Research



CHAPTER 7

Environment and Disaster Risk Reduction

Access to water and sanitation are fundamental to human life, and are now recognized as human rights by the UN General Assembly. Globally, the lack of access to clean and sufficient water contributes to death and illness; children are particularly vulnerable. Access to safe water has proven crucial to reducing mortality and morbidity in children under five, especially the reduction of diarrhoeal diseases.

Over the last two decades, the FSM has made significant progress in increasing sanitation coverage. Nonetheless, 10 per cent of the population still practices open defecation and another 34 per cent relies on unimproved sanitation facilities according to the 2010 Census. Access to improved drinking water sources (such as piped water or rain water tanks) is relatively high, but reaching the last 10 per cent of the population remains a challenge. High dependency on rainwater also renders a large share of the population vulnerable to drought.

There are significant differences in water and sanitation coverage between and within the four States of the FSM. Chuuk and the outer islands of Yap are especially lagging behind. Access also varies according to socio-economic status; poorer households are less likely to use improved sanitation facilities than wealthier households.

Water quality and resultant health concerns remain a major challenge in the FSM. Only five out of the approximately 70 public or community water systems serving the main islands feature any type of treatment and even here, water is not consistently “safe” due to inadequate system maintenance and irregular supplies (FSM 2010 MDG Report, p. 80). Moreover, two of the five public sewerage systems available in the FSM pump raw sewage directly into the lagoons without treatment.

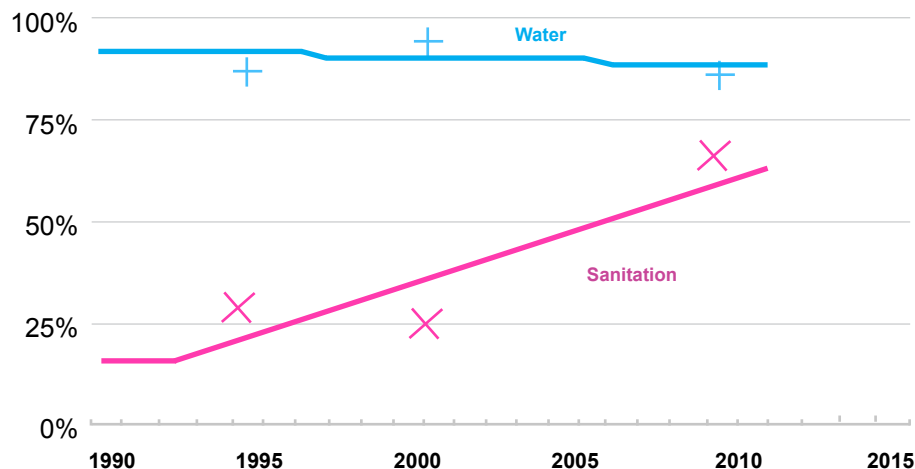
The FSM’s Strategic Development Plan 2004-2023 gives high priority to water and sanitation issues with significant infrastructure development funding earmarked to the sector. However, FSM did not meet its own national targets, set for 2010, to provide universal access to safe drinking water and reach 50 per cent of rural and 100 per cent of urban households with sanitary latrines (urban 100%, rural 50%).

Like many Pacific islands countries, the FSM’s low-lying atolls and coral islands are very vulnerable to natural hazards and disasters such as cyclones, sea surges, and droughts. On average, annual economic losses due to natural disasters amount up to 3 per cent of GDP. Children are particularly vulnerable to disasters. Globally, children represent 50 to 60 per cent of those affected by disasters, including death, injury, psychological trauma, nutritional challenges, and the disruption of schooling. Because of underdeveloped immune systems and physiology, children are more vulnerable than adults to infectious diseases, vector-borne infections, and decreased water availability and quality caused by climate change.

The FSM Strategic Development Plan addresses climate change by raising awareness of climate change among the general population; developing coastal management plans in all four states; and developing ways to ‘climate proof’ facilities and structure that support social and other services. In 2012, the Presidential Task Force for Disaster Management decided that a Disaster Risk Management (DRM) and Climate Change Policy should be developed for the FSM, building on the Climate Change Policy 2009, and the Disaster Relief Act 1989 to provide overarching policy guidance for joint DRM and Climate Change Action Plans at state level.

