



## Situation Analysis of Children in Palau

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This report was written by Kirsten Anderson, Ruth Barnes, Awaz Raof and Professor Carolyn Hamilton, with the assistance of Laura Mertsching, Jorun Arndt, Karin Frode, Safya Benniche and Kristiana Papi. Maurice Dunaiski contributed to the chapters on Health and WASH. Further revision to the Child Protection chapter was done by Shelley Casey.

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# Executive Summary

## Introduction

This report aims to present a comprehensive assessment and analysis of the situation of children in Palau. It provides an evidence base to inform decision-making across sectors that are relevant to children and women, and it is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children and women in Palau.

Palau is located in the Micronesian region of the Pacific, east of the Philippines and north-east of Indonesia, and consists of over 300 islands, only nine of which are inhabited. Palau had a population of 17,661, as per the 2015 census, with around 25 per cent of the population below the age of 18 years. Palau is an upper-middle income country in free association with the United States. Palau is vulnerable to flooding and coastal erosion, caused by rising sea-levels, and ocean acidification is a particular environmental concern.

This report covers the child outcome areas of health (including nutrition), water, sanitation and hygiene (WASH), education, child protection (including child justice) and social protection. By assessing and analysing the situation of children and women in relation to these outcomes and in relation to relevant Sustainable Development Goals (SDGs), this report seeks to highlight trends, barriers and bottlenecks in the realisation of children's and women's rights in Palau.

## Key barriers and bottlenecks

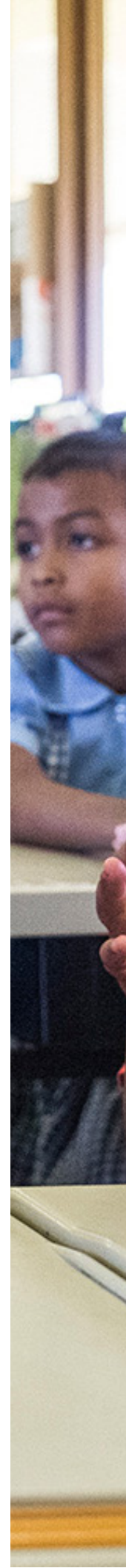
The following key barriers and bottlenecks were identified from the full situation analysis of children and children in Palau.

**Climate change and disaster risks:** Palau is affected by a range of climate and disaster risks, including ocean acidification, flooding and coastal erosion caused by rising sea-levels. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children and women's rights.

**Financial and human resources:** Palau continues to rely heavily on (declining) external development aid, particularly from the United States, which raises concerns about the financial sustainability of services and programmes impacting on women's and children's rights. Limited opportunities for economic development have led to poverty of opportunity and high unemployment rates, particularly among young people. The report has revealed a lack of trained professionals in all sectors, including health, WASH, education, child protection and justice.

The **geography** of Palau creates significant barriers to the realisation of children's and women's rights due to remoteness and transportation constraints. Children and women living in rural areas experience, on the whole, worse outcomes and access to basic services than those who live in urban areas.

**The impacts of poverty** are significant in Palau and children and families are highly exposed to risk and economic shocks. The lack of comprehensive social protection and other social welfare services







is a significant gap and limits the ability of the Government to lift vulnerable persons out of poverty and support economic growth. A lack of opportunities, particularly for young people, perpetuates cycles of poverty.

**Cultural norms and approaches:** Cultural norms, attitudes and traditions were found to frequently act as barriers (but, in some cases, as enablers) to the realisation of children's and women's rights in several sectors in Palau. The erosion of traditional community care, and the limitations of community care in urban areas, mean that children are increasingly exposed to child protection concerns. At the same time, traditional attitudes that permit violence, and the lack of community planning around child protection, expose children to risk. Traditional gender roles support and facilitate violence against women and girls and marginalised groups, including children with disabilities. Traditional norms were also found to underlie key behavioural risk factors associated with negative health outcomes, such as high smoking prevalence amongst young people.

**Data availability:** There are useful data sources in some sectors in Palau. However, this report has identified several data gaps, and the absence of this data is, in itself, a key finding. There are no up-to-date estimates of child stunting and wasting rates in Palau. Furthermore, there is a lack of data around issues including children with disabilities, other vulnerable groups, and out-of-school-youth. There is also a lack of data on specific types of child rights violations such as child labour and sexual exploitation, and there is limited data on disparities between different population groups, such as gender disparities, and disparities between urban and rural areas.

## Snapshot of outcome areas

<p><b>Health</b></p>	<p>Palau has amongst the lowest child mortality rates in the Pacific Island Countries and Territories (PICTs). Child mortality rates have been declining steadily over the last few decades, and Palau has already met international child mortality reduction targets for 2030. Immunization coverage in Palau is generally adequate, with some room for improvement. Palau has reached more than 90 per cent immunization coverage for 8 of 12 universally recommended vaccines. Palau has one of the lowest tuberculosis prevalence rates in the whole Pacific region. It has recorded a maternal mortality ratio of zero, near-universal ante-natal healthcare coverage (90 per cent for at least one visit), and universal coverage rates of institutional delivery and deliveries attended by health professionals. Palau has a low and stable fertility rate, but, at 22 per cent, contraceptive prevalence is amongst the lowest of the PICTs. Even though Palau has reported a relatively low number of HIV infections, it records the third-highest prevalence rate of sexually transmitted infections (amongst young people aged 15-24) in the PICTs region, indicating that the underlying behavioural risk of HIV transmission is high.</p>
<p><b>Nutrition</b></p>	<p>Information on childhood wasting and stunting in Palau is not available, which represents a significant data gap. Anaemia rates are high amongst pregnant women (27 per cent) and pre-school children (22 per cent). Low birth weight prevalence stands at 7 per cent, which is one of the lowest prevalence rates of the PICTs. Up-to-date data on obesity rates amongst Palau's children are limited, with one study finding that 35 per cent of students were either overweight or obese. Up-to-date data on exclusive breast-feeding rates, continued breastfeeding rates, and early initiation rates are not available, which represents a significant data gap.</p>
<p><b>WASH</b></p>	<p>Palau has one of the most developed WASH sectors in the Pacific region. Improved water coverage stands at a near-universal 97 per cent. The country has achieved remarkable success in increasing improved sanitation coverage over recent decades, from only 46 per cent in 1990 to 100 per cent by 2010. Open defecation is no longer practiced in Palau. Palau is reliant on consistent rainfall for its water supply, making the country vulnerable to droughts. The rapidly growing tourism industry is putting strain on existing water and sanitation systems.</p>



<p><b>Education</b></p>	<p>Pre-primary education in Palau is delivered by the United States-funded Head Start programmes, with teaching quality improving over recent years. Compulsory schooling is provided for free to children aged 6 to 18 years. The Net Enrolment Rate (NER) for primary education is an estimated 90 per cent. Up-to-date NER estimates for secondary education are not available. Heavy reliance on (decreasing) donor funding, a crumbling educational infrastructure and low teacher salaries represent key challenges for Palau's education sector.</p>
<p><b>Child protection</b></p>	<p>Data on child protection are very limited in Palau. Forced first sex appears to be widespread (32 per cent of women aged under 15 years at first sex reported that it was forced). Palau's legislative framework in relation to child protection is relatively comprehensive. The Child Abuse Law establishes mandatory reporting requirements for teachers, health workers and other professionals in cases that raise child protection concerns. The Family Protection Act establishes a 'no-drop' policy for domestic violence cases and provides that criminal cases involving domestic violence should not be withdrawn due to community settlement.</p>
<p><b>Social protection</b></p>	<p>Up-to-date data on poverty rates are lacking for Palau. However, estimates from 2006 suggest that up to 25 per cent of the population live below the basic needs poverty line. Children are particularly at risk of poverty in Palau, with 30 per cent of children aged under 14 living below the basic needs poverty line, as of 2006. Female-headed households and households in rural areas are also more likely to live in hardship. A recent assessment of Palau's social protection system ranks it as the third-highest of the PICTs in terms of comprehensiveness and impact. However, Palau's social protection system ranks low in relation to 'depth', suggesting that benefits may not be enough to lift beneficiaries out of poverty and provide a cushion against economic shocks.</p>

# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ADB</b>	Asian Development Bank
<b>ART</b>	Antiretroviral Therapy
<b>AS</b>	Associate of Science
<b>BA</b>	Bachelor of Arts
<b>BCG</b>	Bacillus Calmette-Guérin
<b>BSc</b>	Bachelor of Science
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CESCR</b>	Committee on Economic, Social and Cultural Rights
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DPT</b>	Diphtheria
<b>EAPRO</b>	East Asia and Pacific Regional Office
<b>ECE</b>	Early Childhood Education
<b>EFA</b>	Education for All
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FHS</b>	Family Health and Safety
<b>FSM</b>	Federated States of Micronesia
<b>GADRRRES</b>	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
<b>GC</b>	General Comment of a human rights treaty body
<b>GDP</b>	Gross Domestic Product
<b>GER</b>	Gross Enrolment Ratio
<b>GLAAS</b>	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
<b>GSHS</b>	Global School-based Health Survey
<b>Hib3</b>	Haemophilus Influenza type B
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ICT</b>	Information and Communications Technology
<b>JMP</b>	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
<b>MA</b>	Master of Arts
<b>MDG</b>	Millennium Development Goal
<b>MMR</b>	Maternal Mortality Ratio
<b>MoE</b>	Ministry of Education
<b>MoH</b>	Ministry of Health
<b>MSc</b>	Master of Science
<b>NCD</b>	Non-Communicable Disease
<b>NER</b>	Net Enrolment Rate
<b>NGO</b>	Non-Governmental Organization
<b>NMDI</b>	National Millennium Development Indicator
<b>ODA</b>	Official Development Assistance

**OHCHR** Office of the United Nations High Commissioner for Human Rights

**PICTs** The 14 Pacific Island Countries and Territories that are the subject of the Situation Analyses

**PNG** Papua New Guinea

**RMI** Marshall Islands

**SDG** Sustainable Development Goal

**SitAn** Situation Analysis

**SOPAC** Pacific Islands Applied Geoscience Commission

**SOWC** State of the World's Children

**SP** UNICEF Strategic Programme

**SPC** Pacific Community

**SPI** Social Protection Indicator

**TB** Tuberculosis

**TFR** Total Fertility Rate

**U5MR** Under-5 child Mortality Rate

**UN** United Nations

**UNDP** United Nations Development Programme

**UNESCAP** United Nations Economic and Social Commission for Asia and the Pacific

**UNFPA** United Nations Population Fund

**UNICEF** United Nations Children's Fund

**UNICEF SitAn Procedural Manual** UNICEF's 'Guidance on Conducting a Situation Analysis of Children's and Women's Rights' (March 2012)

**UNISDR** United Nations International Strategy for Disaster Reduction

**UNOCHA** UN Office for the Coordination of Humanitarian Affairs

**UPR** Universal Periodic Review

**US** United States

**US\$** United States Dollar

**VAWG** Violence Against Women and Girls

**VOCA** Victims of Crime Assistance Programme

**WASH** Water, Sanitation and Hygiene

**WHO** World Health Organization

**WHO proMIND** WHO Profiles on Mental Health in Development

**WinS** WASH in Schools



# 1.

# Introduction

## 1.1. Purpose and scope

This report aims to present a comprehensive assessment and analysis of the situation of children in Palau. It is intended to present an evidence base to inform decision-making across sectors that are relevant to children, and to be instrumental in ensuring the protection and realisation of children's rights. It is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in Palau.

In accordance with the approach outlined in UNICEF's Procedural Manual on 'Conducting a Situational Analysis of Children's and Women's Rights' ('UNICEF SitAn Procedural Manual'), the specific aims of this Situation Analysis (SitAn) are:

To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequity, as the basis for developing recommendations for stakeholders to strengthen children's rights.

To inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly in regard to universality, non-discrimination, participation and accountability.

To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders.

To strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.<sup>1</sup>

This SitAn report focuses on the situation of children (persons aged under 18), adolescents (aged 10-19) and youth (aged 15-24).<sup>2</sup> In addition, an assessment and analysis of the situation relating to women is included, to the extent that it relates to outcomes for children (for example, regarding maternal health).

## 1.2. Conceptual framework

The conceptual framework is grounded in the relationship between child outcomes and the immediate, underlying and structural determinants of those outcomes, and is adapted from the conceptual framework presented in the UNICEF SitAn Procedural Manual. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this SitAn according to rights categories contained in the UN Convention on the Rights of the Child (CRC). These categories also correspond to UNICEF's Strategic Programme (SP) Outcome Areas. Child outcomes are therefore grouped into: Health/nutrition; WASH ('survival rights'); Education ('development rights'); Child protection; and Social protection ('protection rights').

The aim of the **child outcomes assessment** component of this SitAn was to identify trends and patterns in the realisation of children's rights and key international development targets, and any gaps, shortfalls or inequities in the realisation of these rights and targets. The assessment employed an equity approach, and highlighted trends and patterns in outcomes for groups of children, identifying and assessing disparities in outcomes according to key identity characteristics and background circumstances (e.g., gender, geographic location, socio-economic status, age and disability).

A number of analytical techniques were employed in order to **analyse** immediate, underlying and structural causes of child outcomes. These included:

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children and groups of children face in the realisation of their rights, with reference to the critical conditions and determinants<sup>3</sup> (quality; demand; supply; and enabling environment) needed to realise equitable outcomes for children.

---

1 UNICEF. March 2012. *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*. pp. 5-6 <http://www.unicef-emergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf> [30.01.17].

2 These are the age brackets used by UN bodies and agencies for statistical purposes without prejudice to other definitions of 'adolescence' and 'youth' adopted by Member States.

3 Based on the 10 critical determinants outlined in Table 3 on page 20 of UNICEF's SitAn Procedural Manual.

The analysis is also informed by:

- **Role-pattern analysis:** The identification of stakeholders responsible for or best placed to address any shortfalls and inequity in child rights outcomes.
- **Capacity analysis** to understand the capacity constraints (e.g., knowledge; information; skills; will and motivation; authority; financial or material resources) on stakeholders who are responsible for or best placed to address shortfalls and inequity.

The analysis did not engage in a comprehensive causality analysis, but immediate and underlying causes of trends, shortfalls and inequity are considered throughout.

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those that suffer the worst deprivations in society, have access to the resources and services necessary for their survival, growth and development.<sup>4</sup> In line with this approach, the analysis included an examination of gender disparities and their causes, including a consideration of: the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

A **risk-informed analysis** requires an analysis of disaster and climate risks (namely, hazards; areas of exposure to the hazard; and the vulnerability and capacity of stakeholders to reduce, mitigate or manage the impact of the hazard on the attainment of children's rights). This is particularly relevant to the Pacific Island Countries and Territories (PICTs), which face climate change and other disaster risks. A risk-informed analysis also includes an assessment of gender and the vulnerability of particular groups of children to disaster and climate risks.

A rights-based framework was developed for measuring child outcomes and analysing role-patterns, barriers and bottlenecks. This incorporates the relevant rights standards and development targets (in particular, the Sustainable Development Goals [SDGs]) in each of the child outcome areas.

**Table 1.1: Assessment and analysis framework by outcome area**

Outcome area	Assessment and analysis framework
<b>Health and nutrition</b>	<ul style="list-style-type: none"> <li>- CRC (particularly the rights to life, survival and development and to health)</li> <li>- SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being)</li> <li>- Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)</li> <li>- WHO's Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)</li> </ul>

4 UNICEF NYHQ. November 2010. Re-focusing on Equity: Questions and Answers. p. 4.



<b>WASH</b>	<ul style="list-style-type: none"> <li>- CRC (Article 24)</li> <li>- SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 28 and 29)</li> <li>- Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)</li> <li>- SDGs (particularly SDG 4 on ensuring inclusive and quality education for all and promoting lifelong learning)</li> <li>- Comprehensive School Safety Framework<sup>1</sup></li> </ul>
<b>Child protection</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 8, 9, 19, 20, 28(2), 37, 39 and 40)</li> <li>- SDGs (particularly SDGs 5, 8, 11 and 16)</li> </ul>
<b>Social protection</b>	<ul style="list-style-type: none"> <li>- CRC (Articles 26 and 27)</li> <li>- ICESCR rights to social security (Article 9) and adequate standard of living (Article 11)</li> <li>- SDG target 1 (end poverty in all its forms everywhere)</li> </ul>

### 1.3. Methods and limitations

This SitAn includes a comprehensive review, synthesis and examination of data from a variety of sources. The assessment of child outcomes relied primarily on datasets from household surveys, administrative data from government ministries and non-governmental organizations (NGOs) and other published reports.<sup>5</sup> Key datasets were compiled from the UNICEF Statistics database (available at: <https://data.unicef.org/>) and the Pacific Community (SPC) Millennium Development Indicator (NMDI) database (available at: <https://www.spc.int/nmdi/>).<sup>6</sup> The compilation of the 2016 State of the World's Children (SOWC) report was utilised as the latest available reliable data (available at: <https://www.unicef.org/sowc2016/>). The SPC NMDI database also compiles data produced through national sources.<sup>7</sup> Other institutional databases, including those from the World Bank, UNICEF/World Health Organization (WHO) Joint Monitoring Programme, WHO and UNESCO Institute of Statistics were used where relevant.

The techniques used for the analysis phase required a synthesis and analysis of secondary data and literature, including small-scale studies and reports. It also included a mapping and analysis of relevant laws, policies, and government / SP Outcome Area strategies.

One of the limitations of the methodology is the lack of recent, quality data in relation to some of the areas covered by the analysis. Gaps in the availability of up-to-date, quality data are noted

<sup>5</sup> These datasets were reviewed and verified by UNICEF.

<sup>6</sup> Data from national sources and other reputable sources is compiled and checked for consistency before being registered in the UNICEF Statistics database and used for the annual SOWC Report.

<sup>7</sup> The database is updated as new data becomes available.

throughout the report. The analysis of causes and determinants of rights shortfalls relied heavily on existing published reports, and therefore some areas in the analysis were not subject to robust and recent research. The gaps are highlighted as necessary.

A further limitation was the tight timeframe and limited duration according to which this SitAn has been produced. This required the authors to make determinations as to priority areas on which to focus, and to exclude some matters from the analysis. This also led to limitations to the extent of, for example, the causality analysis (which is considered but does not include a problem tree), and the role pattern and capacity gap analyses, which inspire the presentation of the information but have not necessarily been formally performed for all duty-bearers.

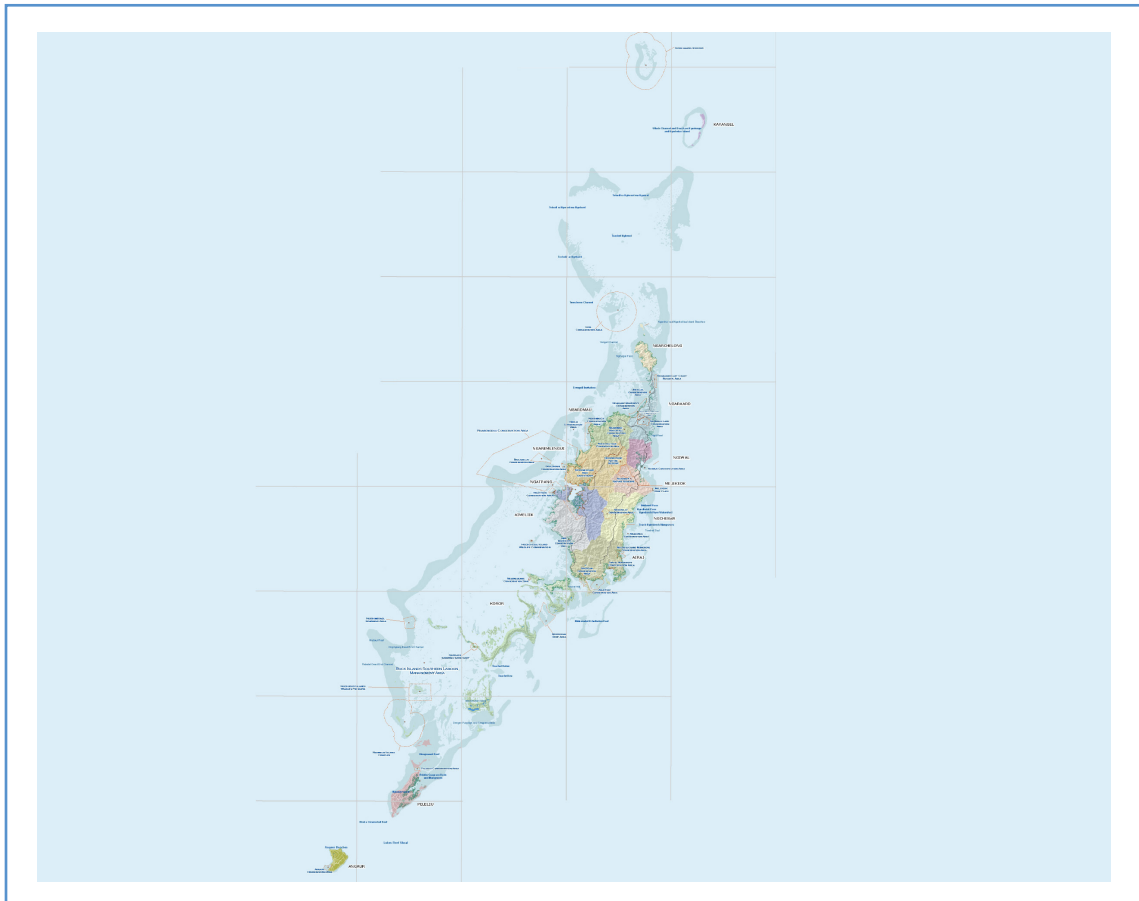
## **1.4. Governance and validation**

The development and drafting of this SitAn has been guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan; Vathinee Jitjaturunt [Chair] and Waqairapoa Tikoisuva), who supported the assessment and analysis process by providing comment, feedback and additional data, and validating the contents of this report. The governance and validation provided by the Steering Committee was particularly important given the limitations in data gathering and sourcing set out above.

# 2.

## 2.1. Geography and demographics

Figure 2.1: Map of Palau



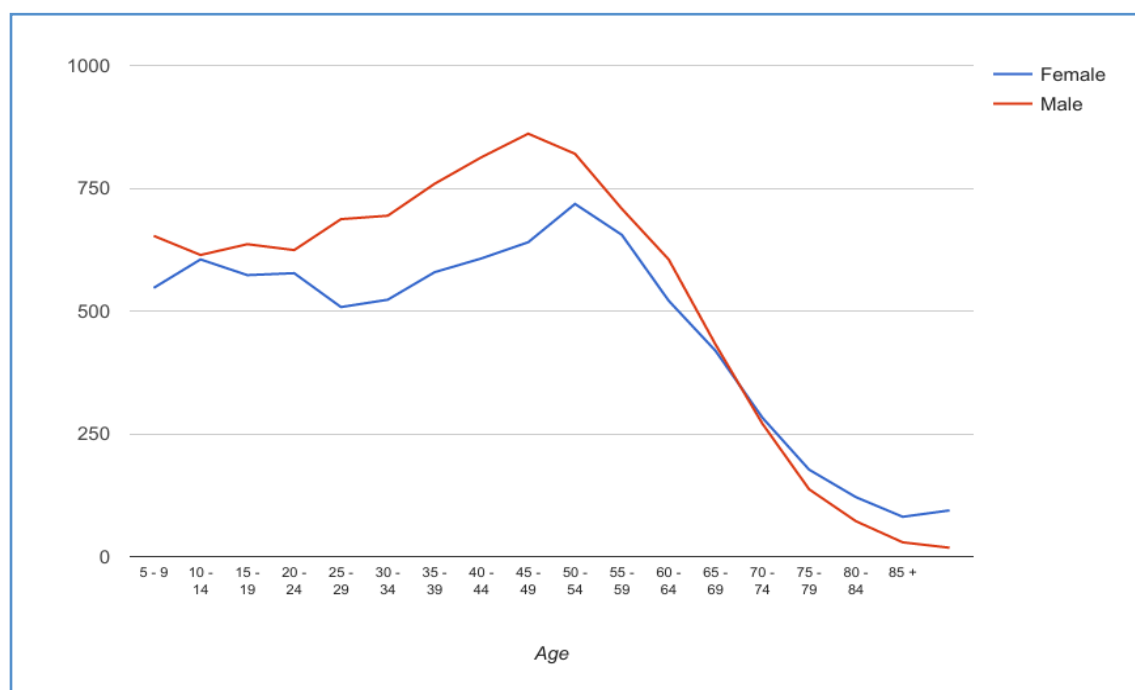
Source: Office of Planning & Statistics



Palau is located in the Micronesian region of the Pacific, east of the Philippines and north-east of Indonesia. The nation consists of over 300 islands, nine of which are inhabited, amounting to a total surface area of around 459 km<sup>2</sup>.<sup>8</sup> The islands cover an area of over 237,850 square miles of ocean.<sup>9</sup>

The 2015 census found the total population to be 17,661, with 46.6 per cent recorded as female and 53.4 per cent as male. The census recorded that the median age was 33.5, and that 24.7 per cent of the population aged below 18. A further breakdown of the population by age and gender can be seen in figure 2.2.<sup>10</sup> The Government of Palau consists of 16 states, with the capital, Ngerulmud, located in the state of Melekeok.<sup>11</sup> Melekeok has a total population of 277 people, 22.4 per cent of whom are below 18. The most populous state is Koror, which is home to 11,444 (64.8 per cent) of the population. Some 23.7 per cent of the population on Koror is below 18.<sup>12</sup> There is a significant gender imbalance between males and females aged 20 to 50 (women account for 46.6 per cent and men, 53.4 per cent); however, further research is necessary to establish the reasons for this.

**Figure 2.2: Population by age group and gender**



Source: 2015 Palau Census

8 UN OCHA. Country Profiles, Palau. <http://www.unocha.org/pacific/country-profiles/palau>; and UN data, Country Profile, Palau. <http://data.un.org/CountryProfile.aspx?crName=palau>

9 Palau National Government. Statistical Yearbooks, 2015 Statistical Yearbook. <http://palaugov.pw/rop-statistical-yearbooks/>

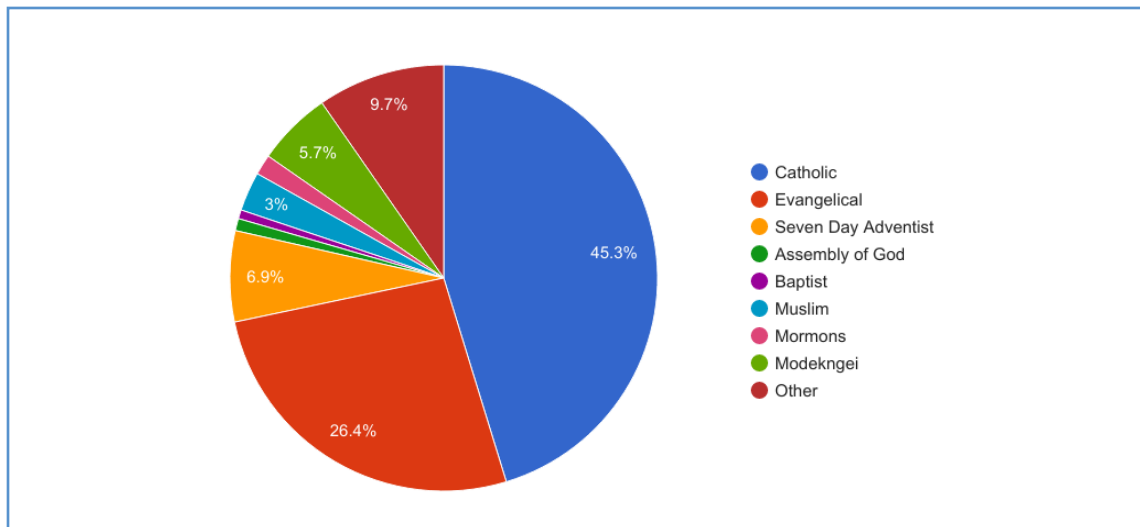
10 Palau National Government, Census of Population and Housing, 2015 Census of Population, Housing and Agriculture Tables. <http://palaugov.pw/census-of-population-and-housing/>

11 Palau National Government. 2015 Statistical Yearbook. Op. cit.

12 Palau National Government. Census of Population and Housing. Op. cit.

The majority of the population of Palau belongs to the Palauan ethnic group (73 per cent), followed by Asian (21.7 per cent), Carolinian (2.0 per cent), Other (2.0 per cent), Caucasian (1.2 per cent) and Black (0.07 per cent). Figure 2.3 provides a breakdown of the religions followed in Palau, according to the 2015 census. As in many Pacific Island nations, Catholicism is the predominant religious denomination.<sup>13</sup> The major languages of Palau are Palauan and English.<sup>14</sup>

**Figure 2.3: Population by religion**



Source: 2015 Palau Census

## 2.2. Main disaster and climate risks

According to the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), Palau has a moderate degree of risk to natural disasters, mainly tropical storms. Like many other Pacific Island nations, Palau is also affected by climate change, as rises in sea-level increase the risk of flooding and coastal erosion.<sup>15</sup>

Ocean acidification is a particular environmental concern. Data shows that the level of acidification has slowly been rising in Palau's waters, impacting on the health of the tropical ecosystem, particularly coral reefs. Predictions suggest that ocean acidification will continue to increase over the 21<sup>st</sup> century, further impacting upon reef ecosystems in the country.<sup>16</sup>

13 Ibid.

14 BBC. Palau country profile. <http://www.bbc.co.uk/news/world-middle-east-15446659>

15 UN OCHA, Country Profiles, Palau. <http://www.unocha.org/pacific/country-profiles/palau><http://www.unocha.org/pacific/country-profiles/palau>

16 Pacific Climate Change Science Program, Palau. [http://www.pacificclimatechangescience.org/wp-content/uploads/2013/06/2\\_PCCSP\\_Palau\\_8pp.pdf](http://www.pacificclimatechangescience.org/wp-content/uploads/2013/06/2_PCCSP_Palau_8pp.pdf)

Palau is also highly vulnerable to the effects of rising sea levels, which not only poses the threat of coastal erosion (25 per cent of Palau's coastal areas may be threatened by sea level rise), but also soil salination. The agricultural capacity of low-lying coastal areas and atolls is threatened through soil salination, affecting root crops and vegetation, impacting upon communities reliant on subsistence agriculture, and threatening freshwater supplies.<sup>17</sup>

In December 2012, the Philippines and Palau were hit by Typhoon Bopha, which passed to the south of the larger islands of Palau with winds of up to 250 km per hour. Fortunately, no lives were lost in Palau; however, it caused extensive damage to property and other infrastructure.<sup>18</sup> Less than a year later in November 2013, the northern islands of Palau were hit by the Super Typhoon Haiyan, destroying homes and infrastructure in the states of Kayangel, Ngerchelong and Ngaraard.

