



Convention on the Rights of the Child

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Committee on the Rights of the Child

Second periodic report submitted by Micronesia (Federated States of) under article 44 of the Convention, due in 2000*

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Message from the Secretary of Health and Social Affairs

It gives me great pleasure and privilege to present the Federated States of Micronesia (FSM) combined second periodic report on the implementation of the Convention on the Rights of the Child (CRC). I recognize the valuable time, effort and work of the Universal Periodic Review (UPR) and Human Rights Taskforce established by the FSM President, comprised of the Department of Justice, Department of Foreign Affairs (DFA), Department of Health and Social Affairs (DOHSA), Department of Education (DOE), and Department of Resources & Development. The commitment of the Taskforce made possible the completion of this report; so, I take this opportunity to extend my sincerest thanks to the members of the Taskforce. I also wish to express my appreciation to the SPC RRRT and UNICEF for their continued support—both technical and financial assistance—to the FSM Government in the implementation of the CRC and fulfilling the national reporting obligations.

FSM demonstrates in this report the overall status of children, protection of their individual rights and welfare, and the concrete measures taken by the FSM Government in implementing some of the major recommendations identified in the First Report of 1996 and Concluding Observations. Also shown in this report are the key factors impeding full implementation of the Committee's recommendations as well as the FSM Government's plans and strategies in addressing these challenges.

FSM continues to deal with the multidimensional challenges in fulfilling its obligations under the CRC by taking such steps needed towards enacting the appropriate legislative, administrative, and concrete measures that contribute to the protection of the rights of children. There are cultural, social, economic, educational, and political dimensions to these challenges; hence, a more holistic approach is key.

Notwithstanding the aforementioned challenges and constraints in meeting the deadline of our second periodic report after 1996, the FSM Government remains committed by constitutional and legislative mandates to protecting children's rights similar to the commitments made under the CRC. Some of the measures taken to implement the CRC are the following:

- Enactment of the Trafficking in Persons Act of 2012;
- Passage of the Kosrae Family Protection Act;
- Passage of Pohnpei Family Safety Act;
- Development of the National Gender Policy;
- Development of the National Youth Policy; and
- Development of the National Disability Policy.

Our children are our precious gifts and are the future of this Nation. It goes without saying that their rights, protection and support are a priority across the islands and among the five governments of the federation. Every child has inherent right to life recognized not only by the text of the fundamental law of the land but also by cultural practices and traditions of the people of the islands. FSM continues to ensure child's survival, protection and development.

Acronyms and Abbreviations

CEDAW	Convention on the Elimination of all forms of Discrimination against Women
COFA	Compact of Free Association between the Federated States of Micronesia and the United States and its amendment
CPBR	Child Protection Baseline Report
CRC	Convention of the Rights of the Child
CRPD	Convention on the rights of Persons with Disabilities
DFA	Department of Foreign Affairs
DOE	National Department of Education
DOHSA	FSM Department of Health and Social Affairs
FSM	Federated States of Micronesia
FSM SPE	FSM Special Education Act of 1993
FSMC	Federated States of Micronesia Code
GAO	Government Accountability Office
IOM	International Organization for Migration
MCH	Maternal Child Health
MCH/ FP	Mother Child Health/ Family Planning
NGOs	Non-Government Organizations
NHRI	National human Rights Institution
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPAC	Optional Protocol to the Convention on the Rights of the Child on the Involvement of children in Arm Conflict
OPSC	Optional Protocol to the Convention on the Rights of the Child on sale of children, child prostitution and child pornography
RRRT	Regional Rights Resource Team
SDP	Strategic Development Plan
SPC	Secretariat of the Pacific Community
UNFPA	United Nations Fund for Population
UNICEF	United Nations Children’s Fund
UPR	Universal Periodic Report
US	United States
WHO	World Health Organization

Introduction



1. The Federated States of Micronesia (FSM), located in the North Pacific Ocean, consists of 607 islands dispersed over one million square miles of ocean. It has a total land area is 271 square miles. Each of its four states (Chuuk, Kosrae, Pohnpei and Yap) is centered on one or more main high islands, and all but Kosrae include numerous outlying atolls.
2. FSM was colonized by Spain, Germany, and Japan in the 19th century and the first half of the 20th century, and was administered as a United Nations (UN) strategic trusteeship by the US after World War II. FSM adopted a constitution by plebiscite in 1979 and entered into a Compact of Free Association with the US in 1986 as an independent and sovereign State. Today, FSM has a constitutional government that is federal in structure.
3. FSM is a federation with a central government and four state constitutional governments. Each state has an elected legislature and governor. The FSM national government is located in Pohnpei, and it is the entity that represents all the four states of FSM in international relations. The President of the FSM is the head of state. The President governs with the assistance of a vice-president and a cabinet that includes department secretaries of the seven executive departments and directors and heads of eleven different offices. FSM has a unicameral Congress with 14 members representing the four states. Ten members are elected into office every two years, and the other four are elected every four years. The FSM Supreme Court is the highest judicial body of the nation, with a chief justice presiding along with three associate justices. Each of the four states in the FSM has a state court system.
4. FSM entered into a Compact of Free Association (COFA) with the US in 1986. Under the COFA, FSM receives annual grants from the US Government to support its economic and social development programs. The COFA grants FSM citizens visa-free entry into the US territory and privilege to work, study or remain in the US for an indefinite period of time. The financial provisions of the COFA were amended in 2003 and are set to expire in 2023.
5. The population of the FSM reached 102,843 according to the last national Census taken in 2010, a decline of 0.4 per cent relative to the 2000 national 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 is a female-headed household. 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.

Figure 1.

Children population in FSM ages 0-17

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%

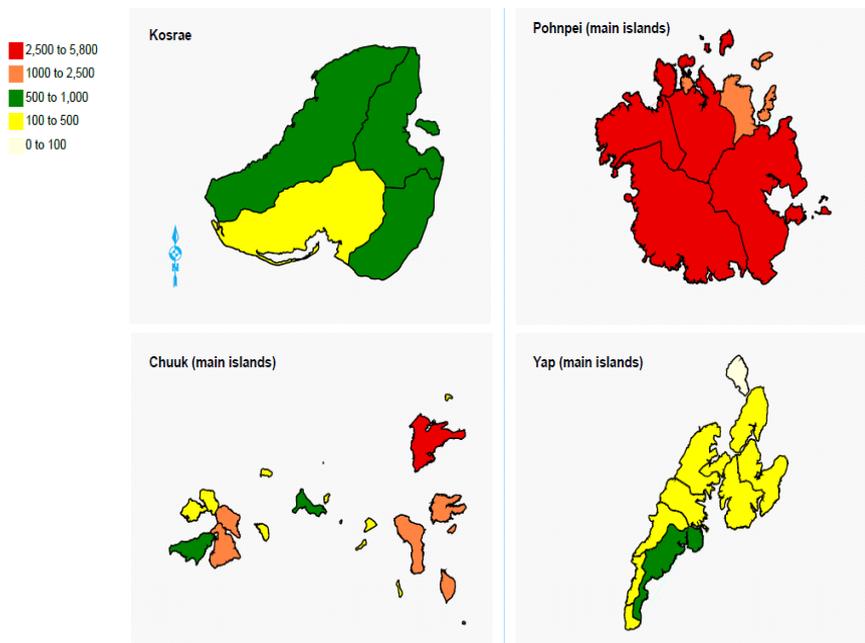
Source: FSM 2010 Census of Population and Housing. S.B.O.C

6. Figure 2 shows distribution of children across municipalities in FSM. Weno, Chuuk has the most concentration of children based on the 2010 Census.

7. While declining fertility has contributed to the drop in the population growth rate, out-migration to the US and other destinations abroad 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).

Figure 2.
Children in FSM by municipality

The number of children varies widely across States and municipalities
Number of children 0-17 years by municipality, 2010



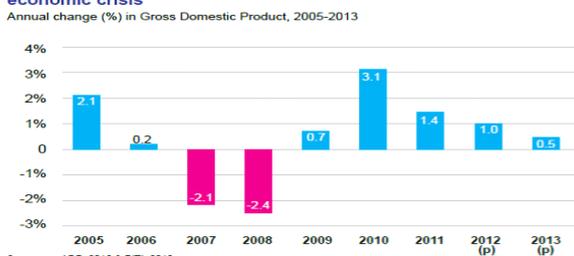
Source: FSM 2010 Census of Population and Housing, S.B.O.C

Socio-Economic Context

8. The FSM’s economy is characterized by a high dependency on external assistance from the US under the COFA. The original COFA provided US\$ 1.3 billion from 1986 to 2001, and included direct financial assistance from the US for the development of the FSM. The amended COFA, 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 when the financial provisions of the amended COFA are expected to expire. See, Figure 3: FSM Economic Profiles.

Figure 3.
FSM Economic Profiles

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



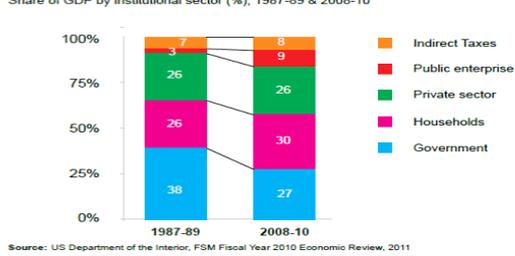
Source: ADB, 2012 & PITI, 2012

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



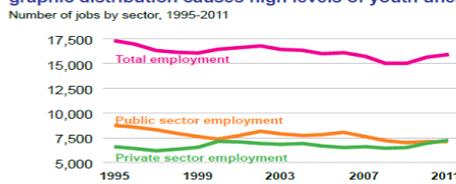
Source: Fiscal Year 2011 Economic Review (PITI, 2012)

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



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



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

9. The FSM also derives revenues from fishing license fees (28 per cent 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.

10. The US Government Accountability Office (GAO), which conducts reviews of the use and accountability of COFA funds, expressed the view that the distribution of COFA funding among the four states was based on a formula that did not fully account for the differences of population size or State's needs (GAO, 2006). However the distribution formula is based on the agreement among the five governments that is legislated at the national level. So far, this formula has the general support of the national and state governments.

11. The 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 shocks 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 COFA grant reductions.

12. Nationwide, some 16 per cent of the labor 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 of three households receives remittances from family members living abroad.

13. 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 programs 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.

Summary

14. The following Concluding Observations ('Comments and Recommendations') ["CO"] are addressed in this cluster - Accede to other major international human rights treaties relating to children (CO, para. 24).

