



Situation Analysis of Children in Fiji

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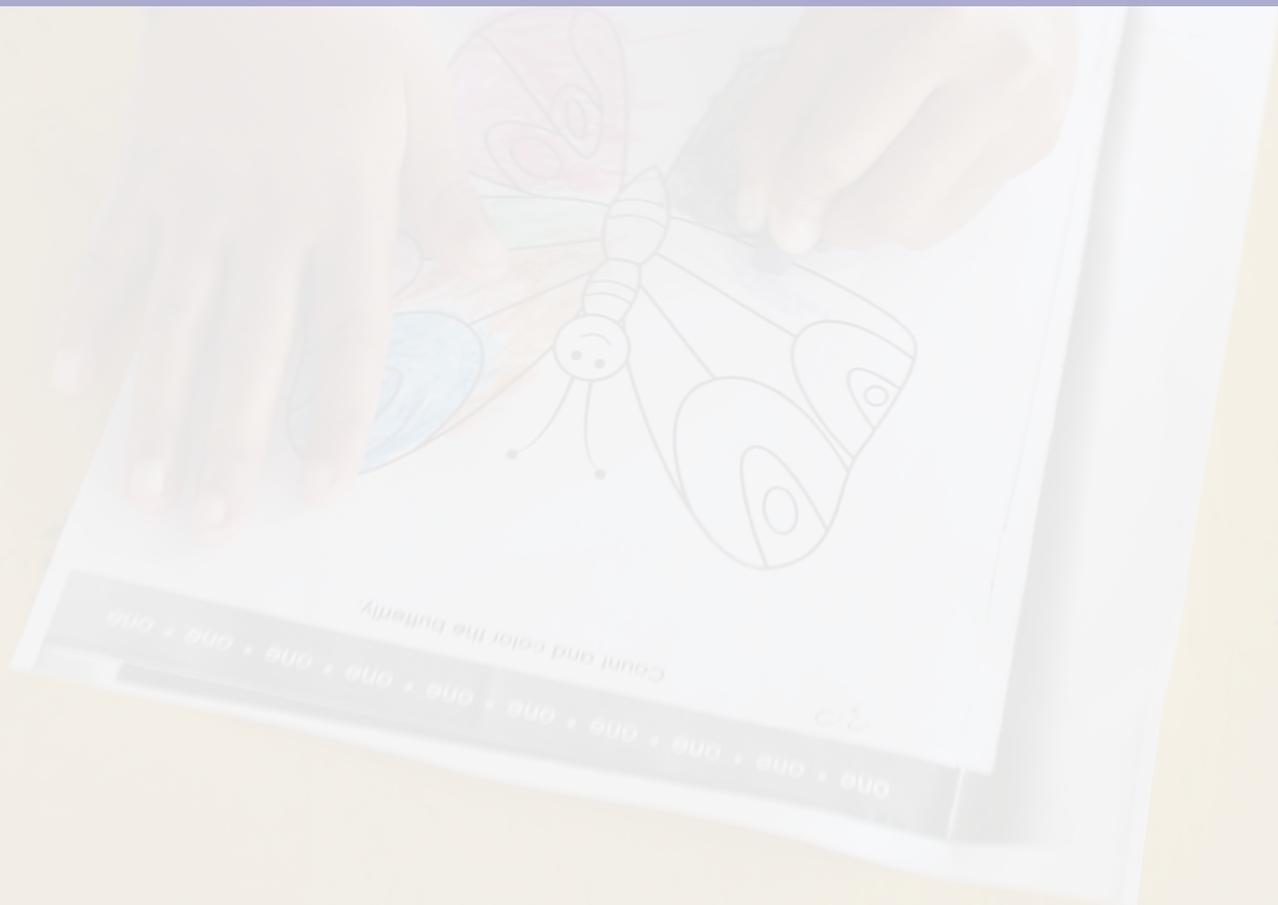


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Executive Summary

Introduction

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

Fiji is a republic comprising 332 islands in the Melanesian region of the Pacific. The total land area is 18,333 km², 87.2 per cent of which comprises Fiji's two largest islands, Viti Levu (10,429 km²) and Vanua Levu (5,556 km²). Fiji is the most populous country of the 14 PICTs in which UNICEF Pacific works. According to the most recent census from 2007, the total population is around 837,000, with children and youth aged 0–19 comprising 38.5 per cent of the total population. Fiji's location in the Pacific means the country is exposed to risks and adverse effects of climate change and natural disasters, including cyclones, droughts, earthquakes, floods and tsunamis.

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 for children and women in relation to these outcomes and with regard to relevant Sustainable Development Goals (SDGs), the report seeks to highlight trends, barriers and bottlenecks in the realization of children's and women's rights in Fiji.

Key barriers and bottlenecks

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

Climate change and disaster risks: Fiji faces an increasing risk of extreme weather and natural disasters as a result of its location within the Pacific 'ring of fire', as well as climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realization of children and women's rights.

Financial and human resources: Fiji's economy, while one of the biggest in the Pacific region, is nevertheless small and vulnerable to fluctuations in international markets. This means there is a lack of available resources across all government departments for the delivery of services for children, but is also linked to a lack of human resources (training and expertise) in all child outcome areas.

The **geography** of Fiji creates significant barriers to the realization of children's and women's rights, especially its remoteness and transportation constraints. Children and women living on rural and remote islands enjoy, on the whole, lesser outcomes and access to basic services than those who live in urban areas.

Equity: The analyses of health, WASH and education reveal discrepancies in the enjoyment of rights between rural and urban areas and across wealth divides. Children with disabilities face considerable





challenges accessing education outside of the capital Suva.

Cultural norms and approaches were found to act as key barriers to the realization of children's and women's rights in several outcome areas. In particular, they lead to a reliance on and preference for informal justice mechanisms that may not safeguard children's rights.

Gender: Socio-cultural norms and traditional perceptions around gender roles act as barriers to the realization of children and women's rights in Fiji, including by permitting violence against women and girls and discouraging the reporting of such violence.

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

Data availability: There are useful data sources on some sectors in Fiji. However, this analysis revealed several data gaps, and the absence of these data is, in itself, a key finding. There is a lack of data around children in contact with the law and in relation to child protection. There are very few data around children with disabilities, gender disparities and other vulnerable groups. It is recommended that Fiji implement a Demographic and Health Survey or the Multiple Indicator Cluster Survey, which would help address many of the current data gaps in the areas of health, nutrition and WASH.

Snapshot of outcome areas

<p>Health</p>	<p>Child mortality rates in Fiji have been gradually declining since the early 1990s, with the country largely performing in line with international development goals. Fiji has achieved near-universal coverage for almost all recommended vaccines; however, measles immunization coverage has recently been declining. The maternal mortality ratio stands at 30 deaths per 100,000 live births –already below the SDG target for 2030. Contraceptive prevalence is at a low 44 per cent, which contributes to high rates of adolescent fertility and sexually transmitted infections. There has been a recent upward trend in reported HIV incidence in Fiji, especially among young people and women.</p>
<p>Nutrition</p>	<p>While child stunting rates in Fiji are among the lowest in the PICTs region, child wasting rates in Fiji are the region’s highest (at 6 per cent). Obesity and associated non-communicable diseases are a significant public health concern for Fiji’s adult population. However, child obesity rates are among the lowest in the region. At only 40 per cent, exclusive breastfeeding prevalence in Fiji is among the lowest in the PICTs region.</p>
<p>WASH</p>	<p>Fiji has made significant progress in increasing access to improved water and sanitation, especially in rural areas. However, significant urban–rural disparities remain, with rural areas generally having more limited access to WASH facilities.</p>
<p>Education</p>	<p>Although Fiji has nearly attained universal primary education, and although 98 per cent of students enrolling in primary school have early childhood education experience, several challenges remain for the country’s education sector. These include decreasing net enrolment rates; significant numbers of school drop-outs; ethnic disparities in exam performance; difficulties in secondary school graduates entering employment; and girls outnumbering boys, with the gender gap widening higher up the education system.</p>

Child protection	<p>Corporal punishment is widespread, with 72 per cent of parents admitting to using physical punishment against children in their household. Children are exposed to commercial child sexual exploitation, often becoming involved as a result of economic pressure. While the legal and policy framework allows for diversion of children in conflict with the law, such cases are frequently handled informally within the community, raising concerns over the safeguarding of children's rights. Cases involving children who are victims are also frequently handled through informal justice mechanisms, which can encourage victims to accept apologies or restitution but which may not protect the justice rights of the victim within the process.</p>
Social protection	<p>One in three individuals in Fiji lives in poverty. Poverty particularly affects children and young people, as well as households in rural areas, especially the country's Northern Division. Urban drift, particularly among young people, has led to high unemployment rates in urban areas and a growing number of people living in squatter settlements. A recent assessment of Fiji's social protection system places it in the middle range of the PICTs group in terms of comprehensiveness and impact. Fiji is one of the only PICTs with a cash transfer scheme targeting vulnerable children. However, low coverage and low amounts of payments have limited the effectiveness of the scheme.</p>

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of Violence Against Women
CERD	Committee on the Elimination of Racial Discrimination
CESC	Committee on Economic, Social and Cultural Rights
CFP	Child Focal Point
CRC	United Nations Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Commercial Sexual Exploitation
CSOs	Civil Society Organizations
DAC	Development Assistance Committee
DHS	Demographic and Health Survey
DoSW	Department of Social Welfare
EAPRO	East Asia and Pacific Regional Office
ECCE	Early Childhood Care Education
ECOSOC	United Nations Economic and Social Council
EFA	Education For All
EU	European Union
FEMIS	Fiji Education Management Information System
FSM	Federated States of Micronesia
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GLAAS	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
GPI	Gender Parity Index
GSHS	Global School-Based Health Survey
HIES	Household and Income Expenditure Survey
HIV	Human Immunodeficiency Virus
HTU	Human Trafficking Unit
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communication Technology
ILO	International Labour Organization
IPV	Intimate Partner Violence
ITU	International Telecommunication Union
JMP	UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
KII	Key Informant Interview
MCV2	Measles Containing Vaccine
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management

MHMS Ministry of Health and Medical Services
MICS Multiple Indicator Cluster Survey
MoE Ministry of Education, Heritage and Arts
MoWCPA Ministry for Women, Children and Poverty Alleviation
MP Member of Parliament
MSP Medical Services Pacific
WCCC National Coordinating Committee on Children
NCD Non-Communicable Disease
NER Net Enrolment Ratio
NFNC National Food and Nutrition Centre
NGO Non-Governmental Organization
NMDI National Minimum Development Indicator
OCHA United Nations Office for the Coordination of Humanitarian Affairs
ODA Official Development Assistance
OECD Organisation for Economic Co-operation and Development
OHCHR Office of the United Nations High Commissioner for Human Rights
PCV3 Pneumococcal Vaccine 3rd dose
PET Pre-Eclamptic Toxaemia
PICTs The 14 Pacific Island Countries and Territories that are the subject of the Situational Analyses
PNG Papua New Guinea
RCV1 Rubella Containing Vaccine 1st dose
RCV2 Rubella Containing Vaccine 2nd dose
SDG Sustainable Development Goal
SitAn Situational Analysis
SOP Standard Operating Procedure
SOU Sexual Offences Unit
SOWC State of the World's Children
SP Strategic Programme
SPC Pacific Community
SPI Social Protection Indicator
STEPS STEPwise Approach to Chronic Disease Risk Factor Surveillance
TB Tuberculosis
TVET Technical and Vocational Education and Training
UN United Nations
UNDP United Nations Development Programme
UNESCO United Nations Educational, Scientific and Cultural Organization
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
UPR Universal Periodic Review
US\$ United States Dollar
WASH Water, Sanitation and Hygiene
WHO World Health Organization

1.

Introduction

1.1. Purpose and scope

This report presents a comprehensive assessment and analysis of the situation of children in Fiji. Its intent is to offer an evidence base to inform decision-making across sectors that are relevant to children and instrumental in ensuring the protection and realization of children's rights. It is, in particular, intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in the Pacific Island Countries and Territories (PICTs).

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

- To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequities, 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 with regards 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; and

- 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.¹

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10–19) and youth (aged 15–24).² In addition, it includes an assessment and analysis of the situation relating to women, to the extent that it relates to outcomes for children (e.g. 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 these outcomes, and is adapted from the conceptual framework presented in UNICEF’s SitAn Procedural Manual. A rights-based approach was adopted for conceptualizing **child outcomes**, which this SitAn presents 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; Water, sanitation and hygiene (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 realization of children’s rights and key international development targets; and any gaps, shortfalls or inequities in this regard. 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 or disability).

A number of analytical techniques were employed in the effort 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/groups of children face in the realization of their rights, with reference to the critical conditions/determinants³ (quality; demand; supply and enabling environment) needed to ensure equitable outcomes for children).

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

2 These are the age brackets UN bodies and agencies use 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/best placed to address any shortfalls/inequities in child rights outcomes; and
- **Capacity analysis** – to understand the capacity constraints (e.g. knowledge; information; skills; will/motivation; authority; financial or material resources) on stakeholders who are responsible for/best placed to address the shortfalls/inequities.

The analysis did not engage in a comprehensive causality analysis, although immediate and underlying causes of trends, shortfalls or inequities 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 who suffer the worst deprivations in society, have access to the resources and services necessary for their survival, growth and development.⁴ 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 facing children according to their gender.

A **risk-informed analysis** requires an analysis of disaster and climate risks (i.e., hazards; areas of exposure to the hazard; and vulnerabilities and capacities 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 PICTs where climate change and other disaster risks are present. A risk-informed analysis also includes an assessment of gender and the vulnerabilities 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
Health and nutrition	<ul style="list-style-type: none"> - CRC (particularly the rights to life, survival and development and to health) - SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being) - Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) - WHO’s Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)

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

WASH	<ul style="list-style-type: none"> - CRC (Article 24) - SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)
Education	<ul style="list-style-type: none"> - CRC (Articles 28 and 29) - Article 13 of ICESCR - SDGs (particularly SDG 4 on ensuring inclusive and quality education for all and promoting lifelong learning) - Comprehensive School Safety Framework¹
Child protection	<ul style="list-style-type: none"> - CRC (Articles 8, 9, 19, 20, 28(2), 37, 39 and 40) - SDGs (particularly SDGs 5, 8, 11 and 16)
Social protection	<ul style="list-style-type: none"> - CRC (Articles 26 and 27) - ICESCR rights to social security (Article 9) and adequate standard of living (Article 11) - SDG target 1 (end poverty in all its forms everywhere)

1.3. Methods and limitations

This SitAn includes a comprehensive review, synthesis and examination of available data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys; administrative data from government ministries and non-governmental organizations (NGOs); and other published reports.⁵ Key datasets were compiled from the UNICEF Statistics database (available on <https://data.unicef.org/>) and the Pacific Community's (SPC's) National Minimum Development Indicators (NMDI) database (available on <https://www.spc.int/nmdi/>).⁶ The 2016 State of the World's Children (SOWC) report was utilized as it offered the most reliable data (available on <https://www.unicef.org/sowc2016/>). SPC's NMDI database also compiles data produced through national sources.⁷ Other institutional databases, such as those of the World Bank, the UNICEF/World Health Organization (WHO) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), WHO and the UNESCO Institute of Statistics were also found to be relevant.

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. In-country data collection was carried out to enable the gathering of additional contextual information and primary qualitative data to inform the analysis of causes and determinants of child rights shortfalls in individual PICTs and regionally.

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

5 These datasets were reviewed and verified by UNICEF.

6 Data from national sources and other reputable sources are compiled and checked for consistency before being registered in the UNICEF Statistics database and used for the annual State of the World's Children Report (SOWC).

7 The database is updated as new data become 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; again, gaps are highlighted as necessary.

A further limitation was the tight timeframe and limited duration of this SitAn process. This required the authors to make determinations as to priority areas of focus, which entailed the exclusion of some issues from the analysis. This also led to limitations in the extent of, for example, the causality analysis (which was conducted but does not include problem trees), and the role-pattern and capacity gap analyses, for which information is presented but which were not necessarily performed for all duty-bearers in a formal manner.

1.4. Governance and validation

The development and drafting of this SitAn was 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), which supported the assessment and analysis process by providing comment, feedback and additional data and validating the contents of this report. This governance and validation the Steering Committee provided was particularly important given the limitations in data-gathering and sourcing set out above.