Over the last two decades, coverage of improved sanitation facilities has doubled while use of improved drinking water sources has levelled off

Estimated percentage of the population using improved drinking water sources / improved sanitation facilities, 1990-2011



— Improved water: estimated coverage — Improved sanitation: estimated coverage
 Improved water: census data x Improved sanitation: census data

Note: According to the JMP, an improved drinking-water source is one that, by the nature of its construction, adequately protects the source from outside contamination, particularly faecal matter. An improved sanitation facility is one that hygienically separates human excreta from human contact. The JMP is tasked with providing estimates that are comparable among countries and across time. Because definitions of “improved” sanitation facilities and drinking-water sources can vary widely among countries, the JMP has established a standard set of categories that are used to analyse national data on which the MDG trends and estimates are based.

Source: WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (2013) based on FSM Census 1994, 2000 & 2010.

Nationwide, 10 per cent of the population practices open defecation and another 34 per cent relies on unimproved sanitation facilities

Percentage distribution of population by main household toilet facility by urban/rural status, 2010

	Urban	Rural	Total
Open defecation	5	11	10
Other unimproved sanitation	11	41	34
<i>Outhouse-pit</i>	9	29	24
<i>Outhouse-sea</i>	2	12	10
Improved sanitation	83	49	57
<i>Flushed toilet, in unit & building</i>	45	19	25
<i>Flush toilet, outside building</i>	37	20	24
<i>Outhouse, ventilated improved-pit</i>	2	10	8
Total	100	100	100

Source: FSM 2010 Census of Population and Housing, S.B.O.C. In: WHO / UNICEF JMP for Water Supply and Sanitation (2013)

National coverage of improved drinking water sources is nearly 90 per cent, but high reliance on rain water renders a large share of the population vulnerable to drought

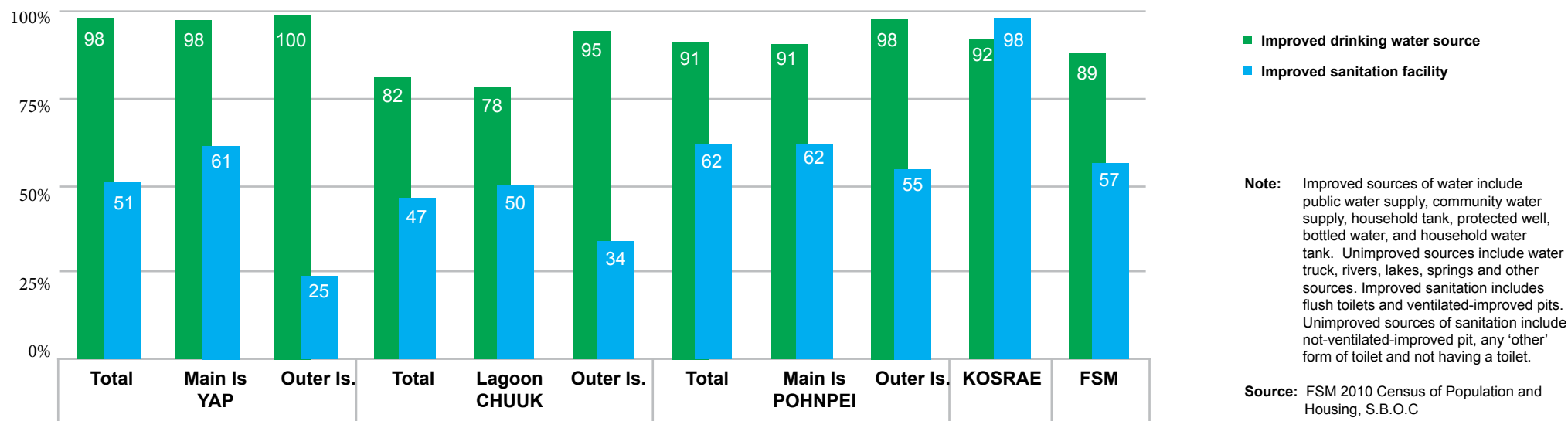
Percentage distribution of population by main source of drinking water by urban/rural status, 2010

	Urban	Rural	Total
Surface water (spring, river, lake)	3	8	7
Other unimproved sources	3	5	5
<i>Unprotected well</i>	0	3	2
<i>Water truck</i>	1	0	0
<i>Other</i>	2	3	3
Improved sources	95	87	89
<i>Rainwater: household tank</i>	47	42	43
<i>Piped water: community water supply</i>	8	19	17
<i>Piped water: public utility water supply</i>	20	12	14
<i>Bottled water: with other improved</i>	16	5	8
<i>Protected well</i>	3	8	7
Total	100	100	100