15. The FSM acceded to the CRC on May 5, 1993. On May 8, 2002, FSM signed the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (OPSC) and the Optional Protocol to the CRC on children involved in armed conflict (OPAC). FSM ratified the OPSC and the OPAC on April 23, 2012, and October 26, 2015, respectively. Other conventions related to children including Convention on All Forms of Discrimination Against Women (CEDAW) and Convention on the Rights of Persons with Disabilities (CRPD) have also been ratified.

16. FSM's commitment to timely reporting envisaged under the CRC has been significantly hampered by numerous factors, mostly resource constraints. FSM is facing major challenges in compiling data and information from across the nation due to financial and human resource limitations as well as competing reporting obligations arising from other treaties, which is impacting upon the timely completion of this report.

17. FSM is making significant progress in upholding and protecting the rights of children, who constitute 43 per cent of the total population. The country is also making 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

a national special education program is dedicated to supporting children with disabilities. Access to improved sanitation facilities has more than doubled over the last two decades.

18. Many challenges remain to date. For instance, in health sector, the immunization coverage varies widely among 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 anemic 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, FSM needs nationwide emplacement of systems and programs that would ensure that children are protected from violence, abuse and neglect. As indicated above, two of the four states (Kosrae and Pohnpei) passed special legislations on family protection.

19. This report highlights the country's achievements and challenges across normative, policy and programmatic frameworks adopted by the FSM on the implementation of the CRC.

I. General measures of implementation

20. The following Concluding Observations ('Comments and Recommendations') ["CO"] are addressed in this cluster:

- National Plan of Action for Children (CO, para. 7);
- Budgetary Allocations (CO, para 8);
- National Advisory Council budgetary allocation (CO, para. 9);
- Systematic, comprehensive data collection from state to national (CO, para. 11);
- Widespread awareness on the provisions of the convention (CO, para12);
- National Plan of Action for Children enacted (CO, para. 23);
- National Plan of Action for children cooperation with non- governmental organizations (CO, para. 32);
- Comprehensive data collection with cooperation with inter-alia (CO, para. 27);
- Strengthening the efforts to make the principles and provisions through multiple mediums (CO, para. 28);
- Cooperation with Civil society groups and Non governmental organizations (CO, para. 30);
- Complementary initiatives to support youth problems (CO, para 34);
- Comprehensive and multidisciplinary study to understand the scope of adolescent health problems (CO, para. 37);
- Wide dissemination of the state party's report and concluding observation (CO, para 42);
- Minimum age for sexual consent and standardization of the age of consent between the four states(CO, para. 6);
- Legislation on abuse and sexual exploitation (CO, para. 6);
- Disparities between the different states legislation and practices (CO, para. 10);
- Coordination between the central level and the four federated states (CO, para. 10).

Measures taken to Harmonize National Law and Policy with the provisions of the CRC

21. Children's right to due process is guaranteed in the national and state constitutions. In addition to due process, guaranteed rights covers the protection of life, liberty, property

and the equal protection of laws. Discrimination against children is prohibited. Although there are slight differences in each of the state legislations and practices, efforts have been made to harmonize these legislations.

22. FSM has legislations providing protection of children. It has laws punishing sexual offenses against children. These laws are contained in the provisions of the States' criminal codes. There are national and state laws that provide penalty on human trafficking.¹ There are also laws in the states that prohibit the imposition of corporal punishment on children.

23. In order to further strengthen the protection of children, coordination among the five governments is carried out through various mechanisms that involve national and state governments. For example: (a) Joint Law Enforcement Agreement—this is a formalized cooperation among the five governments that expressly empower the states to perform national functions including criminal investigation and prosecution. This cooperation is funded annually in the national budget.(b) Health and education departments and agencies have held consultations and developed programs and funding plans benefiting children. The amended COFA and national budget procedures require this type of cooperation.(c) State and National Leadership Conference (SNLC) —This SNLC holds meeting at least annually, although in recent times, it is held more frequent meetings. National and state issues including delivery of basic services, infrastructure, law and order and similar areas of cooperation are being discussed by the leaderships (executive and legislative) of the national and state governments.

24. The FSM Code requires the government to provide educational services to children. Additionally, children with disabilities are given special protection by establishing procedures designed to provide access to a reasonable, appropriate, and free elementary and secondary education for children with disabilities, through graduation from grade 12 or age 21.²

25. FSM DOHSA held workshop on Gender Program Planning, which was attended by key officials and coordinators at the national and state levels. A National Gender Policy has been adopted, which is now on the final stages of adoption. Moreover, gender focal points have been designated for the national government and for non-governmental organizations (NGOs) and had undergone training in June 2015 on gender mainstreaming with a view towards strengthening capacity in their roles as focal points. The gender policy envisages an approach that integrates states-level gender action plans. Guidelines to develop the national gender policy include a number of key international, regional and national policy frameworks containing commitments to gender equality, such as those contained in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the 1995 Beijing Platform for Action, the UN Millennium Development Goals (MDGs), the Revised Pacific Platform for Action on the Advancement of Women and Gender Equality 2005-2015, and the 2012 Pacific Leaders Declaration on Gender Equality. Adoption of FSM's gender policy will reaffirm that due consideration be accorded to the rights of young girls or female children to enable them to develop their full capacity, to enjoy life and contribute to the development of the nation.

26. The FSM Disability Policy (2009–2016) is currently undergoing update and revision in order to include increased public awareness and to expand further its coverage to children with disabilities. More importantly, the provisions of this policy for all people with disability also protect the most vulnerable subgroup of children with disability. Objective 5 of the policy focuses on the increased awareness of existing programs in order to support early intervention, detection and education of children with disabilities. Objective 6 of the Disability Policy gives more emphasis on strengthening the transition between home and early childhood of students and, where applicable, adults with disabilities. FSM has also ratified the CRPD in 2016. The Disability Policy is the result of nationwide consultation in the past several years. The FSM DOHSA is tasked to monitor the policy, noting the need for a strong partnership between national and state focal points on disability. Civil society,

¹ Public Law 17-38, March 16, 2012.<http://cfsm.fm/iframe/17th%20Congress/Public%20Laws/PUBLIC%20LAW%2017-38.pdf>.

² FSM Special Education Act of 1993.

including churches, grass-roots organizations and community organizations involving persons with disabilities, the private sector and professional associations have important roles to play in promoting human rights and supporting and delivering services to persons with disabilities.

27. The FSM National Youth Policy (2004-2010) reinforces protection of children by increasing public awareness on the consequences of child abuse and neglect. This policy is up for review and now in the final stages of adoption. This policy defines youth as any person between the ages of 15 and 34 years. The youth policy addresses wide range of issues relevant to the youth, including supporting a system of justice that recognize and respect the special needs of juveniles and children in conflict with the law.

28. The FSM SDP 2004 –2023, was developed in 2004 when the FSM entered into the amended COFA. The SDP is the country's primary national planning economic mechanism. The SDP comes in two volumes. The first volume covers the major components of the SDP and presents an overview of the FSM's economy, policies and development strategies for each sector of the economy. The second volume contains the sector planning matrices. They are meant to be complementary and should be used in cross-reference with each other.

National Strategy and Plan of Action for Children

29. The national strategy in addressing the rights of children is comprised of the adoption of multiple policies and programs namely: Youth Policy, Disability Policy, and Gender Policy. Moreover, the national departments have their programs and action plans aligning to and supporting the national strategy. The states also have their respective action plans that are aligned with the national strategy and focused on the priorities of the individual states.

Coordinating Mechanism within Government

30. FSM recognizes the importance of reporting under the CRC as part of national obligation. FSM President tasked the UPR and Human Rights Taskforce established by presidential order on May 19, 2015 to prepare a national report. Drafting of the CRC state report requires the involvement of various agencies at the national and state levels.

31. In collating information pursuant to this report, various departments and agencies involved in further strengthen the protection of children were invited to participate and give their contribution. Moreover, coordination among the five governments is key to this process, with the use of the already established coordination mechanisms such as the state and national leadership conference. See, further discussion on paragraph 23.

32. The Division of Social Affairs under the FSM DOHSA has a lead role on children's issues under the CRC that require coordination efforts to ensure that binding obligations, including legal obligations, arising from the CRC are fulfilled.

Budgetary Allocation for Implementation of the CRC

33. The budgetary allocation for the implementation of the CRC is shared among the various departments, agencies, and sectors according to their roles and responsibilities to ensure that children's economic, social, and cultural rights are fulfilled. However, major bulk of the funding is mainly for the FSM DOHSA and DOE. Their budgetary allocation is utilized to support activities and programs such as immunization, Maternal Child Health Care, personal responsibility education program, mental health and substance abuse program, abstinence, and special education. The funding of these various programs is drawn mainly from the US federal grants and is equally distributed among states per capita. It is likely to remain at the same funding level in the coming years.

International Assistance and Development Aid

34. FSM coordinates with regional and international organizations and UN agencies, WHO, the Pacific Islands Forum Secretariat, the SPC Regional Resource Rights Team (RRRT), and the IOM to implement FSM's major international human rights obligations.

35. FSM continues to seek technical assistance from international organizations, such as the WHO, UNICEF, FAO, UNESCO, United Nations Economic and Social Commission for Asia and the Pacific, UNDP, UNFPA, the OHCHR, and IOM, in order to promote and enhance the implementation of human rights obligations in the FSM.

36. Whereas, the National Advisory Council for Children is no longer active, existing national departments and agencies perform the several functions previously assigned to this council, and budgetary allocations accorded based upon such functions. Interagency cooperation is in place in the manner described in paragraph 33.

37. The national and state governments, with support from UNICEF, launched the Child Protection Baseline Report (CPBR) and an Atlas of Child Equity Social Indicators Report in November of 2013. These joint initiatives provided information on the situation of children in the FSM across various thematic clusters such as protection, health, education, environment and disaster risk reduction.

38. In November 2015, the Division for Social Affairs, the SPC RRRT and UNICEF jointly organized a CRC Workshop in Pohnpei with key stakeholders from the national government and NGO representatives. The national government initiated the workshop to create more public awareness on the CRC and to provide a forum for the sharing of information among stakeholders and provide input to this country report.

National Independent Monitoring Mechanism

39. There is no independent agency specially mandated to monitor the implementation of the CRC. However, FSM has multiple human rights monitoring mechanisms. It has gender development and human rights functions under the DOHSA, the national UPR and Human Rights Taskforce, provision of free legal services to enforce civil rights, and judicial enforcement of civil rights under the Department of Justice. It is recognized that FSM needs to establish an independent National Human Rights Institution (NHRI) in order to streamline these functions, so it is requesting for a scoping mission and it welcomes any technical assistance on the establishment of an independent agency.