Palau has also been seriously affected by coral bleaching, caused by the strong El Niño event in 1997/98. The resulting increase in sea surface temperatures caused coral bleaching which adversely affected subsistence fishing, and contributed to a severe drought across the islands.<sup>19</sup> Furthermore, since Palau's economy is heavily reliant on tourism, climate change-induced damage to coral reefs may have a detrimental impact on the tourism industry and in turn, the economy as a whole.<sup>20</sup>

Palau's Government has recently established the Palau Climate Change Policy: For Climate and Disaster Resilient Low Emissions Development (2015),<sup>21</sup> its first national climate change policy. The Policy's main objectives are to enhance adaptation and resilience, manage disasters and minimize disaster risk, and to mitigate global climate change by working towards low emission development.<sup>22</sup> Furthermore, the Policy establishes a framework for action that conforms to the National Master Development Plan – Palau 2020. Palau is also a signatory to the United Nations Framework Convention on Climate Change (UNFCCC), and has agreed to take steps to reduce greenhouse gas emissions.

## 2.3. Government and political context

In 1994, Palau gained its independence and signed a Compact of Free Association with the United States.<sup>23</sup> Palau has a similar style of government to the United States, with a directly elected President (currently President Hokkons Baules) and a separate Congress.<sup>24</sup> The Congress, called *Olbiil Era Kelulau*, is split into two houses, where elections are held every four years.<sup>25</sup> The House of Delegates has 16 members, representing the 16 states of Palau. No specific number of members

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17 UNDP. Climate Change Adaptation: Palau. <http://adaptation-undp.org/explore/micronesia/palau>

18 Reliefweb. Typhoon Bopha – Dec 2012. <http://reliefweb.int/disaster/tc-2012-000197-phl>

19 Pacific Climate Change Science Program, Palau. Op. cit.

20 UNDP. Climate Change Adaptation: Palau. <http://adaptation-undp.org/explore/micronesia/palau>

21 Government of Palau. Pacific Climate Change Policy, 2015. [https://www.pacificclimatechange.net/sites/default/files/documents/PLW\\_2015\\_Palau\\_CC\\_Policy.pdf](https://www.pacificclimatechange.net/sites/default/files/documents/PLW_2015_Palau_CC_Policy.pdf)

22 Ibid.

23 Palau National Government. About Palau. <http://palaugov.pw/about-palau/>

24 Pacific Women in Politics. Country Profile, Palau. <http://www.pacwip.org/future-elections/palau/>

25 Palau National Government. About Palau. Op. cit.



of the Senate is mentioned in the Constitution, and seats are allocated according to the population at the time. The first Congress had 18 Senators, and the most recent has 14 members.<sup>26</sup> In 2016, 13 of the 64 candidates stood in the national elections for the Congress of Women, and four were elected. Two were elected into the House of Delegates and two as Senators – a significant achievement considering that prior to 2008, there were no female members of Congress.<sup>27</sup>

The National Youth Council of Palau is an NGO that aims to be “the focal body of all youths and young people of Palau.” It is a member of the regional Pacific Youth Council and acts as a link between the youths in Palau and the Government, Regional and International youth bodies.<sup>28</sup>

## 2.4. Socio-economic context

*Palau’s most recent national development plan is the National Master Development Plan 2020, with the overall purpose “to put into place the institutions and policies for Palau which will guide it towards achieving economic sustainability and enable it to pay for the maintenance of its environment and culture.”<sup>29</sup>*

Palau is an upper-middle income country with a Gross Domestic Product (GDP) per capita of US\$13,498.66 (2015).<sup>30</sup> GDP growth in the Fiscal Year 2016 is estimated to have been 2.2 per cent, despite visitor arrivals falling by 11.7 per cent. This was a result of a reduction in chartered flights and trip cancellations, due to a drought in early 2016; the growth was supported by election-related spending.<sup>31</sup> The GDP is expected to grow by 3.0 per cent in 2017 and 5.5 per cent in 2018, supported by a rebound in tourist arrivals. It is also expected that private investment in new resort hotels, as well as public investment in water supply and sanitation supported by development partners, will contribute to growth.<sup>32</sup>

Tourism, subsistence agriculture and fishing are the main contributors to Palau’s economy, with the Government being the country’s largest employer. The main exports of Palau are fish and related products, with the major export partners being Japan, the United States and Mexico.<sup>33</sup> As stated in the 2009-2014 Medium-Term Development Strategy, the tourism industry offers great potential to support sustainable economic growth. However, the challenges facing this sector include the large number of chartered flights as opposed to regular scheduled services and a lack of infrastructure. The document states that the goal for the tourism sector is to “upgrade

26 Palau National Congress. History. [http://www.palauoek.com/?page\\_id=80](http://www.palauoek.com/?page_id=80)

27 Pacific Women in Politics. Country Profile, Palau. Op. cit.

28 Youth Policy. Factsheets, Palau. <http://www.youthpolicy.org/factsheets/country/palau/>

29 Palau 2020 National Master Development Plan. [http://phtpacific.org/sites/default/files/arrgmts\\_plans\\_dev\\_frame/90/files/PLW\\_NationalMasterDevelopmentPlan-2020\\_2010-06\\_Part1.pdf](http://phtpacific.org/sites/default/files/arrgmts_plans_dev_frame/90/files/PLW_NationalMasterDevelopmentPlan-2020_2010-06_Part1.pdf) [3.8.17].

30 World Bank Data. GDP per capita, Palau. <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PW>

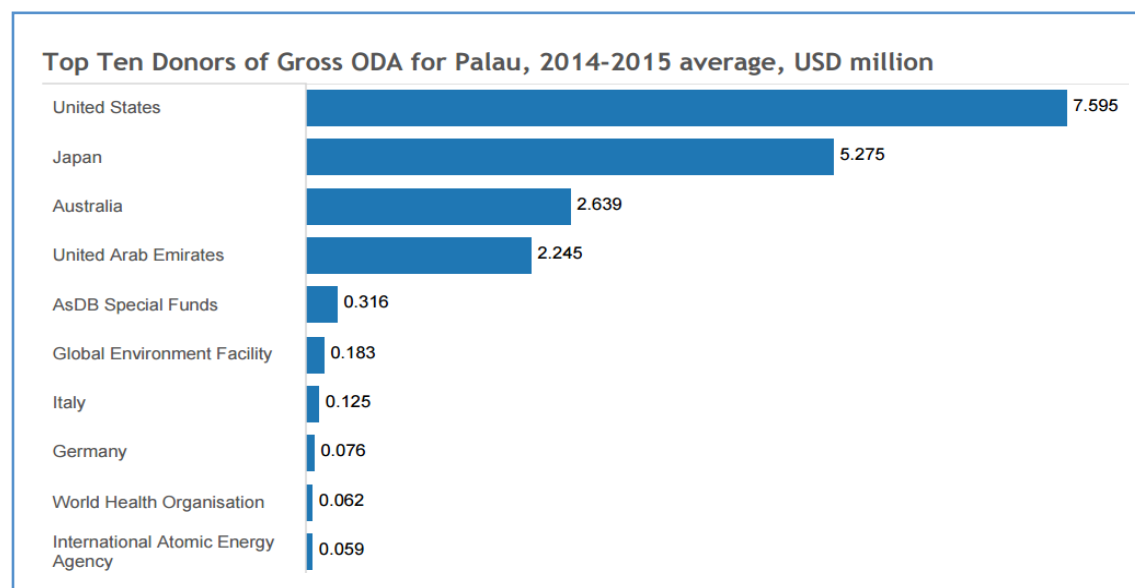
31 Asian Development Bank. Countries, Palau, Economy. <https://www.adb.org/countries/palau/economy>

32 Asian Development Bank. Asian Development Outlook 2017: Transcending the Middle-Income Challenge, North Pacific economies. <https://www.adb.org/publications/asian-development-outlook-2017-middle-income-challenge>

33 International Trade Centre. Countries/Territories, Palau. <http://www.intracen.org/country/palau/>

the image of Palau as a tourist destination,” and to promote Palau as the country of choice for environmentally conscious visitors.<sup>34</sup>

**Figure 2.4: Donors of ODA**



Source: OECD Top Ten Donors of Gross ODA for Palau

The average total Official Development Assistance (ODA) received by Palau in 2014-15 was around US\$18.7 million. As seen in figure 2.4 above, the highest donor was the United States with US\$7.595 million, followed by US\$5.275 million from Japan. The distribution of the ODA received by Palau is outlined in figure 2.5 below, with the majority given to ‘Other social infrastructure and services’. Less than 2 per cent was received by Health and Population, around 1 per cent for ‘Economic infrastructure and services’ and around 0.8 per cent for humanitarian aid.<sup>35</sup>

The total population above the age of 16 is 13,823, 77.4 per cent of whom were recorded to be a part of the labour force in 2015. Some 98.3 per cent of the labour force were employed and the remaining 1.7 per cent were unemployed. Males make up 55.3 per cent of the total labour force and 44.7 per cent are female (of the total employed population, 55.2 per cent were recorded as male and 44.8 per cent as female).<sup>36</sup> The most popular occupation is in the service industry, which includes personal service workers, sales workers, personal care workers and protective services workers. Some 59.5 per cent of employess within the service industry are recorded to be women.<sup>37</sup>

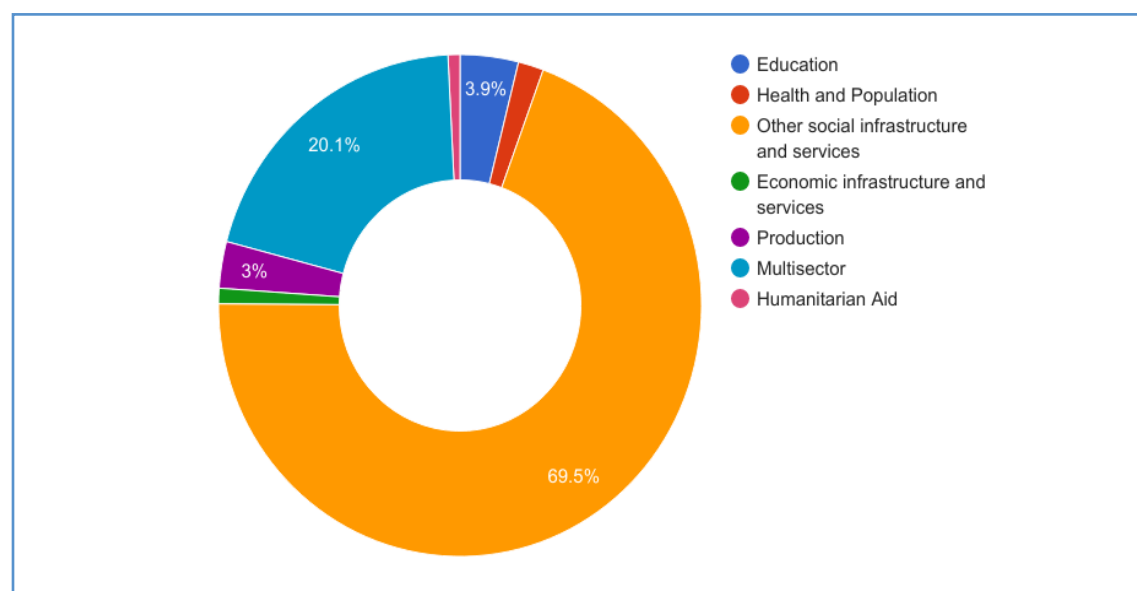
34 Government of Palau and Asian Development Bank. Actions for Palau’s Future: The Medium-Term Development Strategy 2009 to 2014. <https://www.adb.org/sites/default/files/linked-documents/cobp-pal-2016-2018-oth-01.pdf>

35 OECD. Top Ten Donors of Gross ODA for Palau. <http://www.oecd.org/countries/palau/aid-at-a-glance.htm#recipients>

36 Palau National Government. 2015 Statistical Yearbook. Op. cit.

37 Ibid.

**Figure 2.5: Bilateral ODA received by sector for Palau, 2014-2015 average**



Source: OECD Top Ten Donors of Gross ODA for Palau

According to the 2006 Household Income and Expenditure Survey, 24.9 per cent of the population were living under the basic needs poverty line, which is quite high considering Palau ranks 60<sup>th</sup> out of 188 countries participating in the Human Development Index.<sup>38</sup> The 2013 Pacific Regional MDG Tracking Report states that achieving the first MDG of eradicating extreme poverty is the biggest challenge for many PICTs. High costs of living and the low wages of immigrant workers in the tourism sector are said to limit Palau's progress towards achieving this goal. The report states that there are minimal differences between rural and urban population due to the nation's compact geography and high GDP.<sup>39</sup>

An economic review for Fiscal Year 2014 reports a Gini Coefficient of 0.49: a relatively high figure by international standards. After disregarding non-citizens of Palau, the figure falls to 0.40, and the report states that this difference reflects the number of low income foreign workers in Palau. The number of foreign workers in the country was estimated at 6,000 in reports to the Universal Periodic Review (UPR) process in 2015.<sup>40</sup> A 2015 Trafficking in Persons Report stated that many individuals from the Philippines, China and Korea pay thousands of dollars in recruitment fees and migrate to Palau for work, where some are forced to work in conditions that are substantially different from what had been outlined in contracts and recruitment offers. Some women from China and the Philippines are hired to work as waitresses or clerks and often forced into prostitution.<sup>41</sup>

38 Global Partnership for Effective Development Co-operation. October 2016. Monitoring Profile, Palau. [http://effectivecooperation.org/wp-content/uploads/2016/11/Palau\\_2\\_11.pdf](http://effectivecooperation.org/wp-content/uploads/2016/11/Palau_2_11.pdf)

39 Pacific Islands Forum Secretariat. August 2013. 2013 Pacific Regional MDGs Tracking Report. [http://www.forumsec.org/resources/uploads/attachments/documents/2013\\_Pac\\_Regional\\_MDGs\\_Tracking\\_Report\\_FINAL.pdf](http://www.forumsec.org/resources/uploads/attachments/documents/2013_Pac_Regional_MDGs_Tracking_Report_FINAL.pdf)

40 Summary of Stakeholders' Submissions to UPR, Palau, para 37.

41 U.S. Department of State. Diplomacy in Action, Office to Monitor and combat Trafficking in Persons, 2015 Trafficking in Persons Report, Palau. <https://www.state.gov/j/tip/rls/tiprpt/countries/2015/243509.htm>

## 2.5. Legislative and policy framework

The Judiciary of Palau consists of the Supreme Court, the Land Court, the Court of Common Pleas and other associated administrative units. The Supreme Court has judicial power over all matters in law, as contained in Article X of the Constitution. The Supreme Court is divided into a Trial Division and an Appellate Division, consisting of a Chief Justice and three Associate Justices. The Land Court has jurisdiction over civil cases involving the adjudication of title to land or any interest in land.

Article IV of the Palau Constitution is dedicated to Fundamental Rights, and consists of 13 Sections. The sections include rights to freedom of conscience, philosophical and religious belief, and freedom of expression. Sections 4 and 5 grant the right to all persons to be secure and equally protected under the law, and the protection of children from exploitation is contained in Section 11.<sup>42</sup>

The Convention on the Elimination of All forms of Discrimination against Women (CEDAW) was ratified in 2011, while the Convention on the Rights of Persons with Disabilities (CRPD) was ratified in Palau in June 2013.<sup>43</sup>

The CRC was ratified in 1995.<sup>44</sup> The National Youth Policy outlines policies to provide the youth of Palau opportunities to play an active role in national development. Policy mandates include ensuring maximal health for youth, and aim to address issues around substance abuse, depression and suicide, and maximizing the employability of youth and their economic contribution.<sup>45</sup>

## 2.6. Child rights monitoring

Palau has not submitted reports to any of the UN treaty monitoring bodies, except the CRC. However, its second periodic report to the CRC has been overdue since 2002.

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42 Constitution of the Republic of Palau, Palau Constitution Convention, January 28 - April 2, 1979. <http://www.unesco.org/education/edurights/media/docs/c4679995d1bddd3ef509ddc66c3cb38e80d492fe.pdf>

43 United Nations Human Rights. Ratification Status, Palau. [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=40&Lang=en](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=40&Lang=en)

44 Ibid.

45 Youth Policy. Factsheets, Palau, Additional Background, National Youth Policy 2005. <http://www.youthpolicy.org/factsheets/country/palau/>

# 3.

## Health and Nutrition

The SitAn of child and maternal health in Palau is framed around the CRC (particularly the rights to life, survival and development, and health) and the SDGs, particularly SDG 3 on ensuring healthy lives and promoting well-being. The following assessment and analysis covers these broad areas: child mortality; child health; immunization and communicable diseases; maternal and adolescent health. Furthermore, the situation of child and maternal nutrition in Palau is analysed regarding the six thematic areas described in the WHO Global Nutrition Targets: childhood stunting; anaemia; low birth weight; obesity/over-weight; breastfeeding; and wasting/acute malnutrition. The specific international development targets pertaining to each thematic area are set out in detail in the respective sub-sections.

### Key health and nutrition-related SDGs

SDG	Target	Indicator
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting (height for age <-2 standard deviations from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
		Prevalence of malnutrition (weight for height >+2 or <-2 standard deviations from the median of the WHO Child Growth Standards) among children under 5 years of age, by type
3.1	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel



<b>3.2</b>	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Under-5 mortality rate
		Neonatal mortality rate
<b>3.3</b>	By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		TB incidence per 1,000 population
		Malaria incidence per 1,000 population
<b>3.7</b>	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in Palau takes a ‘health systems approach’. A country’s health system includes “all organisations, people and actions whose primary intent is to promote, restore or maintain health.”<sup>46</sup> According to WHO/UNICEF guidance, the following six building blocks make up a country’s health system: 1) leadership and governance; 2) healthcare financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.<sup>47</sup> The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Palau takes these building blocks of the health system into account (where relevant). Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH) are made where necessary, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas covered in the SitAn.

### 3.1. Child mortality

Palau has one of the lowest child mortality rates in the PICTs group.<sup>48</sup> Neonatal mortality (0-28 days), infant mortality (under 1 year), and under-5 mortality have been declining continuously

46 UNICEF. WHO building blocks, nutrition integration, and health systems strengthening. [https://www.unicef.org/supply/files/GLC2\\_160615\\_WHO\\_building\\_blocks\\_and\\_HSS.pdf](https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf) [02.03.17].

47 Ibid.

48 SOWC 2016 and NMDI data. [https://www.spc.int/nmdi/vital\\_statistics](https://www.spc.int/nmdi/vital_statistics) [25.04.17].

over recent decades, and it has already met the SDG child mortality targets for 2030. Note, however, that reported child mortality rates for Palau vary widely depending on the source, and that estimates are unstable given the small number of overall deaths.<sup>49</sup>

According to the latest national estimates summarised in the 2016 SOWC dataset, the under-5 child mortality rate (U5MR) in Palau stands at 16 deaths per 1,000 live births as of 2015, which represents an impressive 55 per cent reduction since 1990.<sup>50</sup> Note that, as of 2015, the U5MR in Palau remains somewhat higher for boys (18/1,000) than for girls (15/1,000). The 16/1,000 average U5MR means that Palau has already reached SDG 3.2 on under-5 child mortality: the reduction of U5MR to at least 25/1,000 by 2030.

The infant mortality rate was an estimated 14/1,000 as of 2015, which represents a more than 55 per cent reduction from 31/1,000 in 1990.<sup>51</sup> The SDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 and neonatal mortality. Neonatal mortality in Palau is estimated at 9 deaths per 1,000 live births.<sup>52</sup> This means that it has already met the SDG 3.2 target for neonatal mortality of 12/1,000 by 2030.

The latest UNICEF estimates suggest that preterm complications (26 per cent of all deaths), congenital diseases (23 per cent), and injuries (13 per cent) were the three main causes of death in children under-5 in Palau as of 2015.<sup>53</sup> Palau's National Health Profile 2013 suggests that frequent births to mothers of advanced age (35 or older) and the high prevalence of betel nut and tobacco use during pregnancy (75 per cent of pregnancies between 2007-2013) are underlying risk factors associated with the high rate of preterm complications resulting in death.<sup>54</sup> The Health Profile also notes that overweight and obese mothers (60 per cent of pregnant mothers between 2007 and 2013) had a higher risk of a preterm delivery than their non-obese counterparts, which highlights the child health risks associated with maternal obesity.<sup>55</sup>

### 3.2. Child health, immunization and communicable diseases

There is a lack of quantitative data on some of the key child health indicators for Palau. For example, there are no national estimates of the proportion of under-5 children with suspected pneumonia taken to a health provider or receiving antibiotics,<sup>56</sup> or the proportion of children under 5 with diarrhoea who receive oral rehydration salts.<sup>57</sup> There also appear to be no quantitative data on the

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49 UNFPA. 2013: <http://countryoffice.unfpa.org/pacific/2013/07/22/7437/palau/> [11.05.17].

50 SOWC 2016.

51 Ibid.

52 Ibid.

53 UNICEF statistics. <https://data.unicef.org/topic/child-survival/under-five-mortality/> [25.04.17].

54 MoH. 2014. National Health Profile 2013. [http://www.palauhealth.org/files/2013%20National%20Health%20Profile\\_%20Final%20121214.pdf](http://www.palauhealth.org/files/2013%20National%20Health%20Profile_%20Final%20121214.pdf) [25.04.17].

55 Ibid.

56 SOWC 2016 and UNICEF Statistics: <https://data.unicef.org/country/plw/> [25.04.17].

57 SOWC 2016.

availability of insecticide-treated nets, or the proportion of children sleeping under nets in Palau.<sup>58</sup> However, the gaps in the data relating to malaria may not be too problematic, given that there is currently no risk of malaria transmission in Palau.<sup>59</sup> However, dengue fever and Zika are vector-borne diseases that pose health risks in the country.<sup>60</sup>

Immunization coverage is generally adequate, with some room for improvement. UN estimates suggest that 99 per cent of under-1 year olds in Palau are fully immunized against Diphtheria (DPT) and that 99 per cent are immunized against measles, which suggests universal coverage.<sup>61</sup> Estimates provided by the WHO Global Health Observatory also indicate that Palau has reached more than 90 per cent immunization coverage for 8 of 12 universally recommended vaccines, with only Hib3, Polio Vaccine third dose, and Measles Containing Vaccine second dose coverage rates standing between 80 per cent and 90 per cent (see Figure 3.1).<sup>62</sup> Notably, it appears that immunization coverage data is missing for the Bacillus Calmette-Guérin (BCG) vaccine, which protects against tuberculosis (TB).<sup>63</sup>

Data from 2014-2015 show that the 400 children attending the pre-primary 'Head Start' educational programmes (and their families) saw improvements in access to and use of health services. For instance, while 82 per cent of children at enrolment were receiving up-to-date immunizations, dental and medical treatment, as well as up-to-date and age-appropriate preventative and primary health care, these percentages all rose to 100 per cent by the end of enrolment.<sup>64</sup> In addition, it was found that 50 per cent of families of children attending the Head Start programmes were taking advantage of parenting education support services, while 24 per cent used health education services, 15 per cent used emergency and crisis intervention services, and 2 per cent used both adult education and mental health services.<sup>65</sup>

According to a recent WHO country health information profile, Palau has one of the best communicable disease surveillance systems of all the PICTs, regularly reporting outbreaks of infectious diseases to the SPC.<sup>66</sup>

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58 Ibid.

59 See e.g., <http://www.fitfortravel.nhs.uk/destinations/australasia-pacific/palau.aspx> [25.04.17].

60 Ibid.

61 UNICEF Statistics. Op. cit.

62 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States as well as data reported in the published and grey literature. WHO immunization coverage data is reviewed and the estimates updated annually. See <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=KIR> [25.04.17].

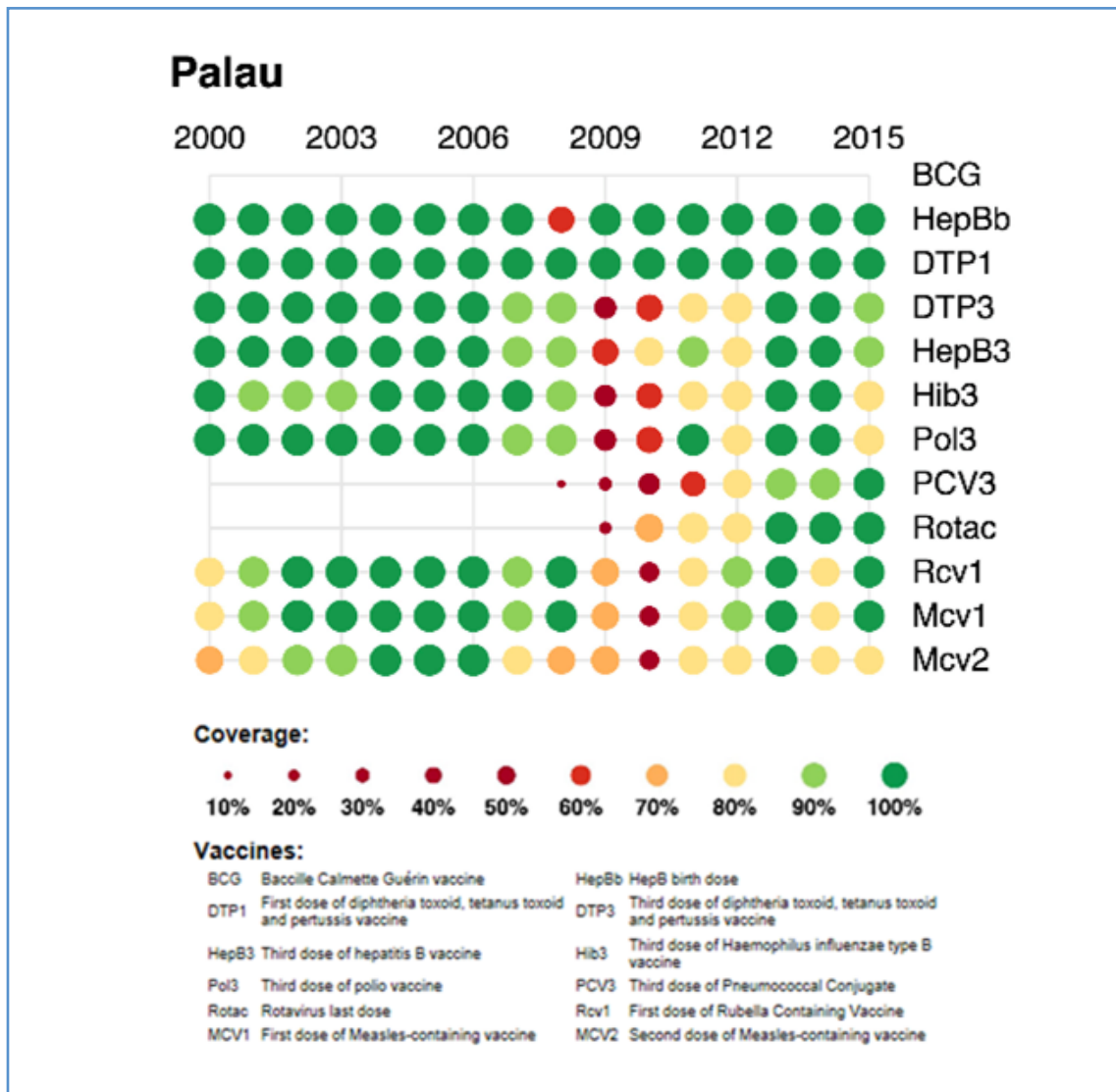
63 Ibid.