Source: FSM 2010 Census of Population and Housing, S.B.O.C. In: WHO / UNICEF JMP for Water Supply and Sanitation (2013)

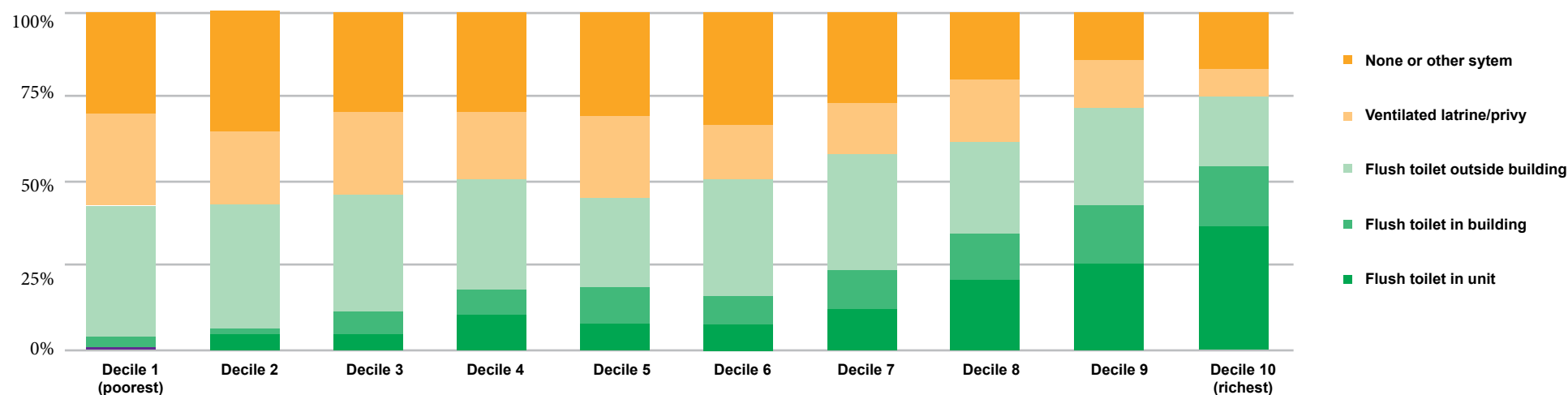
Significant differences in water and sanitation coverage exist between and within the four States of the FSM

Percentage of households with access to improved drinking water sources / improved sanitation facilities by State, 2010



The richest households are much more likely to use improved sanitation facilities than the poorest households