40. Monitoring of the situation of children goes through a systematic collection of data from the state to national sectors, agencies, and organizations. They are then pulled together through national reports such as the annual progress reports of the programs and services, the FSM Child Atlas,³ Family Health & Safety Survey,⁴ Behavioral Risk Factors Surveillance System, and FSM Census⁵ to name a few. Production of some of these reports such as the FSM Child Atlas and Family Health & Safety Survey were achieved through technical cooperation and assistance with agencies like UNICEF, UNFPA, SPC, WHO and others.

Measures taken to make the principles and provisions of the CRC widely known to adults and children

41. FSM conducted educational and awareness campaigns both at the national and state levels. These campaigns were done through community dialogue and sharing of printed materials. As a result of these campaigns, the states became more aware of the CRC obligations. As an example, Kosrae passed legislation on Family Protection Act addressing issues such as domestic violence, child abuse, and sexual offenses. Chuuk passed a state law raising the age of consent from 13 to 18 in conformity to the CRC standards. And recently, Pohnpei has enacted a family protection law. The remaining states are reviewing their laws and policies in order to align with the CRC. Other measure adopted to make the

³ This document could be accessed on the UNICEF webpage:
https://www.unicef.org/pacificislands/FSM_Equity_Ready_web.pdf (last accessed 12/18/17).

⁴ This document could be accessed on the UNFPA webpage:
<http://pacific.unfpa.org/sites/default/files/pub-pdf/FSMFHSSReportweb.pdf> (last accessed 12/18/17).

⁵ This document could be accessed on the FSM Statistics webpage:
http://www.fsmstats.fm/?page_id=115 (last accessed 12/18/17).

principles of the CRC widely known was through the state consultations for the compilation of the CRC report. Participants of these consultations represented all sectors working with and for children. The methodology used in the consultation process was done first through the sharing of the CRC provisions, which provided the platform for the participants learning of these principles. The consultations were made possible through the funding and technical support of UNICEF.

Efforts undertaken at the national level to make the CRC report widely available to the public

42. The FSM DOHSA has undergone series of consultations in all four states on the CRC. Through funding support from UNICEF, the department was able to convene participants from these state agencies and sectors, as follows: state hospital, education departments, consumers' organization, women councils, youth representatives, IOM, church leaders, traditional leaders, private schools, public schools, public safety departments, mental health program, maternal health program, immunization program, and outer islands representatives. The consultations provided an excellent opportunity for key partners at all levels to learn about the provisions of the CRC. In addition, states gave their input into the FSM CRC report, and, in the process this created an opportunity for stakeholders to forge partnerships among themselves to further educate the public as a means to implement the provisions of the CRC.

43. Information of the concluding observations from the first CRC report was sent out to all the state human rights focal points and key government departments.

44. FSM reinforced further public awareness of the CRC by strengthening capacity building for law enforcement, social workers, and employees of the FSM national government.

Availability of the Report

45. The initial report and its concluding observations are available on the FSM DOHSA website. As for this combined second periodic report, it will be available through other media after submission of this report to the Committee on the Rights of the Child.

Cooperation with Civil Society

46. The FSM national government works closely on children's issues with NGO partners, such as the Pohnpei Consumer Organization as well as national and state councils including the FSM Women's Council and the FSM National and State Youth Councils. These joint collaborations involve awareness raising relating to children with disabilities, teen pregnancy, substance abuse, domestic violence and a joint approach to supporting children's programs at the national and state levels.

II. Definition of the child (art. 1)

47. The following Concluding Observations ('Comments and Recommendations') ["CO"] are addressed in this cluster: - Conflicts between customary and statutory law for marriage and adoption (CO, para. 6).

48. The term "child" is defined under the state laws of Pohnpei, Chuuk, Kosrae, and Yap as a person below 18 years of age. For Yap State, however, the term child may at times have a different meaning depending on its usage. For example, in a wrongful death claim involving a 19-year old girl who continued to live with her parents up to the time of her death, the FSM Supreme Court held that under Yapese custom, a 19-year old is considered as a child. *Leeruw v. FSM*, 4 FSM Intrm. 250 (Yap 1990).

49. The definition of a child varies under the following existing national and state laws, depending on relevant contexts:

(a) Safety and Welfare Act Public Health, Safety and Welfare Act: According to FSMC Title 41, Section 502, "child" is defined as a person under 18 years of age;

(b) Trafficking in Person Act of 2012: According to FSMC Title 11, Section 612, “child” means any person below the age of 18 years at the time of the commission of an offense under the Trafficking in Persons Act of 2012;

(c) Education: FSMC Title 40, Section 102 does not define the term “child” by itself. However, the statute covers children with disabilities, which the statute defines as those individuals from birth through age 21 who are evaluated as having mental retardation, hearing impairments including, deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury other health impairments, specific learning disabilities, deaf-blindness, or multiple impairments, and who, because of those impairments, need special education and related services. Under Section 104 of the same Title, primary schooling in the FSM is compulsory for all children, including children with disabilities, from ages six to fourteen or until graduation from the eighth grade; while secondary schooling is non compulsory for children ages fourteen or seventeen or from grades nine to twelve. High school education is free in all public high schools. The national government pays a subsidy to private high schools to encourage their continuing role in providing basic education to all children;

(d) Adoption: Under FSMC Title 6, Chapter 16, Subchapter III, there is a general provision on the age of majority which specifies that persons, whether male or female, residing in the Trust Territory of the Pacific Islands, who shall have attained the age of eighteen years shall be regarded as of legal age and their period of minority to have ceased. In the present day, there is no central FSM government office responsible for adoptions. Each of the four states has its own court system in which adoptions take place, and prospective adoptive parents must contact the appropriate court regarding a possible adoption in that jurisdiction;

(e) Marriage: The subject of marriage has not been legislated at the national level and in Yap. However, Kosrae, Chuuk and Pohnpei have specified 18 years as the age of marriage for males, and 16 years for females. If the female is under 18 years of age, the consent of either parent is required in all three states. Pohnpei and Chuuk, customary marriages are valid and may therefore be conducted without adherence to these minimum ages for marriage. However, the consultation on the CRC that took place in the FSM States leading up to the drafting of this CRC report provided an opportunity for further awareness campaigns to the different stakeholders on the provisions of the CRC which they are now in understanding that the definition of child is any persons under the age of 18 years;

(f) Employment: There is no stand-alone legislation in the FSM that regulates the employment of children and the minimum age of employment. The Protection of Resident Workers Act, as codified in FSMC 51, only controls and limits the use of non-resident (i.e. alien) workers;

(g) Guardian of Children: There is no stand-alone legislation for guardians of children. However, under the customs and traditions of the four states, the natural parents are the natural guardians of their children, and the adoptive parents are the natural guardians of their adopted children.

III. General principles (arts. 2, 3, 6 and 12)

- Counseling and rehabilitation of victims (CO, para. 37);
- Reproductive health education and services to address adolescent health problems (CO, para. 37);
- Counseling for youth and families on youth’s health problems (CO, para. 37);
- Efforts to prevent or combat substance abuse and mental health (CO, para. 40);
- Measures to include public information campaigns in schools (CO, para. 40);
- Rehabilitation programs for child victims of drug and substance abuse (CO, para. 40);

- Technical assistance from inter alia (CO, para. 40);
- Non discrimination (CO, para. 14);
- Best interest of the child (CO, para. 14);
- Right to life, survival, and development (CO, para. 14);
- Respect for the views of the child (CO, para. 14);
- Minimum age for employment (CO, para. 6);
- Minimum age for criminal responsibility (CO, para. 6);
- Legal procedures for Juvenile offenders (CO, para. 21);
- Minimum age for criminal responsibility (CO, para. 21).

Non-discrimination (art. 2)

50. There are four distinct constitutions for the four FSM states, along with a national constitution. The constitutions of the national and state governments afford broad application to the protection of rights of children. In the areas of education and health, several statutory measures in place are geared toward protecting the interests and wellbeing of children—for example, compulsory education. The FSM constitution is the supreme law of the land, and the four separate state constitutions subscribe to the principles of the FSM Constitution.

51. Equal protection clauses are found in all the five constitutions, which guarantee fundamental rights and freedoms conferred upon all FSM citizens regardless of sex, race, ancestry, national origin, language, religion or social status. FSM Constitution, Article IV, section 4 states that, “Equal protection of the laws may not be denied or impaired on account of sex, race, ancestry, national origin, language, or social status.”

52. Kosrae State Constitution, Article II, section 1(c) states that, “Equal protection of the laws may not be denied or impaired on account of sex, race, ancestry, national origin, language, or social status.” Pohnpei State Constitution, Article IV, section 3 states that, “No law or other government action may deny or impair the equal rights of all persons on account of gender, race, ancestry, national origin, religion, language, or social status. No person may be denied the equal protection of the law.” Chuuk State Constitution, Article III, section 2 states that, “No person may be deprived of life, liberty, or property without due process of law, be denied equal protection under the law, be denied the enjoyment of civil rights, or be discriminated against in the exercise of civil rights, on account of race, sex, religion, language, dialect, ancestry, national origin, or social status.” Yap State Constitution, Article II, section 4 states that, “No person shall be deprived of life, liberty, or property, without due process of law, or be denied the equal protection of the laws, or be denied the enjoyment of his civil rights, or be discriminated against in the exercise thereof, on account of race, sex, religion, language, ancestry, or national origin.”

Best interests of the child (art. 3)

53. The FSM Bill of Rights and FSMC Title 40 guarantee free elementary education to all children in the FSM. The best interests of the child are recognized under the relevant statutes, although there is no explicit Constitutional provision. FSMC Title 6, Chapter 16 and other laws in the FSM require that the best interests of the child be the primary considerations in areas of alternative care including child maintenance and support, and that the child’s view be taken into account in family separation and in cases of child separation from parents. There is no specialized juvenile court in the FSM. However, young offenders’ trial proceedings are conducted separately from adult court proceedings, and the system ensures that parents/guardians of young persons charged as offenders are involved throughout the whole legal process and young persons are legally represented. The best interest of the child is the guiding principle in the proceedings, including in the sentencing phase. FSMC Title 12, Chapter 11 requires the court to consider the best interests of the child when determining the appropriateness of confinement following an adjudication of delinquency.

54. The FSM justice system aims at the rehabilitation of criminal offenders. Toward that end, the best interests of the child are considered prior to a detention sentence imposed on the young offenders.