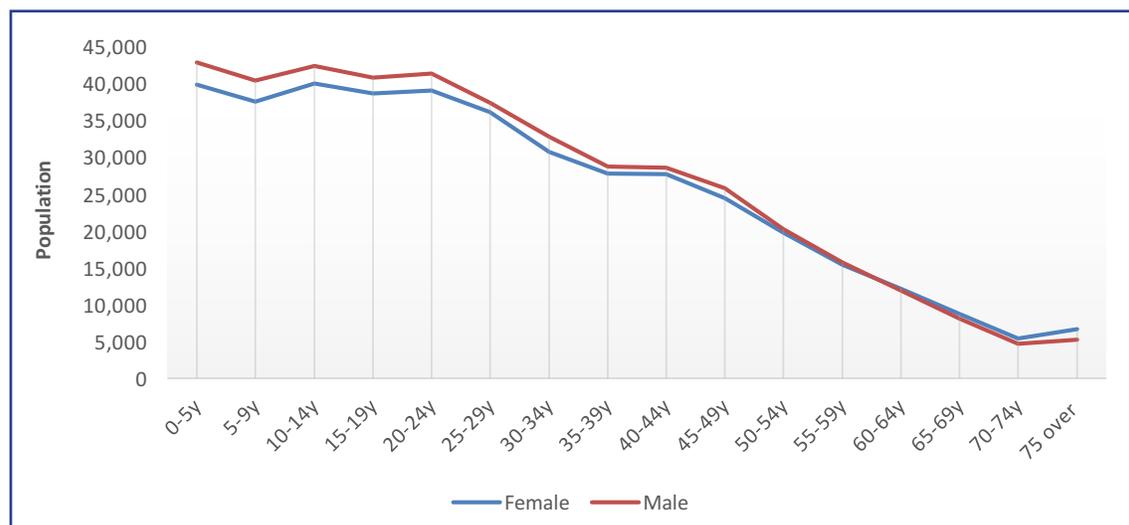
2.1. Geography and demographics

Fiji is a republic comprising 332 islands in the Melanesian region of the Pacific. The total land area of the island group is 18,333 km², 87.2 per cent of which is represented by Fiji's two largest islands: Viti Levu (10,429 km²) and Vanua Levu (5,556 km²).⁹

According to the most recent census (2007), the total population of Fiji is 837,271 (49.0 per cent women and 51.0 per cent men).¹⁰ The next census is not expected to take place until the second half of 2017, and more recent census data were therefore not available at the time of writing. A 2016 mid-year projection estimates the population of Fiji to be 880,400 (49.1 per cent women and 50.9 per cent men),¹¹ with an annual growth rate of 0.5 per cent.¹²

Children and youth aged 0-19 comprise 38.5 per cent of the total population measured in the 2007 census. According to Figure 2.2, infants and children aged 0–5 years make up the largest age bracket in Fiji.

Figure 2.2: Population by age group and gender



Source: 2007 Census of Population and Housing

The capital, Suva, is located on the largest island (Viti Levu) and has a population of 85,691 (10.2 per cent of the total population) according to the 2007 census.¹³ The most populous urban area

9 WHO, 'Country Health Information Profile', on http://www.wpro.who.int/countries/fji/7FIJpro2011_finaldraft.pdf [12.08.17].

10 Fiji Bureau of Statistics, '2007 Fiji Census of Population and Housing: Analytical Report', on <http://www.statsfiji.gov.fj/component/advlisting/?view=download> [12.08.17].

11 SPC, 'Revised SPC Population Projections', June 2016, on <http://www.spc.int/nmdi/population> [12.08.17].

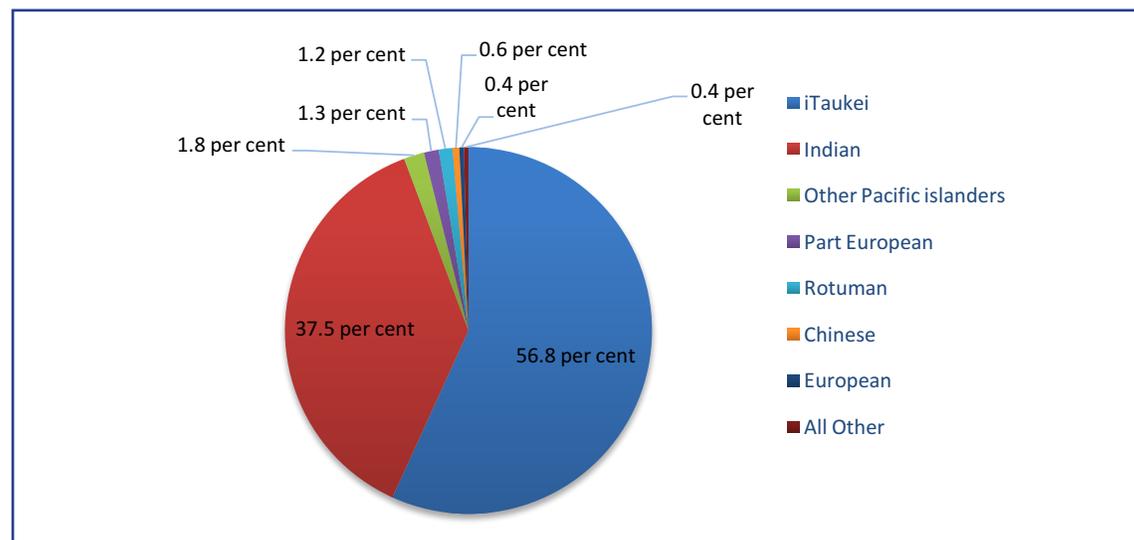
12 SPC, 'Annual Growth Rate in 2015', 2015 Pocket Statistical Summary, on http://prism.spc.int/images/downloads/2015_Pocket-Statistical-Summary.pdf [12.08.17].

13 <http://www.statsfiji.gov.fj/statistics/social-statistics/population-and-demographic-indicators> [12.08.17].

in Fiji, however, is Nasinu, another town on Viti Levu, with a population of 87,446 (10.4 per cent of the total population). Out of the total number of children and youth aged 0–19 in Fiji, 9.2 per cent and 10 per cent, respectively, live in Suva and Nasinu. Overall, however, a slightly higher percentage of children and youth live in rural rather than urban areas (51.5 per cent in rural areas and 48.5 per cent in urban areas).

As Figure 2.3 illustrates, Fiji comprises two main ethnic groups: iTaukei (56.8 per cent) and Indian (37.5 per cent). Increased emigration by and lower fertility of Indo-Fijians mean the iTaukei are the largest ethnic group by a growing margin.¹⁴ Other ethnic groups include other Pacific Islanders (1.8 per cent), part European (1.3 per cent), Rotuman (1.2 per cent), Chinese (0.6 per cent), European (0.4 per cent) and all others (0.4 per cent).¹⁵

Figure 2.3: Ethnicity



Source: 2007 Census of Population and Housing

The official languages of Fiji are iTaukei, English and a local version of Hindi.¹⁶ In populated areas, English is often the *lingua franca*.

According to the 2007 census, Christianity is the majority religion in Fiji, with 64.4 per cent of the population identifying as Christian. Within Christianity, the majority of followers are Methodist (34.6 per cent). Other branches of Christianity include, but are not limited to, the Anglican Church (0.8 per cent), the Assembly of God (5.7 per cent), Catholicism (9.1 per cent) and the Seventh-Day Adventist Church (3.9 per cent). The second largest religion is Hinduism, with 27.9 per cent. Other religions include Islam (6.3 per cent) and Sikhism (0.3 per cent). Of the total population, 0.8 per cent identify as having no religion.

14 Fiji Bureau of Statistics, '2007 Fiji Census of Population and Housing: Analytical Report', September 2012.

15 Ibid.

16 Regional Rights Resource Team, 'Human Rights in the Pacific', 2016, on <http://www.spc.int/wp-content/uploads/2016/12/Human-right-Pacific.pdf> [12.08.17].

2.2. Main disaster and climate risks

Fiji's location in the Pacific means it is exposed to risks and adverse effects of climate change and natural disasters. The main risks are cyclones, droughts, earthquakes, floods and tsunamis.

A recent study assessing the risk of cyclones, drought and earthquakes in a selected number of PICTs found that Fiji had the third highest risk to its child population (societal risk) in relation to these hazards.¹⁷ Meanwhile, according to UNISDR, tropical cyclones account for approximately 50 per cent of natural disasters in Fiji, followed by floods at 33 per cent and earthquakes at 8 per cent.¹⁸ In the same report, the total direct economic cost associated with natural disasters in Fiji between 1970 and 2007 was an estimated US\$ 532 million, with only 17 per cent of all events accounting for 86 per cent of the total cost. Estimates of the period from 1962 to 2009 suggest natural disasters affected a total of almost 1.8 million people and killed over 400 in that time period. Of course, the country has experienced further serious natural disasters post-2009, so an up-to-date total is likely to be much greater.¹⁹ Cyclones are recorded as having a much greater impact on the country than earthquakes, causing 99 per cent of total fatalities. Earthquakes have a much smaller comparative impact in terms of economic and human costs, since they tend to be much more localized, and because they do not cause such high levels of destruction, given the low level of development in Fiji. In contrast, cyclones and other hydro-meteorological disasters have the potential to affect much larger geographical areas.

As Table 2.1 shows, Fiji has experienced cyclones in most years in the past decade. However, the most recent cyclone to affect the country, Tropical Cyclone Winston (February 2016), was the strongest to make landfall in the country, causing severe damage.²⁰ The cyclone affected the Western Division of Fiji the worst, where roughly 75 per cent of the country's population lives. A total of 42 people were killed, thousands of islanders were rendered homeless and an estimated US\$ 600,000 in economic damages was caused after the cyclone struck the island.²¹ Infrastructure and services were also destroyed, including 134 schools, and 7.2 per cent of the population was evacuated.²² The percentage of children at risk as a consequence of the cyclone was estimated to be 40 per cent.²³

17 Molino Stewart and UNICEF Pacific, 'Child-Centered Risk Assessment (CCRA) Summary: Fiji'. The study compares the risk levels in nine PICs: Fiji, FSM, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tuvalu, Tonga and Vanuatu.

18 UNISDR, 'Relationship between Natural Disasters and Poverty: A Fiji Case Study', 2009, p. 9, on http://www.unisdr.org/files/11851_11851R25PovertyAFijiCaseStudyLowres.pdf [12.08.17].

19 Ibid., p. 28.

20 ReliefWeb, Tropical Cyclone Winston, on <http://reliefweb.int/report/fiji/tropical-cyclone-winston> [12.08.17].

21 CRED database, on <http://www.emdat.be/database> [14.08.17].

22 UNICEF Pacific, 'Cyclone Winston Situation Report', 24–26 February 2016, on https://www.unicef.org/appeals/files/UNICEF_Pacific_Cyclone_Winston_External_SitRep_26Feb2016.pdf [12.08.17].

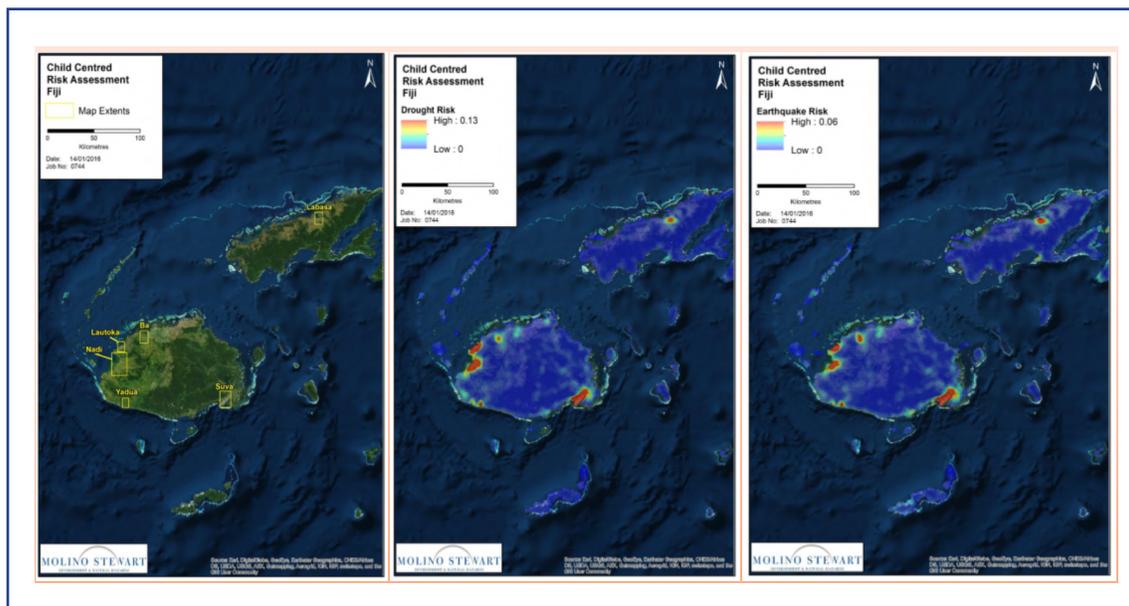
23 UNICEF, 'Over 40 Per Cent of Fiji's Children Affected by Cyclone Winston, as School Year Begins', 1 March 2016, on https://www.unicef.org/infobycountry/media_90352.html [12.08.17].

Table 2.1: Post-2007 natural disasters in Fiji

- Floods (February 2007; January 2009; January 2012; March 2012)
- Cyclone Daman (December 2007)
- Tropical Cyclone Gene (January 2008)
- Cyclone Mick (December 2009)
- Cyclone Tomas (March 2010)
- Tropical Cyclone Evan (December 2012)
- Tropical Cyclone Lusi (March 2014)
- Tropical Cyclone Pam (March 2015)
- Tropical Cyclone Winston (February 2016)
- Tropical Depression (December 2016)

As the maps below show, a child-centred vulnerability assessment indicates that the areas where children are most at risk from natural disasters are urbanized centres – namely Labasa, Ba, Lautoka, Nadi, Suva and Yadua. This is expected, since the density of children in urban areas is higher than it is in rural areas.

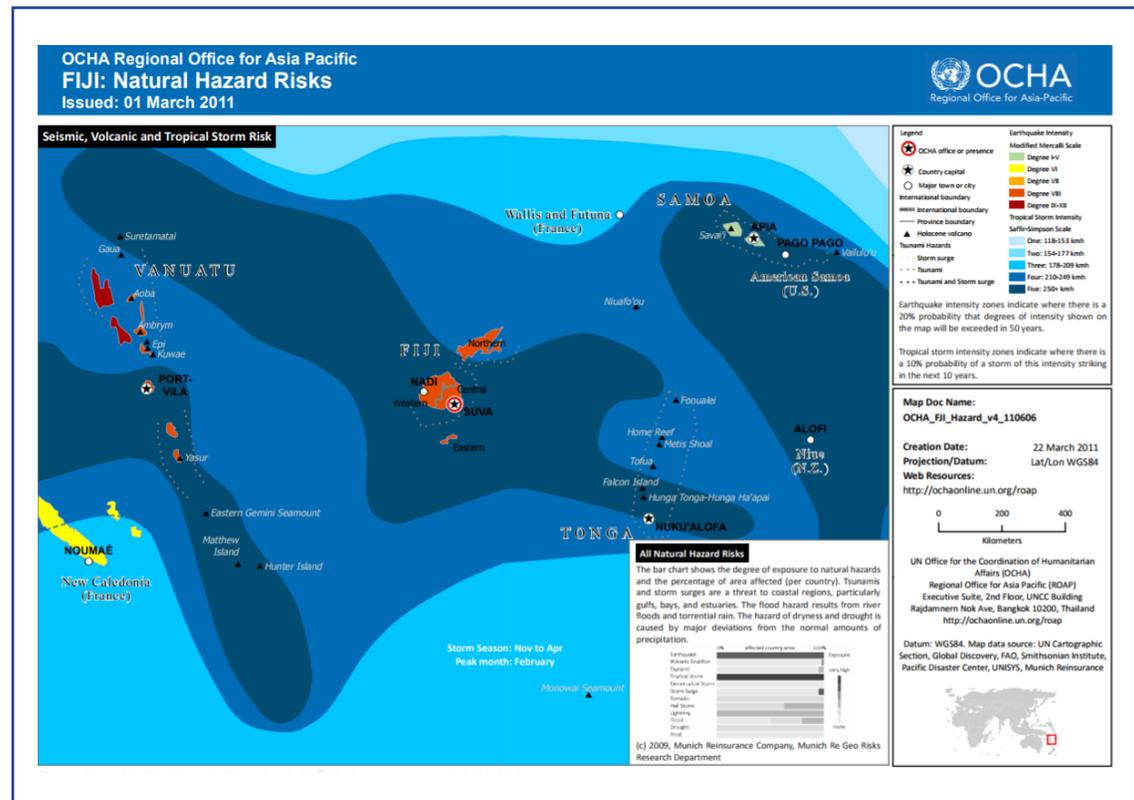
‘Disaster risk’ is a function of interaction between several variables: the likelihood and potential severity of a natural or man-made hazard; the exposure of populations and socio-economic assets to it; the vulnerability of the population or society exposed; and their capacity to reduce, mitigate or manage the hazard as it manifests. The Child-Centred Risk Assessment for Fiji, set out below in Figure 2.4, uses the child population in a particular administrative region as a proxy for ‘exposure’.