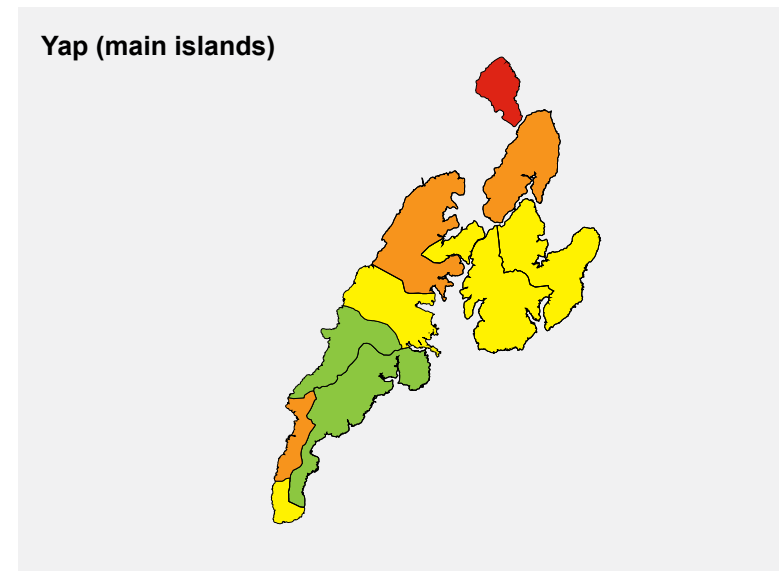
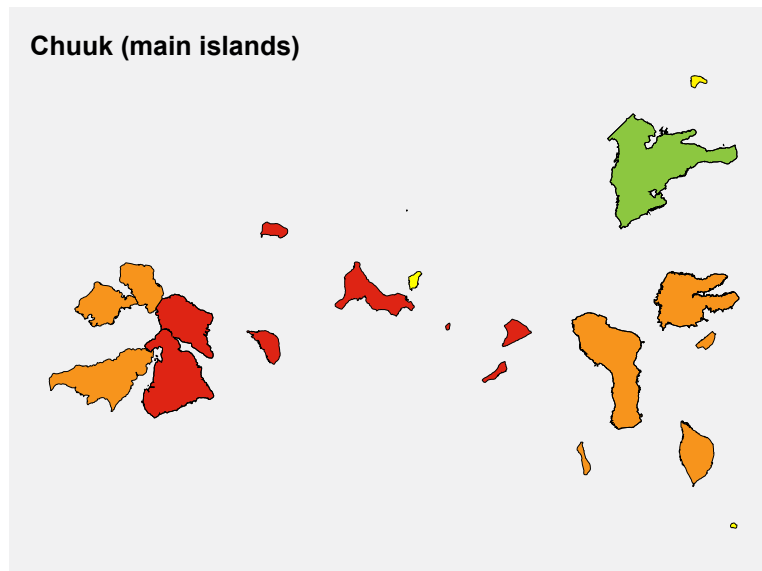
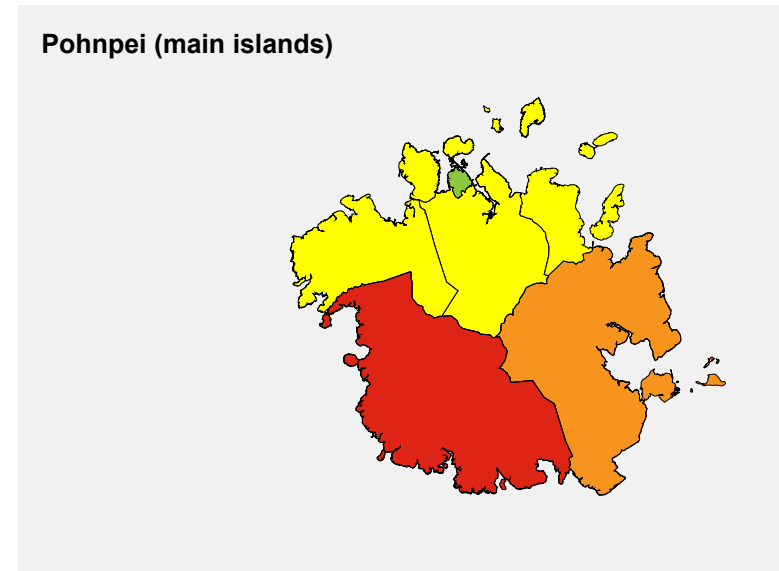
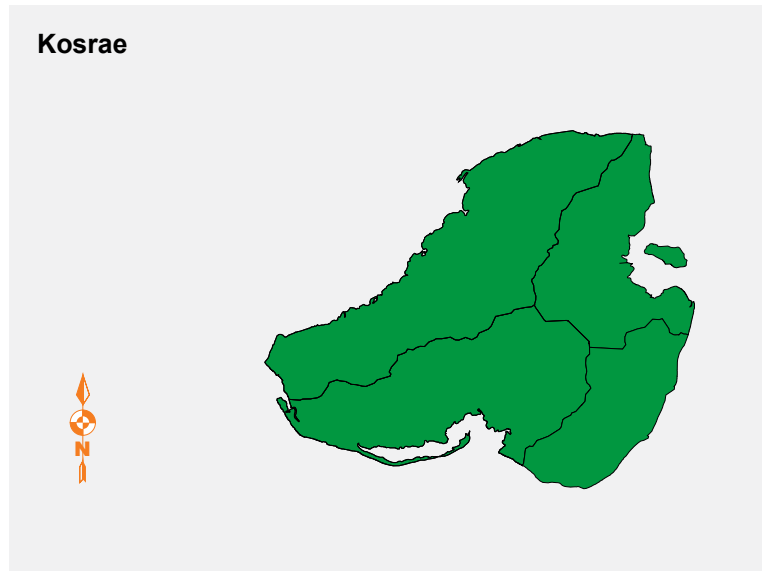
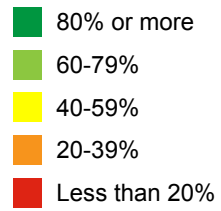
Household access to sanitation facilities by expenditure decile, 2005