64 Palau, Head Start & Early Head Start 2014-2015 Overview. [http://nieer.org/wp-content/uploads/2016/12/HS\\_Palau\\_Profile.pdf](http://nieer.org/wp-content/uploads/2016/12/HS_Palau_Profile.pdf) [25.04.17].

65 Ibid.

66 WHO. 2011. Country health information profile for Palau. [http://www.wpro.who.int/countries/plw/24PALpro2011\\_finaldraft.pdf](http://www.wpro.who.int/countries/plw/24PALpro2011_finaldraft.pdf) [25.04.17]; see also SPC: <http://www.spc.int/phd/epidemics/> [25.04.17].

**Figure 3.1: Immunization coverage in Palau**



Source: WHO (2016) Global Health Observatory

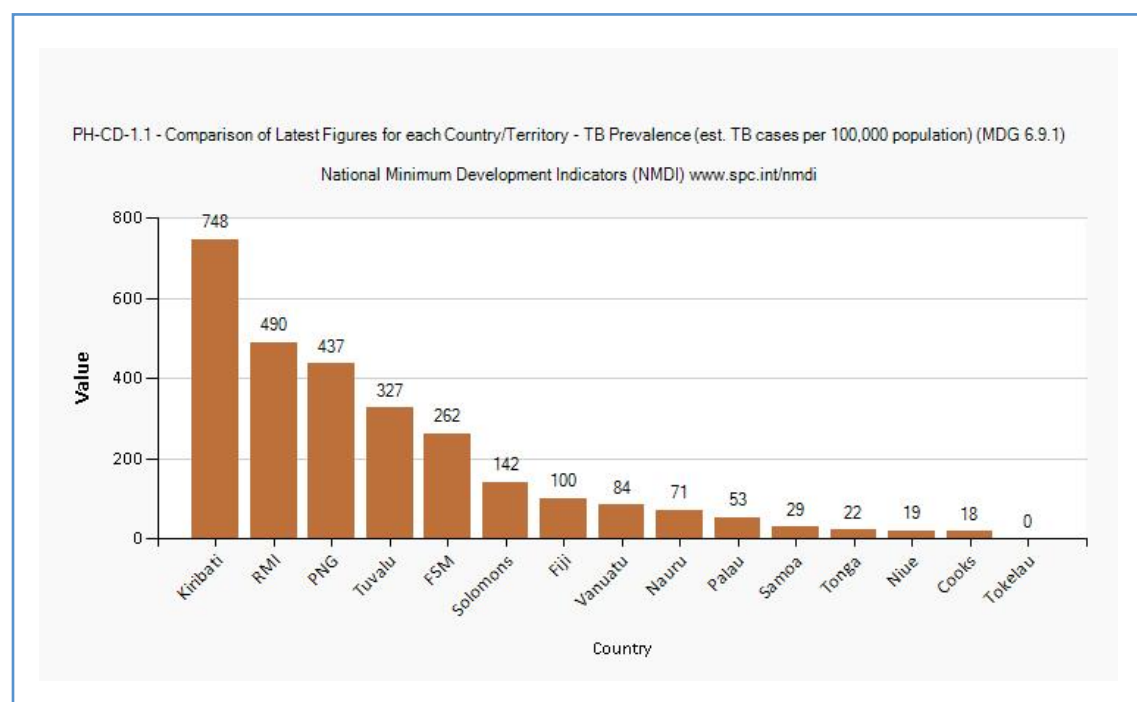
SDG target 3.3 encourages all countries to eradicate TB by 2030.<sup>67</sup> According to NMDI data, Palau has one of the lowest TB prevalence rates in the whole Pacific region, with an estimated 53 TB cases per 100,000 population (see Figure 3.2 for regional comparison).<sup>68</sup> According to the 2013 National Health Profile, the incidence of newly reported TB cases has been declining slightly, from 19 cases in 2009 and 2010 to only 5 new cases in 2012 (note however that these variations may also be due to changes in reporting or detection rates). The TB detection rate was estimated at 87 per cent, as of 2013, which places Palau in the higher range of the PICTs

67 See WHO. 2011. Country Health Information Profile for Palau. Op. cit.

68 NMDI data. [https://www.spc.int/nmdi/communicable\\_diseases](https://www.spc.int/nmdi/communicable_diseases) [25.04.17].

group.<sup>69</sup> WHO estimates also suggest that TB treatment coverage stood at around 87 per cent, as of 2015, which suggests that the overwhelming majority of TB-positive individuals in Palau have access to health care.<sup>70</sup>

**Figure 3.2: TB prevalence by country**



Source: NMDI (2016)

### 3.3. Maternal health

According to SDG 3.1, all countries should aim to reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. According to 2016 SOWC estimates, Palau's MMR stands at 0 per 100,000 live births, which would suggest that Palau has already achieved SDG target 3.1 in relation to maternal mortality.<sup>71</sup> The low MMR is likely to be the result of near-universal ante-natal healthcare coverage, and universal coverage rates of institutional delivery and deliveries attended by health professionals. However, it is important to note that MRR estimates for Palau are quite unstable, given that they are likely to be based on a very small number of deaths per year. Perhaps because of the low number of maternal deaths overall, there is little to

69 Ibid.

70 WHO. Tuberculosis country profiles. Available at: <http://www.who.int/tb/country/data/profiles/en/> [25.04.17].

71 SOWC 2016. Note that the World Bank and the United Nations Population Division produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, which are unfortunately not available for Palau. See <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [25.04.17].



no information about the leading underlying causes of maternal mortality in Palau. In any case, it is difficult to establish a meaningful cause of death ‘hierarchy’, based on such a small number of cases, as only a few deaths per year could significantly alter the hierarchy.

Under Article 24(2)(d) of the CRC and CRC General Comment (GC) No.15 paras 51-57, Palau has an obligation to ensure appropriate antenatal and post-natal health care for mothers. Data suggests that overall coverage rates for antenatal and post-natal health care in Palau are adequate, with some room for improvement.

Estimated antenatal coverage for at least one visit stands at 90 per cent, which indicates that initial antenatal health care is accessible to an overwhelming majority of pregnant women.<sup>72</sup> However, antenatal coverage for at least four visits is estimated at a somewhat lower 81 per cent.<sup>73</sup> UN data also suggest that 100 per cent of pregnant women in Palau give birth in the presence of a skilled health professional, and that 100 per cent of all deliveries take place in a health facility (institutional delivery).<sup>74</sup> There appear to be no data on the frequency and proportion of Caesarean sections carried out in Palau.<sup>75</sup>

There appear to be no data on rural-urban disparity in relation to births attended by a skilled health professional, and data gaps also appear to exist regarding disparity in birth attendance rates between rich and poor inhabitants.<sup>76</sup>

### 3.4. Violence against women

Violence against women and girls (VAWG) is a key public health concern, and the data on VAWG suggest that it is a significant problem in Palau. For example, according to the 2014 Palau Family Health and Safety Study (FHS study), around 23 per cent of ever-partnered women reported having ever experienced physical violence at the hands of their intimate partners.<sup>77</sup> For a more detailed discussion of VAWG see Chapter 6.

### 3.5. Adolescent health

The 2005 Palau national youth policy defines youth as between 15-34 years.<sup>78</sup> According to data from the 2015 census, there were 4,951 individuals aged 15-34 usually resident in Palau, or

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72 SOWC 2016.

73 Ibid.

74 Ibid.

75 Ibid.

76 Ibid.

77 MoH. 2014. Palau Family Health and Safety Study. <http://countryoffice.unfpa.org/pacific/drive/PalauFHSSReportweb.pdf> [25.04.17].

78 See [http://www.youthpolicy.org/national/Palau\\_2005\\_National\\_Youth\\_Policy.pdf](http://www.youthpolicy.org/national/Palau_2005_National_Youth_Policy.pdf) [10.05.17].

about 28 per cent of the total population.<sup>79</sup> Unfortunately, a population proportion breakdown for ‘adolescents’ aged 10-19 is not provided in the SOWC 2016 database and most indicators relating to this age group are missing.<sup>80</sup>

### 3.5.1. Fertility and contraceptive use

According to the 2013 National Health Profile, Palau has a low and stable fertility rate, which stood at 2.2 births per woman as of 2012.<sup>81</sup> According to NMDI regional data, this makes Palau and Tokelau are the two countries in the Pacific with the lowest total fertility rate (TFR).<sup>82</sup> Overall population figures for Palau are expected to remain stable in the coming decades, with low fertility and mortality rates.<sup>83</sup>

There are no World Bank estimates on adolescent fertility rate trends in Palau.<sup>84</sup> SOWC 2016 data suggest that, as of 2015, there were 27 births per 1,000 women aged 15-19, which is lower than most neighbouring Pacific countries (except Tonga and Niue),<sup>85</sup> but somewhat higher than the East Asia and Pacific average of 22/1,000.<sup>86</sup> According to the 2013 National Health Profile, approximately 1 in 10 births between 2008 and 2012 (10 per cent) were to women under the age of 20, with the rate of such ‘teenage pregnancies’ staying relatively stable over the 2008-2012 period.<sup>87</sup> In contrast, a much higher proportion (20 per cent to 30 per cent) of births between 2008 and 2012 were to women of ‘advanced maternal age’ (over the age of 35).<sup>88</sup> Available data on marriage rates amongst the adolescent population group are lacking.<sup>89</sup>

The contraceptive prevalence rate (CPR) in Palau is very low compared to its Pacific neighbours, standing at an estimated<sup>90</sup> 22 per cent of the population, which is significantly lower than the regional average of 63 per cent for all of East Asia and the Pacific,<sup>91</sup> and amongst the lowest of the PICTs.<sup>92</sup> The United Nations Population Fund (UNFPA) has noted that this low CPR is not consistent with a TFR of around 2.2 births per woman, which suggests that either the CPR or the TFR are underestimated. One possible explanation for this inconsistency is that figures refer to

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79 <http://palaugov.pw/wp-content/uploads/2017/02/2015-Census-of-Population-Housing-Agriculture-.pdf>

80 SOWC 2016. Op. cit.

81 MoH. 2014. National Health Profile 2013. Op. cit..

82 NMDI data. [https://www.spc.int/nmdi/maternal\\_health](https://www.spc.int/nmdi/maternal_health) [11.05.17].

83 MoH. 2014. National Health Profile 2013. Op. cit.

84 World Bank data. <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=PW> [07.03.17].

85 See UNFPA. 2013. <http://countryoffice.unfpa.org/pacific/2013/07/22/7437/palau/> [11.05.17].

86 SOWC 2016. Op. cit.

87 MoH. 2014. Op. cit. p. 40.

88 Ibid.

89 SOWC 2016. Op. cit.

90 Contraceptive prevalence is typically defined as the percentage of women of reproductive age who use (or whose partners use) a contraceptive method at a given point in time. Women ‘of reproductive age’ is usually defined as women aged 15 to 49. See e.g., <http://indicators.report/indicators/i-29/> [21.03.17].

91 SOWC 2016; the regional average excludes China.

92 UNFPA. 2013. Op. cit.

government sources only, omitting private doctors and pharmacies as a source of contraceptive supplies.<sup>93</sup>

Given the lack of data on family planning in Palau, it is not clear whether the low CPR is due primarily to demand-side or supply-side constraints. Nationally representative data on the unmet need for family planning are not available, as Palau has not yet implemented a Demographic and Health Survey, which would typically collect data on unmet need for family planning. According to the US State Department's 2014 Human Rights Report for Palau, contraception is available free of charge at the public Belau National Hospital, and provided in private clinics and retail stores.<sup>94</sup>

### 3.5.2. HIV/AIDS and sexually transmitted infections

Data on the Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) in Palau are limited.<sup>95</sup> However, available information suggests that Palau is a low HIV-prevalence country.<sup>96</sup> According to the 2015 Global AIDS Progress Report from Palau, there were 12 cumulative cases of HIV between 1989 and 2015. Perhaps the result of the small overall number of cases, there are no available estimates for HIV incidence (in children and women), mother-to-child transmission rates, antiretroviral therapy (ART) treatment coverage or HIV-related deaths in Palau.<sup>97</sup>

According to the 2015 AIDS progress report compiled by the Ministry of Health (MoH), 5 of the 12 cumulative HIV cases are alive and resident in Koror, and none are children. Of the remaining eight cases, five have since died and three have left the country.<sup>98</sup> Of the five HIV-positive individuals currently residing in Palau, three are receiving ART treatment, and the remaining two were scheduled to start ART treatment as of March 2016.<sup>99</sup>

There are no up-to-date data on adolescent knowledge about HIV/AIDS prevention, condom use, or the proportion of adolescents who have been tested for HIV.<sup>100</sup>

The little data that is available suggests that sexually transmitted infections are a significant problem. For example, the NMDI estimates suggest that the prevalence of chlamydia amongst young people aged 15-24 was 12 per cent, as of 2010, which suggests that Palau has the third-highest chlamydia prevalence rate of the PICTs, exceeded only by Tuvalu and the Cook Islands (see Figure 3.3).<sup>101</sup> The chlamydia prevalence rate among women receiving ante-natal care is 17

93 Ibid.

94 US State Department. 2014. Palau Human Rights Report. <https://www.state.gov/documents/organization/236678.pdf> [11.05.17], p. 7.

95 See e.g., UNAIDS. <http://www.unaids.org/en/regionscountries/countries/palau> [11.05.17].

96 Ministry of Health. 2016. Global AIDS Progress Report 2015. [http://www.unaids.org/sites/default/files/country/documents/PLW\\_narrative\\_report\\_2016.pdf](http://www.unaids.org/sites/default/files/country/documents/PLW_narrative_report_2016.pdf) [26.04.17].

97 SOWC 2016 and <https://data.unicef.org/country/plw/> [11.04.17].

98 Ministry of Health. 2016. Global AIDS Progress Report 2015. Op. cit.

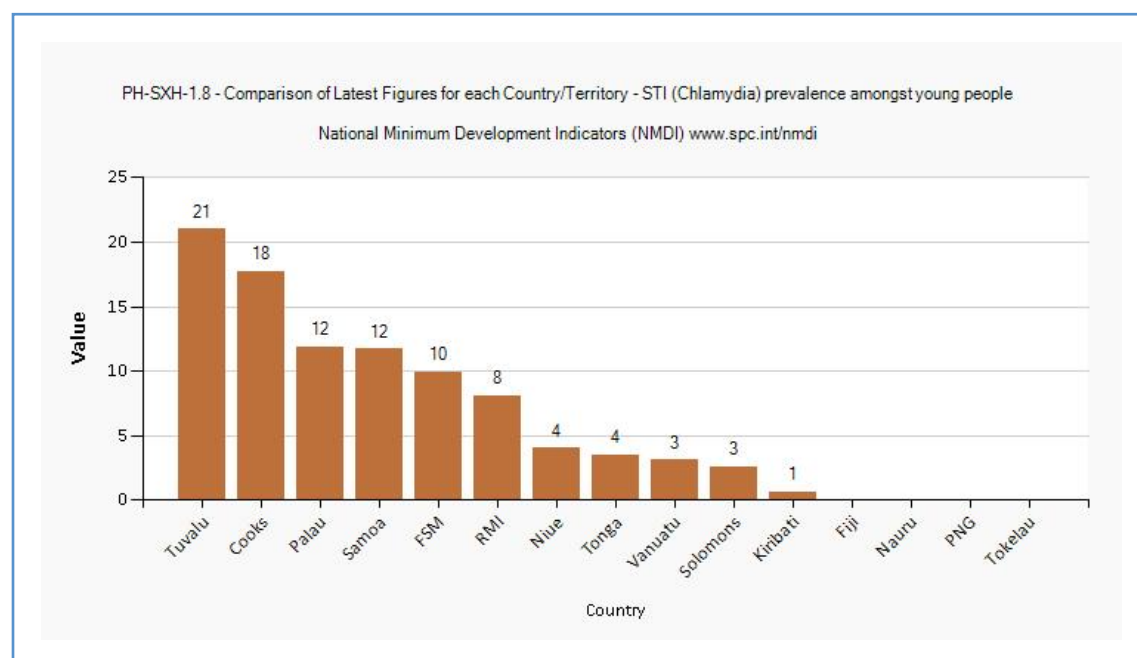
99 Ibid.

100 SOWC 2016. Op. cit.

101 NMDI data. [https://www.spc.int/nmdi/sexual\\_health](https://www.spc.int/nmdi/sexual_health) [26.04.17].

per cent, which places Palau in the middle of the PICTs group.<sup>102</sup> The relatively high sexually transmitted infection rates raise concerns about potential increases in HIV cases, as they indicate that the underlying behavioural risks for HIV transmission are significant.

**Figure 3.3: Chlamydia prevalence amongst 15-24 year olds per country**



Source: NMDI (2016)

### 3.5.3. Substance abuse

According to SDG target 3.5, Palau should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There appears to be very little quantitative data on substance abuse and harmful use of alcohol amongst adolescents in Palau. The 2013 National Health Profile cites data from the 2011 Youth Risk Behaviour Surveillance System survey, according to which 43 per cent of high school youth in Palau drink alcohol, and 33 per cent report binge drinking in the past 30 days.<sup>103</sup> Binge drinking appears to have increased amongst youth, from 30 per cent in 2001 to 33 per cent in 2011.<sup>104</sup> The Substance Abuse Prevention Strategic Plan 2007-2011 identified aggressive promotion of alcohol, poor enforcement of alcohol laws, and easy access to alcohol for youth as some of the key underlying factors contributing to excessive alcohol consumption amongst youth.<sup>105</sup>

<sup>102</sup> Ibid.

<sup>103</sup> 'Binge drinking' is defined as five or more drinks on one occasion for males, and four or more for females. MoH. 2014. National Health Profile 2013. [http://www.palauhealth.org/files/2013%20National%20Health%20Profile\\_%20Final%20121214.pdf](http://www.palauhealth.org/files/2013%20National%20Health%20Profile_%20Final%20121214.pdf) [25.04.17].

<sup>104</sup> MoH. 2014. National Health Profile 2013. Op. cit. p. 18.

<sup>105</sup> Republic of Palau. 2006. Substance Abuse Prevention Strategic Plan 2007-2011. <https://www.mindbank.info/item/1535> [25.04.17].

Tobacco use also appears to be worryingly high amongst adolescents in Palau. For example, the Substance Abuse Prevention Strategic Plan 2007-2011 suggests that, as of 2005, around 90 per cent of all middle and high school students had ever used tobacco, and that 55 per cent of middle school students and 70 per cent of high school students were currently smoking (smoking in the past 30 days).<sup>106</sup> Information suggests that youth frequently use tobacco together with betel nut (43 per cent of middle school students and 60 per cent of high school students).<sup>107</sup> Marijuana use also appears to be widespread, with 26 per cent of female students and 31 per cent of male students identified as current users as of 2005.<sup>108</sup> Social acceptance, the availability of locally grown marijuana, and limited law enforcement were identified as the key underlying causes of high marijuana consumption rates amongst youth.<sup>109</sup>

### 3.5.4. Mental health

According to WHO, Palau does not have an officially approved mental health policy, and mental health is not specifically mentioned in the general health policy.<sup>110</sup> It appears that mental health legislation is being drafted and the implementation of a Human Resource Training Plan for mental health is under way.<sup>111</sup> According to WHO, mental health expenditure by the Government made up only 0.82 per cent of the total health budget, as of 2011.<sup>112</sup> It is unclear whether funding levels for mental health have increased or decreased since then. Most primary healthcare physicians and nurses have not received training on mental health, and official referral procedures for mental health cases are not in place.<sup>113</sup>

There is very little quantitative data on mental health in Palau, which makes it difficult to establish the prevalence, incidence and profile of mental health problems.<sup>114</sup> However, anecdotal evidence suggests that suicide (and related alcohol abuse) is a common mental health problem.<sup>115</sup> For example, the 2013 National Health Profile suggests that since 2003, suicides accounted for an average of 2.4 per cent of all annual deaths in Palau: roughly equivalent to 21.7 suicides per 100,000 people, which is among one of the highest suicide rates in the world.<sup>116</sup> Suicide risk appears to primarily pertain to men, who accounted for 90 per cent of all suicide cases between 2003 and 2012.<sup>117</sup> The age profile of suicide cases is unfortunately not known. Palau has also not yet implemented a Global School-based Health Survey (GSHS), which would typically contain information on suicide attempts amongst school children.<sup>118</sup>

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106 Ibid. p. 8-10.

107 Ibid.

108 Ibid. p. 13.

109 Ibid. p. 12.

110 WHO. 2011. Mental Health Atlas 2011 - Department of Mental Health and Substance Abuse, World Health Organization. [http://www.who.int/mental\\_health/evidence/atlas/profiles/plw\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/plw_mh_profile.pdf) [25.04.17].

111 WHO. Mental Health Atlas 2011. Op. cit.

112 Ibid.

113 Ibid.

114 Ibid.

115 MoH. 2014. National Health Profile 2013. Op. cit.

116 Ibid. p. 16.

117 MoH. 2014. National Health Profile 2013. Op. cit.

118 See <http://www.who.int/chp/gshs/en/> [25.04.17].



Depression also appears to be a significant mental health problem in Palau, particularly amongst young females. For example, the 2013 National Health Profile suggests that, as of 2011, 30.8 per cent of youth in middle and high school reported feelings of sadness or hopelessness lasting for more than two weeks, with the rate being higher amongst female students (33 per cent) than male students (28 per cent).<sup>119</sup> It is unclear why women in Palau appear to experience higher rates of depression, but it is important to note that these findings could also be the result of (gendered) reporting biases, which may make young men less likely to admit feeling sad or hopeless.

It appears that WHO is planning to implement a comprehensive mapping of Palau's mental health system (WHO proMIND), which would help to address some of these data gaps.<sup>120</sup>

### 3.6. Nutrition

SDG 2.2 encourages states to end all forms of malnutrition by 2030, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age (the 'WHO Global Nutrition Targets'), and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.<sup>121</sup>

According to WHO's Global Nutrition Targets, Palau should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.<sup>122</sup>

#### WHO Global Nutrition Targets

	Targets	Indicators
<b>1</b>	By 2025, achieve a 40 per cent reduction in the number of children under-5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
<b>2</b>	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15-49 years of age) with anaemia
<b>3</b>	By 2025, achieve a 30 per cent reduction in low birth weight	Percentage of infants born with low birth weight (< 2,500 grams)

119 MoH. 2014. National Health Profile 2013. Op. cit. p. 25.

120 See [http://www.who.int/mental\\_health/policy/country/countrysummary/en/](http://www.who.int/mental_health/policy/country/countrysummary/en/) [25.04.17].

121 See <https://sustainabledevelopment.un.org/sdg2> [10.04.17].

122 See <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17].

<b>4</b>	By 2025, ensure that there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
<b>5</b>	By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent	Percentage of infants less than 6 months of age who are exclusively breast fed
<b>6</b>	By 2025, reduce and maintain childhood wasting to less than 5 per cent	Prevalence of wasting (low weight-for-height) in children under 5 years of age

### 3.6.1. Child stunting and wasting

There are no up-to-date UN estimates of child stunting (short height for age or 'chronic malnutrition') or child wasting (low weight for height or 'acute malnutrition') in Palau, which represents a significant data gap.<sup>123</sup>

### 3.6.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,<sup>124</sup> by increasing the risk of blood loss at delivery, and postpartum haemorrhage.<sup>125</sup> The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth-weight babies, who also have an increased risk of dying.<sup>126</sup>

According to WHO and Food and Agriculture Organization of the United Nations (FAO) estimates, the prevalence rate of anaemia in pregnant women in Palau stands at a high 27 per cent, which makes maternal anaemia a serious public health concern.<sup>127</sup> Anaemia prevalence amongst non-pregnant women of reproductive age is estimated at 21 per cent (as of 2005), and anaemia in pre-school children is estimated at 22 per cent (as of 2005).<sup>128</sup> De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and children.<sup>129</sup>

123 SOWC 2016 and UNICEF Statistics. <https://data.unicef.org/country/plw/> [10.04.17].

124 Black et al. 2008. Maternal and child undernutrition: global and regional exposures and health consequences.

125 See e.g., K4Health. Anaemia Prevalence, Causes, and Consequences. <https://www.k4health.org/toolkits/anaemia-prevention/anaemia-causes-prevalence-impact>

126 Ibid.

127 WHO/FAO. 2014. Palau - Food and Nutrition Security Profiles. [http://www.fao.org/fileadmin/templates/rap/files/nutrition\\_profiles/DI\\_Profile\\_-\\_Palau\\_280714.pdf](http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Palau_280714.pdf) [26.04.10].

128 Ibid.

129 Ibid.

### 3.6.3. Low birth weight and underweight

The most recent UN estimates suggest that 7 per cent of children in Palau have low birthweight, which is one of the lowest prevalence rates of the PICTs.<sup>130</sup> The 2013 National Health Profile identified tobacco use and obesity amongst pregnant women as key risk factors contributing to low birthweight. It estimates that mothers who chewed tobacco during pregnancy were at 1.7 times higher risk of having a low birthweight baby than those who did not.<sup>131</sup> These findings were confirmed in a recent cohort study of 171 women who gave birth in Belau National Hospital.<sup>132</sup>

There appears to be no up-to-date data on underweight prevalence in under-5 year-old children in Palau.<sup>133</sup>

### 3.6.4. Obesity

According to the Non-communicable Disease Prevention and Control Strategic Plan of Action for 2015-2020, non-communicable diseases (NCDs) are the greatest threat to the health of Palau's people, causing an estimated 73 per cent of all deaths.<sup>134</sup> The healthcare costs associated with NCDs in Palau are estimated to account for as much as 55 per cent of the national healthcare budget, as of 2011.<sup>135</sup> In 2012, the leading individual causes of death were all related to NCDs, with 34 per cent of all 162 deaths attributable to cerebrovascular/cardiovascular disease, followed by cancer (21 per cent), diabetes (14 per cent), and respiratory diseases,<sup>136</sup> – the 'fatal four' referred to in the Government's NCD Prevention and Control Strategic Plan.<sup>137</sup> In 2010, the Government declared a national state of emergency in an attempt to raise both awareness of the problem posed by NCDs, and access to additional resources.<sup>138</sup>

Many of the above-mentioned NCDs are related to overweight and obesity. Estimates from the 2012 Behavioural Risk Factor Surveillance Survey suggest that around 67 per cent of adults in Palau are overweight (34 per cent) or obese (33 per cent).<sup>139</sup> Obesity and overweight appear to be

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130 SOWC 2016. Op. cit.