Figure 2.4: Child-centred risk assessment (Fiji)

Source: Molino Stewart and UNICEF Pacific (2016) CCRA Summary: Fiji

However, this means that the risk score for a particular area increases with its population density. It is also important to take into account the disaster risk that any child may face, regardless of whether he or she lives in a city or a remote, rural area. Therefore, two sets of maps are presented: one that uses a concept of 'societal risk', where the exposure variable is included, using the child population (Figure 2.5); and one in which the exposure variable is not included in the formula, enabling visualization of the risks regardless of the population density in the area (Figure 2.4a). This second concept is known as 'individual risk' as it reflects the risks facing individual children.

Figure 2.5: Fiji – composite hazard map



Source: OCHA (2011) Composite Hazard Map: Fiji²⁴

2.3. Government and political context

Fiji was a British colony until 1970, when the island group gained independence. Over the past three decades, Fiji's political system has been characterized by political turmoil, with four military *coup d'états*, most recently in 2006. The process of rebuilding democracy began in

2014, following the first general election.²⁵ Political instability has continued, however, including through the exclusion of MPs and the application of restrictive laws enacted during the military regime.

Under the 2013 Constitution, Fiji is a republic with a president as its head of state and commander-in-chief. Fiji's Parliament elects a prime minister to lead the government. The Parliament itself is unicameral and consists of 50 seats.²⁶ As of March 2016, only eight out of 50 MPs were women.²⁷ In government, two out of 12 ministers are women (the minister for women, children and poverty alleviation and the minister for health and medical services).²⁸

At the sub-national level, Fiji's governance is divided into four divisions (Central; Eastern; Northern; and Western), each responsible for 14 provinces.

Fiji has a longstanding tradition of establishing youth councils where young persons (aged 15–35) can participate in central and local decision-making. However, the instability of Fiji's political system, including the *coup d'états*, has affected the ability of young persons to participate in politics and have their voices heard. The National Youth Council has had to re-establish itself on a number of occasions in line with new political set-ups.²⁹

The current National Youth Council of Fiji is an umbrella body comprising representatives from provincial youth forums and assemblies across the country. The body allows Fiji's youth (aged 15–35) to participate in the work of the government and complements the work of the Ministry of Youth and Sports.³⁰

2.4. Socio-economic context

*Fiji's most recent national development plan is the Strategic Development Plan 2007–2013, which had as its vision 'A peaceful, prosperous Fiji' and is due to be replaced imminently.*³¹

Fiji's gross domestic product (GDP) per capita was US\$ 4,960.5 in 2015³² and the island group was classified as an upper middle-income country on the Development Assistance Committee (DAC)

25 The Commonwealth, 'Fiji: Constitution and Politics', on <http://thecommonwealth.org/our-member-countries/fiji/constitution-politics> [12.08.17].

26 Ibid.

27 Pacific Women in Politics, 'National Women MPs', on <http://www.pacwip.org/women-mps/national-women-mps/> [12.08.17].

28 <http://www.fiji.gov.fj/Government-Directory/Ministries-and-Department.aspx> [12.08.17].

29 <http://nationalyouthcouncil.org.fj/index.php?page=history> [12.08.17].

30 Ibid.

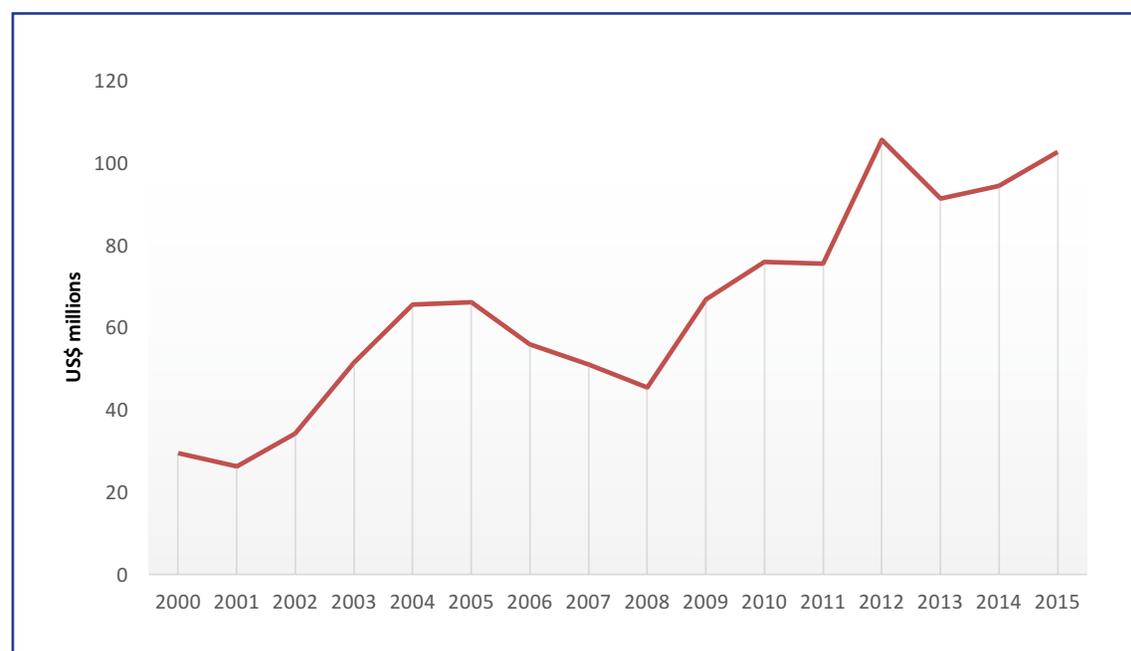
31 http://www.planning.gov.fj/images/stories/Strategic_Development_Plan_2007-2011.pdf [12.08.17].

32 World Bank Statistics, <http://databank.worldbank.org/data/reports.aspx?source=2&country=FJI> [12.08.17].

list of official development assistance (ODA) recipients in 2014–2016.³³ The highest contributions to Fiji’s GDP are from the services industry (48.6 per cent), followed by the hotels and restaurants industry (13.6 per cent) and the manufacturing sector (13.0 per cent).³⁴ GDP growth was recorded at 5.6 per cent in 2014, slowing to 3.6 per cent in 2015, and again to 2.0 per cent in 2016 as a result of the economic impact of Cyclone Winston in February 2016.³⁵ Furthermore, as a result of Cyclone Winston, after two years of relatively low inflation, the consumer price index rose by an annual average of 3.9 per cent, owing to disruptions to domestic food production and supply.³⁶ The Asian Development Bank (ADB) projects that, as recovery from the cyclone continues, GDP growth will improve, reaching 3.5 per cent in 2017.³⁷

Fiji’s receipt of ODA from donor countries and institutions has gradually increased since 2013, after a decline in ODA from 2012–2013 as per Figure 2.6. In 2013, net ODA received equalled 8.9 per cent of central government expenses, compared with 11.4 per cent in 2012.

Figure 2.6: Net ODA



Source: OECD and World Bank statistics³⁸

33 Countries in this classification had a per capita gross national income between US\$ 4,126 and US\$ 12,745 in 2013. See DAC List of ODA Recipients, 2014–2016, on www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf [12.08.17].

34 2013 figures: ADB, ‘Economic Analysis: Summary’, p. 1, on <https://www.adb.org/sites/default/files/linked-documents/cps-fij-2014-2018-ea.pdf> [12.08.17].

35 ADB, ‘Fiji: Economy’, on <https://www.adb.org/countries/fiji/economy> [12.08.17].

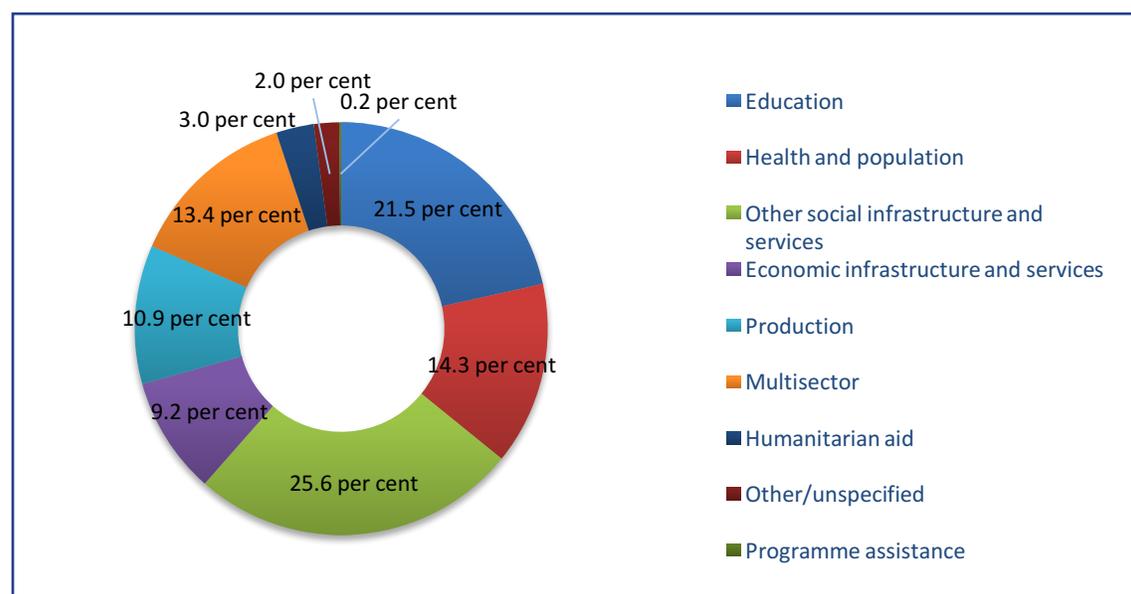
36 ADB, ‘Asian Development Outlook 2017: Transcending the Middle-Income Challenge’, 2017, p. 266, on <https://www.adb.org/sites/default/files/publication/237761/ado-2017.pdf> [12.08.17].

37 Ibid., p. 267.

38 <http://data.worldbank.org/indicator/DT.ODA.ODAT.XP.ZS?end=2013&locations=FJ&start=1990&view=chart> [12.08.17].

In 2014–2015, Fiji received most of its ODA from Australia (US\$ 46.2 million), followed by EU institutions (US\$ 14.2 million), Japan (US\$ 8.5 million) and New Zealand (US\$ 7.9 million).³⁹ Figure 2.7 presents bilateral ODA received by sector in 2014–2015, with 61.4 per cent going to education, health, population and other social infrastructures and services. Following the destruction caused by Cyclone Winston in 2016, ODA donors pledged to give humanitarian assistance and infrastructure support.⁴⁰

Figure 2.7: ODA received by sector 2014–2015 (average)



Source: OECD statistics

The challenges facing Fiji are similar to those other small island economies experience. As a small economy, Fiji ‘suffers from diseconomies of scale and is vulnerable to fluctuations in international markets.’⁴¹ It is also geographically distant from major international markets, making imports and exports expensive.⁴² Increasing food and oil prices, in particular, have placed stress on the economy in recent times.

Sugar cane farming is a key industry in Fiji, and this has made the country vulnerable to variations in international prices. A recent decline in sugar production has reportedly contributed to an ‘urban drift’ in which ex-sugar plantation workers have migrated to the cities,⁴³ leading to a loss

39 OECD, ‘Top Ten Donors of Gross ODA for Fiji, 2014-2015 Average, US\$ million’, on https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no [12.08.17].

40 See for instance, Australian Aid Budget Summary 2016–2017, on <http://dfat.gov.au/news/news/Pages/2016-17-australian-aid-budget-summary.aspx> [12.08.17].

41 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 10.

42 Ibid.

43 Asia-Pacific Observatory on Health Systems and Policies, ‘The Fiji Islands Health System Review’, 2011, p. 14, on www.wpro.who.int/asia_pacific_observatory/hits/series/Fiji_Islands_Health_Systems_Review.pdf?ua=1 [12.08.17].

of the working-age population in some rural areas and 'a mushrooming in squatter settlements in cities.'⁴⁴ Tourism, gold mining, fishing and timber production are other significant industries.⁴⁵ A common denominator for these industries is that they are susceptible to both disaster and climate risks.

According to Fiji's latest Household and Income Expenditure Survey (HIES), conducted in 2013–2014, the overall number of individuals living in poverty has remained approximately the same since the previous HIES, in 2008–2009.⁴⁶ Out of the 28.1 per cent of the population living in poverty, 66.1 per cent live on Fiji's largest island, Viti Levu, which makes up the country's Central and Western Divisions.

Overall, data from HIES reveals, poverty is more prevalent in rural than in urban areas, with 36.7 per cent of the population living in poverty in rural areas as compared with 19.8 per cent in urban areas. These figures may be explained in part by differences between urban and rural areas with respect to household income types. Income from agricultural ventures makes up only 9.1 per cent of household income, whereas permanent wages and salaries account for 61 per cent of household income. An estimated 61.6 per cent of children and youth (aged 0–24) are in poverty.

Levels of inequality in Fiji are high compared with in other countries in the Pacific, as measured by the Gini coefficient,⁴⁷ which was 0.41 in 2009 Fiji according to the HIES. This measurement is generally thought to represent an unreasonable level of inequality (with 0.30–0.35 generally accepted as 'reasonable').⁴⁸

Of the total population in the 2007, 36.3 per cent were employed, a majority of whom were men (67.6 per cent). Rural sectors accounted for 55.8 per cent of the labour force. In all sectors, the majority of employees were wage/salary earners (59.0 per cent), of whom 69.7 per cent were men. Subsistence workers accounted for 20.6 per cent of the labour force, and comprised slightly more women than men (51.2 per cent).

The distance between the PICTs and the mainland, as well as that between outer and inner atolls and between the PICTs, has limited Internet access and communication in the PICTs until recently. Approximately 46 per cent of Fiji's population used the Internet in 2015, a steep increase on 2010, when only 20 per cent of the population used the Internet. Similarly, the number of mobile phone subscriptions has steadily increased to an average 108 subscriptions per 100 people.⁴⁹

44 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 7.

45 The Commonwealth, 'Fiji: Economy', on <http://thecommonwealth.org/our-member-countries/fiji/economy> [12.08.17].

46 The number of people living in poverty decreased only from 31.0 per cent to 28.1 per cent.

47 The Gini coefficient is a number between 0 and 1, where total equality is equal to 0 and total inequality (one person has everything) is equal to 1.

48 UNDP, 'State of Human Development in the Pacific: A Report on Vulnerability and Exclusion at a Time of Rapid Change', 2014.

49 ITU and World Bank, 'Internet Users', on <http://data.worldbank.org/indicator/IT.NET.USER.P2?page=2> [12.08.17].

2.5. Legislative and policy framework

Under the 2013 Constitution and Fiji's dualist legal system, international treaties ratified by the country are enforceable by domestic courts only after approval by Parliament or incorporation through the enactment of domestic legislation.⁵⁰ The central source of Fiji's human rights obligations is the Bill of Rights contained in the 2013 Constitution, which enshrines a number of Fiji's international human rights obligations.⁵¹ In interpreting the Bill of Rights, domestic courts 'may, if relevant, consider international law', but it is not a requirement to do so.⁵² In a 2013 case, the Court of Appeal held that the CRC (ratified by Fiji in 1993) may be used as guidance but did not clarify the extent to which courts may rely upon or apply the document.⁵³

Fiji does not have a consolidated piece of legislation on children's rights. Instead, a number of laws contain relevant provisions relating to children and children's rights. For instance, the Juveniles Act 1974 (as amended in 1997), the Child Welfare Decree 2010, the Domestic Violence Decree 2009, the Family Law Act 2003 and the Human Rights Commission Decree 2009 all enshrine the principle of the best interest of the child.