Source: FSM Poverty Analysis from 2005 HIES

Only a small number of municipalities have reached high coverage of flush toilets

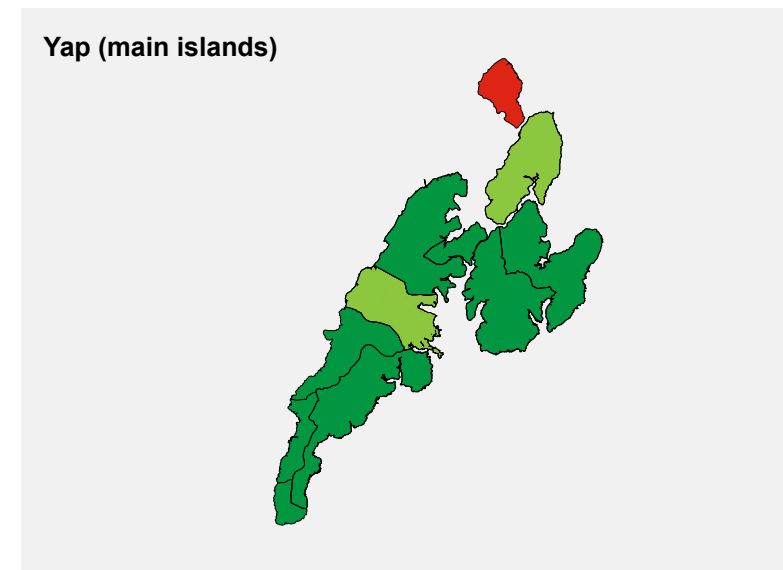
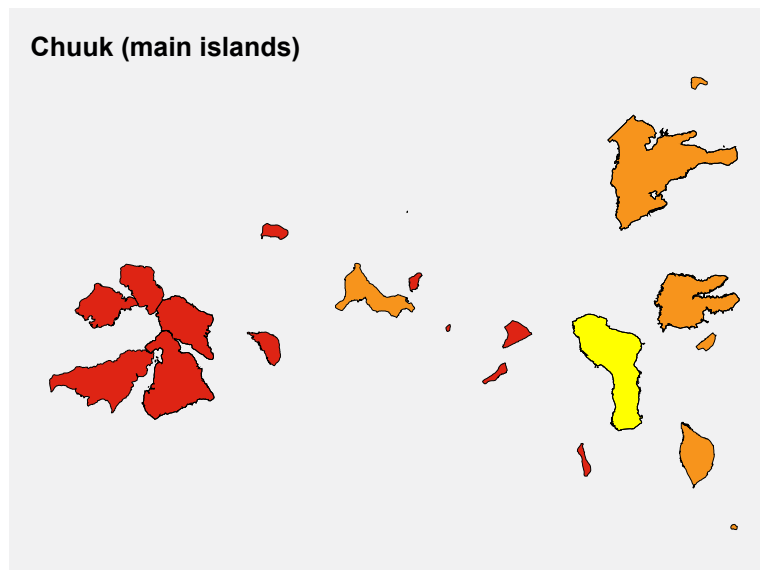
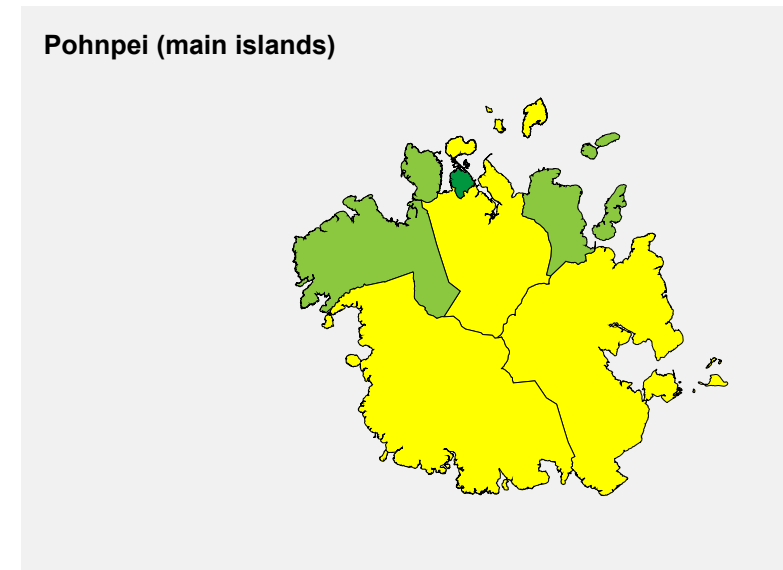
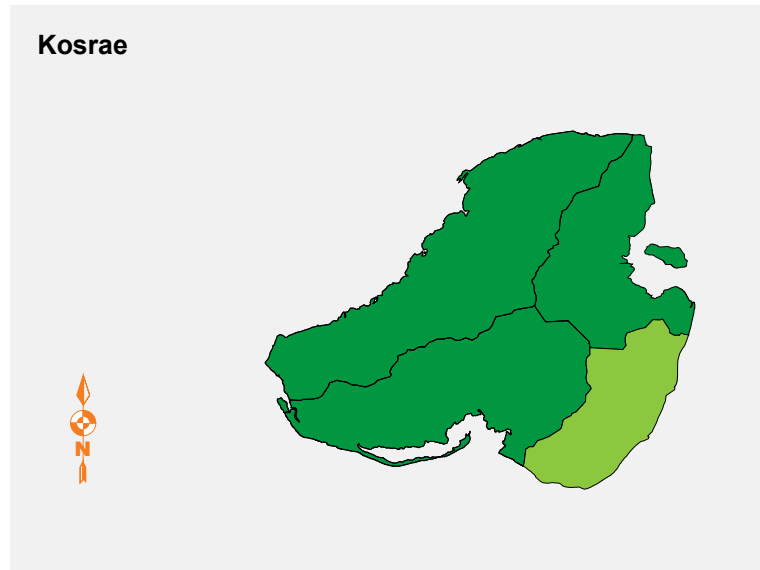
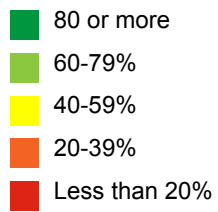
Percentage of households with access to flush toilets by municipality, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