131 MoH. 2014. National Health Profile 2013. Op. cit. p. 25.

132 See Berger et al. 2016. The Effects of Chewing Betel Nut with Tobacco and Pre-pregnancy Obesity on Adverse Birth Outcomes among Palauan Women. *Maternal and Child Health J.* 2016 Aug; 20(8) pp. 1696-703. <https://www.ncbi.nlm.nih.gov/pubmed/26994610> [25.04.17].

133 See SOWC 2016 and World Bank data: <http://data.worldbank.org/indicator/SH.STA.MALN.ZS?locations=MH> [25.04.17].

134 This figure appears to be based on somewhat outdated WHO data from 2004. See Republic of Palau. 2015. Non-communicable Disease Prevention and Control Strategic Plan of Action 2015-2020. Available at: [http://www.palauhealth.org/files/FinalDraft-PalauNCDPlan\\_complete per cent20pages-dc per cent20\(Low per cent20Res\).pdf](http://www.palauhealth.org/files/FinalDraft-PalauNCDPlan_complete%20per%20pages-dc%20per%20(Low%20per%20Res).pdf) [25.04.17], p. 14.

135 Ibid. p. 12.

136 MoH. 2014. National Health Profile 2013. Op. cit. p. 15.

137 Republic of Palau. 2015. Op. cit.

138 Ibid.

139 MoH. 2014. National Health Profile 2013. Op. cit. p. 22.

somewhat less prevalent amongst Palau's youth population. For example, according to the 2012 School Health Survey, 35 per cent of students were either overweight or obese.<sup>140</sup>

The underlying causes associated with obesity in Palau are primarily behavioural, with unhealthy diets and physical inactivity identified as the main risk factors in the Palau NCD Prevention and Control Strategic Plan of Action.<sup>141</sup> Worryingly, evidence from the 2011 Youth Risk Behaviour Survey suggests that only 36 per cent of high school students meet the minimum physical activity standard for youth, which is at least 1 hour of physical activity on 5 or more days a week.<sup>142</sup> Similarly, data from the 2014 STEPwise Approach to Chronic Disease Risk Factor Surveillance survey indicate that only 8 per cent of the population consume the recommended five or more servings of fruit and vegetables per day.<sup>143</sup> As in many neighbouring countries, Palau's population has largely turned its back on traditional diets of fresh fish and vegetables, replacing them with processed and energy-dense food such as white rice, flour, canned foods, processed meats and soft drinks, which are usually imported from other countries and frequently cheaper than local produce.<sup>144</sup>

### 3.6.5. Breastfeeding

WHO recommends that infants are exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health.<sup>145</sup> Data on exclusive breastfeeding rates, continued breastfeeding rates, early initiation rates, and the introduction of complementary foods are not available for Palau.<sup>146</sup>

In 2015, Palau formally adopted a new Strategic Plan for NCD prevention and control, which incorporates exclusive breastfeeding for the first 6 months after birth as an NCD prevention strategy.<sup>147</sup> While the Plan sets a specific target of increasing the exclusive breastfeeding rate by 50 per cent between 2015 and 2020, baseline data are not available, so it is unclear how progress will be measured.<sup>148</sup>

### 3.6.6. Key barriers and bottlenecks

Palau has an exceptionally well-funded health system, with the highest per capita healthcare expenditure in the whole Pacific region as of 2013.<sup>149</sup> However, there are many important barriers and bottlenecks to further progress in health, which are described below.

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140 Ibid. Note that obesity/overweight prevalence estimates from the 2011 Youth Risk Behaviour Surveillance System are somewhat lower, at 25 per cent.

141 Republic of Palau. 2015. Non-communicable Disease Prevention and Control Strategic Plan of Action 2015-2020. Op. cit. p. 11.

142 Ibid. p. 27.

143 Ibid. p. 25.

144 See e.g. <http://edition.cnn.com/2015/05/01/health/pacific-islands-obesity/> [13.04.17].

145 WHO. [http://www.who.int/elena/titles/exclusive\\_breastfeeding/en/](http://www.who.int/elena/titles/exclusive_breastfeeding/en/) [13.04.17].

146 SOWC 2016. Op. cit.

147 Republic of Palau. 2015. Non-communicable Disease Prevention and Control Strategic Plan of Action 2015-2020. Op. cit.

148 Ibid. p. 26.

149 See NMDI data. [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [25.04.17].

### 3.6.7. Transportation

A major challenge facing the healthcare system relates to the remoteness of the country and the difficulties associated with transferring patients in need of specialised health care abroad. For example, the WHO 2011 Country Health Information Profile notes that a key barrier to delivering health services (especially in emergency and disaster situations) is Palau's isolation from the US mainland, which significantly increases logistical demands.<sup>150</sup> Supply chains, communication networks and air services are severely limited due to Palau's remoteness, according to WHO.<sup>151</sup>

### 3.6.8. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers for individuals wanting to access health care.<sup>152</sup> The 2011 WHO health information profile for Palau highlights that it is affected by a range of hazards, including a uniquely high hydro-meteorological and geological risk.<sup>153</sup> The main natural disaster risks facing Palau are tropical storms, droughts and tidal surges.<sup>154</sup>

According to a recent WHO assessment report, the key climate-sensitive health risks in Palau are: vector-borne diseases (especially dengue fever around the 'hotspot' of Malakal sewage treatment plant); infectious diseases of animals/zoonotic infections (particularly leptospirosis); gastroenteritis and diarrhoea; respiratory diseases; NCDs; and injury and death from extreme weather events.<sup>155</sup> The report also notes that the physical infrastructure of Belau National Hospital, the country's main health facility, is highly vulnerable to extreme weather events.<sup>156</sup>

WHO's Country Cooperation Strategy for Palau 2013-2017 anticipates that climate-related health problems will be borne disproportionately by certain vulnerable sectors of the population – the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs) and individuals in certain occupations (e.g., farmers, fishermen and outdoor workers).<sup>157</sup>

On a positive note, it appears that the Government is aware of the importance of tackling climate-related health risks. For example, Palau has recently developed a National Climate Change Policy and an accompanying 5-year Action Plan, which considers the health-related impacts of climate change under Section B, and suggests that approximately US\$3.5 million will be needed

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150 WHO. 2011. Country health information profile Palau. Op. cit.

151 Ibid.

152 WHO. Country Cooperation Strategy for Palau 2013-2017.

153 WHO. 2011. Country health information profile Palau. Op. cit.

154 OCHA Country Profile: <http://www.unocha.org/pacific/country-profiles/palau> [25.04.17].

155 WHO. 2015. Human health and climate change in Pacific island countries. p .84 .[http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf) [13.03.17].

156 Ibid.

157 WHO Country Cooperation Strategy for Palau 2013-2017, p. 12.

over the first 5 years of the Action Plan to implement health-specific climate change resilience interventions.<sup>158</sup>

### 3.6.9. Health financing

Health financing in Palau is adequate and per capita spending is above the PICT average, according to NMDI data from 2011.<sup>159</sup> However, high referral costs, the increasing financial burden of NCDs, and heavy reliance on external donor assistance (particularly US grants) represent potential bottlenecks in relation to health financing.

According to regional NMDI data, the health budget was approximately 11.2 per cent of GDP, as of 2009, which is the third-highest rate in the PICT group, only topped by the Marshall Islands (RMI) and the Federated States of Micronesia (FSM).<sup>160</sup> Expenditure as a percentage of GDP is also significantly above the 'recommended' 5 per cent of GDP.<sup>161</sup> Government expenditure on health made up around 17.6 per cent of total government expenditure, which, according to NMDI data, is the third-highest figure in the PICT group, only topped by RMI and FSM (see Figure 3.4).<sup>162</sup>

Total MoH expenditure on health was US\$7.8 million in Fiscal Year 2013/2014, with the majority spent on health worker salaries (58 per cent) and medical supplies (30 per cent).<sup>163</sup> US grants account for around 30 per cent of total health spending in Palau.<sup>164</sup> As of 2008, approximately 78 per cent of healthcare funding came from the Government and external sources accounted for 32 per cent.<sup>165</sup>

In recent years, Palau's public health care system has attempted to increasingly recover treatment costs through user fees.<sup>166</sup> User fees made up about 20 per cent of expenditure on curative medical care, according to a 2011 report by the Asian Development Bank (ADB).<sup>167</sup> Despite the use of an equitable sliding scale for user fees, there has been some concern that user fees (especially charges for inpatient services and overseas referrals) have meant restricted access to health care, especially for relatively poor people and foreign workers.<sup>168</sup>

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158 Government of Palau. 2015. Palau Climate Change Policy and Action Plan. Op. cit.

159 NMDI data. [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [12.04.17].

160 Ibid.

161 Note that this often-cited "WHO recommended 5 per cent threshold" was never officially approved by the World Health Assembly. See e.g. [http://www.who.int/health\\_financing/en/how\\_much\\_should\\_dp\\_03\\_2.pdf](http://www.who.int/health_financing/en/how_much_should_dp_03_2.pdf), especially Annex A. [25.04.17].

162 NMDI data. Op. cit.

163 MoH. 2014. Annual Report. <http://www.palauhealth.org/files/MOH%20Annual%20Report%202014.pdf> [10.04.17].

164 ADB. 2011. Sustainable Health Care Financing in the Republic of Palau. <https://www.adb.org/sites/default/files/publication/29496/healthcare-financing-palau.pdf> [25.04.17].

165 WHO. 2011. Country health information profile. Op. cit.

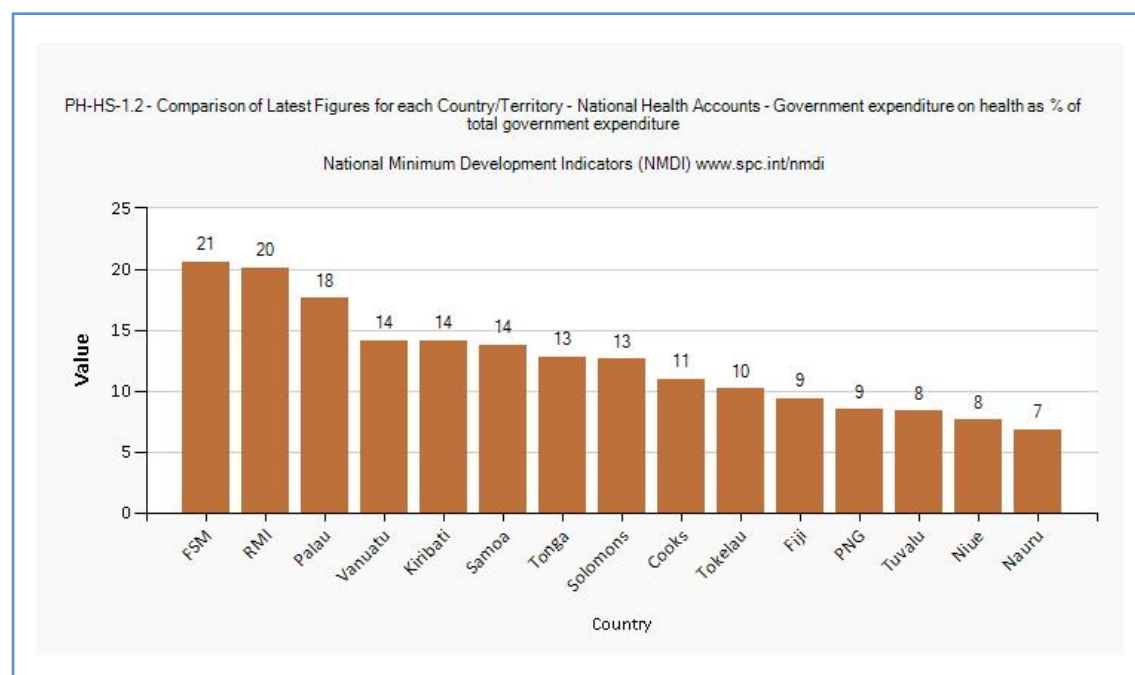
166 ADB. 2011. Sustainable Health Care Financing in the Republic of Palau. Op. cit.

167 Ibid.

168 Ibid. p. 8.



**Figure 3.4: Government expenditure on health as percentage of total government expenditure**



Source: NMDI (2016)

A key risk to Palau's health budget is the potentially high cost of travel for patients referred abroad for specialised treatment. The MoH 2014 Annual Report suggests that between April 2011 and November 2014, 483 individual referrals were made (mostly to the Philippines and Taiwan), and that over US\$3.3 million were spent on off-island care during this time, with an average cost of about US\$6,793 per referred patient.<sup>169</sup>

Palau's health budget is also likely to be put under additional pressure because of the increasing disease burden of NCDs. For example, the cost of dialysis<sup>170</sup> alone equalled 11.3 per cent of total government expenditure on curative health care in 2008.<sup>171</sup>

Heavy reliance on external funding sources also raises the question of sustainability in healthcare financing. Palau's health funding is heavily reliant on external assistance (especially US grants), with US funding amounting to about 30 per cent of total health spending.<sup>172</sup> According to the 2011 ADB report, uncertainty exists about Palau's continued access to US grant funding, for which it must compete with other US States and US-associated territories.<sup>173</sup>

169 MoH. 2014. Annual Report. Op. cit.

170 Dialysis is used to address acute or chronic kidney disease. See e.g. <http://www.nhs.uk/Conditions/dialysis/Pages/introduction.aspx> [25.04.17].

171 ADB. 2011. Sustainable Health Care Financing in the Republic of Palau. Op. cit.

172 Ibid.

173 Ibid.

### 3.6.10. Health workforce

Despite Palau's good performance in relation to most health indicators, the number and distribution of the health workforce in medicine, nursing and allied health fields remains inadequate and continues to pose a challenge to further progress.

As in many other PICTs, nurses make up the largest group within the health workforce of Palau, with a total of 111 nurses and 3 patient care assistants working for the public health system in 2014.<sup>174</sup> The ratio of nurses to population in Palau is about 5.6 nurses per 1,000 individuals, which is above the PICT regional average of 3.6 (including Papua New Guinea [PNG]).<sup>175</sup>

According to estimates from 2010, Palau has 1.4 physicians per 1,000 individuals, which is also above the PICT average (including PNG) of 0.9 physicians per 1,000 individuals, and topped only by two countries in the region (Tokelau and Niue).<sup>176</sup> As of 2014, there were 25 physicians and 1 medical officer working in the public health system.<sup>177</sup> Importantly, only 11 of these staff (42 per cent) were local nationals, which highlights Palau's heavy reliance on expatriate health workers, particularly in the more specialised areas of healthcare provision.<sup>178</sup> The ratio of 0.2 dentists to 1,000 individuals in Palau (there were three in total in 2014) is in the middle range of the PICT group, and comparable to the ratios in Fiji and Tuvalu.<sup>179</sup>

While the overall health worker-to-population ratios are adequate by regional standards, WHO suggests that mandatory retirement laws have resulted in a critical shortage in some key health worker sectors, especially the nursing force and allied health personnel.<sup>180</sup> The 2014 MoH Annual Report estimates that at least 30 additional nurses are needed to meet staffing requirements to provide adequate care.<sup>181</sup> In addition, WHO suggests that more staff members are needed as a result of the recent expansion of Belau National Hospital and the completion of four primary care super-dispensaries, and that training of more local health workers is needed in order to replace expensive expatriate staff.<sup>182</sup> On a positive note, it appears that MoH and the Ministry of Education (MoE) are keenly aware of the need to train additional local health workers (in particular nurses). For example, a Health Academy has been established (with support from the US) in Palau's only public high school, and marketing campaigns have been launched to encourage more local high school students to enter careers in the health sector.<sup>183</sup>

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174 Note that figures for the private sector were not available. See MoH. 2014. Annual Report. <http://www.palauhealth.org/files/MOH%20Annual%20Report%202014.pdf> [10.04.17], p.44

175 NMDI data. Available at: [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [20.03.17].

176 Ibid.

177 MoH. 2014. Annual Report. Op. cit.

178 Ibid.

179 NMDI data. Op. cit.

180 WHO. 2011. Country health information profile Palau. Op. cit.

181 MoH. 2014. Annual Report. Op. cit. p.16.

182 Ibid.

183 WHO. 2011. Country health information profile Palau. Op. cit.

### 3.6.11. Service delivery

Palau's main governmental healthcare system is made up of the 80-bed Belau National Hospital in Koror, four primary care super-dispensaries, and four community-based dispensaries on the Outer Islands. There are also three private primary healthcare clinics.<sup>184</sup> A major challenge facing Palau's health service delivery system is the high cost and administrative difficulty of delivering services to a population that is dispersed across remote islands that often have minimal infrastructure and transport links. According to the 2011 WHO Health Information Profile for Palau, problematic inequities exist between the capital of Koror and the Outer Islands. For example, it notes that the Belau National Hospital represents a very centralized dependency for inpatient care, which increases the overall vulnerability of the health system.<sup>185</sup> The report suggests that, while it may not be economically feasible to decentralize all inpatient care in Palau, steps need to be taken to build at least some inpatient capacity on the other islands.<sup>186</sup> The MoH Annual Report for 2014 also laments that much of the machinery and equipment in public health facilities is over 20 years old, and that result repair parts are often no longer manufactured.<sup>187</sup>

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184 ADB. 2011. Sustainable Health Care Financing in the Republic of Palau. Op. cit.

185 WHO. 2011. Country health information profile Palau. Op. cit.

186 Ibid.

187 MoH. 2014. Annual Report. Op. cit.

# 4.

## Water, sanitation and hygiene

Ensuring that all children have access to safe and affordable drinking water and adequate sanitation and hygiene are crucial for achieving a range of development goals related to health, nutrition and education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-5 child mortality in the Pacific region.<sup>188</sup> Evidence also suggests that poor water, sanitation and hygiene (WASH) access is linked to growth stunting.<sup>189</sup> Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.<sup>190</sup> This chapter assesses and analyses the situation in Palau regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as benchmarks (see table below).

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress since 1990.<sup>191</sup> The JMP was previously responsible for tracking progress towards MDG 7c on WASH and, following the introduction of the 2030 SDGs, now tracks progress towards the SDGs WASH targets.<sup>192</sup> The JMP uses a 'service ladder' system to benchmark and compare progress across countries, with each 'rung' on the ladder representing progress towards the SDG targets.<sup>193</sup> The sections within this chapter utilise the relevant service ladders to assess Palau's progress towards meeting the SDG targets.

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188 WHO (2016) Sanitation, drinking-water and health in pacific island countries. [http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf) [05.06.17].

189 UNICEF. 2015. Looking back, moving forward. A snapshot of UNICEF's work for Pacific Island children 2015-16.

190 Ibid.

191 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017. p. 6.

192 Ibid.

193 Ibid. p. 2, 7.

## Key WASH-related SDGs

WASH sector goal <sup>ii</sup>	SDG global target	SDG indicator
<b>Achieving universal access to basic services</b>	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as <b>access to basic services</b>	1.4.1 Population living in households with access to basic services (including <b>basic drinking water, sanitation and hygiene</b> )
<b>Progress towards safely managed services</b>	6.1 By 2030, achieve universal and equitable <b>access to safe and affordable drinking water</b> for all  6.2 By 2030, achieve access to <b>adequate and equitable sanitation and hygiene</b> for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.1.1 Population using <b>safely managed drinking water services</b> .  6.2.1 Population using <b>safely managed sanitation services</b> , including a hand-washing facility with soap and water
<b>Ending open defecation</b>	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and <b>end open defecation</b> , paying special attention to the needs of women and girls and those in vulnerable situations	

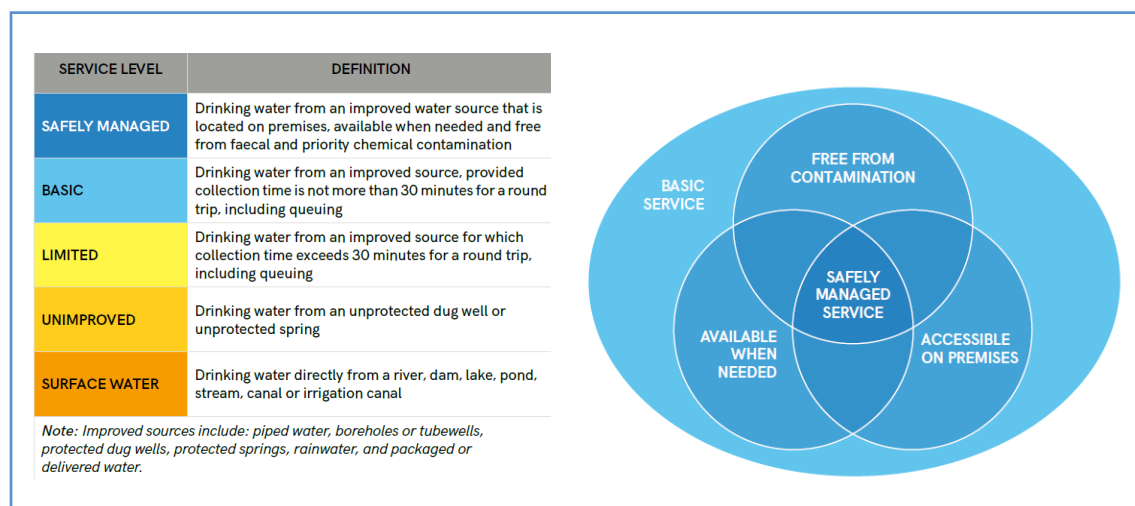
### 4.1. Access to improved water sources

For a country to meet the criteria for a **safely managed drinking water service (SDG 6.1)**, the population should use an improved water source fulfilling three criteria: it should be accessible on the premises; water should be available when needed; and the water supplied should be free from contamination.<sup>194</sup> If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service (SDG 1.4)**, and if water collection from an improved source exceeds 30 minutes, it will be categorized as a **limited service**.<sup>195</sup> The immediate priority in many countries will be to ensure universal access to at least a basic level of service.<sup>196</sup>

194 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Op. cit. p. 8.

195 Ibid.

196 Ibid. p. 10.

**Figure 4.1: JMP service ladder for improved water sources**

Source: JMP<sup>197</sup>

Palau's potable water is drawn primarily from five major watersheds, 11 minor watersheds, and rainwater catchment systems, which almost every household has installed.<sup>198</sup> Store-bought water bottles are also a popular alternative drinking water source in Palau.<sup>199</sup> No estimate of the proportion of population using safely managed drinking water services is available for Palau, as data are not available for the proportion of the population using an improved source that is accessible when needed, or the proportion of the population using an improved source which is free from contamination.<sup>200</sup> However, according to 2017 JMP estimates, as of 2015, 99.6 percent of the population in Palau had access to improved water within a 30-minute round trip. Thus, Palau has obtained access to basic drinking water services for all of its population. Of the population with access to improved water sources, 99.5 per cent had access to piped water and 95 per cent had access on the premises, according to estimates for 2015.<sup>201</sup> Further, disaggregated data for urban and rural sites indicate minor disparity in access. As shown in Figure 4.2, Palau has one of the highest rates of access to basic water in the PICT region.

197 Progress on drinking water, sanitation and hygiene. Op. cit.

198 SPC Pacific Water. <http://www.pacificwater.org/pages.cfm/country-information/republic-of-palau.html> [05.05.17].

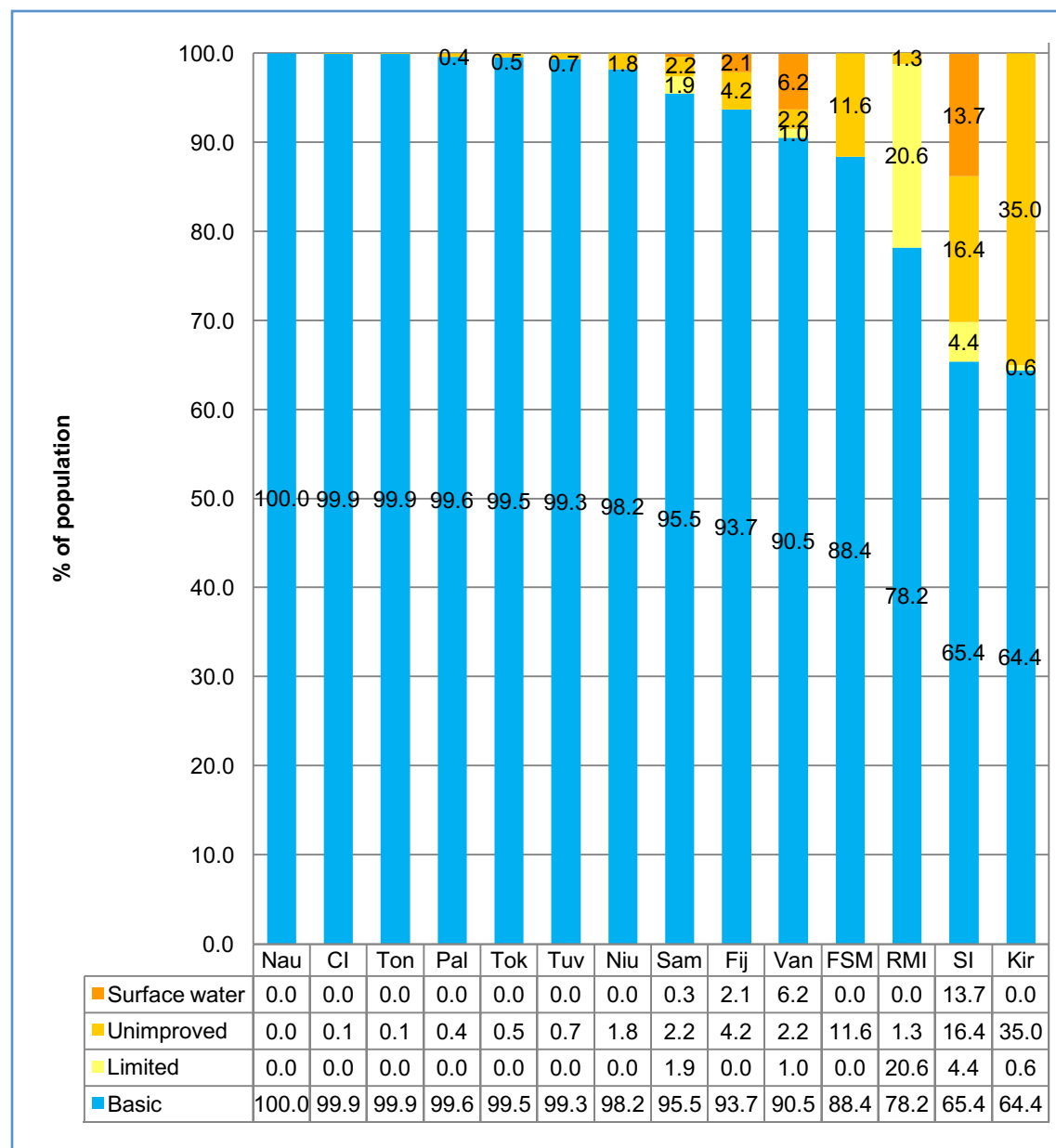
199 Ibid.