Fiji recently ratified the Convention on the Rights of Persons with Disabilities (CRPD). Other steps to improve the situation for persons with disabilities include the enactment of the Disability Decree in 2013 to consolidate the legal framework and adoption of the National Policy on Persons Living with Disabilities (2008–2018). Ratification of the CRPD and improvement on the ground has been prompted by the UN, which has criticized Fiji for lack of awareness and understanding of the needs of persons with disabilities, leading to discrimination against persons with disabilities.⁵⁴

Fiji acceded to the Convention on the Elimination of all forms of Violence Against Women (CEDAW) in 1995 and has enacted a set of policies to improve the situation for women and girls, including the National Gender Policy and the Women's Plan of Action (2010–2019) to promote gender equality, social justice and sustainable development.⁵⁵

The 2013 Constitution's Article 45 established Fiji's Human Rights and Anti-Discrimination Commission – the country's national human rights institution. The Commission is mandated to promote and protect Fiji's human rights laws, provide human rights education to members of the public, ensure equal protection for all and monitor compliance with human rights obligations. For instance, the Commission may bring claims of allegations of human rights violations to the Fiji High Court on behalf of individuals. In 2014, the Committee on the Rights of the Child in its Concluding Observations noted reports that the Commission was under-funded and had failed

50 Constitution of the Republic of Fiji 2013, Article 51.

51 For example, the right to life, the right to personal liberty, freedom from discrimination, the right to education and the right to health and rights for persons with disabilities. See Constitution of the Republic of Fiji 2013, Chapter 2.

52 Constitution of the Republic of Fiji 2013, Article 7.

53 *Chief Executive Officer for Education v Gibbons* [2013] FJCA 98, para. [13].

54 UN Country Team, 'Submission to the Universal Periodic Review on Fiji', 2014.

55 Regional Rights Resource Team, 'Human Rights in the Pacific', 2016, on <http://www.spc.int/wp-content/uploads/2016/12/Human-right-Pacific.pdf> [12.08.17].

to appoint a child rights specialist.⁵⁶ By 2016, no expert had been appointed, although the new director informed a local newspaper that the Commission still aimed to appoint both child rights and disability officers, as well as to consider the appointment of a sexual diversity officer.⁵⁷

The Legal Aid Commission was set up through the Legal Aid Act 1996 to provide free or low-cost legal assistance to persons in need, including children. Other relevant institutions dealing with children's cases include the National Coordinating Committee on Children and a national helpline to protect children against abuse.⁵⁸ Fiji has also established a National Council for Disabled Persons under the Ministry of Women, Children and Poverty Alleviation (MoWCPA).⁵⁹

2.6. Child rights monitoring

Overall, Fiji has kept up with its treaty body reporting requirements. Nevertheless, most State Party reports have been submitted late, most notably the 2011 CRC report, which Fiji submitted six years after the original deadline. Table 2.2 outlines the status of nine of the core human rights treaties in Fiji, including the date of Fiji's past and upcoming reporting requirements.

Table 2.2: Fiji's treaty-body reporting requirements

	Status	Past reports	Next report due
CRC	2 July 1993 (S) 13 August 1993 (R)	Cycle I due: 11 September 1995 Submitted: 12 June 1996 Cycle II–IV due: 11 September 2005 Submitted: 4 August 2011	11 September 2020
CRC OP1	16 September 2005 (S)	-	-
CEDAW	28 August 1995 (A)	Cycle I due: 27 September 1996 Submitted: 29 February 2000 Cycle IIIV due: 27 September 2008 Submitted: 14 January 2009 Cycle V due: 31 July 2014 Submitted: 29 June 2016	Not decided

56 Committee on the Rights of the Child, 'Concluding Observations on the Combined Second to Fourth Periodic Reports of Fiji', 13 October 2014, paras 16–17.

57 *The Fiji Sun Online*, 'New Human Rights Head on Roll (Part 2)', 20 March 2016, on <http://fijisun.com.fj/2016/03/20/new-human-rights-head-on-role-part-2/> [12.08.17].

58 Government of Fiji, '3409 Calls Received Through Child Helpline', 8 September 2015, on <http://www.fiji.gov.fj/Media-Center/Press-Releases/3409-CALLS-RECEIVED-THROUGH-CHILD-HELPLINE.aspx> [12.08.17].

59 See <http://www.fnccdp.org>

CESCR	N/A	-	-
ICCPR	N/A	-	-
CRPD	2 June 2010 (S)	-	-
CERD	11 January 1973 (D)	<p>Cycle I due: 11 January 1974 Submitted: 25 October 1973</p> <p>Cycle II–III due: 11 January 1976 Submitted: 13 July 1978</p> <p>Cycle IV due: 11 January 1980 Submitted: 8 June 1981</p> <p>Cycle V due: 11 January 1982 Submitted: 25 October 1982</p> <p>Cycle VI–XV due: 10 February 1984 Submitted: 7 August 2002</p> <p>Cycle XVI–XVII due: 10 February 2006 Submitted: 20 June 2006</p> <p>Cycle XVIII–XX due: 10 February 2012 Submitted: 19 February 2012</p>	<u>Overdue since 10 February 2016</u>
ILO 138	3 January 2003 (R)	Regular	<u>Requested in 2014</u>
ILO 182	17 Apr 2002 (R)	Regular	<u>Requested in 2014</u>

Source: OHCHR.⁶⁰

Fiji has also undergone two Universal Periodic Review (UPR) processes (in 2010 and 2014).

As stated above, Fiji's Human Rights and Anti-Discrimination Commission is mandated to monitor compliance with the country's treaty obligations, and individuals may submit allegations of human rights violations to the Commission for investigation.⁶¹ The Commission may also instigate its own investigations. As outlined above, the Commission may bring cases of alleged human rights violations on behalf of individuals to the High Court. On finding of a violation of a right contained in the Bill of Rights, the Court has a wide range of remedies available, including declarations, mandatory orders, damages and 'such other relief that the High Court thinks fit'.⁶² However, as noted above, the Commission has faced criticism from the UN for being under-funded and under-resourced, with the need to appoint a new child rights officer.⁶³

60 http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=60&Lang=EN [18.08.17].

61 Constitution of the Republic of Fiji 2013, Article 45(4).

62 Human Rights Commission Decree 2009, s. 40(2).

63 Committee on the Rights of the Child, 'Concluding Observations: Fiji', 13 October 2014.

3.

Health and Nutrition

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

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 deviation 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 deviation 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

3.2	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
3.3	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
3.7	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 right to health in Fiji's domestic law

The right to health is contained in Fiji's 2013 Constitution, which defines this right broadly as including the right to health care and to the determinants necessary for good health. It provides that the state must 'take reasonable measures within its available resources to achieve the progressive realisation of the right of every person to health, and to the conditions and facilities necessary to good health, and to health care services, including reproductive health care'.⁶⁴

The analysis here 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'.⁶⁴ According to WHO/UNICEF guidance, the following six building blocks make up a country's health system: 1) leadership and governance; 2) health care financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.⁶⁵ The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Fiji 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.

64 UNICEF and WHO, 'Building Block, Nutrition Integration, and Health Systems Strengthening', 2016, on https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf [02.03.17].

65 Ibid.

3.1. Child mortality

Neonatal mortality (0–28 days), infant mortality (under one year) and under-five mortality have been gradually declining since the early 1990s. According to the latest national estimates summarized in the 2016 SOWC dataset, the under-five child mortality rate in Fiji stands at 22 deaths per 1,000 live births as of 2015, which represents a 25 per cent reduction since 1990. This means Fiji has already reached SDG 3.2 on under-five child mortality: a reduction to at least 25 deaths per 1,000 live births by 2030.⁶⁶ The 2016 SOWC data also reveal gender disparities in relation to child mortality rates in Fiji, with the under-five mortality rate for boys estimated to be at a higher 24/1,000, compared with 20/1,000 for girls.

The SOWC data place the infant mortality rate (for under one year olds) at an estimated 19/1,000 as of 2015, which represents a 24 per cent reduction from 25/1,000 in 1990. The SDGs and Millennium Development Goals (MDGs) do not include an explicit target linked to infant (under-one) mortality, but instead focus on under-five mortality and neonatal mortality. Neonatal mortality in Fiji is estimated to stand at 10 per 1,000 live births, as of 2015. This means Fiji has already reached the SDG 3.2 target for neonatal mortality, which aims for a rate of 12/1,000 by 2030.

WHO's Country Cooperation Strategy for Fiji for 2013–2017 attributes Fiji's progress on child mortality to improved coverage of cost-effective child survival measures, including immunization, exclusive breastfeeding, child nutrition and integrated management of childhood illnesses, as well as improved access to clean water, sanitation and hygiene (see next chapter) and a general improvement in socio-economic development.⁶⁷

It appears that the majority of infant mortality occurs in the first month of life. According to a 2013 Fiji Ministry of Health and Medical Services (MHMS) progress report, children who die in the first 28 days (neonatal mortality) account for 60 per cent of those children who die before the age of one year (infant mortality), and 50 per cent of those who die before age five.⁶⁸ The report identifies birth asphyxia, neonatal sepsis, prematurity, congenital malformations, injuries, diarrhoea and pneumonia with underlying malnutrition as the major causes of infant and child mortality in Fiji. It also cites a high rate of congenital syphilis as a cause of infant and child mortality.⁶⁹

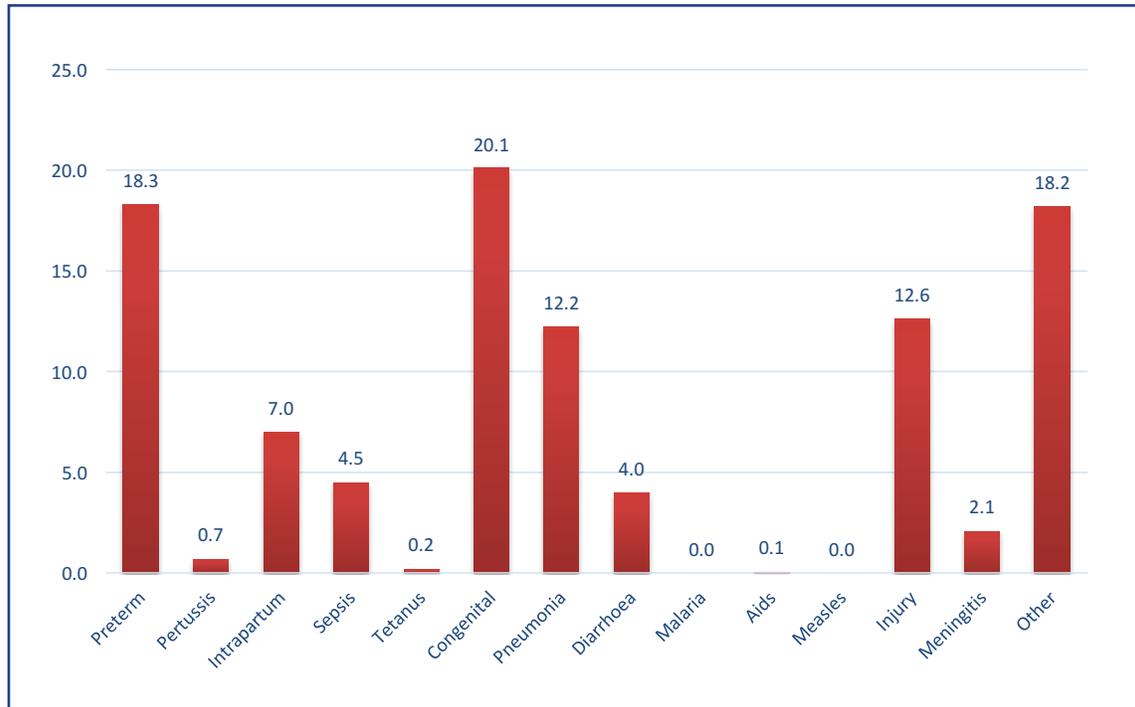
Causes-of-death estimates from UNICEF suggest most deaths in under-five children in Fiji as of 2015 owed to congenital diseases (20 per cent of all deaths in under-five children), followed by pre-term complications (18 per cent), unspecified 'other causes' (18 per cent), injury (12.6 per cent) and pneumonia (12 per cent) (see Figure 3.1).

66 On <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [05.06.17].

67 P. 16.

68 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival. A Case Study Report', 2013, on [https://www.unicef.org/pacificislands/14_-_02-2014_Fiji_Case_Study_For_Delivery_to_UNICEF_8-29-2013_conversion_\(1\).pdf](https://www.unicef.org/pacificislands/14_-_02-2014_Fiji_Case_Study_For_Delivery_to_UNICEF_8-29-2013_conversion_(1).pdf) [21.03.17].

69 Ibid., p. 12.

Figure 3.1: Causes of death (percentage of all deaths in under 5 children)

Source: UNICEF Child Mortality Estimates 2015⁷⁰

Geographic location plays a significant role in children’s vulnerability to premature death. For example, under-five mortality rates in the Eastern and Northern Divisions are reported to be significantly higher: the remoteness of villages and the lack of easily accessible health services are key factors placing children at an increased risk of premature mortality.⁷¹

3.2. Child health, immunization and communicable diseases

There is a lack of quantitative data on some of the key child health indicators in Fiji. For example, there are no national estimates of the proportion of under-five-year-old children with suspected pneumonia taken to a health provider or receiving antibiotics. Furthermore, there are currently no quantitative data on the proportion of children under five with diarrhoea receiving oral rehydration salts.⁷²

There are also no quantitative data on the proportion of children with fever receiving antimalarial treatment, the availability of insecticide-treated nets or the proportion of children sleeping under nets in Fiji. The gaps in the data in relation to malaria may not be too problematic, given that

70 <https://data.unicef.org/topic/child-survival/under-five-mortality/> [05.06.17].

71 MHMS and UNICEF, ‘Fiji: Tracking Progress in Maternal and Child Survival’, 2013, p. 11.

72 <https://data.unicef.org/country/fiji/> [02.03.17].

there is no risk of malaria transmission in Fiji.⁷³ However, this risk may increase in the future as temperatures rise.⁷⁴ Furthermore, a number of vector-borne diseases are endemic in Fiji, including dengue fever, lymphatic filariasis, and Ross River virus.⁷⁵

Good progress has been made in fighting vaccine-preventable diseases in Fiji. Estimates provided by the WHO Global Health Observatory⁷⁶ suggest Fiji has achieved near-universal coverage for almost all recommended vaccines for which estimates are available. According to WHO estimates, Fiji has reached 100 per cent coverage for all recommended vaccines, except for hepatitis (birth dose), RCV1, RCV2 and MCV2, for which Fiji has reached close-to-universal coverage at an estimated 90 per cent (see Figure 3.2). For Fiji, national coverage data are available for all 12 universally recommended vaccines, with no significant data gaps (WHO estimates for PCV3 and Rotavirus vaccinations started in 2011).

Worryingly, WHO's Country Cooperation Strategy for Fiji 2013–2017 notes that measles immunization coverage in the country has recently been declining, and warns that this may have a negative impact on Fiji's progress in relation to reducing its child mortality rate.⁷⁷

From a methodological perspective, it is difficult to establish the accuracy of reported immunization coverage rates. For example, recent Demographic and Health Surveys (DHSs) in the PICTs region all suggest much lower immunization coverage than the coverage estimates provided by WHO.⁷⁸ According to a recent review of evidence on immunization in the PICTs, much of this can be explained by the differing survey methodologies.⁷⁹ According to the MHMS progress report, a DHS was planned for implementation in 2014.⁸⁰ However, as of June 2017, Fiji has not yet conducted such a survey.

SDG target 3.3 encourages all countries to eradicate TB by 2030.⁸¹ Evidence from the regional NMDI database suggests that, as of 2013, Fiji had a TB prevalence rate of 100 cases per 100,000 population, which places the country in the middle range within the PICTs region.⁸² According to the MHMS, TB is more prevalent in men compared with women, and an estimated 7–11 per cent of total TB cases are found in children under the age of 15 years.⁸³

73 <https://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country/fiji> [02.03.17].

74 KII with Chief of Health, UNICEF Pacific, Suva, 21 February 2017.

75 See, e.g., MHMS, 'Climate Change and Vector-Borne Disease', 2015, on <http://www.health.gov.fj/wp-content/uploads/2014/05/WHO-CCVBD-Workshop-Book-2015-Pages-1.pdf> [05.06.17].

76 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's immunization coverage data are reviewed and the estimates updated annually. See <http://apps.who.int/gho/data/node.wrapper.immunization-cov> [02.03.17].

77 P. 14.

78 Tyson, S. and Clements, J., 'Strengthening Development Partner Support to Immunisation Programs in the Pacific: A Strategic Review', 2016, p. 7.