55. FSMC Title 6, Chapter 16 requires the court, in matters of divorce and child custody, to make orders for the custody and support of the children as it deems just and in the best interests of all concerned. In granting or denying a divorce, the court may make such orders for custody of minor children and for the children's support, as the court deems just and in the best interests of all concerned.

56. The best interest of the child principle is recognized in the case of Youngstrom v. Youngstrom, 6 FSM Intrm. 304, 306 (Pon. 1993) whereby a court deems it just and in the best interests of all concerned, it may award past child support.

57. FSMC Title 41, Chapter 4 mandates that all children must be fully immunized in order to attend school to protect them against preventable communicable diseases.

The right to life, survival and development (art. 6)

58. Article 4, section 3 of the FSM Constitution states that "A person may not be deprived of life, liberty, or property without due process of law, or be denied the equal protection of the laws." The FSM national government has established programs to support mental well being for all such as youth and their families on issues of suicide and substance abuse. There are also programs provided to support rehabilitation services for child victims of drugs and substance abuse. Some of these programs are supported through the technical and funding support of international agencies like World Health Organization. There is a diversion program for youth in contact with the justice system in the area of substance abuse and mental health called the Substance Abuse and Mental Health Program." There is also counseling provided through the following government entities: the States' social affairs division, public high schools, and police.

59. The Social Affairs Division of the FSM DOHSA specifically advocates for children and their protection, in addition to the work of the FSM Department of Education. The UPR and Human Rights Taskforce at the national government level monitors and reports on the FSM's compliance with CRC requirements while the Maternal-Child Health Program and the Child Immunization Program at the FSM DOHSA monitor child health/growth conditions.

60. FSMC Title 41, Chapter 4, as amended in 1997, requires that all children attending school must have a valid School Immunization Certificate. The FSM Immunization program—in coordination and collaboration with the Division of Primary Health Care and Public Health Clinics under each state's Department of Health Services and also in partnership with private hospitals, clinics and community health centers—strives to eliminate the transmission of preventable diseases through effective immunization programs and outbreak control measures and by utilizing best practice strategies and evidence-based programming.

61. The FSM implements an immunization program to avert the spread of major or communicable diseases. Children by law are required to complete immunization before attending schools.⁶ The government provides free services for this program. The state governments provide assistance in the implementation of health programs in their respective jurisdictions.

62. The Personal Responsibility Education Program is targeted towards children from 10 to 14 years of age and features early intervention programs for unhealthy behavior, such as, alcohol, teen pregnancy and teen suicide. These programs are normally done during school hours to help children develop their skills and interpersonal relationships with parents.

⁶ FSMC Title 41, Chapter 4 on Immunization of School Children
http://www.fsmcourtsupremecourt.org/WebSite/fsm/code/title41/T41_Ch04.htm.

Respect for the views of the child (art. 12)

63. The FSM Constitution, Article IV, section 1 states that no law may deny or impair freedom of expression, peaceful assembly, association or petition.

64. FSMC Title 6, Section 1633 forbids the adoption of any child over the age of 12 years without the child's consent.

65. Generally, the views of children are heard but not treated as the determinant factors when it comes to decisions that affect them directly or indirectly. The decision-making process has largely rested with the adults in the family or community. Such a sensitive issue requires family and community awareness and dialogue so children (depending on age and maturity level) can be provided the opportunity to express themselves in matters that concern them.

66. The judicial procedures in the FSM accord special treatment for minors, in that applicable procedures are made flexible whenever the defendant is a minor. The procedures to be applied are based on accepted practices of juvenile courts of the US. A judicial determination that a person is a delinquent child shall not constitute a criminal conviction under state law. A person adjudged to be a delinquent child might be confined in such place, under such conditions, and for such period as the court deems the best interests of the child require.

67. FSMC Title 12, Chapter 11 states that in cases involving offenders under the age of 18 years, courts shall adopt a flexible procedure based on the accepted practices of juvenile courts of the US, including insofar as possible the following measures: (1) Report by a welfare or probation officer in advance of trial; (2) Detention, where necessary, apart from adult offenders; (3) Hearing informally in closed session; and (4) Interrogation of parents or guardians and release in their custody if appropriate. This is similar in the state codes. It also requires the court to consider the best interests of the child when determining the appropriateness of confinement following an adjudication of delinquency. This same Act, FSMC Title 12, Chapter 11 also defines clearly the procedures for juvenile offenders.

IV. Civil rights and freedom (arts. 7, 8, and 13-17)

68. The following Concluding Observations ('Comments and Recommendations') are addressed in this cluster:

- Lack of conformity of the birth registration system and unreliability of the death registration (CO, para.13);
- Harmful effects of print, electronic and audiovisual media (CO, para. 16);
- Measures to improve birth and death registration (CO, para 31);
- Statewide study on harmful materials (CO, para. 33).

Birth registration, name and nationality (art. 7)

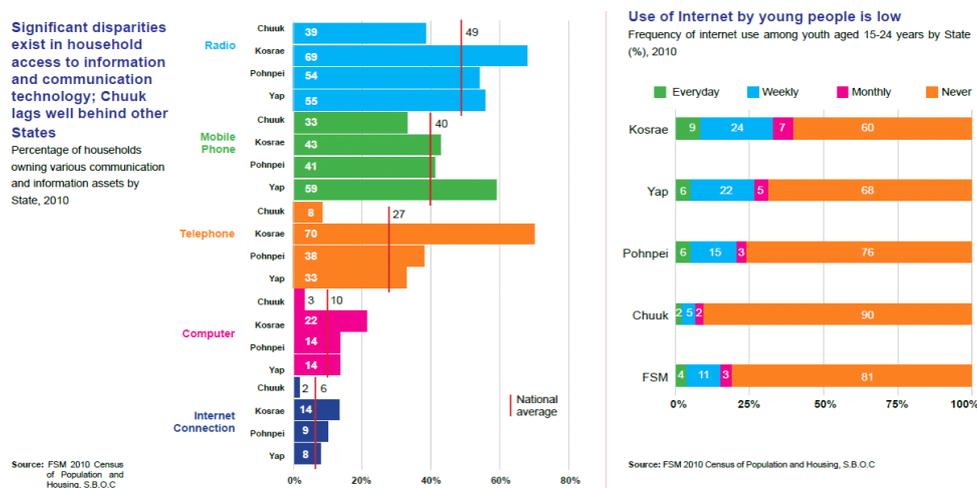
69. A centralized system of birth and death registration exists in the FSM DOHSA and the Office of Statistics in the Department of Resources & Development, with regular monthly reports related to these registries submitted to those entities. Birth registration is not considered a major problem in FSM, because most births occur at hospitals and children are registered at birth. There are few exceptions of births occurring in some outer islands with the help of traditional birth attendant or health assistance. However, any child not registered at birth is registered at the age of five when the child registers for school otherwise at by law they should register at age six for school entry. In order for children to get accepted in schools, they need to submit a yellow card showing that they have completed their age appropriate immunizations. In order to acquire the yellow cards, they need to submit their birth certificates. Those without birth certificates go back to the hospitals where they were born and begin the process of submitting information to the courts of the states where they were born to process their birth certificates. The birth registration rate from the FSM DOHSA as of 2015 showed about 70% completion of birth

and death registration. The government is requesting assistance in the implementation of a civil registration to capture all births.

Freedom of expression and the right to seek, receive and impart information (art. 13)

70. Internet coverage and connectivity vary across the four states. See, Figure 4 Access to information on the Internet in the school systems is determined by school administrations and is limited in most schools around the FSM. According to the FSM 2010 Census of Housing and Population, there are significant disparities in household access to information and communication technology across the four states, with Chuuk lagging well behind other states. Internet usage by youth between the ages of 15 –24 years in each state shows very low usage of 60% in Kosrae and up to 90% in Chuuk that have never used the internet.

Figure 4



Freedom of thought, conscience and religion (art. 14)

71. Freedom of religion is protected in Article 4 of the FSM Constitution. There are several religious denominations in the FSM. Youth activities are sometimes organized through religious organizations.

Freedom of association and of peaceful assembly (art. 15)

72. The FSM Constitution, in Article IV, Section 1, states that no law may deny or impair freedom of expression, peaceable assembly, association, or petition.

73. There are youth coordinators at the state level who are also supported by national departments.

Protection of privacy and protection of the image (art. 16)

74. The FSM Constitution, in Article IV, section 5, guarantees the right of persons to be secure in their persons, houses, papers and other possessions against unreasonable searches, seizures or invasions of privacy. These rights are reaffirmed in FSMC Title 1, Section 103, i.e., the Bill of Rights.

75. The right of the people to be secure in their persons, houses, papers, and other possessions against unreasonable search, seizure, or invasion of privacy may not be violated. A warrant may not issue except on probable cause, supported by an affidavit particularly describing the place to be searched and the persons or things to be seized.

76. The Chuuk Constitution protects persons from an unreasonable invasion of privacy. The right to privacy depends upon whether a person has a reasonable expectation that the thing, paper or place should remain free from governmental intrusion. A person's right to privacy is strongest when the government is acting in its law enforcement capacity.

77. The Declaration of the Bill of Rights protects persons from acts of the government, and those acting on its behalf, as established or recognized by the FSM Constitution. The constitutional provision barring the invasion of a person's privacy only protects persons from governmental intrusion into their affairs, not from intrusions by private persons.

78. FSMC Title 12, Section 1101(1)(c) provides that courts shall use flexible procedures in cases involving juvenile offenders. This includes closed courtrooms, the sealing of records and, if detention is necessary, separation from adult offenders.

Access to information from a diversity of sources and protection from material harmful to a child's well-being (art. 17)

79. Access to books and other reading materials varies across the FSM. The national government continues to assist schools at the state level in providing books and reading materials from international donors. NGOs with support from donors also contribute to this initiative through the donation of books. Pohnpei State Library has a joint initiative with Peace Corps volunteers where they administer reading programs for children that take place every summer for children in Pohnpei. Internet access is limited in some of the states, but the state and national governments and the private sector are trying to ensure that all students have access to Internet. The FSM Government has not undertaken any statewide study to assess the harmful effects of print, electronic, and media in particular violence and pornography. However, it has implemented measures to protect children from accessing harmful materials. For instance, the schools and public libraries such as the library in Pohnpei have a standing policy banning access to harmful materials e.g. pornography.