Access to piped drinking water is especially low in municipalities in Chuuk

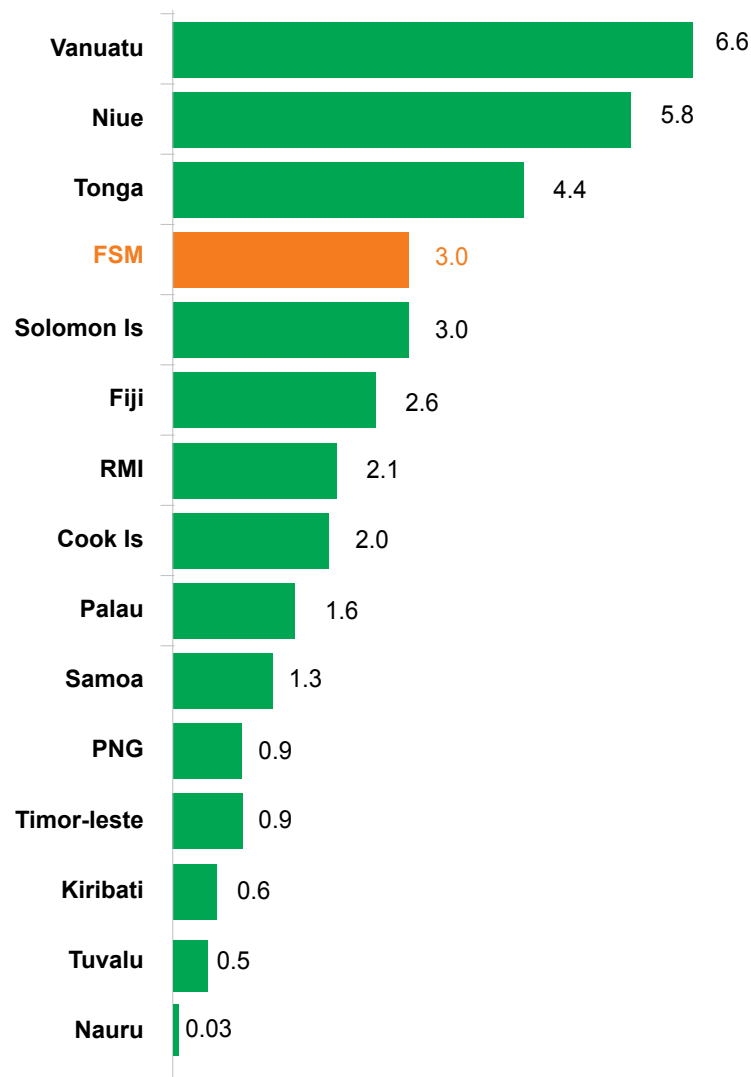
Percentage of households with access to piped water by municipality, 2010