79 Ibid., p. 7.

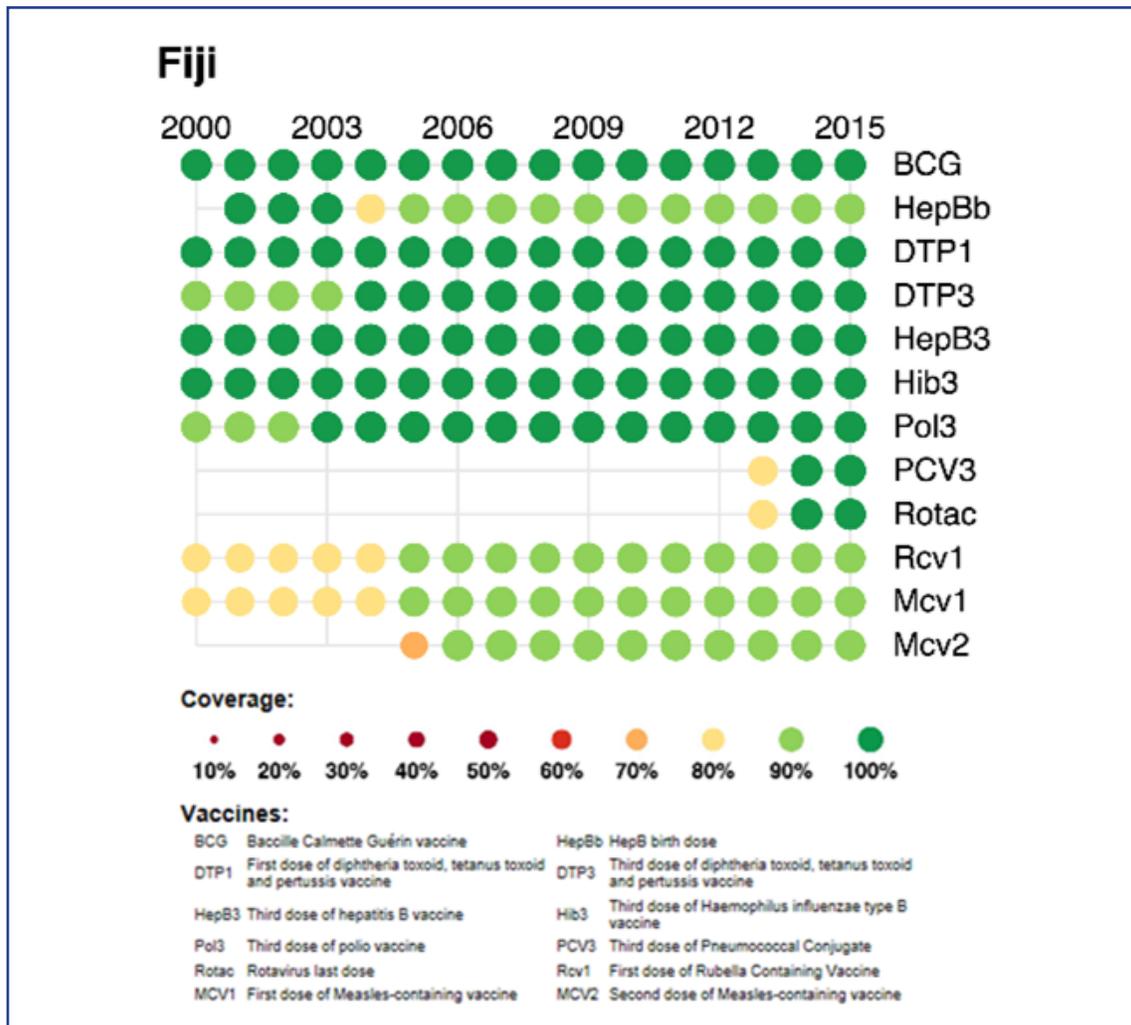
80 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 16.

81 See <https://sustainabledevelopment.un.org/sdg3> [10.04.17]

82 NMDI data: https://www.spc.int/nmdi/communicable_diseases [10.04.17].

83 MHMS, 'Tuberculosis in Fiji', *Fiji Journal of Public Health*, 2016, on <http://www.health.gov.fj/eJournal/index.php/2016/02/18/tuberculosis-in-fiji/> [05.06.17].

Figure 3.2: Immunization coverage in Fiji (per cent of target population)



Source: WHO Global Health Observatory, Immunization Punch Charts, 2017⁸⁴

3.3. Maternal health

According to SDG 3.1, countries should aim to reduce their maternal mortality ratio to less than 70 maternal deaths per 100,000 live births. According to latest adjusted UN estimates from 2015, Fiji’s maternal mortality ratio stands at 30 per 100,000 live births, which is already below the SDG target and amounts to an estimated total of five maternal deaths in 2015.⁸⁵

84 <http://apps.who.int/gho/data/node.wrapper.immunization-cov> [25.05.17]. Note that the target population differs depending on the specific vaccine. For more information see <https://data.unicef.org/topic/child-health/immunization/> [25.05.17].

85 <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. Note that the UN estimates do not match with the maternal mortality ratio recorded in the SOWC 2015, which is based on data reported by national authorities. The World Bank and the UN 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, and these are therefore preferable.

The immediate causes of maternal death in Fiji are ectopic pregnancy, pre-eclamptic toxemia (PET)⁸⁶, postpartum haemorrhage, heart disease and septicaemia.⁸⁷ The two main underlying causes of maternal mortality in Fiji, as identified by the MHMS in its National Strategic Plan for 2016–2020, are, delayed presentation, which is often linked to poverty and low levels of education; and pre-existing cardio-vascular problems and other non-communicable diseases.⁸⁸ These two underlying causes of maternal mortality in Fiji highlight the importance of promoting early antenatal care, especially among high-risk and hard-to-reach communities.

Under Article 24(2)(d) of the CRC, Fiji has an obligation to ensure appropriate pre- and post-natal health care for mothers. Estimated antenatal coverage for at least one visit stands at 100 per cent in Fiji in the 2016 SOWC, which indicates universal coverage. Antenatal coverage for at least four visits is estimated to stand at a somewhat lower 94 per cent, which represents near-universal coverage. The existing data also suggest that nearly all pregnant women in Fiji give birth in the presence of a skilled health professional (100 per cent in 2013) and in a health facility (institutional delivery in 99 per cent of cases). Overall, pre- and post-natal health care coverage for mothers in Fiji thus appears to be adequate and largely in line with international standards.

There are no quantitative data on the frequency (or proportion) of Caesarean sections carried out in Fiji. Also missing are data on the proportion of mothers and newborns attending post-natal checks, as well as data on disparities between urban and rural areas in relation to births attended by a skilled health professional.

3.4. Adolescent health

Adolescents aged 10–19 make up 18 per cent of the total population of Fiji, which is, according to the 2016 SOWC data, a slightly lower proportion compared with the PIC-wide average of 22 per cent,⁸⁹ but higher than the wider regional average of 13 per cent for East Asia and the Pacific. The Committee on the Rights of the Child has identified adolescence as a ‘unique defining stage of human development’, with particular health issues and response requirements.⁹⁰

3.4.1. Fertility and contraceptive use

According to the most recent World Bank estimates, from 2015, the adolescent fertility rate in Fiji stands at 45 (births per 1,000 women aged 15–19), which is significantly higher than the

86 PET is a complication of late pregnancy that is diagnosed on the basis of high blood pressure, swollen ankles and protein in the urine. If the blood pressure is not adequately controlled the condition can evolve into eclampsia, which can be fatal for the foetus and the mother.

87 MHMS and UNICEF, ‘Fiji: Tracking Progress in Maternal and Child Survival’, 2013, p. 14.

88 <http://www.health.gov.fj/PDFs/Corporate%20Plan/Strategic%20Plan%202016-2020%20Executive%20Version.pdf> [13.03.17].

89 Note that the PIC-wide average is based on estimates from only seven out of 14 countries in the group.

90 Committee on the Rights of the Child, General Comment No. 20, on the Implementation of the Rights of the Child in Adolescence, 6 December 2016, para. 9.

regional average of 22/1,000 for East Asia and the Pacific.⁹¹ In Fiji, the adolescent fertility rate has fluctuated around 45/1,000 since the mid-1990s, with a slight increase over the past few years (from 43/1,000 in 2012).⁹² Data on marriage rates among this population group are unfortunately not available.

It is estimated that contraceptive prevalence⁹³ in Fiji currently stands at around 44 per cent of the population, which is significantly lower than the regional average of 64 per cent for East Asia and the Pacific and the MDG target of 56 per cent.⁹⁴ Data on contraceptive prevalence are limited to information from public health facilities (excluding private sector provision), so prevalence estimates should be treated with caution. As of June 2017, Fiji has not yet implemented a nationally representative study on contraceptive prevalence, such as, for example, a DHS.⁹⁵

Data on unmet need and demand for contraception are not available for Fiji (as such data are usually collected as part of the DHS, which has not yet been implemented in the country). Low contraceptive prevalence in Fiji appears, in part, to result from specific supply-side constraints. For example, the 2013 MHMS progress report indicates that stock shortages of contraceptives are quite common. Furthermore, the report suggests that restrictions placed on nurses in relation to inserting contraceptive implants may threaten the increasing popularity of contraceptive implants.

3.4.2. HIV/AIDS and sexually transmitted infections

According to the 2016 Fiji Global AIDS Progress Report, Fiji is a low-HIV prevalence country and the HIV epidemic in Fiji is neither generalized nor concentrated.⁹⁶ The total number of Fijians estimated to be living with HIV in 2014 was less than 1,000, and the prevalence rate for 15–49 year olds was estimated to be 0.1 per cent.

HIV prevalence among young people (aged 15–24) in Fiji was estimated to be less than 0.1 per cent in 2013.⁹⁷ However, HIV incidence (newly reported cases per year) is disproportionately affecting young people in Fiji. According to the 2015 Global AIDS Progress Report, the 20–29 and the 30–39 age groups together account for over 77 per cent of all HIV infections reported in 2015.

91 <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=FJ> [07.03.17]. The regional average includes China.

92 Ibid.

93 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' are usually defined as women aged 15–49. See e.g. <http://indicators.report/indicators/i-29/> [21.03.17].

94 SOWC 2016; the regional average excludes China.

95 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 14.

96 MHMS, 2016, p. 50, on http://www.unaids.org/sites/default/files/country/documents/FJI_narrative_report_2016.pdf [08.03.17]. See also MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 14.

97 SOWC 2016.

Administrative data collated by the MHMS indicate that, in 2012 and 2013, the total number of new HIV infections was 62 and 64, respectively. Compared with an average increase of 30 new HIV infections each year between 2000 and 2008, this indicates a **worrying upward trend in HIV incidence** in Fiji.⁹⁸ With regard to treatment for HIV/AIDS, the WHO's Country Cooperation Strategy for Fiji for 2013–2017 suggests Fiji has achieved universal access to antiretroviral therapy (ART) for all those who need it (MDG 6).⁹⁹

HIV transmission in Fiji appears to be primarily heterosexual (85 per cent of recorded cases), followed by male-to-male sex and mother-to-child transmission.¹⁰⁰ A total of 82 per cent of recorded infections are in members of the iTaukei ethnic group, even though the iTaukei make up only 56 per cent of the total population of Fiji.¹⁰¹ The Global AIDS Progress Report suggests the relatively high HIV incidence rate among the iTaukei can be explained (partially) by increasing HIV awareness and testing rates among this group.¹⁰²

The 2016 Global AIDS Progress Report suggests the distribution of HIV-positive cases is roughly equal across males and females.¹⁰³ However, an analysis of HIV infections over time suggests HIV incidence in females is increasing relative to incidence in males. This may suggest females are at a higher risk of HIV infection, but it may also reflect gender differences in service-seeking and/or reporting behaviour.¹⁰⁴ In relation to particularly vulnerable groups, it is estimated that HIV prevalence among sex workers stands at 0.1 per cent and among transgender people at 0.4 per cent.¹⁰⁵

Unfortunately, there are no up-to-date estimates for HIV prevalence and HIV-related deaths in Fiji.¹⁰⁶ There are also large quantitative data gaps on young people's knowledge about HIV/AIDS and condom use among adolescents. These gaps are likely to exist because Fiji has not yet implemented a DHS or a specialized epidemiological HIV survey, which typically cover these issues. The only available data on HIV-related knowledge come from a non-representative and relatively outdated survey of pregnant women attending antenatal clinics, conducted in 2004 by the MHMS together with WHO. According to this data source, the majority (71 per cent) of women held correct beliefs about mother-to-child HIV transmission, and 29 per cent held incorrect beliefs, slightly lower than the Pacific-wide average (33 per cent incorrect).¹⁰⁷ To our knowledge, there are no up-to-date quantitative data on HIV-related knowledge among men in Fiji.

98 MHMS, 'Global AIDS Progress Report 2013: Fiji Islands', 2014, p. 6, on http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/FJI_narrative_report_2014.pdf [08.03.17].

99 P. 16.

100 MHMS, 'Fiji Global AIDS Progress Report', 2016, p. 51.

101 Ibid., p. 52. For figures on ethnic groups, see <http://www.statsfiji.gov.fj/statistics/social-statistics/population-and-demographic-indicators> [09.03.17].

102 MHMS, 'Fiji Global AIDS Progress Report' 2016, p.52.

103 WHO, 'Second Generation Surveillance Surveys of HIV, Other STIs and Risk Behaviours in 6 Pacific Island Countries (2004–2005)', on http://www.wpro.who.int/hiv/documents/SGS_FINAL_DOCUMENT/en/ [08.03.17].

104 Ibid., p. 32.

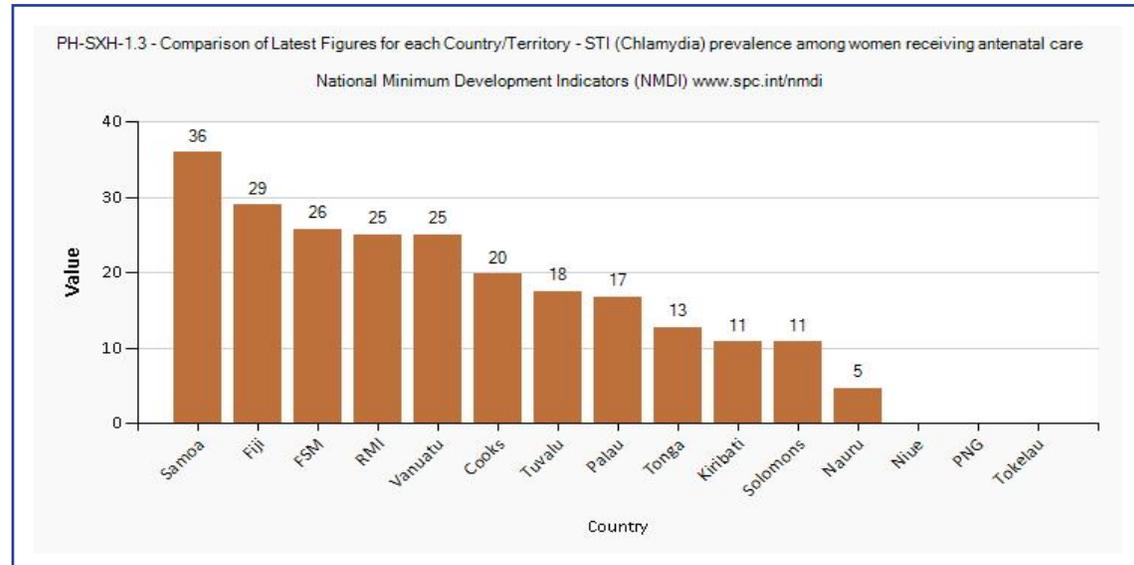
105 MHMS, 'Fiji Global AIDS Progress Report', 2016, pp. 32–3.

106 See <http://www.unaids.org/en/regionscountries/countries/fiji> [07.03.17].

107 WHO, 'Second Generation Surveillance Surveys', p. 19.

Chlamydia rates in Fiji are high compared with the regional average for the Pacific. Regional NMDI data suggest that around one in three (29 per cent) women who attended antenatal consultations (in 2004) had chlamydia, which makes Fiji the country with the second highest chlamydia prevalence in the PICTs group (see Figure 3.3).

Figure 3.3: Chlamydia prevalence among women receiving antenatal care



Source: NMDI database¹⁰⁸

A 2004 MHMS/WHO antenatal clinic survey found chlamydia prevalence was particularly prevalent (at 34 per cent) among younger women (under-25s) compared with the general survey sample of pregnant women attending antenatal consultations (at 29 per cent). The same survey found that 1.7 per cent of the sample of pregnant women were infected with gonorrhoea and 2.6 per cent with syphilis, which is roughly in line with regional rates.¹⁰⁹ Note, however, that this data source is outdated and not nationally representative. There are, unfortunately, no up-to-date nationally representative data on sexually transmitted infection prevalence or incidence in Fiji.

3.4.3. Substance abuse

According to SDG target 3.5, Fiji should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There are limited quantitative data on substance abuse among adolescents in Fiji. The most important data source in this respect is the Global School-Based Health Survey (GSHS), which was implemented in Fiji in 2015, using a nationally representative sample of 3,705 pupils aged 13–17 (in Grades 9–13).¹¹⁰ According to the

108 Data are collated from national-level data sources, dating from year 2004 to 2010. See https://www.spc.int/nmdi/sexual_health [30.05.17].