80. Moreover, there are progresses in the states through the enactment of legislation for the protection of children—in particular, Kosrae and Pohnpei have special state laws dealing with family protection. Whereas, Chuuk and Yap have not passed the same family laws as those in Kosrae and Pohnpei, existing laws are sufficient to ensure protection of children's welfare.

V. Violence against children (arts. 19, 24, para. 3, 28, para. 2, 34, 37(a) and 39)

81. The following recommendation(s) from the initial CRC report are covered in this section:

- Insufficient awareness and lack of information on ill-treatment and abuse including sexual abuse;
- Customary and statutory adoption (CO, para. 18).

The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment, including corporal punishment

82. Constitutional protections against cruel and unusual punishment, including capital punishment, are discussed under Article IV, Sections 8 and 9 of the FSM Constitution, and this is also reflected in parallel provisions in the constitutions of Yap, Chuuk, Pohnpei, and Kosrae. The State Juveniles Act in Yap, Section 1204, states that parents “shall have control over the conduct and education of their minor children” and shall provide “for the discipline, support, and education of their children”. Similar provisions in the State Code of Kosrae 1997—Sections 16.1102 and 6.4807—specify that parents have a “duty of parental control of the minor” and “the duty to control the minor and ...the power to exercise parental control and authority over the minor”. Additionally, FSMC Title 41, Section 502 protects children from child abuse, where “abuse” is defined as “any case in which a child exhibits evidence of skin bruising, bleeding, sexual molestation, burns, fracture of any bone, subdural hematoma, soft-tissue swelling, and such condition or death is not justifiably explained, or the history given concerning such condition or death is at variance with the degree of type of such condition or death, or the circumstances indicate that such condition or death may not be the product of an accidental occurrence”. This protects children from

severe corporal punishment that can cause physical injury, but it does not offer protection from certain other forms of physical punishment.

83. Corporal punishment is unlawful as a sentence for crime. In *Metou v. Uwera*, 5 FSM Intrm. 139, 144 (Chk. S. Ct. Tr. 1991), the court held that a person's constitutional right to due process of law and his right to be free from cruel and unusual punishment were violated when an officer threw the person to the ground and beat the person in the jail instead of protecting the person from attack.

84. In August 2015, Kosrae became the first state in the FSM to enact domestic violence legislation (Family Protection Act 2013); whereas, Pohnpei recently enacted a state law on family protection. Other Family Protection Bills are being drafted in Yap and Chuuk. The findings of the 2014 Family Health and Safety survey informed the awareness campaigns for the passage of the Kosrae domestic legislation and is currently being used to support the passage of this similar bill in the other FSM states.

Measures to promote physical and psychological recovery and social reintegration of child victims (art. 39)

85. Family support systems are utilized now in the absence of a conventional center that can serve as a one stop shop to provide child victims with any help relating to their physical and psychological recovery from abuse. Extended families are sought to help support the kids in terms of their temporary housing and food. However, though there are professional/counselor support services through the FSM public health program under Behavioral Health and Wellness support, the services only target certain issues such as under-age drinking or substance abuse. The FSM lacks social welfare personnel who have adequate understanding and capacity to assess the state of child victims and to help with their psychological recovery and social integration.

86. FSMC Title 41, Chapter 5 states that the FSM Government is responsible for the care and protection of children removed from their homes because of abuse.

87. Kosrae State became the first State in FSM to enact domestic violence legislation (Family Protection Act 2013). There is a recent Pohnpei family protection state law as previously discussed. The Kosrae Family and Minor Law – Section 16.1202 of Title 16 of the Kosrae State Code – compels health care providers, teachers or anyone to report to the Office of the Attorney General of Kosrae any evidence of suspicion that a child has been abused.

88. The FSM State Courts ensure that parents/guardians of individuals charged as juvenile offenders are involved in the trial process when they choose to be involved, and that the young persons are legally represented.

89. The FSM states have legislation dealing with sexual offenses against children under general provisions of their criminal codes relating to sexual offenses.

90. FSM Public Law 17-38 specifically deals with protecting children from human trafficking.

91. The most commonly perpetrators of physical non-partnered violence are family members, primarily parents (fathers/step fathers 48%, mothers/step mothers 44%), and other relatives (male relatives 19.3%, female relatives 18.4%).⁷ With these findings, the states are encouraged to develop legislations to protect children against all types of violence such as the Kosrae Family Protection Act.

VI. Family environment and alternative care

92. Legislation on neglect (CO, para. 6).

⁷ Family Health and Safety Survey, 2014.

Parents' common responsibilities, assistance to parents and the provision of childcare services

93. Under Section 1107 of the Juvenile Procedure Act, as codified in Title 12 of the FSM Code, the parents are liable for the delinquent acts of their child. A parent or guardian having custody of a child is charged with the control of such child and shall have the power to exercise parental control and authority over such child. In any case where a child is found delinquent and placed on probation, if the court finds at the hearing that the parent or guardian having custody of such child has failed or neglected to subject him to reasonable parental control and authority, and that such failure or neglect is the proximate cause of the act or acts of the child upon which the finding of delinquency is based, the court may require such parent to enter into a recognizance with sufficient surety, in an amount of not more than \$100, conditioned upon the faithful discharge of the conditions of probation of such child. If the child thereafter commits a second act and is by reason thereof found delinquent, or violates the conditions of probation, and the court finds at the hearing that the failure or neglect of such parent to subject him to reasonable parental control and authority, or to faithfully discharge the conditions of probation of such child on the part of such parent is the proximate cause of the act or acts of the child upon which such second finding of delinquency is based, or upon which such child is found to have violated the conditions of his probation, the court may declare that all or a part of the recognizance forfeited and the amount of such forfeited recognizance shall be applied in payment of any damages; otherwise, the proceeds therefrom, or part remaining after the payment of damages as aforesaid, shall be paid into the district treasury.

94. As explained earlier in this report, the constitutions of the national and state governments afford broad protection of the rights of children. In the areas of education and health, several statutory measures in place are geared towards protecting the interests and well being of children—for example, compulsory education. Under Pohnpei State law, minors between ages 6 and 16 who do not attend, or who are habitually absent from, schools are considered as truants, for which the law provides a penalty. The parent, guardian or other person having responsibility for or care of a minor whose attendance in school is compulsory shall be responsible for seeing that a minor is enrolled in school. In Chuuk, any person who is found to be encouraging, causing or contributing to the delinquency of a child may be ordered by the court after a hearing to perform a specific act which falls within a duty owed to the child, and the failure to perform as required by the court may constitute a basis for a contempt of court proceeding.

95. The FSM DOHSA offers various programs and services to assist parents in discharging their parental responsibilities through counseling and family planning, particularly for issues of alcohol abuse, underage drinking, sexually transmitted disease, mental illness and other matters. As appropriate, these programs and services are offered to children as well as parents. The remoteness and widespread populations of the outer islands of Yap, Chuuk, and Pohnpei make it difficult to extend and supervise such services outside of the urban centers. In some cases, the churches step in to provide counseling to families.

Separation from parents

96. There are no safe houses set up or designed to host children that have been displaced or separated from their parents. However, there are houses or organizations such as Every Home, Salvation Army, Women councils and church ministries and organizations that assist with cases of children that were involved in abusive situations in their homes or cases involving children in human trafficking.

97. Under FSMC Title 41, Section 501, it is the policy of the national government to remove and protect children from circumstances and conditions, which cause them injury.

98. Children are increasingly protected by legislation and are better served by justice systems that protect them as victims, offenders and witnesses. Children are better served by well-informed and coordinated child protection social services that ensure greater protection against and better responses to violence, abuse and exploitation. Families and communities establish home and community environments for children that are increasingly free from violence, abuse and exploitation.

Family reunification

99. Cultural norms through extended family practice generally take care of the family reunification process. However, in hard to settle/manage cases, the court steps in. The national anti-human trafficking taskforce action plan was formulated to address issues relating to children victims of human trafficking, including in the context of family reunification.

Recovery of maintenance for the child

100. FSMC Title 12, Section 1107 states that a parent or guardian having custody of a child is charged with the control of such child. This law allows parents to be fined for not exercising reasonable parental control and authority over their children.

101. FSMC Title 6, Chapter 17 provides for obtaining monetary support from non-custodial parents for their children. FSMC Title 6, Section 1622 provides that parents have rights and responsibilities for their children following divorce. Granting custody of a child to one parent does not absolve the non-custodial parent from responsibilities –financial or otherwise - regarding the child.

Children deprived of a family environment

102. The customary kinship and family support system is still in place. Formal child services/welfare mechanisms still have to be developed to strengthen child protection systems at national, state and municipal levels.

Adoption, national and inter-country

103. FSMC Title 6, Chapter 16, Subchapter III disallows any adoption without the child appearing before the court; the adoption shall only be granted if the court is satisfied that the best interests of the child will be promoted. No child 12 years or older may be adopted without the child's consent. The law requires that only a competent authority authorize all adoptions and that the best interest of the child is the paramount consideration. Most adoptions in the FSM follow the traditional process of adoption by extended family, and this is not usually registered. This is not seen to be a major issue since there are very few adoptions by foreigners. There is also no systematic discrimination reported in relation to a non-FSM child born in the FSM.

104. Courts also sanction customary adoption. And each state has developed case law governing adoption that establishes the role of courts in reviewing and approving adoption. Customary adoption usually applies to local adoption, and typically within a state. This type of adoption is reinforced by strong traditional values giving priority consideration to the welfare of children. Customs do not change the law, and courts are there to review customary arrangements to ensure that the best interest of the child is considered.

105. The law on adoption is similar for all the FSM states. No adoption shall be granted under this subchapter without the child proposed for adoption appearing before the court, and the adoption shall be granted only if the court is satisfied that the interests of the child will be promoted.

Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration

106. FSMC Title 41, Chapter 5 places the responsibility on the FSM government for the care and protection of children removed from their homes because of abuse. FSMC Title 41, Section 501 makes it a government policy to remove and protect children from circumstances and conditions, which have caused them injury.

Periodic Review of Placement

107. There are no foster homes or orphanages in the FSM, and there is no institution that places children for adoption. Accordingly, there is no institutional and periodic review of the placement of children. The government foresees such a service to be made available but

would need to prioritize this among its development priorities of the nation with its limited resources.