200 JMP data for Palau. <https://washdata.org/data#!plw> [02.08.17].

201 Ibid.

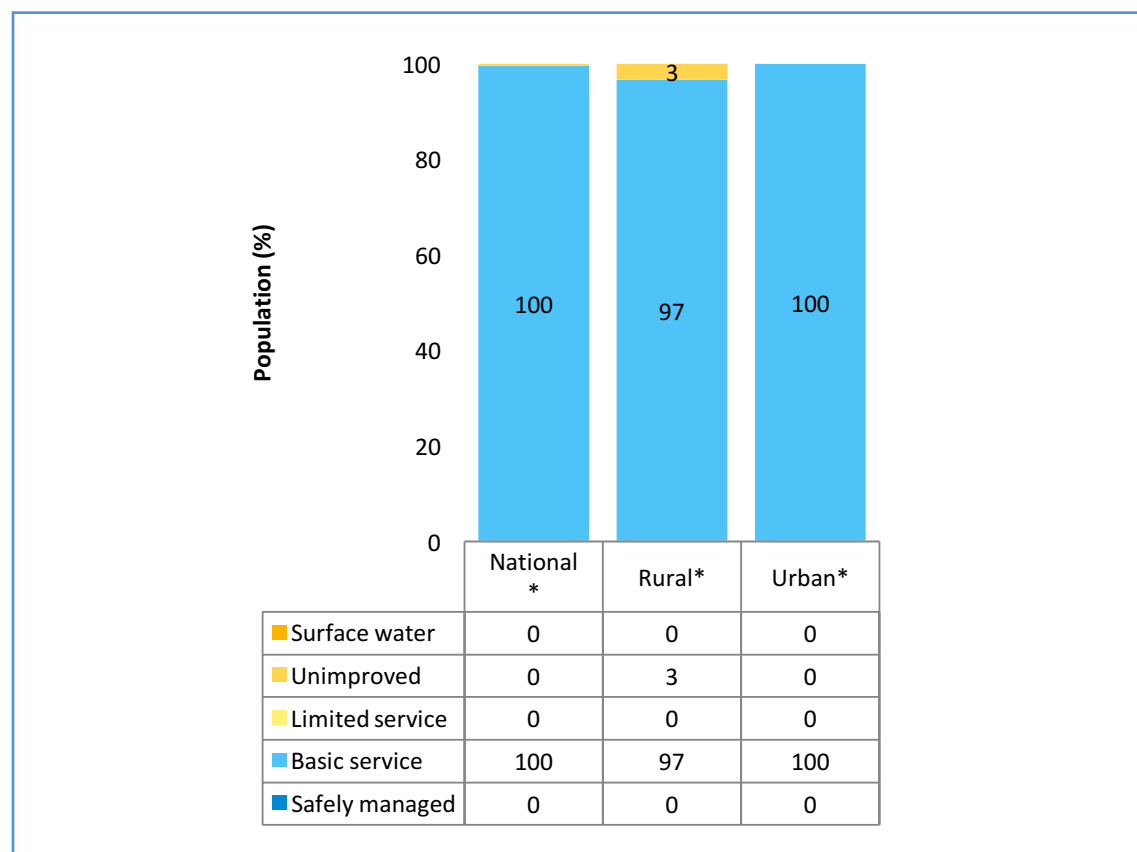


**Figure 4.2: Provision of drinking water services as per JMP service ladder, 2015 estimates**



Source: JMP<sup>202</sup>

Table 4.1, below, provides an overview of access to improved water in Palau from 2000 to 2015. The data shows a steady increase in basic service coverage by 8 percentage points to bring access to universal levels over the past 15 years.

**Figure 4.3: Provision of drinking water services in Palau, 2017 estimates**Source: JMP<sup>203</sup>**Table 4.1: Provision of drinking water services, 2017 estimates (%)**

Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources that are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	91.7	91.7	-	8.3	0.0	91.7	0.0	83.8	-	-
2005	95.1	95.1	-	4.9	0.0	95.1	0.0	88.1	-	-
2010	97.7	97.7	-	2.3	0.0	97.7	0.0	91.8	-	-
2015	99.6	99.6	-	0.4	0.0	99.5	0.0	95.0	-	-

Source: JMP<sup>204</sup>

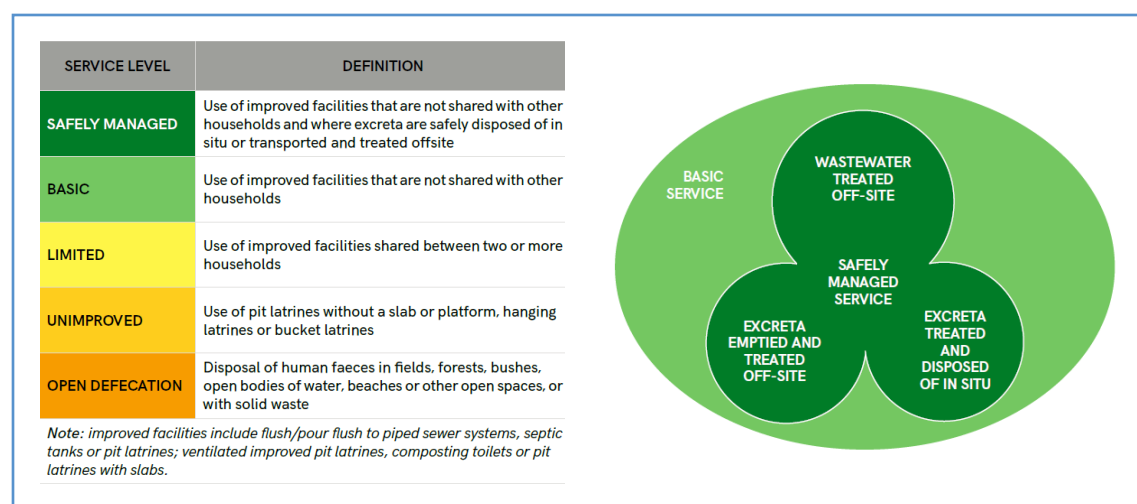
203 Ibid.

204 Ibid.

## 4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 regarding a safely managed sanitation service, people should use improved sanitation facilities that are not shared with other households, and the excreta produced should either be treated and disposed of in situ, stored temporarily and then emptied, transported and treated off-site, or transported through a sewer with wastewater and then treated off-site.<sup>205</sup> If excreta from improved sanitation facilities are not safely managed, people using those facilities will be classed as having access to a basic sanitation service (SDG 1.4), and using improved facilities that are shared with other households is classified as having a limited service.<sup>206</sup> SDG target 6.2 specifically focuses on ending open defecation.<sup>207</sup> While SDG target 6.2 aims to progressively raise the standard sanitation services for all, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.<sup>208</sup>

**Figure 4.4: JMP service ladder for improved sanitation facilities**



Source: JMP<sup>209</sup>

Figure 4.5 shows that Palau has the highest access to basic sanitation facilities of all PICTs. 2017 JMP estimates provide that as of 2015, 19.6 per cent of the population in Palau had access to safely managed sanitation services, while 80.4 per cent had access to basic sanitation services.<sup>210</sup> Thus, Palau has reached SDG target 1.4 in relation to sanitation, but has a long way to go to meet SDG 6.2. With 100 per cent of the Palau population using improved rather than shared facilities, it is apparent that the low overall coverage of safely managed sanitation is a result of excreta from improved sanitation facilities not being safely managed (see table 4.2).<sup>211</sup> As data are lacking in

205 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Op. cit. p. 8.

206 Ibid. pp. 8-9.

207 Ibid.

208 Ibid. p. 10.

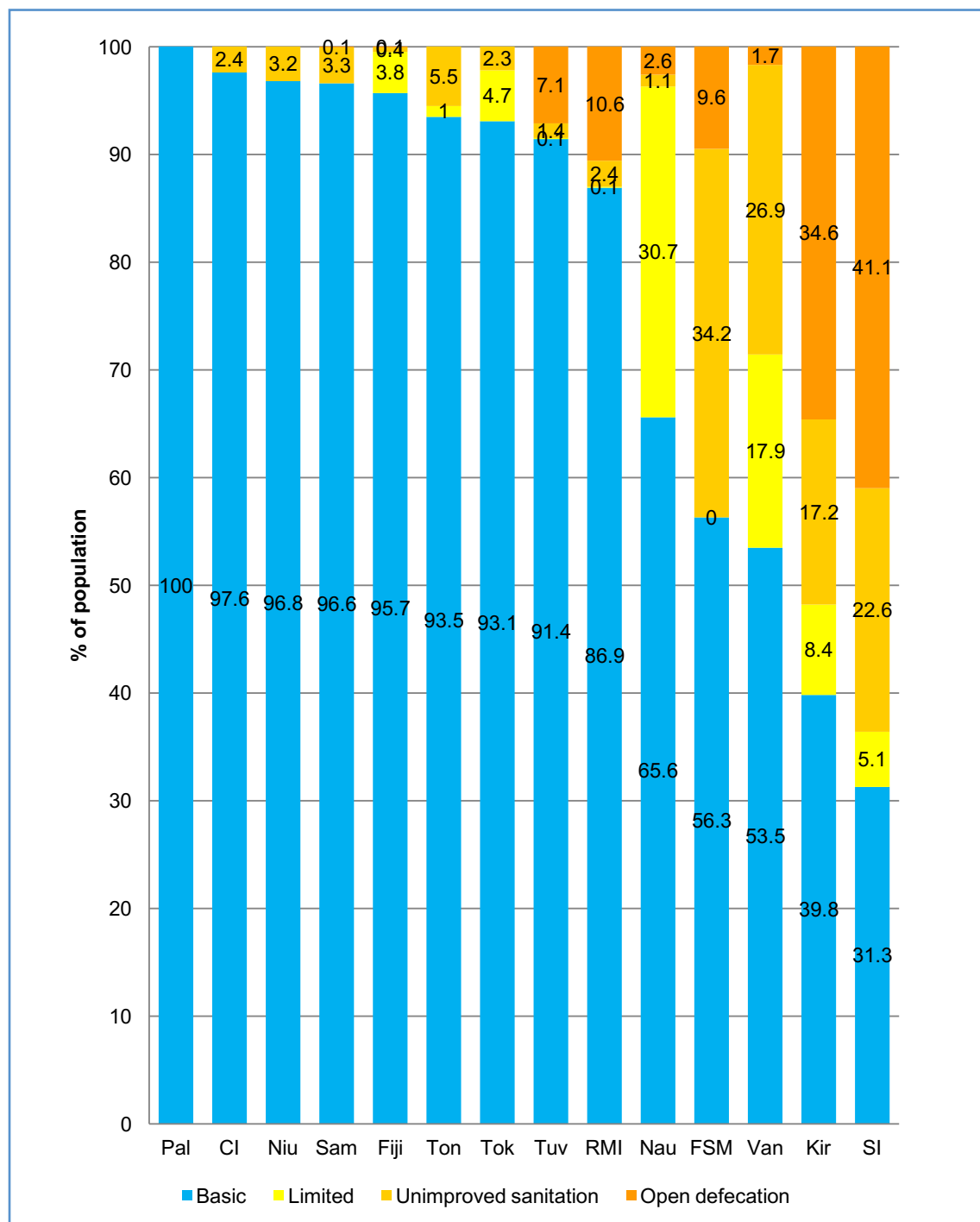
209 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Op. cit.

210 JMP data for Palau. Op. cit.

211 Ibid.

relation to excreta disposal in rural areas, no estimates of the disparity between urban and rural areas in relation to the provision of safely managed sanitation services are available.<sup>212</sup>

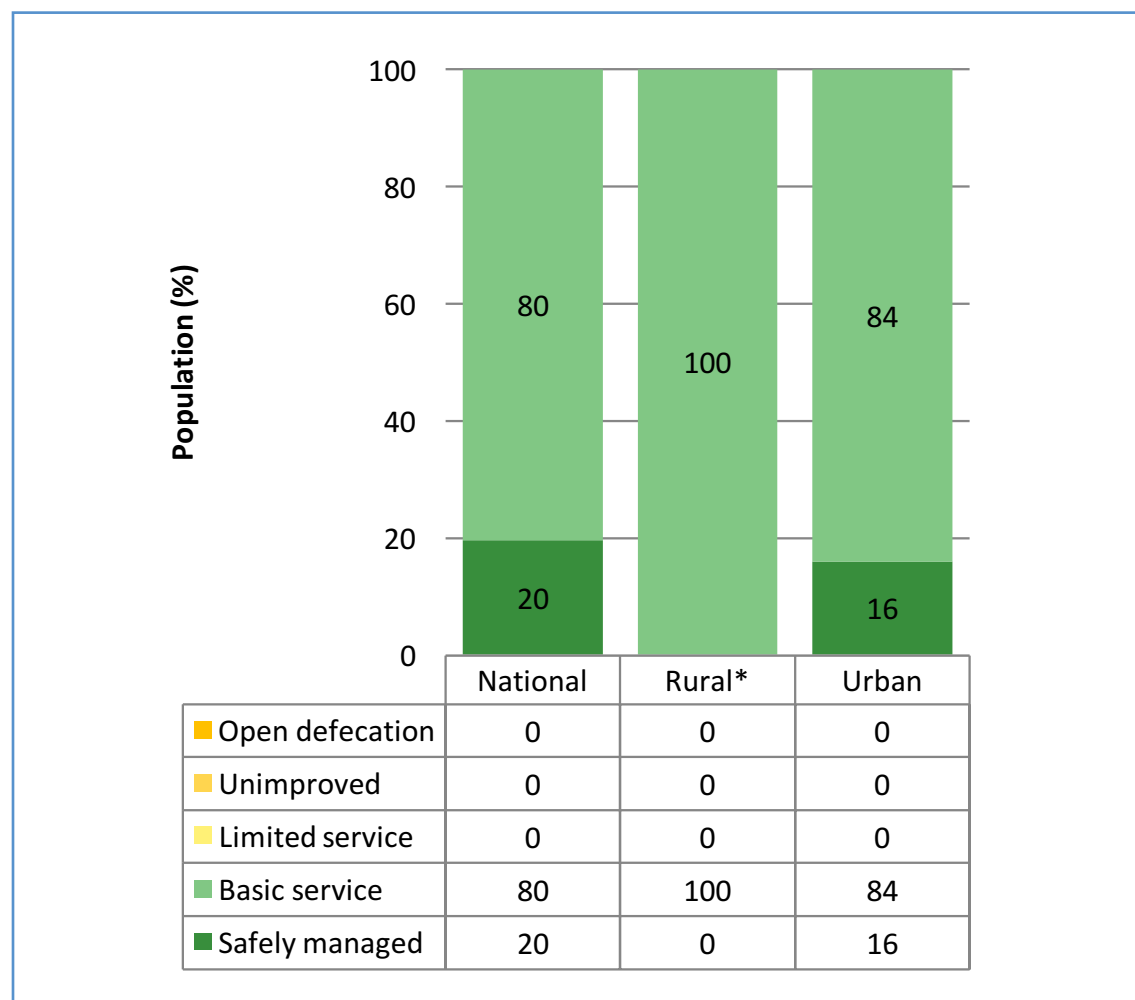
**Figure 4.5: Provision of sanitation facilities as per JMP service ladder, 2015**



Source: JMP<sup>213</sup>

212 Ibid.

213 Ibid.

**Figure 4.6: Provision of sanitation facilities, 2017 estimates**

Source: JMP<sup>214</sup>

Table 4.2 shows that Palau has seen steady and impressive progress in expanding access to basic sanitation services over the years, in that coverage increased from 84.7 per cent in 2000 (the first year for which JMP data is available)<sup>215</sup> to reach universal coverage in 2011: an increase of over 15 percentage points in 11 years.<sup>216</sup> In relation to the specific focus under SDG target 6.2 on ending open defecation practices, most recent estimates provide that open defecation is no longer a problem in Palau and that the target has been met.<sup>217</sup>

214 Ibid.

215 WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene.

216 JMP data for Palau. Op. cit.

217 Ibid.

**Table 4.2: Provision of sanitation facilities, 2017 estimates**

Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed in situ	Emptied and treated	Wastewater treated
2000	84.7	84.7	0.0	15.3	0.0	0.0	33.5	51.2	16.8	0.0	0.0
2005	93.1	93.1	0.0	6.9	0.0	-	37.6	55.5	18.8	0.0	0.0
2010	99.6	99.6	0.0	0.4	0.0	0.0	40.9	58.7	20.5	0.0	0.0
2015	100.0	100.0	0.0	0.0	0.0	0.0	39.2	60.8	19.6	0.0	0.0

Source: JMP<sup>218</sup>

### 4.3. Hygiene practices

According to SDG target 6.2, Palau should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea (and other diseases), which in turn affect important development outcomes such as those related to child mortality and school attendance.<sup>219</sup>

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.<sup>220</sup> Households that have a handwashing facility with soap and water available on the premises will meet the criteria for a **basic** hygiene facility (SDGs 1.4 and 6.2).<sup>221</sup> Households that have a facility but lack water or soap are classified as having a **limited** facility, and distinguished from households that have no facility at all.<sup>222</sup>

218 Ibid.

219 See e.g. UN-Water Decade Programme on Advocacy and Communication Information Brief. [http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash\\_eng.pdf](http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf) [27.03.17].

220 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Op. cit. pp. 8-9.

221 Ibid.

222 Ibid.



**Figure 4.7: JMP service ladder for improved hygiene services**

SERVICE LEVEL	DEFINITION
<b>BASIC</b>	Availability of a handwashing facility on premises with soap and water
<b>LIMITED</b>	Availability of a handwashing facility on premises without soap and water
<b>NO FACILITY</b>	No handwashing facility on premises

*Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.*

Source: JMP<sup>223</sup>

There is a lack of data on hygiene practices in Palau, with none provided in the 2017 JMP study. In contrast to many neighbouring countries, Palau has not yet implemented a GSHS, which would include information about hygiene practices (hand-washing and dental hygiene) amongst school children.<sup>224</sup>

#### **4.4. WASH in schools, menstrual hygiene management and disabilities**

No quantitative information was obtainable on WASH in Schools (WinS) in Palau. The 2007 Pacific Islands Applied Geoscience Commission (SOPAC) diagnostic report notes that local schools include field trips to the water treatment plants to help students understand issues around water resource management.<sup>225</sup> Data also appears to be lacking on access to WASH for persons living with disabilities and other disadvantaged groups in Palau. Furthermore, there appears to be no information on menstrual hygiene management programmes.

#### **4.5. Barriers and bottlenecks**

Data suggest that Palau has one of the most developed and properly functioning WASH sectors in the whole Pacific region. However, a number of key structural barriers and bottlenecks could prevent Palau from achieving further progress in WASH.

223 Ibid.

224 See <http://www.who.int/chp/gshs/datasets/en/> [12.04.17].

225 SOPAC. 2007. National Integrated Water Resource Management Diagnostic Report for Palau. [http://www.pacificwater.org/userfiles/file/GEF per cent20WRRM per cent20Final per cent20Docs/MR0642Palau.pdf](http://www.pacificwater.org/userfiles/file/GEF%20WRRM%20Final%20Docs/MR0642Palau.pdf) [05.05.17].

#### 4.5.1. Climate and disaster risks

A recent WHO assessment report concluded that some of the key climate-sensitive health risks in Palau are diarrhoeal and vector-borne diseases (especially dengue fever), which are affected by water safety.<sup>226</sup> Water safety therefore needs to be treated as a top priority in preventing and/or mitigating climate-sensitive health risks in Palau. A 2007 SOPAC diagnostic report suggests that disaster preparedness in Palau is generally low, and that there is a some complacency amongst key stakeholders because of its location outside the main 'cyclone belt' of the northern equatorial Pacific.<sup>227</sup>

Palau is also partially reliant on consistent rainfall for its water supply, making it vulnerable to drought. The main urban area of Koror, where approximately 70 per cent of Palau's population reside, appears to be particularly vulnerable to rainfall shortages during climatic extremes such as El Niño periods. For example, during the 1998 El Niño, after one month of very little rainfall, low stream flows resulted in water shortages for the Koror/Airai water supply system, which forced the Government to declare restricted water hours.<sup>228</sup> Similarly, in early 2016, an El Niño-induced drought forced the Government to ration access to tap water to three hours a day in the capital, and schools were only open half days because they could not provide students with sufficient drinking water.<sup>229</sup>

#### 4.5.2. Limited data

Limited data availability in relation to WASH in Palau makes it difficult to identify problems and measure progress. For example, no information is collected on ground and surface water exploitation.<sup>230</sup> It is also not known how water extraction practices are affecting Palau's unique mangroves and coral reefs, which are key to its tourism industry.<sup>231</sup>

#### 4.5.3 Limited resources

It was not possible to obtain information on WASH financing in Palau, which is not included in the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), which usually includes indicators for measuring the adequacy of funding.<sup>232</sup> According to a somewhat outdated 2007 SOPAC report, the Government's financial resources in the area of WASH are limited, with heavy reliance on external aid from the US, Japan, Taiwan and Australia.<sup>233</sup> In relation

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226 WHO. 2015. Human health and climate change in Pacific island countries. Op. cit. p. 84.

227 SOPAC. 2007. Op. cit. p. 54.

228 SOPAC. 2007. Op. cit.

229 News.com.au. April 2016. Palau water shortage: Island paradise of 18,000 about to run out of water. <http://www.news.com.au/travel/travel-updates/palau-water-shortage-island-paradise-of-18000-about-to-run-out-of-water/news-story/dd9c92cc9fa06517726bedb5f60ece74> [05.05.17].

230 SOPAC. 2007. Op. cit.

231 Ibid.

232 WHO. 2014. UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS). [http://www.who.int/water\\_sanitation\\_health/monitoring/investments/glaas/en/](http://www.who.int/water_sanitation_health/monitoring/investments/glaas/en/) [05.05.17].

233 SOPAC. 2007. Op. cit.

to human resources, it appears that Palau is also heavily reliant on US-based visiting specialists, with, for example, no local hydrologists, geologists, or hydro-geologists available.<sup>234</sup>

#### 4.5.4. Impact of tourism

The 2007 SOPAC report identified the increasing number of tourists visiting Palau as one of the key factors putting strain on water and sanitation systems. For example, 82,397 tourists visited Palau in 2006 alone, which amounted to approximately four times the national population.<sup>235</sup> The report notes that hotels are required to have their own wastewater treatment facilities, but that most rely on the public wastewater system, which is being pushed the system beyond its maximum capacity.<sup>236</sup>

It is unclear to what extent the findings of the 2007 report reflect the situation in Palau in 2017. However, the latest tourism figures indicate that the sector has grown rapidly since 2007, with 136,572 tourists in 2016 alone.<sup>237</sup>

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234 Ibid.

235 Ibid.

236 Ibid. p. 48.

237 See <http://palaugov.pw/immigration-tourism-statistics/> [12.05.17].

# 5.

## Education

### Key Education-related SDGs

SDGs	Targets	Indicators
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
		Participation rate in organized learning (one year before the official primary entry age), by sex
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill

4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
4.6	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
4.7	By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment
4.A	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Proportion of schools with access to (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
4.B	By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and ICT, technical, engineering and scientific programmes, in developed countries and other developing countries	Volume of ODA flows for scholarships by sector and type of study

4.C	By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country
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The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights (CESCR), the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.<sup>238</sup> The right to education is also contained in the SDGs, which recognise that “quality education is the foundation to improving people’s lives and sustainable development.” Goal 4 requires States to “ensure inclusive and quality education for all and promote lifelong learning.” The SDGs build upon the MDGs, including MDG 2 on universal primary education, and UNESCO’s Education for All (EFA) goals.

In addition to these rights and targets, the United Nations International Strategy for Disaster Reduction (UNISDR) and the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework set out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education. Palau is taking important steps to develop education policies in line with this framework. Its National Climate Change Policy was formalised in 2015, and sets out the Government’s intention to expand the school curricula to include education on climate change and disaster risk information.<sup>239</sup> The Climate Change Policy also states an intention to integrate climate change and disaster risk management into education policies and action plans, to prioritize scholarship and education opportunities in climate change and disaster management, and to implement professional training for teachers on environmental issues.<sup>240</sup> Furthermore, the Policy notes the intention to establish an office at the MoE to monitor and evaluate climate change and disaster management activities. While encouragingly, the Policy estimates a projected investment of US\$5,650,000 over its 5-year span into these interventions,<sup>241</sup> their success remains to be seen.

The education system is administered by the MoE, which is responsible for directing policy on the management of primary and secondary schools throughout the island.<sup>242</sup> The MoE is also

238 UN CESCR, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999), para 6.

239 Government of Palau. Pacific Climate Change Policy, 2015. [https://www.pacificclimatechange.net/sites/default/files/documents/PLW\\_2015\\_Palau\\_CC\\_Policy.pdf](https://www.pacificclimatechange.net/sites/default/files/documents/PLW_2015_Palau_CC_Policy.pdf), p. 17.

240 Ibid. p. 17.

241 Ibid., p. 30.

242 Republic of Palau, Ministry of Education, Education Master Plan, 2006-2016. <http://www.unesco.org/education/edurights/media/docs/e51733290f3523016b8384e8a0ec6da32de9fcff.pdf>



responsible for the development of national curricula and educational standards.<sup>243</sup> The Palau National Code of Legislation mandates the establishment of a National Board of Education (which is responsible for managing the operation of the MoE), to be appointed by the National President with the advice and consent of the Senate.<sup>244</sup> However, following the publication of the Master Education Plan 2000,<sup>245</sup> the National Board of Education ceased to function, in anticipation of reforms to its structure.<sup>246</sup> These reforms have not yet been carried out, so the National Board of Education is still not functioning.<sup>247</sup> In its absence, the Ministry has assumed the National Board of Education's responsibilities,<sup>248</sup> and has noted the need to re-establish the Board as a priority in its Education Master Plan 2006-2016.<sup>249</sup>

The organisational structure of Palau's education system is characterised by the division between pre-primary education (delivered through the 'Head Start' programme provided by the Palau Community Action Agency, public and private primary and secondary schools), and tertiary education (delivered through community colleges and adult and community education).<sup>250</sup> Pre-primary education, or early childhood education (ECE), is supported primarily by financial assistance from the US and is designed to prepare children for successful transition into primary school.<sup>251</sup> Head Start programmes are provided by the Palau Community Action Agency – a non-profit corporation – and several private schools<sup>252</sup> and are not a compulsory element of education in Palau. Primary and secondary education in Palau are compulsory for children aged 6 to 18, or until graduation from secondary school.<sup>253</sup> Primary schools span grades 1 to 8, and secondary school, grades 9 to 12. The MoE Education Master Plan, published in 2006, states that there were 18 public primary schools and one public secondary school, as well as several private institutions, which reportedly engage in significant resource sharing with public schools.<sup>254</sup> Tertiary education is optional and delivered through Palau Community College, established in March 1993 to provide post-secondary vocational and higher education.<sup>255</sup> As well as higher qualifications (Associates, Bachelors and Masters degrees), Palau Community College offers vocational courses to build employment skills.<sup>256</sup>

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243 Ibid.

244 Palau 2000 Master Plan for Educational Development. <http://www.paddle.usp.ac.fj/collect/paddle/index/assoc/pal004.dir/doc.pdf>

245 Ibid.

246 Republic of Palau. Ministry of Education, Education Master Plan, 2006-2016. Op. cit.

247 Ibid.

248 Ibid.

249 Ibid.

250 Ibid.

251 Ibid.

252 Ibid.

253 Ibid.

254 Ibid.

255 Ibid.

256 Ibid.

## 5.1. Early Childhood Education

According to SDG 4.2, by 2030, States are required to ensure that “all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.” EFA goal 1 also requires the expansion and improvement of comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

ECE in Palau is largely delivered by Head Start programmes, financed by US federal grants. Information on Head Start programmes is extremely limited, which is a primary barrier to assessing and analysing the ECE situation of children. However, in the 2014-2015 financial year, Head Start programmes received US\$1,437,508 from the US government, enrolling 400 children, including 124 3-year-olds and 276 4-year-olds.<sup>257</sup> Enrolment numbers dropped significantly between the 2007-2008 and 2014-2015 academic years, from 509 to 400 children.<sup>258</sup> Of the 400 children enrolled in the 2014-2015 academic year, 13 were recorded as having a disability.<sup>259</sup> It has been reported that ECE teaching quality has improved over recent years, with the percentage of Head Start teachers with a Bachelor’s degree or higher increasing significantly from 38 per cent in 2007 to 73 per cent in 2015.<sup>260</sup> The collection of data pertaining to the participation rate in organized learning one year before the official primary entry age, by gender, is essential in order to track Palau’s progress towards achieving SDG 4.2.

## 5.2. Primary and secondary education

The EFA goals and SDGs include targets on primary and secondary education. According to SDG 4.1, by 2030, all girls and boys shall complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. The SDGs, MDGs (2.A and 3.A) and EFA goals (Goal 5) require the elimination of gender disparity in primary and secondary education, and EFA Goal 2 requires that children in difficult circumstances and ethnic minorities, have access to complete, free and compulsory primary education of good quality.