109 WHO, 'Second Generation Surveillance Surveys', p. 21.

110 <http://www.who.int/chp/gshs/fiji/en/> [07.03.17].

2015 GSHS data, around half of all pupils (49 per cent) reported having consumed alcohol before the age of 14 years.¹¹¹ A total of 17 per cent of surveyed pupils indicated that they had consumed alcohol within the 30 days before the survey was implemented. Alcohol consumption appears to be significantly higher among boys (21 per cent) than girls (12 per cent).

According to the GSHS data, more than half of all pupils (57 per cent) indicated that they had used drugs before the age of 14 years. Unfortunately, GSHS data on drug use are not disaggregated by gender. A total of 7 per cent of surveyed pupils indicated that they had previously consumed marijuana, with boys more likely to report consuming marijuana (10 per cent) than girls (3 per cent). A total of 15 per cent of pupils indicated that they had used tobacco products during the previous 30 days, with boys more likely to report having used tobacco (22 per cent) than girls (8 per cent). Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs) and exacerbates virtually all such diseases.¹¹²

3.4.4. Mental health

No epidemiological data are available regarding the national prevalence or burden of disease of mental disorders in Fiji.¹¹³ According to a recent WHO report on mental health in Fiji, the country's MHMS has developed a Strategic Mental Health and Suicide Prevention Plan for 2007–2011, and also formulated a National Mental Health Strategic Plan for 2012–2016.¹¹⁴

The 2015 GSHS collected limited information about adolescent mental health. For example, the GSHS data indicate that around 11 per cent of all pupils had attempted suicide during the 12 months before the survey was implemented. Male pupils were slightly more likely to report having attempted suicide (12 per cent) than female pupils (10 per cent). Beyond the GSHS data, it appears that there are no quantitative data on the mental health of adolescents and children in Fiji. As a result, little is known about the mental health of Fijian adolescents outside of Grades 9–13 (captured in the GSHS). Furthermore, there are no quantitative data on mental health indicators among out-of-school youth.

The 2013 WHO report on mental health in Fiji notes that limited access to mental health care remains a significant challenge in Fiji, with only one psychiatric facility (at St Giles hospital) in the whole country.¹¹⁵ Furthermore, the report suggests there is a lack of trained mental health professionals and allied mental health care workers in Fiji.¹¹⁶

111 According to the 2015 GSHS questionnaire, 'drinking alcohol ... includes drinking beer, wine, liquor rum, vodka, and whiskey. Drinking alcohol does not include drinking a few sips of wine for religious purposes. A "drink" is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink' (p. 8), on http://www.who.int/chp/gshs/2015_Fiji_GSHS_Questionnaire.pdf?ua=1 [05.06.17].

112 The four main NCDs are diabetes, cardiovascular disease, cancer and chronic respiratory disease. See World Bank, 'Pacific Possible: Health & Non-Communicable Diseases', on <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [21.03.17].

113 Singh, S. et al., 'WHO Profile on Mental Health in Development (WHO proMIND): Fiji', Geneva, WHO, 2013, on http://apps.who.int/iris/bitstream/10665/85325/1/9789241505659_eng.pdf [05.06.17].

114 Ibid., p. 4.

115 Ibid.

116 Ibid., p. 5.

The WHO's Country Cooperation Strategy for Fiji 2013–2017 notes that there has been limited progress in mental health care in the Pacific during the past decade, while trends related to substance abuse, addictive behaviours, depression and suicide have been increasing. The strategy paper also suggests that one of the main barriers preventing the successful implementation of mental health programmes relates to the social stigmatization of mental illness.¹¹⁷

3.5. 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 five years of age (the WHO Global Nutrition Targets), and to address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.¹¹⁸

According to WHO's Global Nutrition Targets, Fiji should, by 2025, aim to, achieve results in relation to stunting, anaemia, low birthweight, childhood overweight, exclusive breastfeeding in the first six months and childhood wasting.¹¹⁹

WHO global nutrition targets

	Target	Indicator
1	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
2	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
3	By 2025, achieve a 30 per cent reduction in low birthweight	Percentage of infants born with low birthweight (< 2,500 g)
4	By 2025, ensure there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
5	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 breastfed
6	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

A new national nutrition survey was launched in Fiji in 2015;¹²⁰ however, as of March 2017, the results are not yet available. As a result, nutrition estimates for Fiji rely on data from the 2004

117 P. 14.

118 See Sustainable Development Knowledge Platform, : <https://sustainabledevelopment.un.org/sdg2> [10.04.17]

119 WHO, Nutrition, on <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17].

120 See e.g. <http://www.fiji.gov.fj/Media-Center/Press-Releases/2015-NATIONAL-NUTRITION-SURVEY-BEGINS-NEXT-WEEK.aspx> [05.06.17].

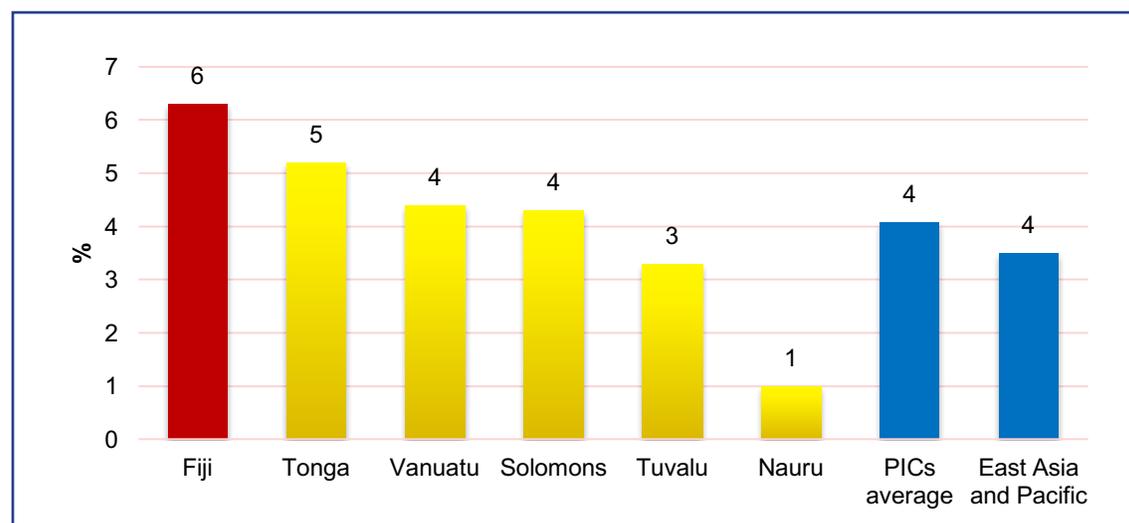
National Nutrition Survey, which may contain out-dated prevalence statistics in relation to key child and maternal nutrition indicators.¹²¹ While this is not such a problem for some nutrition indicators (e.g. stunting rates do not change quickly), it may be problematic for other nutrition indicators, such as childhood wasting.¹²²

3.5.1. Child stunting and wasting

According to data from the 2016 SOWC, prevalence of stunting (low height-for-age or ‘chronic malnutrition’) in children under the age of five years in Fiji is estimated to stand at 8 per cent. This compares favourably with the regional average for East Asia and the Pacific, which stands at 12 per cent as of 2015. Lack of access to improved water/sanitation facilities and poor hygiene practices are thought to be key factors contributing to child stunting in Fiji.¹²³

Childhood wasting (low weight-for-height or ‘acute malnutrition’) is estimated to affect 6 per cent of children in Fiji, which is 1 percentage point *above* WHO’s target of 5 per cent for the year 2025. Even though Fiji will likely be able to accomplish WHO’s childhood wasting reduction target by 2025, its current wasting prevalence rate compares unfavourably with the regional averages for the PICTs region and the wider East Asia and Pacific region, which already stand at 4 per cent as of 2015. In fact, Fiji has the highest childhood wasting prevalence rate in the PICTs region (at least among the PICTs for which data are available) (see Figure 3.4).¹²⁴

Figure 3.4: Wasting prevalence in under-five year olds



Source: SOWC 2016

121 See <https://data.unicef.org/topic/nutrition/malnutrition/> [08.03.17].

122 UNICEF, WHO and World Bank, ‘Levels and Trends in Childhood Malnutrition: Key Findings of the 2015 Edition’, 2015, on https://www.unicef.org/media/files/JME_2015_edition_Sept_2015.pdf [08.03.17].

123 KII with Chief of Health, UNICEF Pacific, Suva, 21 February 2017.

124 SOWC 2016 data are available from Fiji, Nauru, Solomon Islands, Tonga, Tuvalu and Vanuatu.

3.5.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,¹²⁵ increasing the risk of blood loss at delivery and post-partum haemorrhage.¹²⁶ The nutritional status of the mother during pregnancy and lactation can also affect the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birthweight babies, who also have an increased risk of dying.¹²⁷ De-worming and iron supplementation can be effective in reducing anaemia in pregnant women as well as children.¹²⁸

According to a non-representative survey conducted by the MHMS of Fiji in 2008, anaemia was found in 37 per cent of children aged six months to five years. The survey found anaemia rates to be higher among Indo-Fijians (38.8 per cent) compared with Fijians (36.1 per cent); higher among boys (38.8 per cent) compared with girls (35.5 per cent); and higher among six months–two year olds (59.1 per cent) than among two–five year olds (24.1 per cent).¹²⁹ Information provided on the MHMS website suggests that the under-five anaemia rate currently stands at 50 per cent (and at 40 per cent for women); however, it is not clear which data source these estimates rely on, and whether they are comparable to the MHMS 2008 survey data.¹³⁰

Estimates from the Global Nutrition Report for 2014 suggest the prevalence of Vitamin A deficiency in pre-school children stood at 14 per cent as of 2009.¹³¹ The same source indicates that anaemia prevalence in women of reproductive age is estimated to stand at 27 per cent as of 2011.

3.5.3. Low birthweight and underweight

Low birthweight¹³² is a significant public health concern in the PICTs region. Low birthweight is closely associated with foetal and neonatal mortality and morbidity and inhibited growth and cognitive development, as well as chronic diseases later in life.¹³³ The SOWC 2016 data indicate that 10 per cent of Fijian children have low birthweight, just below the PICTs-wide average of 12 per cent.

125 Black, R.E. et al. 'Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences', *Lancet*, 2008.

126 See e.g. K4Health, 'Anaemia Prevalence, Causes, and Consequences', on <https://www.k4health.org/toolkits/anemia-prevention/anemia-causes-prevalence-impact> [13.08.17].

127 Ibid.

128 See e.g. WHO, 'The Global Prevalence of Anaemia in 2011', 2011, p. 5, on http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf [31.05.17].

129 $P < 0.01$. See NFNC, '2008 Micronutrient Status of Children', 2008, on <http://www.nutrition.gov.fj/wp-content/uploads/2013/02/MicronutrientStatusChildrenUnder5-2008.pdf> [08.03.17].

130 See http://www.health.gov.fj/?page_id=1408 [08.03.17].

131 Fiji Country Profile 2014, on http://www.globalnutritionreport.org/files/2014/11/gnr14_cp_fiji.pdf [05.06.17].

132 WHO defines low birthweight as weight at birth of less than 2,500 g (5.5 lb), see <http://apps.who.int/iris/bitstream/10665/43184/1/9280638327.pdf> [31.05.17].

133 UNICEF and WHO, 'Low Birthweight: Country, Regional and Global Estimates', UNICEF, New York, 2004, p. 1.

The 2016 SOWC data also suggest that 5 per cent of Fijian children under five can be considered underweight. Fiji's underweight rate is the same as the East Asia and Pacific average (5 per cent), and below the PICTs-wide average of 7 per cent.¹³⁴ Available data reveal no significant disparities between urban and rural areas in relation to underweight prevalence in under-five children.

3.5.4. Overweight and obesity

According to a recent analysis of the 2010 Global Burden of Disease Study, NCDs are the leading causes of ill-health and death in the Pacific Islands.¹³⁵ The World Bank estimates that NCDs account for 70–75 per cent of all deaths in the region, with trends pointing to a worsening of the situation in the future.¹³⁶ WHO has stated that the disease burden of NCDs has reached a crisis level in the Pacific region,¹³⁷ with many PICTs witnessing almost epidemic rises in diabetes and chronic kidney disease. Many NCDs are directly related to overweight and obesity, and behavioural risk factors such as lack of physical activity and unhealthy diets are among the main underlying causes.¹³⁸

Obesity is also a key risk factor contributing to the high burden of NCDs in Fiji. According to WHO's Country Cooperation Strategy for Fiji 2013–2017, the leading causes of death in Fiji (in 2010) were diseases of the circulatory system (44 per cent), endocrine, nutritional or metabolic diseases (13 per cent) and neoplasms (10 per cent).

Fiji's STEPwise Approach to Chronic Disease Risk Factor Surveillance (STEPS) Survey Report showed that, in 2002, the prevalence of obesity in the adult population aged 25–64 years stood at 42.6 per cent, prevalence of hypertension (elevated blood pressure) was 21.2 per cent, prevalence of diabetes was 32.1 per cent and prevalence of elevated blood cholesterol was 46.6 per cent.¹³⁹

In contrast with high prevalence rates among Fiji's adult population, in the SOWC 2016 data only 5 per cent of Fijian children under the age of five are considered overweight, which compares favourably with the regional averages of 6 per cent for the PICTs group as well as East Asia and the Pacific.

Data from the 2015 Fiji GSHS suggest that around 8 per cent of school children aged 13–15 are obese (2 or more standard deviations from median Body Mass Index by age and sex). This places

134 SOW 2016 data on childhood underweight are missing for Cook Islands, FSM, Marshall Islands, Niue, Palau, Samoa and Tokelau.

135 In addition to the 14 PICs, the analysis includes the following countries: American Samoa, French Polynesia, Guam, New Caledonia, Northern Mariana Islands, Papua New Guinea, Pitcairn Islands and Wallis and Futuna. See Hoy et al. 2015.

136 World Bank, 'Pacific Islands: Non-Communicable Disease Roadmap', 2014, on <http://www.worldbank.org/en/news/feature/2014/07/11/pacific-islands-non-communicable-disease-roadmap> [31.05.17].

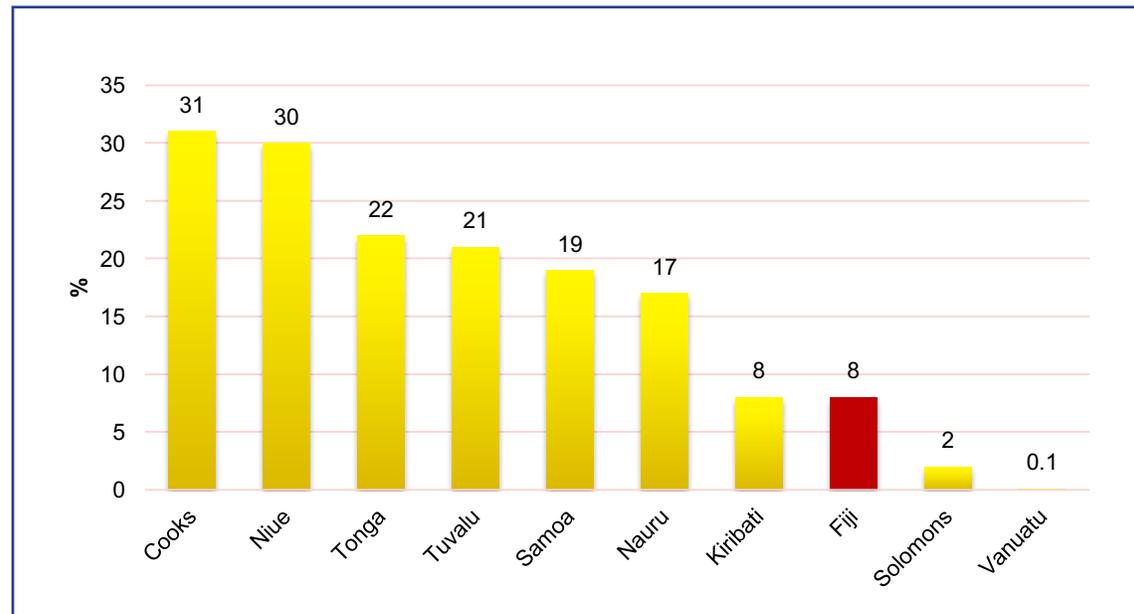
137 WHO, 'Noncommunicable Diseases in the Pacific', on http://www.wpro.who.int/southpacific/programmes/healthy_communities/noncommunicable_diseases/page/en/ [31.05.17].