VII. Disability, basic health and welfare (arts. 6, 18, para. 3, 23, 24, 26, 27, paras. 1-3, and 33)

108. The following Concluding Observations ('Comments and Recommendations') ["CO"] are addressed in this cluster:

- Lack of adequate systematic training for professional groups working with and for children (CO, para.12);
- Prevalence of malnutrition and Vitamin A deficiency (CO, para 19);
- Teenage pregnancy (CO, para. 19);
- Lack of access by teenagers to reproductive health education and services (CO, para 19);
- Preventative measures on HIV/AIDs(CO, para 19);
- Incidence of drug and alcohol abuse among youth, legal framework, social and medical programs (CO, para 19);
- Financial and human resources for suicide prevention (CO, para. 19);
- Professional training for groups working with and for children(CO, para. 29);
- Malnutrition & Vitamin A deficiency (CO,para. 37);
- Strengthening reproductive health services (CO, para. 37).

Survival and Development (art. 6, para. 2)

109. Under Article 4, Section 3 of the FSM Constitution, the people have the right to not be deprived of life, liberty, or property without due process of law or to not be denied the equal protection of the law; and the FSM government has an obligation to take every reasonable step to provide such services.

110. The FSM has a dedicated Maternal and Child Health (MCH) Program that provides clinical and outreach activities within communities and schools, including efforts to reach out-of-school adolescents. The country has identified nine priority areas for the period 2016-2020: (1) To improve women's health through cervical cancer and anemia screening; (2) To improve perinatal/infant outcomes through Gestational Diabetes and anemia screening during early and adequate perinatal care, hearing and anemia screening, of the infant and promoting breastfeeding; (3) To improve child health by providing vaccinations and screening for development delays; (4) To reduce childhood injury;(5) To improve adolescent health by providing well medical visits and promoting healthy adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use) and poor outcomes (i.e. teen pregnancy); (6) To provide a transitional services for youth identified as having Special Health Care Needs; (7) To improve identification of special health Care needs through screening for developmental delays; (8) To improve the oral health of children; and(9) To reduce tobacco use in pregnant women.

111. 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 diarrhea. 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. Immunization coverage varies widely between States and has decreased since the mid 2000s according to official data. Kosrae is the only state to have achieved the country's domestic target of fully immunizing 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 anemic.The maternal and child health care

programs in the states identified this as one of the priority needs of the program to improve perinatal/infant outcomes through gestational diabetes and anemia screening during early and adequate prenatal care to include promotion of breastfeeding.

112. A key constraint in monitoring the health and nutritional status of children and women in the FSM is the lack of a national-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.

113. 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 breast-feeding. Chuuk and Pohnpei have active breastfeeding-supporting group, which might explain higher breastfeeding rates in these states.

Children with Disabilities

114. US federal funds support special programs for children with disabilities in the FSM, along very similar lines to programs operating in the US. Programs include special preschool and school classes; transition programs 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).

115. In the FSM, screening of infants and children by various public health program nurses such as the maternal and child health care nurse and immunization nurse take place at Well-Baby Clinics, during annual Child Find Surveys at community mobile clinics and during school physical examinations using development and behavioral screening tools, autism screening tools, and Asperger syndrome/high functioning autism tool. 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 programs. 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).

116. The Special Education Program, entirely funded by grants from the US under the Individuals with Disabilities Education Act (IDEA) and supported by FSM public law, is a successful program in the FSM 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. IDEA funds are limited to provide special educational and related services to children and youth with disabilities from ages 3-21 only. With no FSM annual budget supplanting special education services as early as at birth and beyond age 21, educational supports and interventions to infants and toddlers with developmental disabilities are limited and not consistent. School systems will then only be able to enroll

and provide special education services to these children when they are of age to be enrolled in early childhood public schools. In addition, educational supports for college or job-readiness can only be provided for youth with disabilities before they graduate from secondary school or when they reached the maximum age of 21, for eligibility under IDEA-funded services. Once youth with disabilities exited the special education program, either by completion of secondary school (high school) or reaching maximum age of 21, IDEA funded supports are terminated.

117. The FSM Social Security Administration 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.

Health and health services

118. The FSM has a three-tier public health care system provided at the national, state and municipal levels. FSM DOHSA provides policy directions, whereas 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 as well as lack of appropriate human resource.

119. The FSM has a dedicated MCH Program that provides clinical and outreach activities within communities and schools, including efforts to reach out-of-school adolescents. The country has identified nine priority areas for the period 2016-2020: (1) To improve women's health through cervical cancer and anemia screening; (2) To improve perinatal /infant outcomes through Gestational Diabetes and anemia screening during early and adequate prenatal care, hearing and anemia screening of the infant and promoting breastfeeding; (3) To improve child health through providing vaccinations and screening for developmental delays; (4) To reduce childhood injury; (5) To improve adolescent health by providing well medical visits and promoting health adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use) and poor outcomes (i.e. teen pregnancy); (6) To provide a transitional services for youth identified as having Special Health Care Needs; (7) To improve identification of CSHCN through screening for developmental delays; (8) To improve oral health of children; and (9) To reduce tobacco use in pregnant women.

120. 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 diarrhea. 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.

121. Immunization coverage varies widely between states and has decreased since the country's domestic target of fully immunizing 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 anemic.

122. A key constraint in monitoring the health and nutritional status of children and women in the FSM is the lack of a national 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.

Efforts to address the most prevalent health challenges and promote the physical and mental health and well-being of children

123. Efforts to address the most prevalent health challenges and promote the physical and mental health and well being of children are outlined below. On the issue of high infant mortality rate, the MCH Program has rolled out a WHO model called early and Essential Newborn Care, which looks at the last trimester all the way to the first 7 days of life. This care changes the previous practiced care whereby babies are delivered and bathed right after birth. This care would first ensure that infants are delivered and be given to the mothers to feel the warmth of the mother. On anemia, there is already an ongoing nationwide screening for anemia in 1-year olds. This will enable better tracking of these babies in a timely manner to help address their health issues. On the low immunization rates for the FSM, the national immunization program has put more emphasis on beefing up its registry system to track kids that are due for vaccines. On substance abuse, an equally valuable program that caters to the well being of children is the LAUNCH PROGRAM (Linking actions for Unmet needs in Children's health), which looks at developing systems of early childhood care to promote healthy child development and positive mental status by providing culturally competent early childhood prevention strategies, The tobacco program in the country also provides these prevention strategies, specifically on educational awareness on the danger of smoking tobacco, second hand smoking and chewing betel nut to pregnant women to prevent premature birth and death. It has also successfully sponsored the law prohibiting smoking in vehicles when a minor is on board, as the smoking exposes the minor to second hand smoking (SHS), causing asthma, lung diseases, cancer and heart diseases. Additionally, the tobacco program was instrumental in establishing the School Zone Tobacco Free policy at schools to protect children from SHS and provide educational awareness on the danger of betel nut use with tobacco, which causes mouth cancer.

Reproductive health rights of adolescents and measures to promote a healthy lifestyle

124. Reproductive health rights of adolescents and measures to promote a healthy lifestyle are recognized and implemented throughout the nation via the MCH programs funded by the US Center for Disease Control MCH grants though the contraceptives are provided by UNFPA. However, at times, the MCH programs run out of contraceptives because they are not listed in the essential drugs and supplies list. Therefore, the legislatures do not appropriate funds directed to availing contraceptives through the local governments. Nonetheless, other public health programs such as the HIV/Aids and Sexually Transmitted Disease Programs and Personal Responsibility Education Program (PREP) are among some of the programs that include promotion or educational awareness on sexually transmitted diseases, thus promoting a healthy lifestyle for the FSM's adolescents.

Measures to prohibit and eliminate all forms of harmful traditional practices

125. Harmful traditional practices include traditional arranged marriage and traditional birth methods. The traditional practice of arranged marriage is not harmful per se, but when the girl is married off at a very young age, it poses great risk and limits the girl's freedom to choose what she wants in life. The measures taken to discourage this unhealthy practice of arranged marriage at an early age are through the increase of consent age to 18 years in some of the states in the FSM. Additionally, there are increased numbers of prosecutions of human trafficking cases involving children.

126. The traditional birth methods which include giving birth at home and using family or community members as midwives is another traditional practice that may be harmful when the environment in which the baby is to be delivered is not conducive to a safe birth. This includes but is not limited to not applying appropriate sterilization methods. The departments of health services across the FSM encourage pregnant women to go to their facilities for delivery, especially for first time or high-risk pregnancy. However, given the geographical challenges of some of the more remote outer islands, trainings are given to the health assistants residing on these islands to be certified birth attendants. The trainings include learning of sanitary measures of delivery. The MCH programs in the states of the FSM do outreach services in these remote islands to encourage women to visit public health

for their prenatal care where all appropriate personnel and health facility are made available free of charge by the government.

Measures to protect children from substance abuse

127. Sale of cigarettes and tobacco products to a minor is prohibited in the FSM. In the case of Yap, this prohibition applies to a person 17 years of age and younger. In Pohnpei, a person who own, operates or controls a vending machine or other dispensing device that mechanically or electronically dispenses any tobacco product is required to maintain at all times physical supervision and control over such device to ensure that it is not used by a minor. Kosrae law specifically prohibits per-piece sale of cigarette. State laws prohibit consumption by and sale of alcohol to a minor. For Kosrae and Pohnpei, sale of alcohol to persons below 21 years of age is prohibited.

128. Pohnpei law prohibits any juvenile from participating in any form of gambling, of which dice, playing cards, and billiards are examples, and in which stakes are money or property. A penalty is imposed on any person found to be encouraging, enticing or permitting a juvenile to violate the prohibition. In Kosrae, wagering by a minor is considered a misdemeanor. In Chuuk and Yap, gambling in any form except for charitable, educational or public fundraising purposes is prohibited by law.

129. Several public health programs in the FSM DOHSA are implementing activities to dissuade children from taking and abusing alcohol, tobacco and other harmful substances. These activities include funding of drug-free youth centers, provision of funding to youth groups for their activities that are in line with the FSM Substance Abuse and Mental Health program objectives, and through active participation of youth representatives in the planning for these public health programs through their membership in the coalitions or councils that govern the sub-awarding of funds to the NGOs. More importantly, the public health programs are active in raising awareness of the effects and risks of substance abuse.

Measures to ensure the protection of children with incarcerated parents and children living in prison with their mothers

130. Non-profit organizations like the IOM, women's groups, and even churches are supporting the FSM government in ensuring the protection of children with incarcerated parents.

Social security and childcare services and facilities

131. FSMC Title 53 codifies the FSM Social Security Act. The purpose of the Act is to provide a means whereby persons may be ensured a measure of financial security in their advanced age. Additionally, children of wage earners who are deceased are provided with survivor's benefits. Section 803 of the Act provides for children who are dependent on parents/guardians over the age of 60, or who were dependent upon deceased person(s) covered by the system, to receive support until they reach the age of 18, marry or are adopted by a non-relative.