Source: FSM 2010 Census of Population and Housing, S.B.O.C

FSM's annual economic losses due to natural disasters are significant

Annual average economic losses due to tropical cyclone, earthquake, and tsunami as a percentage of GDP by Pacific island country



Top five disasters in the FSM by total number of people affected

Number of people affected by disaster, 1987-2008

People Affected	
Drought (Marr. 1998)	28,800
Cyclone (Apr. 2004)	6,008
Cholera epidemic (Apr. 2000)	3,431
Cyclone (Jul. 2002)	1,448
Cyclone (Nov. 2003)	1,000

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.emdat.be - Université catholique de Louvain - Brussels - Belgium

Child-Centred Disaster Risk Reduction

Disaster risk is the potential loss expressed in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society due to the impact of a natural hazard. Disaster risk reduction (DRR) is a systematic approach of identifying, assessing and reducing that risk. Specifically, the purpose of disaster risk reduction is to minimise vulnerabilities and disaster risks throughout a society in order to avoid (prevent) or to limit (mitigate and prepare for) the adverse impacts of natural hazards, and facilitate sustainable development. Disaster risk reduction is also recognised as a key climate change adaptation strategy.

Children typically represent 50-60 percent of those affected by disaster. Children are directly affected by death and injuries as well as from diseases related to malnutrition, poor water and sanitation – conditions that are exacerbated by disasters. In addition, disasters disrupt education and can cause psychological trauma. Disasters also separate children from their families and increase vulnerability to trafficking, exploitation and abuse. Under the UN Convention on the Rights of the Child (CRC) children have inalienable rights in all circumstances – including disasters when they are at their most vulnerable – and the right to participate in decisions that ultimately affect them. The CRC and disaster risk reduction are mutually reinforcing. For instance, educating a child about disaster risk and empowering the child to use that knowledge supports Article 6 (life, survival and development), while ensuring the participation and voice of a child in disaster risk reduction efforts upholds Article 12 (respect of the child's views). UNICEF also recognises the importance of gender in disaster risk reduction – and that ignoring the different capacities of girls and boys means undermining those of the community as a whole to address disaster risk and cope with disasters.

Source: UNICEF (2012)

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Acronyms

ADB	Asian Development Bank	HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome	ICESCR	International Convention on Economic, Social, and Cultural Rights
BNPL	Basic Needs Poverty Line	IMR	Infant Mortality Rate
CBN	Cost of Basic Needs	IP	Incidence of Poverty
CPBR	Child Protection Baseline Research	LBW	Low Birth Weight
CRC	Convention on the Rights of the Child	MCH	Maternal and Child Health
CSHCN	Children with Special Health Care Needs	MDG	Millennium Development Goal
DHS	Demography Health Survey	MMR	Maternal Mortality Ratio
DHSA	Department of Health and Social Affairs	NAR	Net Attendance Rate
ECE	Early Childhood Education	NCDs	Non Communicable Diseases
EPI	Expanded Programme on Immunization	NER	Net Enrolment Rate
FPL	Food Poverty Line	NFBN	Non-Food Basic Need items
FSM	Federated States of Micronesia	SBOC	Office of Statistics, Budget & Economic Management, Overseas Development Assistance and Compact Management
GDP	Gross Domestic Product	UNDP	United Nations Development Programme
GER	Gross Enrolment Rate	UNFPA	United Nations Population Fund
GPI	Gender Parity Index	UNICEF	United Nations Children's Fund
HDI	Human Development Index	WHO	World Health Organization
HIS	Health Information System		

It is essential that we stay alert and look into the well-being of our children and the most vulnerable in the Federated States of Micronesia. This Atlas of Social Indicators provides a focused overview of our socio-economic progress and identifies gaps and disparities that require urgent attention. It is an important resource to help us focus our efforts on those most in need of support.

It is now up to all of us – government, civil and faith-based organisations, community leaders and members of the public – to follow up. Taking action now will make a real and meaningful difference in the lives of our children and youth, and in the development of our nation as a whole.

Dr. Vita Akapito Skilling
Secretary of Health and Social Affairs



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