138 World Bank, 'Pacific Possible: Health & Non-Communicable Diseases', on <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [26.04.17].

139 <http://www.who.int/chp/steps/FijiSTEPSReport.pdf?ua=1> [20.03.17].

Fiji at the lower end of the range in the PICTs group when it comes to obesity prevalence in school children (see Figure 3.5).

Figure 3.5: Obesity prevalence in school children aged 13–15



Source: GSHS 2010–2016¹⁴⁰

3.5.5. Breastfeeding

WHO recommends that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.¹⁴¹ Breastfeeding is relatively widespread in the PICTs. According to the most recent UN estimates, 55 per cent of children in the PICTs¹⁴² receive exclusive breastfeeding for the first six months after their birth – already 5 percentage points above the 50 per cent target set out in WHO’s Global Nutrition Targets for 2025, and significantly above the wider regional average of 31 per cent for East Asia and the Pacific in the SOWC 2016 data. Exclusive breastfeeding prevalence ranges from a very high 74 per cent in Solomon Islands to 31 per cent in Marshall Islands.

According to SOWC 2016 data, 40 per cent of children in Fiji receive exclusive breastfeeding for the first six months after their birth, which is still 10 percentage points below the 50 per cent target set out in WHO’s 2025 Global Nutrition Targets, and places Fiji at the lower end of the

140 GSHS data were collected from 13–15-year-old school children between 2010 and 2016. Data were compiled from 10 GSHS factsheets. See <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17].

141 http://www.who.int/elena/titles/exclusive_breastfeeding/en/ [13.04.17].

142 Data are missing for Cook Islands, Niue, Palau and Tokelau.

PICTs average. The 2013 MHMS progress report suggests the low rate of breastfeeding at six months in Fiji owes primarily to a lack of community-level support for exclusive breastfeeding.¹⁴³

The UN estimates also suggest that, in 57 per cent of births in Fiji, breastfeeding is initiated within one hour. Unfortunately, there are no nationally representative quantitative data on continued breastfeeding rates or breastfeeding rates for two year olds in Fiji.¹⁴⁴

3.6. Key barriers and bottlenecks

3.6.1. Poverty

According to the Fiji MHMS's National Strategic Plan (2016–2020), persistent pockets of poverty in the country continue to be a major cause of ill-health and a barrier for Fijians wanting to access health care. Ill-health, in turn, is also a major cause of poverty, which creates a self-reinforcing cycle and contributes to a disproportionate concentration of health problems among the poor in Fiji. While the overall national poverty headcount ratio declined from 39.8 per cent in 2002/03 to 35.2 per cent in 2008/09, this still leaves roughly a third of the Fijian population living in poverty, predominantly in rural areas.¹⁴⁵ Furthermore, the national poverty headcount ratio hides important differences *within* the country. For example, a recent MHMS report states that, while in urban areas poverty rates declined from 28 per cent to 19 per cent between 2002 and 2008, they actually *increased* from 40 per cent to 43 per cent in rural areas. The report suggests that Fiji's Northern Division is the poorest, with 47 per cent of the population living below the poverty line.¹⁴⁶

3.6.2. 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 Fijians wanting to access health care.¹⁴⁷ Between 2010 and 2014, Fiji was one of seven countries¹⁴⁸ involved in a four-year global project to enhance the capacity of the health sector to respond effectively to climate-sensitive diseases.¹⁴⁹

According to a recent WHO assessment report, the key climate-sensitive health risks in Fiji are dengue fever, diarrhoeal diseases, leptospirosis and typhoid fever. In addition, there are a number of other climate-sensitive health risks, including malnutrition, NCD-related illnesses,

143 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 13.

144 See <https://data.unicef.org/country/fji/#> [08.03.17].

145 MHMS National Strategic Plan 2016–2020, on http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/fiji/strategic_plan_2016-2020_executive_version.pdf [13.03.17].

146 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 11.

147 WHO Country Cooperation Strategy for Fiji 2013–2017.

148 The other countries being Barbados, Bhutan, China, Jordan, Kenya and Uzbekistan.

149 WHO, 'Human Health and Climate Change in Pacific Island Countries', 2015, on http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf [13.03.17].

psychological impacts and decreased access to health services (which often occurs during natural disasters).¹⁵⁰

WHO's Country Cooperation Strategy for Fiji 2013–2017 anticipates that these 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, fishers and outdoor workers).¹⁵¹

Immigration from neighbouring countries, induced by climate change/rising sea levels, has been identified as another important climate-related risk factor affecting Fiji's health system. For example, one key informant interviewed for this study suggested that Kiribati is already purchasing land in Fiji based on the expectation that rising sea levels will make Kiribati uninhabitable in about 15 years. New arrivals from Kiribati can be expected to put additional pressure on Fiji's resource-strapped health care system (see below).¹⁵²

3.6.3. Health care financing

The fundamental barrier to more rapid progress for Fiji's health system is the inadequate financing of health services, which has failed to keep up with growing demand.¹⁵³ Fiji's health care system is mainly publicly financed, although private expenditures are estimated to account for more than one third of total health expenditures. International donors play an important technical support role, but account for only an estimated 6 per cent of total health spending.¹⁵⁴

According to a 2013 MHMS report, most health funding is allocated to curative care (rather than preventive or palliative care), with 63 per cent of the national health budget in 2010 allocated to hospitals.¹⁵⁵ WHO estimates that 38.8 per cent of tertiary health care costs are attributable to NCD treatment, with 18.5 per cent attributable to communicable disease treatment.¹⁵⁶

The Fijian government's budget allocations for health have remained steady over recent years, despite growing demand. According to data from the most recent available National Health Accounts, Fiji's expenditure on health as a percentage of GDP has fluctuated around 3 per cent since 2006, and stood at 2.9 per cent in 2010, the latest year for which estimates are available.¹⁵⁷ According to WHO's Country Cooperation Strategy for Fiji 2013–2017, this is in the middle to lower range of health expenditures, compared with other countries in the Asia-Pacific region.¹⁵⁸

150 Ibid.

151 P. 12.

152 KII with Chief of Health, UNICEF Pacific, Suva, 21 February 2017.

153 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 16.

154 MHMS National Strategic Plan 2016–2020, p. 16.

155 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013.

156 WHO Country Cooperation Strategy for Fiji 2013–2017, p. 38.

157 NMDI data, Version 2.0, on https://www.spc.int/nmdi/health_systems [13.03.17].

158 P. 18.

As a percentage of total government expenditure, health expenditure has fluctuated at around 9 per cent, and was estimated to stand at 9.38 per cent as of 2013, the most recent year for which figures are available.¹⁵⁹ This puts Fiji at the high end of the range of government health expenditure, compared with other countries in the region.¹⁶⁰

According to its 2016 Annual Corporate Plan, the MHMS's budget for maternal, infant, child and adolescent health (Priority Area 2) amounted to US\$ 64,419,251.¹⁶¹ In relation to nutrition-related spending, it will be important for Fiji's national health budget to cover nutrition supplies and distribution, as suggested in UNICEF's Immunisation, Nutrition, and Child Health Progress Update for 2016.¹⁶²

While the health budget has remained relatively stable over the past few years, the figures on per capita health expenditure indicate that spending has not kept up with growing demand for health services in Fiji. Per capita total expenditure on health stood at US\$ 145 in 2008; this had dropped to only US\$ 87 by 2013, according to National Health Accounts data.¹⁶³ This decline in per capita expenditure on health is worrying and represents a significant bottleneck in relation to Fiji's continuing progress towards achieving health-related development goals. The latest NMDI regional data suggest that Fiji's per capita expenditure on health is among the lowest in the PICTs group, with only Nauru, Papua New Guinea (PNG) and Vanuatu spending less on health per capita.¹⁶⁴ Population projections for Fiji suggest the country's population will continue to increase until 2030, putting additional strain on the health budget.¹⁶⁵

3.6.4. Health workforce

Health workforce shortcomings also pose a significant threat to the successful implementation of Fiji's health programmes and to the achievement of health-related development goals.¹⁶⁶ The ratio of medical providers to population is very low in the country. Fiji has about two nurses per 1,000 individuals, compared with the PICTs regional average (including PNG) of 3.6 nurses. According to estimates from 2008, Fiji has 0.4 physicians per 1,000 individuals, which is significantly below the PICTs average (including PNG) of 0.9 physicians per 1,000 individuals.¹⁶⁷

While the health worker to population rate is generally low in Fiji, it is also important to highlight rural–urban discrepancies. For example, the 2013 MHMS progress report indicates that the

159 NMDI data, on https://www.spc.int/nmdi/health_systems [20.03.17].

160 WHO Country Cooperation Strategy for Fiji 2013–2017, p. 18.

161 See MHMS Annual Corporate Plan 2016, on <http://www.health.gov.fj/PDFs/Corporate%20Plan/Corporate%20Plan%202016.pdf> [13.03.17].

162 Technical Meeting for Ministry of Foreign Affairs and Trade-Supported Pacific Maternal, Neonatal and Child Health Programme, 6 January 2017.

163 NMDI data, on https://www.spc.int/nmdi/health_systems [20.03.17].

164 Ibid. [13.03.17].

165 See MHMS National Strategic Plan 2016–2020, p. 6.

166 WHO Country Cooperation Strategy for Fiji 2013–2017, p. 18.

167 NMDI data, on https://www.spc.int/nmdi/health_systems [20.03.17].

shortage of obstetricians and midwives is particularly acute in rural areas.¹⁶⁸ This may indicate a need to incentivize and motivate health professionals to work and live in rural, remote areas.

One of the key underlying causes of the health workforce shortage in Fiji appears to be the out-migration of qualified health workers and the inability of Fiji to retain these professionals. For example, WHO's Country Cooperation Strategy for Fiji 2013–2017 suggests that out-migration of qualified health workers to larger neighbouring countries such as Australia remains a pressing concern, contributing to the staffing shortages in the health system.¹⁶⁹ Another important underlying cause of the health workforce bottleneck appears to be the compulsory retirement of health workers at age 55.¹⁷⁰

Fiji also has a very limited number of dieticians (with 62 dieticians to a population of approximately 900,000), which may act as a bottleneck to achieving further progress in relation to the country's nutrition targets. To overcome this bottleneck in the health workforce, it will be important for Fiji to train other health workers (nurses, etc.) on the importance of fresh foods, fruits and vegetables, physical activity and a reduction in salt, sugar and fat intake.¹⁷¹

3.6.5. Information and research

The previous sub-sections have highlighted data gaps in relation to specific child, maternal and adolescent health indicators. Efforts should be made to address these gaps in the evidence base, to allow Fiji to monitor progress better and target health spending more effectively. In particular, it is recommended that Fiji implement a DHS, which would help in addressing many of the information gaps identified above.

In April 2013, Fiji launched a new national health information system, which produces regular data to monitor the performance of the country's health system at the sub-divisional level. However, the 2013 MHMS progress report suggests this system still faces significant shortcomings. For example, it notes that collected data are based on users of the public system only and that they do not provide information on the growing private sector or on non-users of public health services.¹⁷²

3.6.6. Equipment and service delivery

Health services in Fiji are delivered through 900 village clinics, 124 nursing stations, three area hospitals, 76 health centres, 19 sub-divisional medical centres, three divisional hospitals and three specialty hospitals, with TB, leprosy and medical rehabilitation units at Tamavua Hospital and St Giles Mental Hospital. There is also a private hospital located in the capital city, Suva.¹⁷³

168 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 15.

169 P. 20.

170 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013.

171 MHMS Annual Corporate Plan 2016, p. 8.

172 MHMS and UNICEF, 'Fiji: Tracking Progress in Maternal and Child Survival', 2013, p. 16.

173 WHO Country Cooperation Strategy for Fiji 2013–2017, p. 38.

Health services in the Suva–Nausori corridor¹⁷⁴ have come under increasing pressure as a result of Fiji’s rapidly increasing population, with the National Referral Hospital absorbing much of the demand for sub-divisional hospital services, given the lack of alternative facilities.¹⁷⁵

The underlying causes of this bottleneck appear to be, on the one hand, related to the increase in population size (mentioned above), as well as a significant reduction in costs associated with accessing health care. For example, the 2013 MHMS progress report suggests that patients increasingly bypass lower-level facilities and enter the health service at the divisional hospital, thanks to ease of transportation.¹⁷⁶ For these reasons, it has been recommended that sub-divisional hospital capacity in the Suva–Nausori corridor be increased substantially.¹⁷⁷ The aim should also be to fill gaps in local services and attract patients back to using their local hospital, thereby reducing pressure on divisional hospitals.¹⁷⁸

The Fiji Health Sector Support Programme (2011–2015) Design Document also highlighted an inconsistency between health facility capacity and catchment area size/workload, with some facilities with small workloads much better equipped and staffed than others with much larger workloads.¹⁷⁹ Addressing this mismatch between capacity and caseload would be a significant step towards overcoming service delivery bottlenecks in Fiji’s health sector.

174 The Suva–Nausori corridor is made up of the three municipalities of Suva, Nasinu and Nausori.

175 MHMS National Strategic Plan 2016–2020, p. 7.

176 MHMS and UNICEF, ‘Fiji: Tracking Progress in Maternal and Child Survival’, 2013, p. 16.

177 MHMS National Strategic Plan 2016–2020, p. 7.

178 MHMS and UNICEF, ‘Fiji: Tracking Progress in Maternal and Child Survival’, 2013, p. 16.

179 As cited in MHMS and UNICEF, ‘Fiji: Tracking Progress in Maternal and Child Survival’, 2013, p. 13.

4.

Water, Sanitation and Hygiene

Ensuring all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial to achieving a whole range development goals related to health and nutrition as well as 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-five child mortality in the Pacific region.¹⁸⁰ Existing evidence also suggests that poor WASH access is linked to growth stunting.¹⁸¹ 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.¹⁸² This chapter assesses and analyses the situation in Fiji 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 set out in the below table as benchmarks.

The WHO/UNICEF JMP has produced estimates of global progress (WASH) since 1990.¹⁸³ The JMP was previously responsible for tracking progress towards MDG 7c on WASH and now tracks progress towards the SDGs' WASH targets.¹⁸⁴ The JMP uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladders representing progress towards the SDG targets.¹⁸⁵ The sub-sections below utilize the relevant service ladders to assess Fiji's progress towards meeting the SDG targets.

180 WHO, 'Sanitation, Drinking-Water and Health in Pacific Island Countries', 2016, on http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf [05.06.17].

181 UNICEF, 'Looking Back, Moving Forward. A Snapshot of UNICEF's work for Pacific Island children 2015–16', 2015.

182 Ibid.

183 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', 2017, p. 6.

184 Ibid.

185 Ibid., p. 2, p. 7.

Key WASH-related SDGs

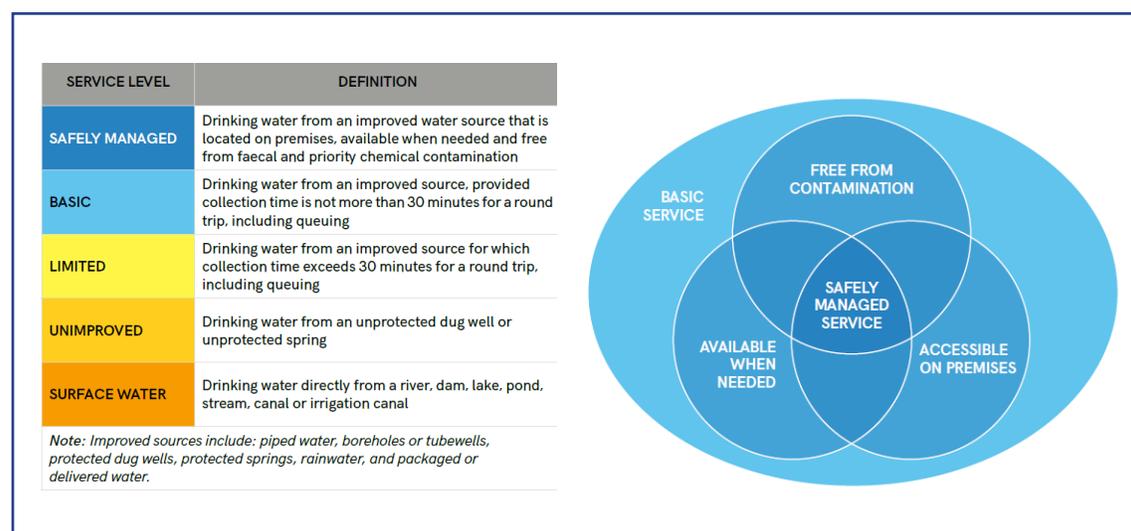
WASH sector goal ¹⁸⁶	SDG global target	SDG indicator
Achieving universal access to basic services	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services	1.4.1 Population living in households with access to basic services (including basic drinking water, sanitation and hygiene)
Progress towards safely managed services	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene 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 safely managed drinking water services . 6.2.1 Population using safely managed sanitation services , including a hand-washing facility with soap and water
Ending open defecation	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation , paying special attention to the needs of women and girls and those in vulnerable situations	

4.1. Access to improved water sources

In order 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 premises; water should be available when needed; and the water supplied should be free from contamination. 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)**. If water collection from an improved source takes longer than 30 minutes, the source is categorized as giving a **limited service**.¹⁸⁶ The immediate priority in many countries is to ensure universal access to at least a basic level of service.¹⁸⁷

¹⁸⁶ Ibid., p. 8.