### 5.2.1. Access

Free compulsory schooling is provided to children aged 6 to 18 (grades 1 to 12) through primary and secondary education, and is delivered (according to the 2006 MoE Education Master Plan) by 18 public primary schools and one public secondary school, as well as various private primary

257 Palau. Head Start & Early Head Start 2014-2015 Overview. [http://nieer.org/wp-content/uploads/2016/12/HS\\_Palau\\_Profile.pdf](http://nieer.org/wp-content/uploads/2016/12/HS_Palau_Profile.pdf)

258 Palau Community Action Agency’s Head Start Program, Palau. <http://palaugov.pw/wp-content/uploads/2016/09/2015-Statistical-Yearbook-1.pdf>

259 Palau 2014 Head Start Fact Sheet, NHSA. [https://www.nhsa.org/files/resources/palau\\_fact\\_sheet.pdf](https://www.nhsa.org/files/resources/palau_fact_sheet.pdf)

260 Palau 2014 Head Start Fact Sheet, NHSA; Palau, Head Start & Early Head Start 2014-2015 Overview.

and secondary schools.<sup>261</sup> The primary school curriculum consists of five core subjects: English; Palauan; Mathematics; Science; and Social Studies.<sup>262</sup> In addition, primary schools provide classes in health, physical education and career guidance (taught once or twice per week).<sup>263</sup> Palau's public secondary school, Palau High School, teaches both academic and vocational classes, including English, Palauan studies, Social Studies, Science, Mathematics, Health and Physical Education.<sup>264</sup> Students are also required to participate in 'career academies', including agriculture, business information systems, health and human services, industrial engineering, and arts and humanities.<sup>265</sup> Furthermore, vocational studies in secondary school are encouraged through programmes including 'Job Shadowing' and 'Career Mentoring'.<sup>266</sup>

Gross enrolment ratios (GER) for primary schools are satisfactory, and were recorded most recently in 2016 at 111 per cent (composed of 112 per cent boys and 109 per cent girls).<sup>267</sup> This marks a slight decrease from the 116 per cent recorded in 2015 (composed of 117 per cent boys and 114 per cent girls).<sup>268</sup> Furthermore, the most recent net enrolment rate (NER) recorded for primary schools (in 2011) was 90 per cent,<sup>269</sup> a decrease of 9 per cent from the 2009 to 2010 academic year.<sup>270</sup>

The GERs for secondary schools remained relatively constant from 2006 to 2011 (ranging from 88 to 89 per cent).<sup>271</sup> However, figures from 2016 show an increase to 105.3 per cent (103.6 per cent for males and 107.2 per cent for females).<sup>272</sup> Up-to-date, disaggregated secondary NERs are not available.

Data on primary and secondary survival rates are required to assess Palau's progress towards achieving SDG 4.1. However, this data is limited and, where available, out of date. In 2005, 93 per cent of children entering grade 1 of primary school reached the final year of primary education (grade 7).<sup>273</sup>

There is little gender disparity in the primary GER, although the percentage of boys enrolled in primary school is slightly higher than that of girls (the Gender Parity Index for the GER being

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261 Republic of Palau. Ministry of Education, Education Master Plan, 2006-2016. Op. cit.

262 Ibid.

263 Ibid.

264 Ibid.

265 Ibid.

266 Ibid.

267 MoE Database Extract, 2016, cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> on 23 June 2017 although it has not been possible to verify this figure against its original source.

268 Ibid.

269 MoE, Statistical Yearbook, 2011.

270 From DOE PEDMS and SDD population estimates, 2010, MoE, Database Extract. Op. cit., although it has not been possible to verify this figure against its original source.

271 MoE, Statistical Yearbook, 2011. [http://prism.spc.int/images/EducationDigests/PALAU/2011\\_Statistical\\_Yearbook-Draft.pdf](http://prism.spc.int/images/EducationDigests/PALAU/2011_Statistical_Yearbook-Draft.pdf)

272 Ibid.

273 Millennium Development Goals Report. Republic of Palau, 2008. [http://www.in.undp.org/content/dam/fiji/docs/Palau\\_MDG\\_Report\\_2008.pdf](http://www.in.undp.org/content/dam/fiji/docs/Palau_MDG_Report_2008.pdf)

97 in 2016).<sup>274</sup> This marks a slight decrease from the Gender Parity Index recorded in 2014 (100 per cent).<sup>275</sup> At secondary level, a higher percentage of females than males were enrolled in 2016. Up-to-date disaggregated net enrolment and survival rates are needed to conduct a more comprehensive analysis of any gender disparity in primary and secondary education.

### 5.2.2. Quality

One of the key indicators of the quality of education is the student-to-teacher ratio, as it indicates the ability of teachers to dedicate attention and resources to students in the classroom. Furthermore, it indicates whether teachers may be overburdened and therefore delivering lower quality teaching. In 2016, the ratio was 12:1 for both primary and secondary schools.<sup>276</sup> Geographically disaggregated data is unavailable so it is not clear how ratios compare across Palau.

In the 2014-15 school year, there were 223 teachers in public primary and secondary schools. In the same year, teachers across primary and secondary schools in Palau were mostly female, (77 per cent).<sup>277</sup>

The level of teacher qualifications is an important indicator of the quality of education. In 2015 in primary schools, 60 per cent of teachers possessed only a high school diploma, followed by 29 per cent with an Associate of Arts or Associate of Science degree, and 9 per cent with a BA or BSc degree.<sup>278</sup> Significantly more teachers possessed higher qualifications in secondary schools, with 50 per cent recorded as having a BA or BSc degree in 2015.<sup>279</sup>

Repetition rates can also provide an indication of teaching quality, but up-to-date statistics are not available. Based on figures from 2011, the school years with the highest repetition rates in primary schools are grades 1 (10 per cent) and 4 (6 per cent).<sup>280</sup> In 2011, in secondary schools, the highest rates of repetition occurred in grades 9 (25.8 per cent) and 10 (20.3 per cent).<sup>281</sup> Gender-disaggregated data (for combined primary and secondary schools) shows that male students repeated the year more than female students; in 2011, of the 231 repeaters, 64.5 per cent were male and 35.5 per cent female.<sup>282</sup>

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274 MoE Database Extract, 2016, cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> [23.06.17], although it has not been possible to verify this figure against its original source.

275 Ibid.

276 Ibid.

277 MoE, Statistical Yearbook, 2015. Op. cit.

278 Ibid.

279 Ibid.

280 Annual School Survey, 2011, in MoE, Statistical Yearbook, 2011.

281 Ibid.

282 Ibid.

### 5.2.3. Barriers and bottlenecks

The Education Master Plan 2006-2016 highlighted concerns regarding the quality of teaching staff in both primary and secondary schools, stemming from a shortage of qualified teachers, and exacerbated by the retirement of more senior qualified staff.<sup>283</sup> Further, low teacher salaries are identified as a contributing factor to the shortfall of qualified teachers.<sup>284</sup> The quality of education is also hampered by a lack of funding allocated for school supplies and materials for students, which has been decreasing due to the reduction in US federal grants allocated to this area.<sup>285</sup> Simultaneously, book prices are reportedly increasing, making it difficult to provide the highest quality education.<sup>286</sup> Federal grants are also being phased out in other areas; for example, funds allocated to support teacher training initiatives are increasingly becoming obsolete.<sup>287</sup>

A further barrier is the poor material condition of many schools in Palau. Many school buildings are over 40 years old, poorly constructed and in need of repair.<sup>288</sup> In view of the Government's decreasing spending on the education sector (from US\$6,783,000 in 2000 to US\$6,387,000 in 2006),<sup>289</sup> this may be a significant barrier to meeting the SDGs, although up-to-date figures on government spending on education are required.

## 5.3. Tertiary education

According to SDG 4.3, by 2030, all women and men should have access to affordable and quality technical, vocational and tertiary education, including university. However, limited disaggregated data is available to monitor Palau's progress towards achieving this goal.

Tertiary education in Palau is delivered through Palau Community College, established in March 1993. The College is the only higher education institution in Palau and offers one-year Certificates and Associates degrees as well as Bachelors and Masters degrees in various subjects. The College also offers adult education programmes for those who dropped out of secondary school.<sup>290</sup> In the most recently recorded semester, Autumn 2015, 627 students were enrolled in Palau Community College, marking an increase from the previous year (Autumn 2014), which recorded 603.<sup>291</sup> In the 2013-2016 academic year, there were 109 teaching staff: a substantial increase from the 30 employed in 2014-2015 and 2013-2014.<sup>292</sup>

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283 Republic of Palau. Ministry of Education, Education Master Plan, 2006-2016.

284 Ibid.

285 Ibid.

286 Ibid.

287 Ibid.

288 Ibid.

289 Ibid.

290 Ibid.

291 MoE. Statistical Yearbook, 2015.

292 Ibid.

Financial aid for students attending Palau Community College is sourced from federal grants offered by the US Department of Education.<sup>293</sup> Data on the gender makeup of enrolments in the Palau Community College are unavailable. Scholarships for overseas tertiary study are available, for example through the University of Hawaii at Hilo,<sup>294</sup> although disaggregated data on scholarships awarded to support overseas study are unavailable.

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293 Palau Community College. Financial Aid Programs & Requirements. <http://pcc.palau.edu/financial-aid/programs-requirements/>

294 University of Hawaii at Hilo. Scholarships for UH Hilo Students from Palau, FSM & Marshall Islands, 2013. <https://hilo.hawaii.edu/international/documents/ScholarshipsforPalauFSMandMarshalls.pdf> [14.06.17].

# 6.

## Child Protection

The CRC, its two Optional Protocols and other key international human rights instruments outline the State's responsibility to protect children from all forms of violence, abuse, neglect and exploitation. Whilst the CRC recognises that parents have primary responsibility for the care and protection of their children, it also emphasises the role of governments in keeping children safe and assisting parents in their child rearing responsibilities. This includes obligations to support families to enable them to care for their children, to ensure appropriate alternative care for children who are without parental care, to provide for the physical and psychological recovery and social reintegration of children who have experienced violence, abuse or exploitation, and to ensure access to justice for children in contact with the law.

The Convention on the Rights of the Child recognizes the following rights, which are the most relevant to this chapter:

*Article 7 – The right to identity and to be registered at birth*

*Article 19 – The right to protection from all forms of physical or mental violence, abuse or neglect, or exploitation*

*Article 23 – The rights and special needs of children with disabilities*

*Article 32 – The right to protection from economic exploitation*

*Article 33 – The right to protection from illicit use of narcotic drugs*

*Article 34 – The right to protection from all forms of sexual exploitation and sexual abuse*

*Article 35 – The right to protection from the abduction, sale and traffic in children*

*Article 36 – The right to protection from all other forms of exploitation*

*Article 37 – The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty*

*Article 39 – The right to physical and psychological recovery and social integration*

*Article 40 – The rights of the child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity*



*State Parties' obligations to protect children are further guided by: the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography; the Optional Protocol on the Involvement of Children in Armed Conflict; Convention on the Rights of People with Disabilities; ILO Convention 138 on Minimum Age; ILO Convention 182 on the Worst forms of Child Labour; UN Guidelines for the Alternative Care of Children (2010); UN Standard Minimum Rules for the Administration of Juvenile Justice (1985); UN Guidelines for the Prevention of Juvenile Delinquency (1990); UN Rules for the Protection of Juveniles Deprived of their Liberty (1990); and UN Guidelines for Justice on Child Victims and Witnesses in Criminal Proceedings (2005).*

In addition to the CRC, the SDGs sets specific targets for child protection in relation to violence against women and girls (5.2), harmful traditional practices (5.3), child labour (8.7), provision of safe spaces (11.7), violence and violent deaths (16.1), abuse, exploitation, trafficking and all forms of violence against and torture of children (16.2) and birth registration (16.9). The SDGs also promote strengthened national institutions for violence prevention (16.a).

### Key child protection-related SDGs

SDG	Target	Indicators
5.2	Eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
		Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
		Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age

SDG	Target	Indicators
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	Proportion of persons victim to physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
16.1	Significantly reduce all forms of violence and related death rates everywhere	Number of victims of intentional homicide per 100,000 population, by sex and age
		Conflict-related deaths per 100,000 population, by sex, age and cause
		Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
		Proportion of population that feels safe walking alone around the area they live in
16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by care-givers in the previous month
		Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
		Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
16.3	Promote the rule of law at the national and international levels and ensure equal access to justice for all	Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms
		Unsentenced detainees as a proportion of overall prison population
16.9	By 2030, provide legal identity for all, including birth registration	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

UNICEF’s global Child Protection Strategy calls for creating a protective environment “where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience.”<sup>295</sup> The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasises that child protection requires

a holistic approach, identifying and addressing community attitudes, practices, behaviours and other causes underpinning children’s vulnerability, engaging those within children’s immediate environment (children themselves, family and community), and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. “Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.”<sup>296</sup> The main elements of a child protection system are:

### Main elements of a child protection system

<b>Legal and policy framework</b>	This includes laws, regulations, policies, national plans, SOPs and other standards compliant with the CRC and international standards and good practices.
<b>Preventive and responsive services</b>	A properly functioning system must have a range of preventive, early intervention and responsive services – social welfare, justice, health and education – for children and families.
<b>Human and financial resources</b>	Effective resource management must be in place, including an adequate number of skilled workers in the right places and adequate budget allocations for service delivery.
<b>Effective collaboration and coordination</b>	Mechanisms must be in place to ensure effective multi-agency coordination at national and local levels.
<b>Information Management and Accountability</b>	The child protection system must have robust mechanisms to ensure accountability and evidence-based planning. This includes capacity for data collection, research, monitoring and evaluation.

Source: Adapted from UNICEF Child Protection Resource Pack 2015

## 6.1. Child protection risks and vulnerabilities

This section provides an overview of available information on: the nature and extent of violence, abuse, neglect and exploitation of children in Palau; community knowledge, attitudes and practices relating to child protection; and the drivers underlying protection risks.

### 6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children

Palau has limited quantitative data on child protection, and as a result it is not possible to present a clear picture of the nature and extent of violence, abuse, neglect and exploitation of children.

Nonetheless, information indicates that they experience various forms of violence in the home, in schools and in the community. No information is available in relation to some key child protection issues, including peer violence and bullying in school, child labour and child marriage.

#### **6.1.1.1. Violence in the home**

A 2014 Child Protection Baseline Survey found that 7 per cent of the children surveyed had been physically abused in their homes in the previous month, while 8 per cent of adults reported that a child within their household had suffered abuse within the previous month.<sup>297</sup> Of these incidents, fathers were reported as the main perpetrators in 57 per cent of cases, with siblings next most likely to be perpetrators. Of the children who reported being hit in the past month, the most common methods used were light spanking (43 per cent), hit with open hand (29 per cent), and hitting with a closed fist or object (14 per cent).<sup>298</sup> Of adults who engaged in or observed physical punishment, 48 per cent said it was to discipline or educate the child, 21 per cent claimed that it was because the child had made a mistake, and 14.3 per cent said it was in order to make children respect adults. More than 1 in 10 children noted that they had been emotionally abused at least once in the previous month.<sup>299</sup>

A 2014 Family Health and Safety Study found similar rates of violence against children in the home. Of the young women aged 15 to 19 surveyed, 9.1 per cent reported experiencing physical violence by a non-partner in the 12 months prior to the interview, with the most commonly reported perpetrators being parents (father/stepfather and mother/stepmother), followed by other male relatives and other female relatives.<sup>300</sup>

According to the Family Health and Safety Study, one-quarter of women in Palau (25.2 per cent) experience physical and/or sexual violence by a partner in their lifetime, with 4.5 per cent of ever-pregnant women experiencing physical partner violence during at least one pregnancy.<sup>301</sup> Prevalence of lifetime physical partner violence is higher amongst younger women (aged 15-29).<sup>302</sup> However, the rate of women's lifetime experience of intimate partner violence in Palau is the lowest amongst PICTs for which data was available, and is significantly lower than the regional average of 48 per cent.<sup>303</sup>

Half of women who experienced physical partner violence said their children witnessed the violence. Children of women who experienced partner violence were nearly twice as likely to have nightmares and three times more likely to have dropped school than children of never abused women.<sup>304</sup>

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297 UNICEF and Republic of Palau. 2014. Value and Protect our Precious Resources: Our Children. p. 42.

298 Ibid.

299 Ibid.

300 MoH. Palau Family Health and Safety Study, 2014, p. 39.

301 Ibid., p.32.

302 Family Health and Safety Study. Op. cit. p. 9.

303 Palau, Cook Islands, FSM, Tonga, Samoa, RMI, Nauru, Vanuatu, Fiji, Solomon Islands, Kiribati.

304 Ibid., p. 51.

### 6.1.1.2. Violence in school

Palau's Child Protection Baseline Survey suggests that the use of corporal punishment in schools persists, but prevalence is not as high as in some of the other PICTs. Of those interviewed as part of the study, 72 per cent of children, 74 per cent of adults and 74 per cent of education key informants said that teachers and school administrators adhere to positive discipline methods and are kind to children.<sup>305</sup> The majority of respondents (90 per cent or more in all cases) in each group also stated that they felt school rules were effective in keeping children safe.<sup>306</sup> Palau's State Party Report to the CRC Committee states that "in a five-year span, there has been no reported case of corporal punishment."<sup>307</sup>

The Baseline Survey found that 66 per cent of respondents agreed that children are safe and protected at school, while 26 per cent disagreed.<sup>308</sup> This was attributed to peer violence and bullying in school. When children were asked what words and actions they don't like at school, the top three answers were bullying, bad words and fighting.<sup>309</sup> The Study also noted that the Family Health Unit of the Bureau of Public Health had been monitoring violence and bullying amongst children in school and the community over a five-year period between 2005 and 2010, finding an average prevalence rate of around 27 per cent. In 2010, 9 per cent of children in schools in Palau admitted bullying other children, while 30 per cent of children surveyed say that they are bullied at school, home or in the community.<sup>310</sup>

### 6.1.1.3. Sexual abuse

Sexual abuse appears to be a concern in Palau. Of the women surveyed as part of the Family Health and Safety Study, nearly 12 per cent indicated that they had experienced sexual abuse before the age of 15, mostly when they were 10-14 years old (55.6 per cent), and when they were 5-9 years (41.7 per cent). The most common perpetrators were male family members (76 per cent), primarily fathers, stepfathers and other male relatives.<sup>311</sup> In addition, amongst those women who reported their age at first sex as below 15, 32.6 per cent reported that this experience was forced.<sup>312</sup> The rate of child sexual abuse in Palau is lower than the average of 17 per cent in PICTs for which data was available.<sup>313</sup>

A 2007 Youth Risk Behaviour Survey similarly found that 21 per cent of the students surveyed had been forced to have sex against their will in the year before the study (19 per cent female and 23.1 per cent male), and that 13 per cent had been physically assaulted by a boyfriend or girlfriend in the previous year (17.4 per cent female and 10 per cent male).<sup>314</sup>

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305 Value and Protect our Precious Resources: Our Children. Op. cit., p. 41.

306 Ibid.

307 State Party Report to UN Committee on the Rights of the Child: Palau. 2016. para 64-65.

308 P. 120.

309 P. 103.

310 P. 121.

311 P. 41.

312 Ibid.

313 Author's calculations from Palau, Cook Islands, FSM, Tonga, Samoa, RMI, Nauru, Vanuatu, Fiji, Solomon Islands, Kiribati.

314 Government of Palau and UNICEF. 2008. 'Palau: A Situation Analysis of Children, Women and Youth'. p. 21.

The Child Protection Baseline Survey found that the vast majority of child and adult respondents were aware of the difference between appropriate and inappropriate touching. When asked if anyone at home, school, or in the community had touched them in a way that made them feel uncomfortable within the past month, 19 children either responded ‘yes’ (4 per cent), ‘don’t know’ (2 per cent) or ‘refused to answer’ (2 per cent). Of the 9 children who reported being inappropriately touched, 6 said the perpetrator was an adult and 2 said the perpetrator was another child.<sup>315</sup>

#### **6.1.1.4. Child labour, commercial sexual exploitation and trafficking in children**

The US State Department’s Trafficking in Persons Report states that Palau is a destination country for women subjected to sex trafficking and for women and men subjected to forced labour, but there is no information on the extent to which this includes children.<sup>316</sup>

A UNICEF report into commercial sexual exploitation of children in the Pacific noted that, in relation to sex trafficking in Palau, PNG and Solomon Islands “the numbers, whilst small compared to other parts of the world, are still significant considering the size of countries in the region, some with very small populations.”<sup>317</sup>

#### **6.1.1.5. Children in conflict with the law**

Palau’s 2016 State Party Report to the CRC Committee provided statistics in relation to children in conflict with the law between 2009 and 2014. The number of children charged with an offence varied significantly each year, from a high of 44 in 2009 to a low of 2 in 2010, with 40 juveniles charged in 2011, and 14 in 2012 and 2013.<sup>318</sup> Between January and September 2014, there were a total of 49 cases involving children aged 14 to 18 and 26 juveniles in custody, though it is not clear whether this is police or post-judicial detention.

**Table 6.1: Number of juveniles in custody or confinement from January to September 2014<sup>319</sup>**

<b>Age</b>	14	15	16	17
<b>Number of juveniles in custody/confinement</b>	1	7	7	11

The Annex to the State Party Report also provided details of the types of offences for which juveniles were reported or charged, with most relating to public nuisance or property-related offences:

315 ‘Value and Protect our Precious Resources: Our Children.’ Op. cit. p. 44.

316 US State Department. ‘Trafficking in Persons Report, 2017.’ pp. 315-316.

317 UNICEF, UNESCAP and ECPAT. 2006. ‘Commercial Sexual Exploitation of Children (CSEC) and Child Sexual Abuse (CSA) in the Pacific: A Regional Report.’ p. 40. [https://www.unicef.org/eapro/Pacific\\_CSEC\\_report.pdf](https://www.unicef.org/eapro/Pacific_CSEC_report.pdf) [19.06.17].

318 State Party Report. Op. cit., para. 145 - 150.

319 Annex to State Party Report to UN Committee on the Rights of the Child: Palau. 2016. Annex 7(A).

**Table 6.2: Types of offences reported or charged, January – September 2014<sup>320</sup>**

Type of Offence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Assault & Battery		-	-	1	-	-	-	-	-
Arrest Warrant		-	-	-	1	-	-	2	-
Attempt. Robbery		-	-	-	1	-	-	-	-
Burglary/GL		-	-	-	-	-	-	-	1
Consumption	6	3	-	3	4	4	2	1	-
Drunk & Dis. Conduct	1	-	-	1	1	-	-	-	-
Disturbing the Peace		-	-	-	1	-	-	-	-
Driving under influence		-	-	-	1	-	1	-	-
Juvenile Delinquent		-	1	-	-	-	-	-	1
Malicious Mischief		-	-	-	-	3	-	-	-
Reck/Neg. Driving	1	-	-	-	-	-	-	-	-
Under Investigation	1	1	-	-	-	-	2	1	-
Violation of Probation		-	-	-	-	-	-	-	2
Voluntary Manslaughter		-	-	-	-	-	-	-	1
<b>Total Cases</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>5</b>

### 6.1.2. Community knowledge, attitudes and practices

The Child Protection Baseline Survey highlighted that many traditional community practices help protect children and reinforce positive caring practices.<sup>321</sup> Under Palauan custom, the child has primary membership in his/her maternal clan, which bears the main responsibility for child rearing (except under certain types of adoption in which these responsibilities are explicitly transferred to the paternal clan).<sup>322</sup> This practice of extended family responsibility for children forms an important social safety net for children, providing opportunities for them to learn from and be cared for by other relatives if their parents face economic or social threats, or cannot meet their immediate needs. However, the Survey also notes that families and communities seem to be caught between traditional and modern ways of raising and disciplining children, with “neither foot firmly rooted on either one because of the lack of a solid basic foundation to guide the way forward.” In addition, children are increasingly being cared for by “domestic helpers and television” and being torn between traditional and western values.<sup>323</sup>

Physical punishment remains an accepted form of discipline in Palau.<sup>324</sup> The Child Protection Baseline Survey notes that there appears to have been some generational change in methods

320 Ibid.

321 Value and Protect our Precious Resources: Our Children. Op. cit., p. 43.

322 Ibid., p.74.

323 Ibid., p.8.

324 State Party Report, Op. Cit., para.126.



of disciplining children, with parents now talking to their children more and resorting less to physical punishment.<sup>325</sup> Respondents also demonstrated strong support for positive parenting practices, with adults stating that the best ways to discipline children were ‘showing a good example’ (32 per cent), ‘explain the rules’ and ‘communicate with children’ (31 per cent) and ‘encouraging good behaviour’ (30 per cent).<sup>326</sup> However, there is still a high reliance on physical punishment and on scolding the child as forms of discipline.<sup>327</sup>

### 6.1.3. Drivers of violence, abuse, neglect and exploitation of children

A number of community norms and practices have been identified as contributing to children’s vulnerability to violence, abuse, neglect and exploitation, including: continued acceptance of physical discipline;<sup>328</sup> sending children to live away from home;<sup>329</sup> that the family violence is still generally considered a ‘private matter’ and that it is under-reported;<sup>330</sup> and the fact that, in Outer Islands and outlying villages in particular, child abuse, violence and exploitation are often tolerated or ignored.<sup>331</sup>

Loss of the traditional family support system has also been identified as a factor contributing to children’s vulnerability. Participants in the Family Health and Safety Study highlighted that family structures in Palau are changing, allowing children to be increasingly neglected. Examples included families becoming more nuclear, with busier parents no longer able to rely on the extended family to take care of their children. Other examples included women constantly changing partners or husbands, which was believed to cause the child to rebel, challenge authority, and become aggressive.<sup>332</sup> Loss of the traditional family support system was also identified as one of the top three factors contributing to child abuse violence and exploitation by participants in the Child Protection Baseline Survey (along with lack of parental supervision and guidance and too many children living away from home).<sup>333</sup>

Modernisation and external factors such as increased movement of people in and out of Palau due to tourism, increased access to social media through technology, and economic hardship also contribute to increased risks for children to abuse, neglect and exploitation.<sup>334</sup> Many participants in the Family Health and Safety Study expressed the view that traditional values such as respect and consideration for others have diminished, and related this to increasing use of technology by both parents and children, which replaces family moments in which such values can be developed or reinforced.<sup>335</sup> Palau parents reportedly feel that there are gaps in child rearing practices and that they do not have the knowledge from their traditional upbringing to adequately raise their children,

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325 Value and Protect our Precious Resources: Our Children. Op. cit., p. 98.

326 Ibid., p. 11.

327 Ibid., p.98.

328 State Party Report. Op. cit., para.126.

329 Value and Protect our Precious Resources: Our Children. Op. cit., p. 39.

330 Palau Family Health and Safety Study. Op. cit., p. 40.

331 Value and Protect our Precious Resources: Our Children. Op. cit., p. 19.

332 P. 47.

333 Value and Protect our Precious Resources: Our Children. Op. cit., p. 39.

334 Replies of Palau to the UN Committee on the Rights of the Child List of Issues, Oct 2017, para 46.

335 p. 47.

particularly since children today are exposed to television and western culture in a way that is quite alien to the traditional upbringing of their parents.<sup>336</sup>

There are also indications that children's limited agency and lack of knowledge and skills to protect themselves is a source of vulnerability to sexual abuse and exploitation. Of the children who participated in the Child Protection Baseline Survey, almost one-fifth disagreed with the statement that "older children/adults have no right to touch children's body in an unacceptable manner," and more than 20 per cent did not support the statement that "if an adult offers a child money, sweets or other things to touch their body, the child should tell someone."<sup>337</sup>

The Family Health and Safety Study also identified gender norms as contributing to women and children's vulnerability to violence. It notes that Palau is a matrilineal society where women traditionally held positions of power and respect equal to those of their male counterparts, but paternalistic colonizers during the first half of the 20th century undermined women's authority, revoking their property rights and relegating them to subordinate positions in modern institutions.<sup>338</sup> The Study found that physical and sexual partner violence are fuelled by dominant (gendered) social norms that make physical and sexual violence an acceptable or deserved form of discipline for women who do not fulfil their prescribed gender roles (such as cooking or caring for the children).<sup>339</sup> It also identified excessively high levels of alcohol consumption as frequently igniting or exacerbating violent family disputes.<sup>340</sup>

A key structural cause of children's vulnerability to violence, abuse, neglect and exploitation are bottlenecks and barriers in the delivery of effective child and family welfare services, and in access to child-friendly justice (discussed below).

## 6.2. The child protection system

The Government of Palau has made some progress in strengthening the national child protection system, but a number of gaps and challenges remain.