Standard of living

132. Generally, adequate measures of living exist to ensure children are physically, mentally, spiritually, morally, and socially developed. Health programs like well-baby clinic days are used to educate parents on nutrition and to do check-ups. Other support services include the provision of vitamin A pills to the dispensaries and the state health diabetes programs to distribute. Additionally, State health departments provide counseling for any persons, including children, on substance abuse. Clothing and housing are provided through faith-based organizations like Every Home ministries.

VIII. Education, leisure and cultural activities (arts. 28—31)

133. The following Concluding Observations ('Comments and Recommendations') ["CO"] are addressed in this cluster:

- Limited access to safe water and sanitation (CO, para. 19);
- Professional training to groups working with or for children (CO, para. 29);
- Incorporate the convention in school curriculum (CO, para. 28);
- Develop cultural, artistic, recreational and leisure activities at schools (CO, para 38);
- Inclusion of rights of child in the school curriculum (CO, para. 20);
- Insufficient leisure opportunities (CO, para. 20).

The right to education

134. Education in FSM is compulsory and tuition is free for all public primary schools 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 but it is free.

135. The FSM Department of Education is responsible for setting standards, including teacher certification, school accreditation, and school assessments. Departments of Education in the states are responsible for direct educational services, including curriculum development. Complementing the public education system, religious groups operate privately-funded elementary and secondary schools; the national government is supporting these schools through annual subsidy.

136. The FSM SPE allows for inclusive education and makes provision for access to educational facilities. Provision of ramps and related services is, at the moment, limited in most schools.

137. One of the measures put in place to ensure quality education is through the FSM DOE's establishment of a certification policy with the purpose of setting the professional standards for teacher certification nationwide. By law, this certification process serves as basis in making decisions on issues pertaining to licensure and employment of teachers to ensure that teachers are qualified to perform their job. The following are the six types of certifications:

(a) Temporary National Teacher Certificate: it is issued to a teacher employed on a short-term basis or to a volunteer (such as Japan Overseas Cooperation Volunteers, World Teach, and Peace Corps), having a minimum qualification of an Associate Degree. Temporary certificate is valid for up to two years and may not be renewed;

(b) Basic National Teacher Certificate: it is issued to a teacher possessing an Associate Degree and who has passed the National Standardized Test for Teachers (NSTT), or to a Career and Technical Education (CTE) teacher with the required CTE Qualification and who has passed the NSTT. Basic certificate may be renewed after four (4) years upon the respective state Director's recommendation;

(c) Intermediate National Teacher Certificate: it is issued to a teacher who has a Third Year Certificate in Teacher Preparation (Elementary Education) from College of Micronesia—FSM and who has passed the NSTT. Intermediate Certificate may be renewable after four (4) years upon the respective state Director's recommendation;

(d) Advanced National Teacher Certificate (Level 1): it is issued to a teacher who has a Bachelor's Degree or higher and who has passed the NSTT. Level 1 Advanced Certificate may be renewed after four (4) years upon the respective state Director's recommendation;

(e) Advanced National Teacher Certificate (Level 2): it is issued to a teacher who has a Bachelor's Degree or higher in Education or who has Specialized Content Knowledge and who has passed the NSTT. Level 2 Advanced Certificate may be renewed after six (6) years upon the respective state Director's recommendation;

(f) Special National Teacher Certificate: it is issued to a non-degree cultural teacher, Early Childhood Care and Development teacher, Teacher Aide, School Librarian or other categories of teacher or teacher-support staff who meet each respective state department's adopted requirements. Such certificate may be renewable after two (2) years upon the respective state Director's recommendation.

Aims of education with reference to quality of education

138. Article IX, Section 2(r), of the FSM Constitution expressly delegates to the FSM Congress the power to promote education and health matters of the nation by “setting minimum standards, coordinating state activities relating to foreign assistance, providing training and assistance to the states and providing support for post-secondary educational programs and projects.” To this end, the FSM Congress has enacted public laws and governing policies, such as the FSMC, to ensure and make available free public education services to all children and young adults throughout the nation, regardless of race, sex, religion, and disability. Title 40 of the FSMC further outlines the FSM Department of Education’s roles and responsibilities in relation to this constitutional mandate to protect the rights of children to free public education.

139. The FSM DOE is responsible for general supervision, supporting the four states, in areas including curriculum and benchmarks, teacher certification, gifted and talented education, education of children with disabilities, private schools, school accreditation, and school assessments. It also coordinates with states’ education systems to seek out-of-nation funding programs and resources and to manage equal distribution and monitoring of such resources.

140. Educational service levels and usual ages within those levels in the FSM are as follows: ECE is for ages 3-5. One state has Kindergarten-5 (K-5) for ages 5 only. Elementary education is for ages 6 to 13. Secondary education (High School) is for ages 14 to 17. It is important to note that sometimes entrance and exit ages in elementary and secondary levels can be lower than 6 or 14 and above 13 or 17. As of June 2016, there are 187 public and private schools in the FSM.

141. According to data from the 2010 census, 85 percent of primary school-aged children in the FSM attended school in 2010, compared to only 55 percent of secondary school-aged children. The low enrollment rate in FSM secondary schools throughout the years can be attributed to the fact that primary education is compulsory while secondary education is not. In addition, there are fewer numbers of both public and private secondary schools that are in operation. According to FSM National Department of Education data for SY 2015-2016, the number of public elementary schools in the four FSM states was—and still is—122 with 6 private elementary schools. In SY 2015-2016, there were a total of 20,433 elementary students enrolled in all four states. However, in the same school year, there were only 18 secondary schools (11 public and 7 private) with an enrollment of 7,141 students in all four states. Compared with the elementary school enrollment, the secondary school enrollment was only 34.9% of the elementary school enrollment. In the previous SY 2014-2015, the number of elementary and secondary schools in operation remains the same, whereas the elementary school enrollment was 20,173 and secondary school enrollment was 6,984—representing only 34.6% compared with the total elementary school enrollment. 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 enrollment in both elementary and secondary education in the past five school years, as shown in Annex 1 below.

142. Quality of educational services and students’ learning and performances based on established standards and benchmarks continue to be a key concern. The following is a summary of grade 6 and grade 8 performances on the FSM National Minimum Competency Test (NMCT) in Reading that is administered annually in the four states. The percentages shown in Annex 2 indicate reading at competent and at minimum competency level on the Reading portion of the NMCT of all grades 6 and grades 8 throughout FSM combined (including private schools). Students with disabilities who took NMCT each year with or without accommodations are included in the calculation as shown below. The other priority area for improvement in the FSM’s education system is manpower development or teacher certification. It is mandated by the FSMC that all public school teachers be certified based on established national education certification standards.

143. The DOE Teacher Certification Policy (revised in 2012) requires that a teacher possesses at a minimum an Associate degree and pass both components (content area and pedagogy) of the NSTT in order to be issued Teacher's certificate by the Secretary of the FSM Department of Education. This policy applies to all classroom teachers, including Early Childhood Education, Special Education, and Vocational Education teachers. The College of Micronesia-FSM continues to work closely with the national and state level education departments to plan and deliver on-going teacher training opportunities to ensure compliance with the mandate; and, more importantly, to ensure that students benefit from quality instructions in the class in the classrooms by qualified teachers. Annex 3 shows the number of FSM teachers and their degree status and the number of teachers certified and pending certification based on the FSM Teacher Certification policy from 2013 to 2016.

144. All teachers and support staff members, regardless of their certification levels, are held to the same Code of Ethics and Professional Standards and Discipline handbooks developed by the states' departments of education. In some states, some schools (both elementary and high school) also established their teacher/employee handbooks that are consistent with their state handbooks. Some of the usual provisions are prohibition of corporal punishment in school, day schedules allowing rest time for students, potable water for students, sanitary toilets, and dress codes for teachers and students. These provisions are also reflected in the FSM School Accreditation System: Procedural Manual.

145. According to FSMC Title 40, Section 104, education in the FSM is "compulsory for all children, including those with disabilities, from first grade through graduation from the eighth grade, or until the age of 14 years." Further, "The Secretary [of the FSM Department of Education] shall establish, in cooperation and consultation with the State Directors of Education and Health Services of each State, a procedure to ensure the ongoing identification, diagnosis, certification, and education of children with disabilities."

146. The Congress of the Federated States of Micronesia enacted the FSM SPE in 1993 through Public Law No. 8-21, entitled: "The Federated States of Micronesia Special of 1993." The FSM SPE defined children with disabilities to include those individuals from birth through age 21 who are evaluated as having mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple impairments, and who because of those impairments need special education and related services.

147. In 2005, FSM P.L. 14-08 further amended the FSM Special Education Act of 1993 to add the phrase free appropriate public education to ensure children from birth to age 21 identified with disabilities are provided special education and related services in regular classrooms and regular schools or other natural environments with their peers that are to be provided at public expense, under public supervision and directions, and without charge to parents or students. Other learning environments where students are placed and served in are as follows: homes, hospitals, special-day schools for children with severe and multiple disabilities (SMD), and in physical education. Only one SMD school exists in one of the four states for children with severe and multiple disabilities where they can benefit from educational services unique to their special needs and may later in their lives transition back to their community schools. Annex 4 shows the number of children with disabilities from birth to age 21 identified and served in these natural environments from school years 2012-2016.

148. The FSM Department of Education works with other government agencies, as well as non-profit organizations, to provide services to infants and toddlers with developmental disabilities from birth to age 2. For instance, the FSM Department of Education and DOHSA Joint Inter Agency Agreement To Promote Collaboration and Cooperation In Increasing Opportunities for Special Needs Children and Their Families (2009) was established "to ensure the ongoing identification, diagnosis, certification, and education of children with disabilities." This agreement was established due mainly to the following reasons: 1) public education is available to children ages 3 and above and education personnel trained to provide quality educational services is a constraint, 2) health personnel employ their expertise on health related services to help infants and toddlers with special

health care needs while education personnel employ their expertise to teach parent(s) or caregiver(s) in education-related areas. Health physicians conduct comprehensive diagnoses and evaluations that education assessment diagnosticians will rely on to make formal determinations for eligibility for special education and related services.

149. Each FSM state has also established similar inter-agency agreements between departments of education and health, which also include other government agencies and non-government agencies such as an institution of higher education (the College of Micronesia-FSM campus in each of the four states), a vocational training agency, a special parent network, department of public safety, faith-based organizations, and private businesses.