### 6.2.1. The legal and policy framework for child protection

Palau's Constitution requires the Government to protect children from exploitation,<sup>341</sup> and states that parents are legally responsible for the support and conduct of minor children.<sup>342</sup> Palau lacks a national child protection policy or plan of action, but children's right to care and protection has been addressed under a variety of national laws:

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336 Value and Protect our Precious Resources: Our Children. Op. cit., p.19.

337 Ibid., p. 114.

338 Family Health and Safety Study. Op. cit., p. 17.

339 Ibid. p. 46.

340 Ibid.

341 Art IV, §11

342 Art IV, §13

### Key child protection laws

Child care and protection	Title 21 Domestic Relations (21 PNC 601-609); Family Protection Act 2012
Child custody and maintenance	Title 21 Domestic Relations (21 PNC 302, 335)
Adoption	Title 21 Domestic Relations (21 PNC 401-409)
Birth registration	Title 34 Public Health, Safety and Welfare (34 PNC 40)
Child labour	None, other than in relation to children working on ships engaged in foreign trade <sup>3</sup>
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Title 17 Penal Code (17 PNC Chapters 5, 28, 36); Anti-Smuggling and Trafficking Act 2005.
Child victims and witnesses in criminal proceedings	Title 21 Domestic Relations (21 PNC 603-609), Family Protection Act 2012
Violence in schools	
Children in conflict with the law	Title 34 Public Health, Safety and Welfare (34 PNC 6102-07)
Children with disabilities	Handicapped Children's Act 1989 (22 PNC 4); Disabilities Education Act 2004
Child protection in emergencies	Trust Territory Disaster Relief Act 1977 (34 PNC 53); National Disaster Risk Management Framework

Palau's National Code establishes 18 as the age of majority and sets some minimum ages designed to protect children from abuse and exploitation:

### Legal definition of the child under Palau law

Age of majority	18
Definition of a child under child welfare law	16
Minimum age for marriage	18 for males, 16 for females <sup>IV</sup>
Minimum age for employment	None <sup>V</sup>
Minimum age for engaging in hazardous work	None
Age for consent to sexual activity under criminal laws	15
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	18

### 6.2.1.1 Legal framework for child and family welfare services

Palau does not have a comprehensive legal framework that provides for a full range of primary, secondary and tertiary child and family welfare services. Title 21 of the National Code on Domestic Relations includes a declaration of the Government's policy to provide for the protection of children who are subject to abuse, sexual abuse or neglect and who are at risk of further abuse by the conduct of those responsible for their care and protection.<sup>343</sup> However, legislation is limited to mandatory reporting provisions obligating certain professionals (teachers, health workers, public safety officers) to report to the Attorney General's Office within 48 hours in the event a child has suffered serious injury.<sup>344</sup> This applies only to children under the age of 16, and no provision is made for appropriate interventions to support and protect the child. The Attorney General's Office may place children in 'protective custody' if it has probable cause to believe that a child is in danger of being abused or neglected, but no further guidance is provided on the exercise of this discretion, or on the care and placement of children who are in protective custody.<sup>345</sup> There is no comprehensive legal framework guiding the delivery of child protection prevention, early intervention and response services, no stated obligation for the Government to support parents in their childrearing responsibilities, no clear authority for a government agency to intervene and protect a child who is suffering or at risk of harm (other than in relation to protective custody and prosecution of the perpetrator), and no regulation of the various forms of alternative care.

The Family Protection Act 2012 introduced some additional interventions to protect children experiencing family violence, stating that the police, in investigating any complaint of abuse of a family member, may transport the abused person to a hospital or safe shelter, and may order the person to leave the premises and prohibit contact for a period of separation of 24 hours.<sup>346</sup> The Act also makes provision for domestic violence restraining orders, allowing a child, or a family member, household member or government agency acting on behalf of the child, to petition the court for a temporary restraining order (for up to 180 days) and a Protective Order.<sup>347</sup> A Memorandum of Understanding between the Ministry of Community and Cultural Affairs and the Bureau of Public Safety, Family Court, Ministry of Health and the Victims of Crime Assistance Unit is in place to support implementation of the Family Protection Act.<sup>348</sup> However, these provisions are not an adequate substitute for clear legal authority to intervene and protect children at risk of or exposed to harm in their family or community.

Palau also lacks a legal framework governing all forms of alternative care for children. Title 21 of the National Code on Domestic Relations includes minimal provisions on adoption of children, stating that adoption orders should only be granted by the court if satisfied that it would promote the interests of the child, and requiring the consent of children over the age of 12.<sup>349</sup> Palau's constitution does not allow non-Palauan children adopted by Palauan families to be granted citizenship.<sup>350</sup> No

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343 21 PNC 601.

344 21 PNC 603.

345 Ibid.

346 Section 806.

347 Section 822-825.

348 State Party Report. Op cit.

349 21 PNC 401-405.

350 State Party Report. Op. cit., paras 71-72.

provision is made for the regulation of or minimum standards for children in kinship, foster or residential care. Palau is not a member of The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption.

#### **6.2.1.2. Legal framework for justice for children**

Palau's Penal Code criminalises a range of offences against children, including: assault; kidnapping; incest; sexual assault (penetrative and non-penetrative acts); sexual harassment; producing, distributing, disseminating, and possessing child pornography; electronic enticement of a child (grooming); indecent electronic display to a child; child prostitution; and child trafficking.<sup>351</sup> Sexual offences were updated in 2013 to provide equal protection to boys and girls, and are generally in line with international standards. However, the Penal Code allows the use of force against a child by persons with special responsibility for their care, discipline or safety, including a parent, guardian, teacher, and warden in a correctional institution.<sup>352</sup> The Family Protection Act 2012 states that family violence is a "serious crime against society" and includes the offence of "endangering the welfare of a minor", but this is only in relation to the infliction of "serious or substantial bodily injury."<sup>353</sup>

Title 21 of the National Code on Domestic Relations includes provisions design to protect children's privacy, facilitate child victims' evidence, and reduce hardship from the criminal trial process. A child's out-of-court statement may be admissible at trial, provided the statement is reliable and the child is available for cross-examination. In addition, in order to minimise the trauma to the child victim, the court can order that the child's testimony be taken outside the courtroom, with only the judge, attorneys, the defendant, necessary court personnel, and an adult attendant for the child present. If the court is satisfied that the defendant's physical presence may cause the child serious emotional trauma, serious emotional distress, or unduly impair the child's ability to testify, the child's testimony can be taken without the defendant present, and televised via one-way closed-circuit television to the defendant in the courtroom. However, these measures are only available for children under the age of 12, which acts as a potential barrier to the successful prosecution of crimes against older children.<sup>354</sup>

The Family Protection Act 2012 includes a provision that establishes a 'no-drop' policy for domestic violence cases and states that criminal cases of domestic violence should not be withdrawn due to community settlement, a crucial development that can counter social or cultural pressure to settle through community mechanisms without ensuring that the child victim's rights and best interests are upheld.<sup>355</sup>

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351 17 PNC, Chapters 14, 15, 18, 20, 21, and 48.

352 17 PNC 309.

353 Sections 801-802.

354 21 PNC 603-608.

355 UN Compilation UPR Process. Palau. 2015. para 17-24.

### ***Palau's domestic law on child justice***

*Special provisions for children as victims or witnesses are set out in Title 21, Chapter 6 of the Palau National Code and the Family Protection Act 2012.*

*Title 34 of the National Code sets out procedures for children in conflict with the law. Justice for children in conflict with the law is also governed by the provisions of Title 18 of the Palau National Code, which governs Criminal Procedure.*

*There are no detailed written procedures or guidelines for prosecuting child offenders, nor guidelines for dealing with child victims or witnesses.<sup>356</sup>*

With respect to children in conflict with the law, the minimum age of criminal responsibility is 10, and children between the ages of 10 and 14 years are also conclusively presumed to be incapable of committing any crime, except the crimes of murder and rape.<sup>357</sup> In addition, children may be processed as “delinquent” at any age for not being “subject to the reasonable control” of his/her parents, teachers or guardian; being “wayward or habitually disobedient;” being habitually truant from home or school, or if the child “deports himself so as to injure or endanger the morals or health of himself or others.”<sup>358</sup> Although a determination of delinquency is not a criminal conviction, it can lead to deprivation of liberty in the form of “confinement.”<sup>359</sup> This constitutes punishment for “status offences” contrary to the recommendations of the UN Committee on the Rights of the Child.<sup>360</sup>

Palau lacks a comprehensive juvenile justice law, but the National Code includes limited special provisions for “delinquent children.” The Code states that “flexible procedures” should be used for handling juvenile offenders, including a report by a welfare or probation officer in advance of trial; detention, “where necessary;” apart from adult offenders; hearing informally in closed session; and interrogation of parents or guardians and release in their custody if appropriate.<sup>361</sup> These provisions apply to juveniles under the age of 18, but the National Code also allows for an offender from the age of 16 to be treated in all respects as an adult “if in the opinion of the court his or her physical and mental maturity so justifies.”<sup>362</sup>

Further guidance on the handling of children in conflict with the law is provided by the Juvenile Justice Procedures and Public Safety Regulations, which emphasize that “juvenile offenders are not intended to be handled as criminal in nature and the goal is to guide and rehabilitate rather than to punish.” Accordingly, the regulations require that juvenile detainees be accorded special protections including: immediate notification of a parent or guardian of detention; detention in an area away from adult offenders; immediate release into parental custody, except when arrested

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356 Value and Protect our Precious Resources: Our Children. Op. cit., p.9.

357 17 PNC.

358 34 PNC 6102.

359 34 PNC 6101-6107.

360 UN Committee on the Rights of the Child, General Comment No. 10. para 8.

361 34 PNC 6102.

362 Ibid.

on a serious felony charge; presence of a parent during questioning; and withholding of names from the Police blotter.<sup>363</sup>

In general, the existing safeguards for children in conflict with the law fall short of Palau's obligations under the CRC and international standards. No provision has been made for limits on arrest, police custody and use of force or for pre-trial diversion of children, there is no explicit statement of the principle of deprivation of liberty as a last resort and for the shortest appropriate period, there are limited range of non-custodial alternatives at the pre-trial stage and after conviction, and children's right to be separated from adults in places of detention is not absolute.

## **6.2.2. Child protection structures, services and resourcing**

At the core of any child protection system are the services that children and families receive to reduce vulnerability to violence, abuse, neglect and exploitation. These services should be designed to minimise the likelihood that children will suffer protection violations, help them to survive and recover from violence and exploitation, and ensure access to child-friendly justice.

### **6.2.2.1. Child and family welfare services**

Palau does not have a designated ministry or government department or agency responsible for child and family welfare services, or playing the lead role in policy development and monitoring and coordination of child protection services.<sup>364</sup> The Ministry of Health has a Victims of Crime Assistance programme (VOCA), which provides assistance to children who are physically and sexually abused or without parental care, however, it has only two staff members.<sup>365</sup> The Child Protection Baseline Survey noted that the role of VOCA was not well-defined, and it is unclear whether it is an investigative arm of the Government or a social/counseling service unit.<sup>366</sup>

Palau lacks a clear strategy for child abuse prevention and early intervention. Some measures have been taken to promote positive parenting practices through the Head Start early childhood education programme. There has also been a nation-wide awareness campaign about the Family Protection Act.<sup>367</sup>

Reports of suspected cases of child abuse or neglect may be handled by the Bureau of Public Safety, the Office of the Attorney General, and VOCA. In its 2016 State Party Report to the UN Committee on the Rights of the Child, Palau advised that there is no effective referral system for child protection cases, a lack of awareness of departmental and inter-departmental arrangements regarding the handling and referral of child protection matters, and some confusion as to the

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363 Value and Protect our Precious Resources: Our Children. Op. cit., p. 69.

364 Ibid., p. 18.

365 State Party Report. Op. cit., para 80.

366 P. 17.

367 State Party Report. Op. cit., para 43.



continued application of protocols and memorandums of understanding.<sup>368</sup> The Child Protection Baseline Survey noted that, although there is no legal requirement for VOCA to be contacted when cases of child abuse come to the attention of the authorities, VOCA staff have demonstrated their capacity to work effectively with abuse victims and, as a consequence, are generally contacted when a case is identified.<sup>369</sup> The unit also uses a networking strategy whereby professionals and laypersons from throughout the community are trained to recognize signs of abuse and neglect and to make proper referrals.<sup>370</sup>

VOCA reportedly provides counselling for victims, and the MoH also provides psycho-social screening, counselling and intervention for children who report being victims of abuse, neglect or violence through its school-based 'Adolescent Health Collaborative.'<sup>371</sup> However limited follow-up support services are available for children and their families, and the centralised nature of government administration acts as a barrier to access, particularly for children and families on Outer Islands.<sup>372</sup> Palau has no formal foster care programme or residential care facilities for children, and if a child needs to be separated from his or her parents, it is common for the child to be placed with maternal relatives or other extended family. If the extended family refuses to take in the child, VOCA has few care options available and in some cases resorts to having the child admitted to hospital as a form of temporary care.<sup>373</sup>

Effective support and protection for children is hampered by limited human and financial resources for social welfare services. The Palau Community College offers a tertiary-level Counseling Continuing Education certificate programme, and each year about 10 participants, mostly from the MoH and MoE, take the course. The course includes a range of topics from substance abuse to domestic violence, various forms of child abuse and neglect.<sup>374</sup> However, the Child Protection Baseline Survey found a general lack of skilled and knowledgeable staff on matters relating to the protection of children.<sup>375</sup>

#### **6.2.2.2. Access to child-friendly justice**

Palau currently has limited specialisation for children within the criminal justice system. A Juvenile Justice Office has been established within the Ministry of Justice, but there are no specialised police or courts to handle cases involving children in conflict with the law and child victims and witnesses. The police have issued Standard Operating Procedures on handling children as offenders, victims and witnesses, and training has been provided to the police on their implementation.<sup>376</sup> While some justice representatives have attended workshops on justice for children and received training on preventing or responding to child abuse and neglect, training has been sporadic.<sup>377</sup>

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368 Ibid. para 28.

369 P. 69.

370 Ibid., para 117-118.

371 Value and Protect our Precious Resources: Our Children. Op. cit., p.11.

372 Ibid., p.11.

373 State Party Report. Op. cit., para 77-78.

374 P. 87.

375 P. 18.

376 Interview with UNICEF Pacific staff 29.11.17.

377 Value and Protect our Precious Resources: Our Children. Op. cit., p. 74.

In its State Party Report to the UN Committee on the Rights of the Child, Palau advised that 16 criminal cases involving child abuse and child sexual abuse were filed by the Office of the Attorney General between 2009 and 2014, 12 of which resulted in a conviction, and four dismissed by the trial court.<sup>378</sup> However, ensuring effective and child-sensitive investigation and prosecution of child abuse cases remains a challenge. The Child Protection Baseline Survey found that child victims, and the police themselves, report that police officers sometimes discourage victims from pressing charges – sometimes because they don't want to handle the matter, because a relative is involved, or because they consider it to be the child's fault. Children also report being passed from officer to officer because no one wanted to take their statement, and having to tell their story over and over again. There are also reports of police pressuring victims to accept reconciliation as a resolution to the complaint. Police do not refer child victims to other services as a matter of standard practice.<sup>379</sup>

Special trial measures for child victims under the law are not consistently implemented in practice; in its State Party Report to the UN Committee on the Rights of the Child, Palau noted that “the use of screens and other child-friendly practices is heavily dependent on the individual prosecuting officer and generally child-sensitive measures are not utilized.”<sup>380</sup> Child victims are not familiarized with court processes and report feeling “inadequately protected” in the court's adversarial process.<sup>381</sup>

Existing provisions relating to the handling of children in conflict with the law are not consistently adhered to in practice. Police sometimes fail to formally and properly caution children prior to commencing the interview process, and sometimes use coercive tactics or use violent and humiliating practices.<sup>382</sup> Juvenile matters are prioritized for Legal Aid services, and while there is an unwritten policy (supported by the Legal Aid Strategic Plan) not to turn away any child applicant,<sup>383</sup> legal assistance is rarely available during police interviews.<sup>384</sup> While children in police custody are put in separate rooms, they are still exposed to adult prisoners and not fully separated from them due to limited facilities. Anecdotal evidence also suggests that young people have been unnecessarily held without charge for extended periods.<sup>385</sup>

Police diversion is believed to be happening at a high rate because the number of children going through the courts is low. Informal police diversion generally takes the form of a simple warning or settlement with the victim. Formal diversion is available through a ‘caution’ process run by the Juveniles Justice Office. Three formal diversion programmes have been established in the past, but have reportedly been discontinued. Family group conferencing is also supported by the Juvenile Justice Office, but it currently lacks the skills and resources to implement this measure as a diversion option.<sup>386</sup>

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378 Para 79.

379 Ibid., p. 72.

380 State Party Report. Op. cit., para 139.

381 Value and Protect our Precious Resources: Our Children. Op. cit., p. 9.

382 Ibid., p. 69.

383 Ibid., p. 71; State Party Report to UN Committee on the Rights of the Child: Palau. 2016.

384 Value and Protect our Precious Resources: Our Children. Op. cit., p.9.

385 Ibid., p. 69.

386 Ibid., p. 72.

The Child Protection Baseline Study found that juveniles who are formally charged to court are generally being treated respectfully in the court process and given the opportunity to participate, although some magistrates are reported as using harsh tones and intimidating behaviour.<sup>387</sup> Children's cases are held *in camera* and require parental attendance.<sup>388</sup> The 2016 State Party Report to the UN Committee on the Rights of the Child notes that it is the policy of the Attorney General "not to seek custodial sentences for juveniles except as a final recourse in the case of serious or repeat offenders" and that the principles in relation to last resort and shortest appropriate period of time are applied.<sup>389</sup> Available data from the courts indicate that most juveniles are either discharged or bound over, with suspended sentence, community work and probation the most used sentencing options for matters that reach sentencing stage. However, the courts continue to assign supervision responsibility for community work to the police, rather than the Division of Behavioral Health.<sup>390</sup>

Responsibility for services to support the rehabilitation and reintegration of juveniles rests with the Juvenile Justice Office of the Ministry of Justice, which works closely with the Division of Behavioral Health under the MoH. The former was established by the Trust Territory Government under the Justice Improvement Program, a US federal programme, with earmarked funding from the national congress after the federal programme ended. The office is now administratively within the Bureau of Public Safety in the Ministry of Justice, and consists of one staff member with no line budget. The Office previously piloted systematic implementation and use of probation and community work orders and three programmes for juveniles: the Big Brother / Big Sister tutoring programme; Law Enforcement Explorers Program (an elementary school-based programme to build character and discipline); and the OOK Program, a rehabilitation programme utilizing village chiefs and traditional Palauan values.<sup>391</sup> The pilot included identification of potential worksites, the running of life-skills programmes and provision of drug and alcohol counseling services. However, despite positive evaluations, these programmes ended "due to lack of interest and support," and there are currently few services to provide young offenders counseling, vocational training and rehabilitative support.<sup>392</sup> The Ministry of Justice operates a restorative justice programme in which young offenders involved in non-violent offences have the option of alternative sentencing, including restitution to the victim(s), a public apology, community service, and work with one or more of the traditional leaders in the community.<sup>393</sup>

Imprisonment is rarely imposed on children.<sup>394</sup> The recent CRC State Party Report noted that "Although there are no separate detention centers for children, great efforts are made to ensure children are kept in detention cells separated from the adult prison population."<sup>395</sup>

The Child Protection Baseline Survey also found that informal, community justice mechanisms are commonly used in Palau, and many cases involving children are dealt with outside the formal

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387 Ibid., p. 70.

388 Ibid.

389 State Party Report. Op. cit., para 138.

390 Value and Protect our Precious Resources: Our Children. Op. cit., p. 75.

391 Ibid., p.75.

392 Ibid., p. 88.

393 State Party Report. Op. cit., para 121.

394 Value and Protect our Precious Resources: Our Children. Op. cit., p.73.

395 State Party Report. Op. cit., para 138.

criminal justice system. When asked about how the community handles children in conflict with the law, only 27 per cent of key informant responses mention referring the matter to the police, and 46 per cent indicated that the child would be referred to an administrative, traditional or religious community leader. When asked about the main ways the community deals with children in conflict with the law, the most common responses were community work (29 per cent), counseling (25 per cent), fines (17 per cent), traditional practices such as extended family system of care and supervision (9 per cent), restitution to victim or victim's family (7 per cent), education or vocational training (5 per cent), and physical punishment (2 per cent).<sup>396</sup> This suggests that informal community justice mechanisms are providing a positive and restorative response to juvenile offending, but the lack of monitoring of these practices, and the use of physical punishment in some cases is a concern.

Informal justice mechanisms are also commonly used to resolve cases involving child victims. When asked what were the community's main priorities when dealing with a matter involving a child victim of crime, the most common responses given were "what is best for the child victim" (21.3 per cent), "to protect the child victim from feeling any shame," (18.6 per cent), and to make sure the child victim is able to tell their story without feeling scared (16.7 per cent).<sup>397</sup> This suggests that informal justice mechanism do have regard for the interests of the child, but the extent to which these resolutions ensure the care and protection of the child is unclear.

### ***6.2.2.3. Child protection in the health, education, labour and other allied sectors***

Palau's education sector does not have a comprehensive child protection policy, but some steps have been taken to create a safe school environment and to protect children from harm. The MoE has reportedly prohibited corporal punishment in schools, and the Teachers' Handbook states that "corporal punishment is not allowed in the public school system. Teachers and staff are reminded that corporal punishment ... will constitute a cause for suspension or termination of employment."<sup>398</sup> The MoE has an education policy and school rules, but these relate primarily to school management and discipline, and do not address broader issues of identification and referral of children who have been abused, or are at risk of abuse off school grounds. There are no qualified school counselors, and teachers have not been trained to identify and report potential abuse cases.<sup>399</sup>

The Child Protection Baseline Survey reported that two schools have implemented school-based health initiatives related to child abuse, violence and exploitation issues. Ngardmau Elementary School implemented a project to help children deal with depression and suicide and encouraged students to take a proactive stand in dealing with conflict issues, while Maris Stella School (faith-based school) implemented an Anti-Bullying school-wide campaign<sup>400</sup> In addition, the MoE has a Memorandum of Agreement to create an 'Adolescent Health Collaborative' with 17 agencies,

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396 Value and Protect our Precious Resources: Our Children. Op. cit., p. 35

397 Ibid., p. 36.

398 Ibid., para 66.

399 Value and Protect our Precious Resources: Our Children. Op. cit., pp. 11, 19.

400 Ibid., p. 19.

including the Elementary and High Schools. Under this agreement, Palau High School (the country's only public high school) has agreed to provide space to house the Adolescent Health Program. The programme provides health screening, follow-up care and counseling services for students who are found upon being screened to have health-related issues. This includes psycho-social screening and intervention for children who report being victims of abuse, neglect or violence, or have psycho-social issues. The programme also works with the Court and the Ministry of Justice on cases of children who come into conflict with the law, and provides training to teachers and principals of the schools to strengthen their capacity in counseling children. However, the Child Protection Baseline Survey noted that this system needs to be routinely monitored, evaluated and improved to ensure proper selection and training of teachers take place, and that appropriate intervention, referral, counseling and rehabilitation for children are in place.<sup>401</sup>

Many reported cases of child abuse or neglect are first identified through the Hospital Emergency Room, and through services such as the Well-baby Clinic and School Health Program. However, health care professionals at Palau's hospital and public health centres reportedly have limited training in identifying and responding to child abuse and neglect, and awareness of laws and policies relating to child protection is low.<sup>402</sup> The Bureau of Public Health, through its Family Health Unit, conducts community-based preventative work with mothers and children, which could be used to encourage positive parenting practices and identify and refer children who have been abused, or are at risk of abuse or neglect. The Bureau has acknowledged that its staff lack capacity in this area, and has therefore collaborated with the Palau College of Health and the Bachelor of Public Health Training Institute to develop a training programmes on counseling and social work to upgrade the skills and knowledge of health sector and other professionals.<sup>403</sup>

### **6.2.3. Mechanisms for inter-agency coordination, information management and accountability**

Palau currently lacks a mechanism for inter-agency coordination, strategic planning and monitoring and evaluation of child protection services. An inter-agency national committee was created through an Executive Order to monitor the implementation of the CRC, but membership of the committee was not renewed and it eventually became defunct. The Child Protection Baseline Report found that the limited government and non-governmental programmes in place to address children's needs are not well coordinated and lack a systemic approach to issues.<sup>404</sup>

Effective planning, policy development and monitoring of the child protection system is also hampered by the lack of a centralised child protection information management system. Palau's Bureau of Public Safety, under the Ministry of Justice, publishes statistics on crime and offences, including detailed statistics on children in conflict with the law. However, crime data are not disaggregated by the sex or age of the victim, though some information can be gleaned from the child-specific offences (primarily relating to children under the age of consent). Apart from criminal

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401 Value and Protect our Precious Resources: Our Children. Op. cit., p. 18.

402 Ibid., p. 83.

403 Ibid.

404 Ibid., p. 37.

justice system data, there is no comprehensive system for collecting and analysing information on children in need of protection, or for monitoring and evaluating child protection services and interventions. This acts as a barrier to effective and efficient policy development, programming and budgetary allocations for children. The lack of data on several key child protection issues, including child marriage, child labour and child exploitation, means that these critical issues are not fully understood.

## 6.3. Other child protection issues

### 6.3.1. Birth registration

Birth registration is the responsibility of the MoH, and the Palau National Code requires every birth to be registered within 10 days following the birth of the child.<sup>405</sup> Registration is free of charge.<sup>406</sup> The Child Protection Baseline Survey notes that close to 100 per cent of births occur at the Belau National Hospital, and compliance with birth registration law is therefore close to 100 per cent.<sup>407</sup> The completed birth certificate is housed with the Clerk of Courts. The 2016 Palau State Party Report to the UN Committee on the Rights of the Child confirms this, and also highlights that birth registration is particularly important given that it can be used as proof of citizenship, which is essential to accessing many rights under Palau law.<sup>408</sup>

### 6.3.2. Children with disabilities

Palau reportedly has approximately 300 children with special needs on the registry with the Health Department, of whom 189 receive special education services, and 15 are severely disabled requiring either service in their homes or in a specialized education facility.<sup>409</sup>

Palau ratified the Convention on the rights of Persons with Disabilities in 2013 but has yet to introduce comprehensive legislation on people with disabilities. The Handicapped Children's Act of 1989 requires the Government to "provide education services to all children to enable them to live free and productive lives ... (and) to provide full education opportunities and necessary support services to each handicapped child in order that the child acquires the skills and knowledge necessary to lead a fulfilling and productive life as a citizen of the republic."<sup>410</sup> Children with disabilities are also guaranteed the right to free and appropriate public education by the Individuals with Disabilities Education Act (IDEA) 2004. The Palau Severely Disabled Funds Program was also enshrined in legislation in 2002, and is under the management of the Ministry of Community and

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405 34PNC4005.

406 State Party Report. Op. cit., para 48.

407 P. 40.

408 Ibid.

409 State Party Report. Op. cit., p. 7.

410 22 PNC 4.

Cultural Affairs.<sup>411</sup> Access to government buildings for persons with disabilities, including children, is guaranteed under the Disabled Persons Anti-Discrimination Act.<sup>412</sup>

Services for children with disabilities are coordinated by an Interagency Task Force headed by the MoH with membership drawn from Special Education, Head Start, Behavioural Health, Vocational Rehabilitation, Physical Therapy, Out Patient Clinic and Palau Parents Network. The purpose of the Task Force is to provide coordinated, child-centered services extending from birth to the end of childhood, and to support parents with needs regarding better education and the well-being for their children with disabilities.<sup>413</sup> Data regarding children with disabilities are shared between programmes and agencies for in-depth studies and follow-up activities, to ensure the development and delivery of appropriate services needed by individual children with a disability.<sup>414</sup> However, the Government has acknowledged that a well-defined and structured process between agencies for better collaboration and on-going support for children with disabilities and their families is needed.<sup>415</sup>

### 6.3.3. Climate change and natural disasters

In the event of a natural disaster such as a typhoon or tsunami, children are the most vulnerable population. The effects of climate change, including drought and high tides also harm vulnerable children. The Trust Territory Disaster Relief Act of 1977 acknowledges Palau's vulnerability to natural disasters, and that special measures are required by the Government to assist people through the rendering of aid, assistance and emergency welfare services and the reconstruction and rehabilitation of devastated areas. The Act: addresses roles and responsibilities for preparation for, response to, and recovery from disasters; provides for a disaster management system embodying all aspects of pre-disaster preparedness and post-disaster response; and outlines the responsibility of the National Emergency Management Office for coordination of activities relating to disaster prevention, preparedness, response and recovery. Neither the Act nor the National Disaster Risk Management Framework 2010 identify children as particularly vulnerable or include specific provision for protection of children in emergencies. Training on child protection in emergencies has been provided to all National Emergency Management Office officers with the support of UNICEF.<sup>416</sup>

Many key informants who participated in the Child Protection Baseline Survey reported that there were no existing plans regarding climate change and natural disasters, or that they did not know of any such plans (38 per cent). In addition, 19 per cent stated that there are emergency early warning systems in place, and only a small percentage were aware of other plans that deal with climate change and natural disasters. This suggests that the majority of child protection actors do not have a clear picture of what systems are in place should a catastrophe hit the islands, or what plans exist to inform the community of the steps to take to keep children safe.<sup>417</sup>

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411 RPPL 6-26; State Party Report to UN Committee on the Rights of the Child: Palau, 2016, para 84.

412 Section 508.

413 State Party Report. Op. cit., p. 7.

414 Ibid., paras 86-91.

415 Ibid., para 87.

416 Interview with UNICEF. Pacific staff, 29.11.17.

417 p. 111.



# 7.

## Social Protection

A comprehensive social protection system is essential for reducing the vulnerability of the most deprived persons – including children – to social risks. Social protection systems can strengthen the capacity of families and carers to care for their children and help remove barriers to accessing essential services, such as health care and education, and can thereby help close inequality gaps. Social protection measures can also help to cushion families from livelihood shocks, including unemployment, loss of a family member or a disaster, and can build resilience and productivity among the population.

According to UNICEF, social protection is “the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities<sup>418</sup> to poverty and deprivation, and mitigating their effects.”<sup>419</sup> Social protection systems are essential to ensuring that the rights of children to social security<sup>420</sup> and a standard of living adequate for their physical, mental, spiritual, moral and social development<sup>421</sup> are realised. According to the CRC, States are required to “take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”<sup>422</sup> Effective social protection measures are also essential to achieving SDG 1: to eradicate extreme poverty (currently measured as people living on less than US\$1.25 a day) for all people everywhere by 2030, and to reduce at least by half, the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

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418 UNICEF distinguishes between the two as follows: “[p]overty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual’s current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status.”

419 UNICEF. 2012. *Social Protection Strategic Framework*. p. 24.

420 CRC, article 26.

421 CRC, article 27.

422 CRC, article 27(2).

To achieve this, SDG 1.3 requires the implementation of “nationally appropriate social protection systems and measures for all, including [social protection] floors.” A social protection floor consists of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in-kind, paid to the poor and vulnerable).<sup>423</sup>

### Key social protection-related SDGs

SDGs	Targets	Indicators
1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
1.2	By 2030, reduce at least by half the proportion of men, women and children living in poverty in all its dimensions according to national definitions	Proportion of population living below the national poverty line, by sex and age
		Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	Proportion of population living in households with access to basic services
		Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection, it is necessary to develop an integrated and functional social protection system. This means developing structures and mechanisms to coordinate interventions and policies to effectively address multiple economic

423 International Labour Organization and WHO October 2009. ‘The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’. <http://www.un.org/ga/second/64/socialprotection.pdf>

and social vulnerabilities across a range of sectors, such as education, health, nutrition, water and sanitation, and child protection.<sup>424</sup>

## 7.1. Profile of child and family poverty and vulnerability

Unfortunately, the most recent Household Income and Expenditure Survey carried out in 2013/14 has not been subjected to a poverty analysis, and therefore most poverty data contained in this section is from the 2006 Survey. According to this Survey, poor nutrition, rather than food poverty was an issue in Palau.<sup>425</sup>

The 2006 Survey found that 24.9 per cent of the population were living below the basic needs poverty line.<sup>426</sup> It was estimated that an additional 4.5 per cent of the urban and 4.2 per cent of the rural populations had expenditure no more than 10 per cent above the urban and rural basic needs poverty lines.<sup>427</sup> This suggests that a significant proportion of the population is vulnerable to falling into poverty.

Children appear to be particularly at risk of poverty and vulnerability. In 2006, 30 per cent of children aged under 14 were living below the basic needs poverty line (compared to 24.9 per cent of the total population), and 8 per cent were found to be very vulnerable to poverty.<sup>428</sup> It was estimated that 40.9 per cent of all children live in households in the lowest three expenditure deciles; only 21.5 per cent of girls and 16.1 per cent of boys lived in households in the highest three expenditure deciles.<sup>429</sup> The impacts of poverty are more significant for children, and there is growing evidence that children experience poverty more acutely than adults; the negative impacts of poverty on their development can have profound and irreversible effects into adulthood.

As in most countries, the national poverty averages in Palau mask inequality within the country, indicated by the uneven spread of income and expenditure throughout the population. According to the 2014 Household Income and Expenditure Survey, the poorest 50 per cent of households accounted for only 15 per cent of total household income, while 40 per cent of total expenditure is spent by 20 per cent of the highest income households.<sup>430</sup> The top 10 per cent of households received 38 per cent of total household income, while the poorest 10 per cent received only 1 per cent.<sup>431</sup>

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424 UNICEF, Social Protection Strategic Framework, p. 31.

425 Palau Office of Planning and Statistics and UNDP Pacific Office. 2008. *Analysis of the 2006 Household Income and Expenditure Survey: Final report on the estimation of basic needs poverty lines, and the incidence and characteristics.* p. 28.

426 Ibid. p. 29.

427 Ibid.

428 UNESCAP 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change.* p. 56.

429 Palau Office of Planning and Statistics and UNDP Pacific Office. Op cit. p. 34.

430 Republic of Palau Office of Planning and Statistics Bureau of Budget and Planning, Ministry of Finance. 2014. *2014 Household Income and Expenditure Survey.* p. 69.

431 Ibid.

Poverty rates appear to be higher in rural areas: according to the 2006 Household Income and Expenditure Survey, 28.9 per cent of the population were living under the basic needs poverty line in rural areas, compared to 26.2 per cent in urban areas.<sup>432</sup> According to the 2014 Survey, the average annual income was 30 per cent higher in urban areas than in rural areas (or nationally).<sup>433</sup> This is characteristic of PICTs more generally, where rural areas, particularly in more geographically isolated outer islands, tend to be poorer than more centrally located islands:<sup>434</sup> a trend compounded by lack of access to basic services, including health and education.<sup>435</sup> According to a recent United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) report, “the greater concentration of economic activity in urban areas, as well as the greater provision of public services, contributes to this trend.”<sup>436</sup>

The 2006 Survey indicated that households in the states of Kyangel and Angaur and West Babeldoad are more likely to be experiencing poverty than other rural areas: Kyangel and Angaur accounted for 15.7 per cent of all rural households, but included 33 per cent of rural households falling below the basic needs poverty line. Kyangel and Angaur are the most remote parts of the country, with limited access to employment and services. Rates of inequality, as measured by Gini coefficients, are also higher in rural areas.<sup>437</sup>

Poverty is associated with gender in Palau, as female-headed households are slightly more likely to be living in hardship, at least in rural areas. According to the 2006 Household Income and Expenditure Survey, female-headed households accounted for 27 per cent of all urban households and 24.8 per cent of rural households. Female-headed households were underrepresented in the lowest two urban income deciles (14.9 per cent of households), but were overrepresented in the lowest two rural income deciles (27.9 per cent).<sup>438</sup> According to the 2014 Survey, at the national level, households headed by men earned on average 23 per cent more than female-headed households. Around 9 per cent of males and 18 per cent of females earned less than US\$5,000 a year.<sup>439</sup>

Poverty is also associated with educational level in Palau, with the 2006 Household Income and Expenditure Survey revealing strong correlation between the level of wealth and level of education. According to the Survey, household heads with low educational attainment were disproportionately represented in the bottom wealth quintiles.

Unsurprisingly, poverty rates are also significantly higher among households with unemployed members and those working in the informal sector. According to the 2006 Household Income and Expenditure Survey, in the lowest quintile, only 50.3 per cent of heads of households were receiving wages and salaries and 39 per cent were recorded as unemployed. In the highest

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432 Palau Office of Planning and Statistics and UNDP Pacific Office. Op. cit. p. 30.

433 Republic of Palau Office of Planning and Statistics Bureau of Budget and Planning, Ministry of Finance. Op. cit. p. 69.

434 UNDP. *State of Human Development in the Pacific*. Op. cit. p. 20.

435 AusAID 2012. *Poverty, vulnerability and social protection in the Pacific: The role of social transfers*.

436 UNESCAP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*.

437 Republic of Palau Office of Planning and Statistics Bureau of Budget and Planning. Op. cit.

438 Ibid. p. 33.

439 UNESCAP. 2014. Op. cit. p. 65.

quintile, employment is the primary activity of 71.6 per cent of all household heads.<sup>440</sup>

However, access to formal employment is not a guarantee against poverty, and the data indicates a population of ‘working poor’ in Palau. According to the 2006 Household Income and Expenditure Survey, 15.5 per cent of those with employment were in the bottom income quintile and 25.8 per cent were in the bottom three income deciles.<sup>441</sup>

While there is no data available to test the association of disability with poverty (as disability is not included as a category in household surveys), persons with a disability are very likely to be vulnerable to poverty, given the lack of educational and other opportunities accessible to them (see section 5, above).

The causes of child and family poverty in Palau are complex, interconnected and open to fluctuation. As a small island economy, Palau faces many of the general challenges confronting PICTs, including distance from global markets, limited and fragile resource bases, inability to achieve economies of scale, vulnerability to changes in the global economy, and vulnerability to natural disasters, which cause economic shocks.<sup>442</sup> While Palau has a relatively high GDP compared to other countries in the region, it is suggested that high living costs and low wages of immigrant workers in the tourism sector have contributed to the level of household poverty.<sup>443</sup>

Palau has a relatively high level of employment. However, it has an unusual labour profile, with high employment and high unemployment coexisting. A large number of migrant workers fill gaps in the economy left by Palauans, particularly in the tourism and construction-related industries. There are reportedly “more jobs than Palauan workers due to mismatch between market demand and labour force skills,” and many Palauans have emigrated to the US for jobs.<sup>444</sup>

## **7.2. Bottlenecks and barriers to ensuring an effective social protection system**

Social protection encompasses many different types of systems and programmes, including: social insurance programmes (e.g., contributory schemes to provide security against risk, such as unemployment, illness, and disability); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly and children); and social care services (child protection prevention and response services, detailed in section 6). There has been a growing recent acceptance that social security (particularly the provision of regular cash transfers to families

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440 Ibid.

441 Ibid.

442 AusAID. 2012. Op. cit. p. 4.

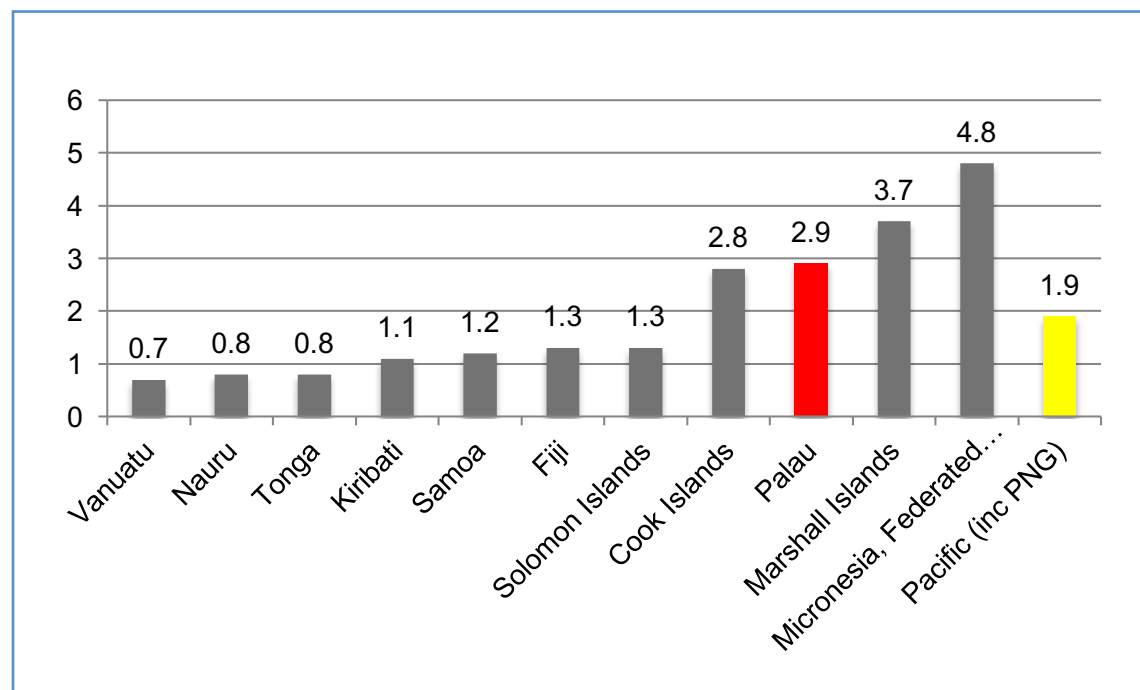
443 Pacific Islands Secretariat. *Pacific regional MDGs tracking report*. p. 74.

444 Ibid.

living in and vulnerable to poverty) should be a key component of a social protection system.<sup>445</sup> Cash transfers provide households with additional income that enables them to invest in children's wellbeing and human development.<sup>446</sup>

The comprehensiveness and impact of Palau's 'formal' social protection system appears to be quite strong, at least in comparison to other PICTs. The ADB Social Protection Indicator (SPI) (formerly Index) assesses social protection systems against a number of indicators to generate a ratio, which is expressed as a percentage of GDP per capita. In 2016, the SPI for Palau was 2.9. This is above the Pacific regional average (including Papua New Guinea) of 1.9, as set out in Figure 7.1.

**Figure 7.1: SPI by country<sup>447</sup>**



Source: Data extracted from ADB. 2016. *The social protection indicator: assessing results for the Pacific*. p. 16

The data indicates that the vast majority of social protection expenditure is for social insurance measures, as shown in Table 7.1.

445 UNICEF and Fiji Ministry of Women, Children and Poverty Alleviation. 2015. *Child Sensitive Social Protection in Fiji*. p. 6.

446 UNICEF. 2012. *Social Protection Strategic Framework*.

447 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

**Table 7.1: SPI by type of programme, 2012**

Programme	Social Protection Indicator (%)
Overall	2.9
Social Assistance	0.2
Labour Market Programmes	0.004
Social Insurance	2.7

Source: Data extracted from ADB. 2016. *The social protection indicator: assessing results for the Pacific*. p. 16.

Social insurance is provided through a contributory pension scheme. The scheme appears to have fairly wide coverage across the population: in 2014, 33 per cent of households received the pension, and the average pension was US\$ 12,830.<sup>448</sup> However, this is limited to formal sector workers, and excludes the majority of workers who operate in the informal economy – it is therefore not targeted at the poorest members of society (contributory schemes involving formal sector workers also tend to have a gender bias, as the majority of formal sector workers are men).<sup>449</sup>

The benefit structure of the social insurance programmes in Palau, along with RMI and FSM, differs from the provident funds in other PICTs. In contrast to the provident funds, social insurance schemes are based on a 'defined benefit' model and are not paid solely on the basis of member and employer contributions and the interest they generate. It has been noted that the slow growth in the number of contributing members means that the number of beneficiaries is increasing faster than the number of new members, causing deficits.<sup>450</sup>

Social assistance measure are much more limited. A disability benefit is provided through the Palau Severely Disabled Assistance Fund, which was established in 2003. Benefits of US\$ 50 to US\$70 per month are provided to beneficiaries depending on the severity of their disabilities.<sup>451</sup>

No social assistance measures exist to provide regular cash payments to children and to other vulnerable households.

Another component of the social protection systems is activities to generate and improve access to employment opportunities among young people. Palau's SPI for its labour market programmes is very low.

448 Republic of Palau Office of Planning and Statistics Bureau of Budget and Planning. Op. cit.

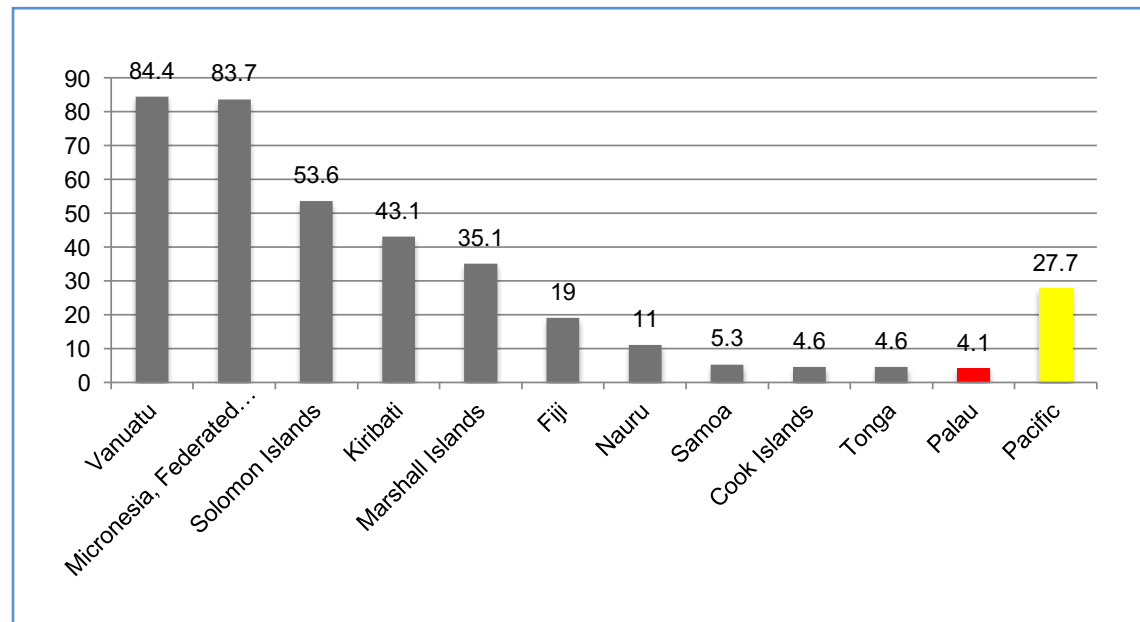
449 UNESCAP. 2014. Op. cit.

450 Asian Development Bank. 2016. *The social protection indicator: assessing results for the Pacific*. p. 25.



The data indicates that the depth of social protection systems in Palau (the average benefits received by actual beneficiaries) was very low, particularly in comparison to other PICTs, as illustrated in Figure 7.2.

**Figure 7.2: Depth of SPI, by country<sup>452</sup>**



Source: Data extracted from ADB. 2016. *The social protection indicator: assessing results for the Pacific*

The low rating for depth of benefits indicates that the amount received by beneficiaries may not be enough to lift them out of poverty and provide a cushion against economic shocks.

**Table 7.2: SPI depth indicator, by type of programme**

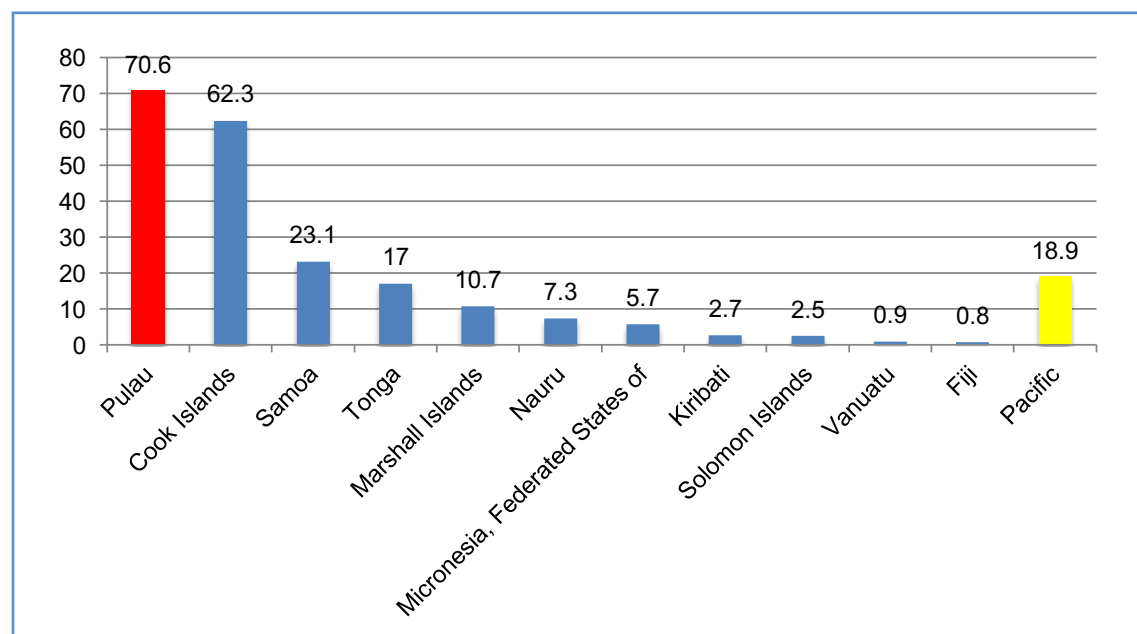
Programme	SPI Depth Indicator (% of per-capita GDP)
Overall	4.1
Social Assistance	2.1
Labour Market Programmes	9.0
Social Insurance	4.4

Source: Data extracted from ADB. 2016. *The social protection indicator: assessing results for the Pacific*

452 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

Breadth indicators represent the proportion of potential beneficiaries (those who could qualify for benefits) who actually receive social protection benefits. According to the ADB assessment, Palau received a very high breadth indicator, as illustrated in Figure 7.3. This indicates that, while the amount of assistance provided to beneficiaries is quite low, the number of beneficiaries receiving benefits is high.

**Figure 7.3: Breadth of SPI, by country<sup>453</sup>**



Source: Data extracted from ADB. 2016. *The social protection indicator: assessing results for the Pacific*

The high breadth indicator was mainly attributed to the social insurance programmes (61.6), indicating the wide coverage of the contributory pension scheme outlined above.

**Table 7.3: SPI breadth indicator, by type of programme**

Programme	SPI breadth Indicator (%)
Overall	70.6
Social Assistance	9.0
Labour Market Programmes	0.04
Social Insurance	61.6

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16.

The data for the Pacific also indicate that social protection schemes are not well targeted. When the SPI is disaggregated between the poor and non-poor, the non-poor are found to be the main beneficiaries of social protection programmes (the aggregate SPI for the poor in PICTs is only 0.2 per cent of GDP per capita, while the SPI for the non-poor is 1.7 per cent of GDP per capita). This is due to the dominance of social insurance programmes.<sup>454</sup>

The targeting of social protection programmes also appears to have a gender dimension. The SPI for women in the Pacific was 0.8 per cent of GDP per capita compared to 1.1 per cent for men.<sup>455</sup> This is attributed to the differential access of women and men to social insurance measures.<sup>456</sup> As noted above, social insurance measures have a gender bias, as access is generally restricted to formal sector workers, who are predominantly male.

The absence of a comprehensive social protection system that effectively targets those who are most in need is a significant gap; a lack of social assistance programmes that target vulnerable populations impairs the ability of the country to lift its people out of poverty and create improved conditions for economic growth.

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454 Asian Development Bank 2016. *The social protection indicator: assessing results for the Pacific*. Op. cit.

455 Ibid. Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

456 Ibid.

# 8.

## Conclusions

In addition to the specific bottlenecks and barriers identified under each chapter above, the following key findings can be drawn from the wider SitAn of women and children in Palau. Please note that these are not listed in any order of priority.

### 8.1. Climate change and disaster risks

A key finding is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children's and women's rights.

- Climate change and extreme weather increase the threat of communicable and non-communicable diseases and exacerbate existing bottlenecks and barriers to **health** services, by affecting access and supply routes to sources of health care, as well as **WASH** infrastructures and practices. Natural disasters increase **food and nutrition insecurity**, while increasing the risk of food- and water-borne diseases.
- Disaster and climate risks affect access to and quality of **education** services due to damaged schools, challenges in access and diverted resources.
- Climate change and extreme weather and other disasters also impact upon **child protection** concerns, by exacerbating the risk of violence against children, uprooting families and leaving children living in difficult and unsafe conditions.

## 8.2. Financial and human resources

Palau continues to rely heavily on external development aid, particularly from the US, and limited opportunities for economic development have led to a poverty of opportunity and high unemployment rates, particularly among young people. This leads to a lack of available resources across nearly all government departments and a resultant lack of financial resources for the delivery of services and systems for children, but it also seems to be linked to a lack in human resources (training and expertise) in several sectors.

- Lack of financial resources translates into a lack of appropriate equipment and professionals, particularly in the **health** and **WASH** sectors, but also in **justice** and **child protection**.
- The SitAn has revealed a lack of trained professionals in all sectors, including **health, WASH, education, child protection and justice**.

## 8.3. Geography

The Geography of Palau plays a role in the realisation of the rights of women and children.

- Those living in rural and remote areas experience, on the whole, reduced outcomes and access to basic services compared those in urban areas.
- Geography poses primary access challenges to, for example, hospitals and healthcare centres, courts, police stations, schools and other facilities providing services to children and women.

## 8.4. Gender

Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realisation of children's and women's rights.

- Women and girls suffer from all forms of violence, but traditional gender roles support and facilitate sexual violence against girls and discourage reporting of cases, because such violence is accepted and considered to be a private matter, and because formal responses to reports are inadequate.

## 8.5. Norms and attitudes

Cultural norms, attitudes and traditions were found to frequently act as barriers (but, in some cases, also as enablers) to the realisation of children's rights in several sectors.

- The erosion of traditional community care, and the limitations of community care in urban areas, means that children are increasingly exposed to child protection concerns.
- At the same time, traditional attitudes that permit violence, and the lack of community planning around child protection also expose them to risk.
- Traditional gender roles support and facilitate violence against women and girls, and marginalised groups, including children with disabilities.
- Traditional norms were also found to underlie key risk factors associated with negative health outcomes, such as high smoking prevalence amongst the youth population.

## 8.6. Poverty and vulnerability

The impacts of poverty are significant in Palau, and children and families are highly exposed to risk and economic shocks, particularly those caused by climate change and natural disasters.

- The absence of a comprehensive social protection system targeting vulnerable persons limits the ability of the Government to lift them out of poverty and support economic growth.
- The lack of opportunities, for adolescents and young people in particular, perpetuate cycles of poverty.

## 8.7. Data availability

There are useful data sources in some sectors in Palau. However, this analysis has revealed several data gaps, which is in itself a key finding:

- There are no up-to-date estimates of child stunting and wasting rates, which represents a significant data gap.

- There is a lack of data around issues including children with disabilities, other vulnerable groups, and out-of-school youth. Further, there is lack of data on specific types of child rights violations such as child labour and sexual exploitation.

There is also limited data on disparities between population groups, including gender disparities, and disparities between urban and rural areas.

**Footnotes in tables**

- I UNISDR and GADRRRES. January 2017. 'A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools', January 2017, on [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].
- II Table reproduced from *ibid.*, p. 2.
- III The Palau National Code (30 PNC 505), prohibits children from working on ships engaged in foreign trade until the age of 16.
- IV The Palau National Code (21PNC201) states that the legal age of marriage is 18 for males and 16 for females, though for a female below the age of 18 to marry, she must have the permission of at least one parent or guardian. However, it applies only to marriage between two non-citizens, or one non-citizen and a citizen of Palau. The Code also permits customary marriage to occur, which means that children may be married, lawfully, under customary principles, which do not impose a minimum age requirement.
- V There are only two partial restrictions on child labour under Palau law: The Palau National Code (11 PNC 505) prohibits children from working on ships engaged in foreign trade until the age of 16, and children and young people under the age of 21 are prohibited from engaging in child labour in premises that are used for serving and consumption of alcoholic beverages (11 PNC 1-64). However, there is no minimum age of employment applicable across all sectors (formal and informal).





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