150. A number of ongoing activities are implemented in the FSM to ensure efficiency of services and smooth transition for infants and toddlers with disabilities from home to early childhood education services, to elementary education, to secondary education, and on to employment or tertiary education. For instance, FSM national and state inter-agency teams and other stakeholders convene biennially for the sole purpose of improving services to children with disabilities and their parents, especially the infants and toddlers from birth to age 2.

151. The FSM Department of Education supports the effort of including other government and non-government agencies in the process of educating children with disabilities by establishing due process procedures. Parents and caregivers in all four states are continually trained on their rights and how they can present their concerns following the established procedures.

152. On February 2015, the FSM Department of Education held an education summit to review the country's education status in relation to the five Education SDP Goals, Objectives and Improvement Strategies and make recommendations for improvement. The five SDP Goals were re-written as follows: 1) improve the quality of learning in the FSM, 2) improve the quality teachers and teaching in the FSM, 3) ensure consistent national performance-based monitoring and data based decision-making system, 4) strengthen participation and accountability of the education system to communities, and 5) education is relevant to the life and aspirations of the FSM people. A communiqué signed by the FSM president and the four state governors supported the revised objectives and strategies recommended by the summit participants.

Cultural rights of children belonging to indigenous and minority groups

153. The vast majority of the nation's population is made up of indigenous Yapese, Chuukese, Pohnpeians, and Kosraeans (97 per cent). For this reason, the question of discrimination against children belonging to indigenous or minority groups rarely arises. Children belonging to other minority groups or races other than the Federated States of Micronesia are accorded the same protection of laws and policies governing their free access to services throughout the Federated States of Micronesia.

Education on human rights and civic education

154. The FSM has human rights curriculum in draft form. FSM National Curriculum and Standards also includes Life and Environmental Science and Biology courses that encourage the study of the human life cycle and reproduction. Human right issues such as women's roles are discussed in Social Studies/ Micronesian Studies and arise as topics during school.

155. The FSM has a Climate Change Law, Public Law 18-35, which was signed into law in December 2013. The FSM received funding from the GCF, GEF and IOM in connection with projects addressing climate change disaster risk reduction and mitigation steps for climate change response in its school system. Kosrae State incorporated climate change information into its school curricula in 2013.

Rest, play, leisure, recreation and cultural and artistic activities (art. 31)

156. Schools have also increased extra-curriculum activities such as physical exercise, interscholastic games, and cultural days for students to encourage recreational activities in school. Some schools incorporate cultural heritage in their special events, including graduations.

IX. Special protection measures (arts. 22, 30, 32, 33, 35, 36, 37 (b)-(d), and 38-40)

157. The following Concluding Observations ('Comments and Recommendations') are addressed in this cluster:

- Suicide rate among teenagers (CO, para 19);
- Systematic, comprehensive, and disaggregated qualitative and quantitative data collection (CO, para11).

Children outside their country of origin seeking refugee protection (art. 22)

158. As of yet, there are no children outside their countries of origin seeking refuge in the FSM.

Children in situations of exploitation, including physical and psychological recovery and social reintegration

159. Pursuant to FSMC Title 41, Chapter 5, every person examining, attending, teaching, or treating a child and having reason to believe that such child has had serious injury or injuries, either physical or mental, inflicted upon him or her as a result of abuse, shall report the matter promptly to the chief of police of the state involved.

160. Under the same Chapter, abuse is defined as any case in which a child exhibits evidence of skin bruising, bleeding, sexual molestation, burns, fractures of any bone, subdural hematoma, soft tissue swelling, and such condition or death is not justifiably explained, or the history given concerning such condition or death is at variance with the degree or type of such condition or death, or the circumstances indicate that such condition or death may not be the product of an accidental occurrence. Persons who knowingly and willfully violate and fail to report abuse or neglect shall be guilty of a misdemeanor and upon conviction are subject to a fine not exceeding \$500, or imprisonment for not more than six months, or both and in addition to any other penalties under the Criminal Code.

161. The social factors that cause such abuse and neglect include households crowded with brothers and sisters, a large number of teenagers not in school, high unemployment, a high rate of teenage pregnancy, and alcohol abuse. To combat child abuse and neglect, the FSM DOHSA and all the states' departments of public health and services provide counseling services on child abuse, incest, suicide, and alcoholism for the parents and children. However, there is still a need throughout the FSM to revisit the national and states' laws in order to prevent and combat ill treatment within, inter alia, the family and institutions, and abuse and neglect of children.

Economic exploitation

162. Under the FSM Trafficking in Person Act of 2012, as codified in FSMC Title 11, Chapter 6, Subchapter II, all forms of trafficking are prohibited, and the four states have laws that implement the national law. Section 616 of the national law states that a "person who knowingly recruits, transports, transfers, harbors, or receives a child by any means for the purpose of exploitation shall be guilty of child trafficking. "The national law prescribes penalties of, up to 15 years imprisonment for adult trafficking and 30 years imprisonment for child trafficking, or fines up to \$50,000. National and state laws allow for sufficiently stringent prison sentences but also allow convicted offenders to pay a fine in lieu of prison time—a penalty that is not proportionate to the severity of the crime committed and not sufficiently stringent. Pohnpei State's law prohibits sex trafficking of children and forced

labor of adults, but not sex trafficking of adults; it prescribes penalties for these crimes of up to 10 years' imprisonment or fines up to \$10,000, or both. Chuuk State's law includes the same prohibitions, but prescribes penalties of up to 15 years' imprisonment for forced labor, 25 years imprisonment for child trafficking, or fines up to \$10,000, or both. Kosrae State's law prohibits all forms of trafficking and prescribes penalties of 10 years' imprisonment or fines up to \$20,000, or both. Yap State's law prohibits all form of trafficking and prescribes penalties of up to 15 years' imprisonment or fines up to \$1,000,000, or both.

163. Based on the Trafficking in Persons Report of 2016, the government convicted a Micronesian man for the sexual exploitation of eight Chuukese females in a case that originated in 2009. He was convicted under criminal civil rights provisions, as the crimes occurred before passage of the national anti-trafficking law, and was sentenced to 10 years imprisonment to be served under probationary house arrest, due to the trafficker's need for special accommodations not available in the correctional facility. The government initiated five new investigations of suspected child sex trafficking, compared with two in 2014. Three of those investigations, involving a total of seven suspected sex traffickers, were filed with the FSM Supreme Court and are pending a trial date. The government conducted anti-trafficking training for 30 law enforcement officials and executive and legislative branch officials. Moreover, recent human trafficking cases in Chuuk resulted in successful prosecution of offenders.

164. The national government continues to coordinate efforts across the four states to implement the national plan of action to develop and implement procedures for the proactive identification of trafficking victims among vulnerable populations; increase efforts to investigate and prosecute trafficking offenses that lead to the conviction and punishment of traffickers; impose adequate sentences on convicted traffickers; develop and implement a victim referral system and establish specialized protective services for trafficking victims; continue to implement the national plan of action; and continue to collaborate with traditional leaders to raise awareness of trafficking and to break away from customary practices that exacerbate vulnerabilities to trafficking.

Children in street situations

165. Given the structure of extended families, there are virtually no children deprived of a family environment. If for some reason a child should not, cannot, or does not live in the same household as his or her parents, the child can live with grandparents, aunts and uncles, or with the relatives or friends of their families. There are no street children, orphans, or orphanages in the FSM. If children are neglected or abused, assistance is provided to them within the extended family setting or at some point, non-profit organizations like the International of Migration Office, women's groups or the churches.

Children in conflict with the law, victims and witnesses

166. As already mentioned before in this report with respect to the view of a child, under FSMC Title 12, Section 1101, the courts adopt flexible procedures in the administration of juvenile cases, including obtaining welfare or probation reports in advance of trial; holding hearings informally in closed sessions; questioning parents; and releasing children into the custody of their parents.

167. In addition to these procedures, article IV of the FSM Constitution (with parallel constitutional provisions for all the States) grants to children, without prejudice, the full range of the internationally recognized rights for persons accused of committing offenses, including the following: freedom from unreasonable search and seizure; due process; the presumption of innocence; conviction only on proof beyond a reasonable doubt; reasonable bail; notice of the charges; a speedy public trial; legal assistance; compulsory process for obtaining witnesses; the right to remain silent; freedom from double jeopardy; freedom from cruel and unusual punishment; habeas corpus; freedom from ex post facto punishment or bills of attainder; the right to privacy; and the right to judicial process including appeal.

168. The national and states court systems do not have database systems to give the most up to date and accurate number of juvenile cases over the past two years. But based on data

collected from the states courts and offices of attorneys general in the states, the number of juveniles charged with offenses is over 500. The majority of cases involve misdemeanors such as drunk and disorderly conduct, traffic violations, malicious mischief and simple assault. In about 95 per cent of the cases, the court finds the juveniles guilty. The number of cases reflected may not be accurate.

X. Conclusion

169. The Federated States of Micronesia would like to thank the Committee for reviewing the country's achievements and challenges in the implementation of the CRC. As a government, the Federated States of Micronesia remains committed to promote and safeguard the welfare of children and families. The Federated States of Micronesia looks forward to continued work with the international community in building the country's capacity through technical and financial assistance to respond to the needs of its children.

Annexes

Annex I

School level & Gender

<i>School Years</i>	Elementary		Secondary	
	Male	Female	Male	Female
2010-2011	11,747	11,172	3,645	3,706
2011-2012	11,178	10,543	3,601	3,523
2012-2013	10,828	10,055	3,552	3,435
2013-2014	10,832	10,019	3,461	3,514
2014-2015	10,452	9,721	3,555	3,429

Annex II

<i>School Year</i>	<i>Grade 6</i>	<i>Grade 8</i>
2009-2010		29%
2010-2011		28%
2011-2012		26%
2012-2013		24%
2013-2014		31%
2014-2015		32%

Annex III

<i>Indicator</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
Total teachers	1,700	1,822	1,473	1,749
#with MA/MS	3	40	22	45
# with BA/BS	240	257	193	292
# with AA/AS*	1,258	1,288	1,113	1,295
# without degree	199	237	145	117
# Certified	862	833	830	860
# not Certified	838	989	643	889
% Certified	60	46	56	49

* To include 3rd year completion and culture teachers.

Annex IV

<i>Setting</i>	<i>2011-2012</i>	<i>2012-2013</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
School	1,963	1,944	1,991	1,923	1,921
Home	55	67	85	106	98
SMD	14	13	13	16	15
Physical Ed	0	0	0	0	0
Total	2,032	2,024	2,089	2,045	2,034