¹⁸⁷ Ibid., p. 10.

Figure 4.1: JMP service ladder for improved water sources

Source: JMP Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines

No estimate of the proportion of the population using safely managed drinking water services is available for Fiji, as data are not available in relation to the proportion of the population using an improved water source that is free from contamination.¹⁸⁸

Recent JMP estimates provide that, as of 2015, 93.7 per cent of the population in Fiji had access to basic drinking water services. Thus, Fiji is close to providing basic water services for the whole population and meeting SDG 4.1. Yet 4.2 per cent of the population still has access only to unimproved sources, and 2 per cent only to surface water. Of the population with access to improved water services, estimates provide that 86.5 per cent used a piped drinking water source, whereas 7.4 per cent used a non-piped source. Further, 68.7 per cent of those with access to improved water had access available on premises, and 93.7 per cent had access when needed.¹⁸⁹ As Figure 4.2 shows, access to drinking water in Fiji is below the regional average across the PICTs.

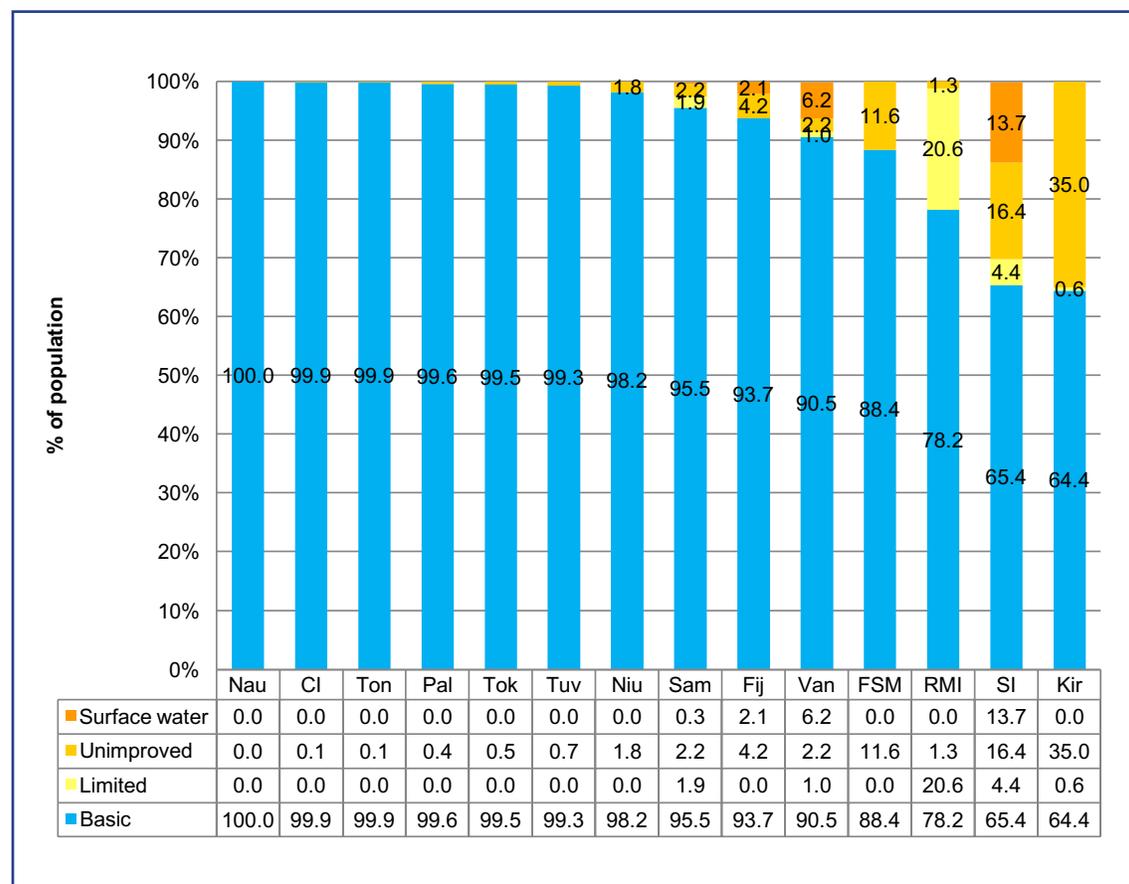
JMP data further indicate differences in access to basic drinking water between urban and rural areas, whereby, according to JMP estimates, 97.9 per cent of the population in urban areas has access to basic drinking water services, whereas in rural areas this stands at only 88.8 per cent. Differences are also significant between urban and rural areas in relation to whether improved water is available on premises: in urban areas, 96 per cent of the population has access to improved water on premises, whereas in rural areas the rate is only 36 per cent.¹⁹⁰

188 JMP data for Fiji, on <https://washdata.org/data#!fiji> [03.08.17].

189 <https://washdata.org/data#!fiji> [01.08.17].

190 Ibid.

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

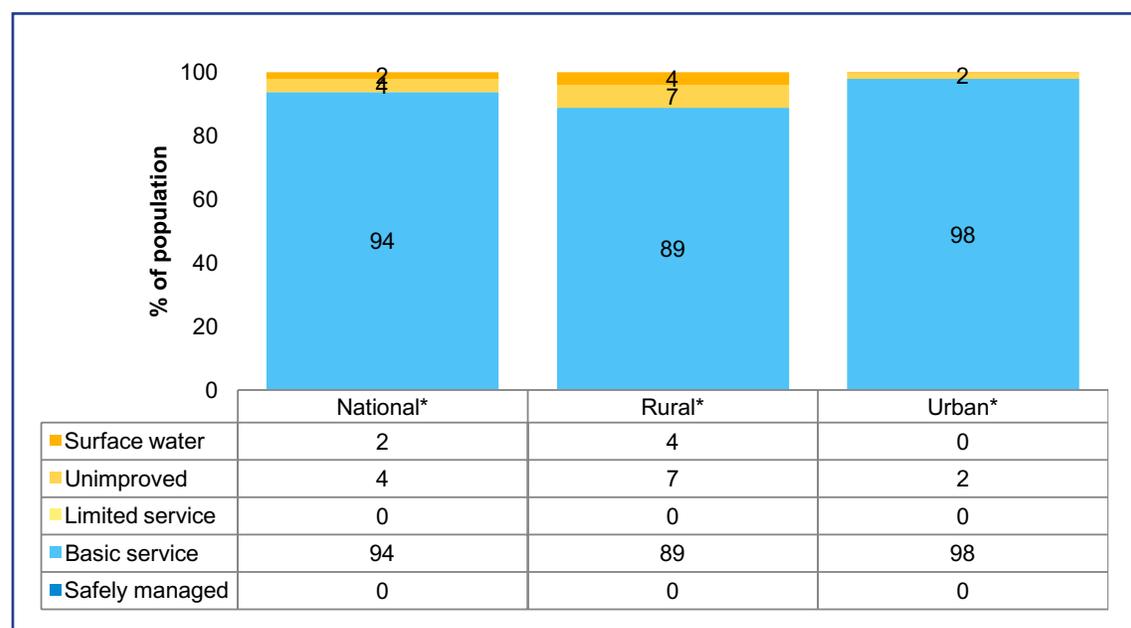


Source: JMP data¹⁹¹

Table 4.1 provides an indication of trends over time in terms of access to an improved water supply in Fiji. JMP estimates indicate that, over the past 10 years, Fiji has seen a slight decrease in coverage of basic drinking water services. Disaggregated data for urban and rural locations confirm a decrease in access in both urban and rural areas but show a more distinct decrease in rural areas (from 90.7 to 88.8 per cent) than in urban areas (from 98.9 to 97.9 per cent). However, given the small size of the decrease, data estimates should be investigated further to see if this change is statistically significant, and this will need to be monitored over time to see whether it is a continuing trend. The data also suggest a decrease in the proportion of the population with access to an improved water source on premises between 2000 and 2015, of close to 10 percentage points (77.7 per cent to 68.7 per cent) – a change that can be attributed to a reduction in rural areas, as access in urban areas remained fairly constant.¹⁹²

191 <https://washdata.org/data#> [01.08.17].

192 Ibid. [01.08.17].

Figure 4.3: Provision of drinking water services in Fiji, 2017 estimatesSource: JMP data¹⁹³**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	94.6	94.6	0	3.2	2.2	-	-	77.7	94.6	-
2005	94.4	94.4	0	3.4	2.1	85.5	8.9	75.6	94.4	-
2010	94.1	94.1	0	3.8	2.1	86.0	8.1	72.0	94.1	-
2015	93.7	93.7	0	4.2	2.1	86.5	7.2	68.7	93.7	-

Source: JMP data.¹⁹⁴

It has not been possible to locate quantitative data on improved drinking water access disaggregated by household wealth (wealth quintiles). Such disaggregated data could become available if, for example, Fiji implements a Multiple Indicator Cluster Survey (MICS), as neighbouring Vanuatu did in 2007.¹⁹⁵

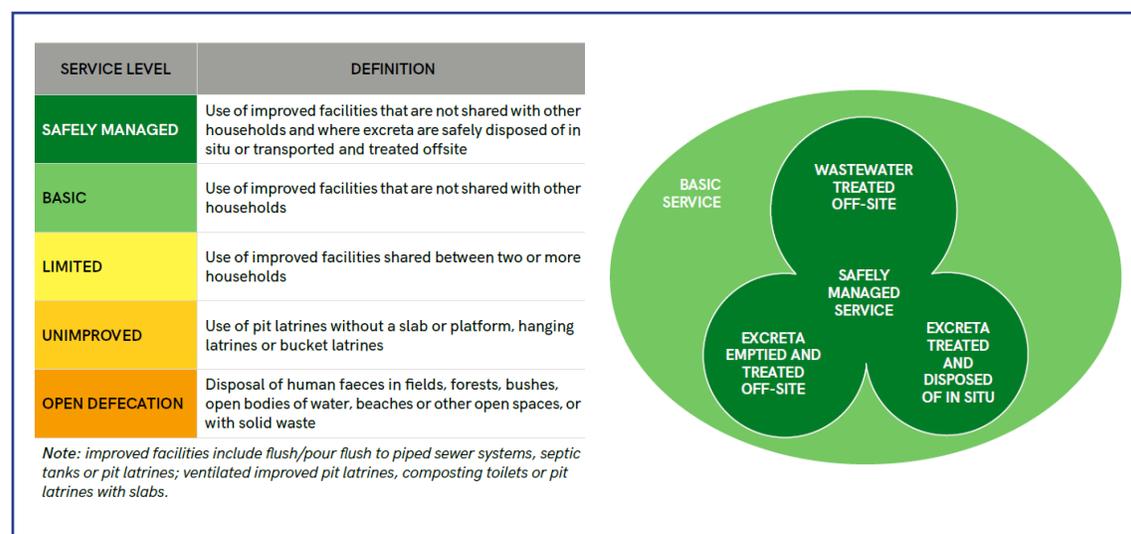
193 <https://washdata.org/data#!fji> [03.08.17].194 <https://washdata.org/data#!fji> [01.08.17].

195 WHO, 'Sanitation, Drinking-Water and Health in Pacific Island Countries', 2016.

4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 in relation to safely managed sanitation services, Fiji's population should have access to improved sanitation facilities that are not shared with other households, and the excreta produced should be either 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.¹⁹⁶ 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); if they are using improved facilities that are shared with other households, this will be classified as a limited service.¹⁹⁷ Under SDG target 6.2, a specific focus is also put on ending the practice of open defecation. While this target aims to progressively raise standard sanitation services for all, the immediate priority for many countries will be to ensure universal access to at least a basic level of service.¹⁹⁸

Figure 4.4: JMP service ladder for improved sanitation facilities



Source: JMP Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines

No estimate of the proportion of the population with access to safely managed sanitation services is available for Fiji, as data on excreta disposal are unavailable. According to 2017 JMP estimates, however, improved sanitation coverage in Fiji is close to universal: 95.7 per cent of the population has access to basic services (improved services that are not shared) and 3.8 per cent of the population has access to limited services.¹⁹⁹ As Figure 4.5 shows, Fiji's performance on access to sanitation facilities was estimated to be among the highest in the PICTs in the JMP 2017 dataset.

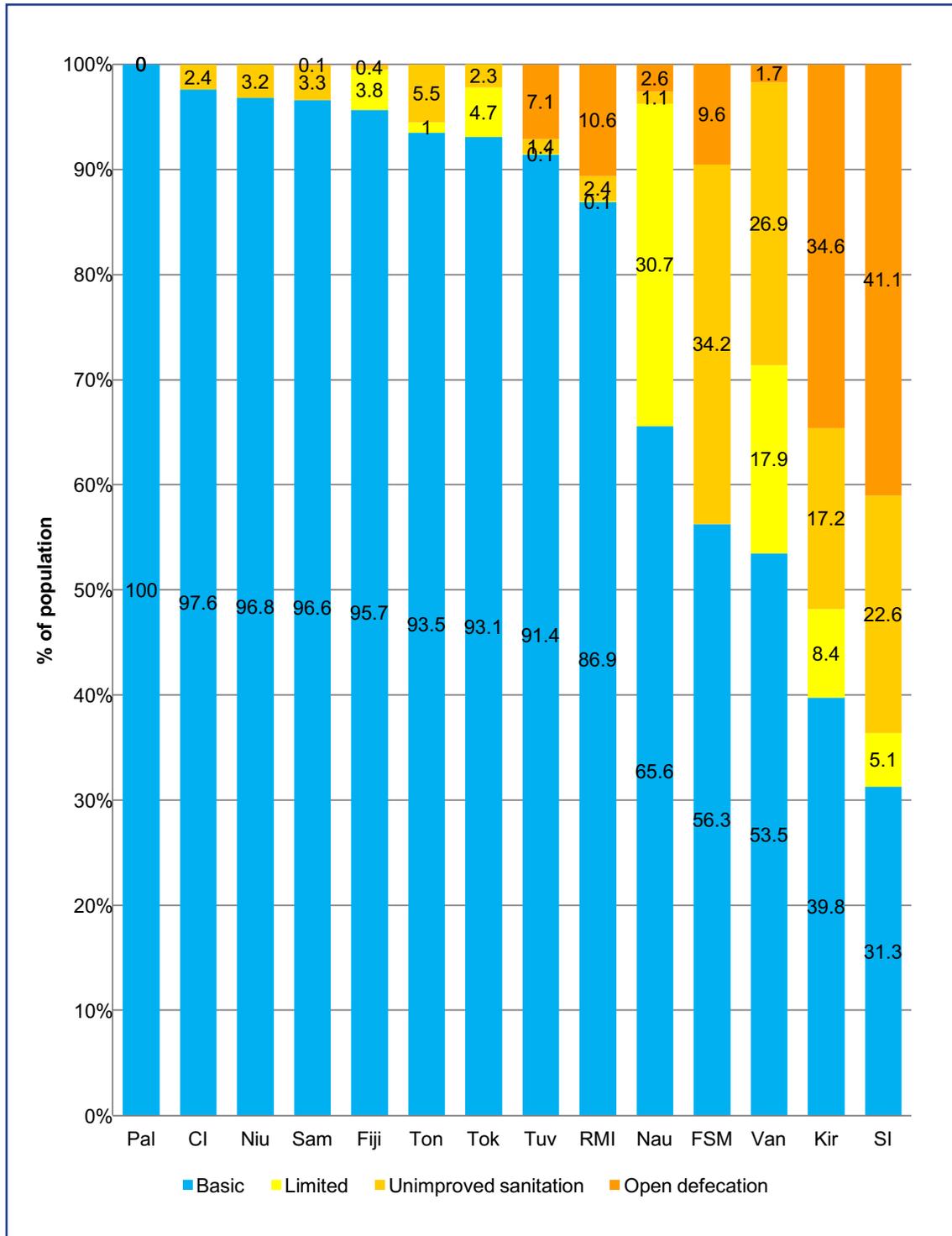
196 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', p. 8.

197 Ibid., pp. 8–9.

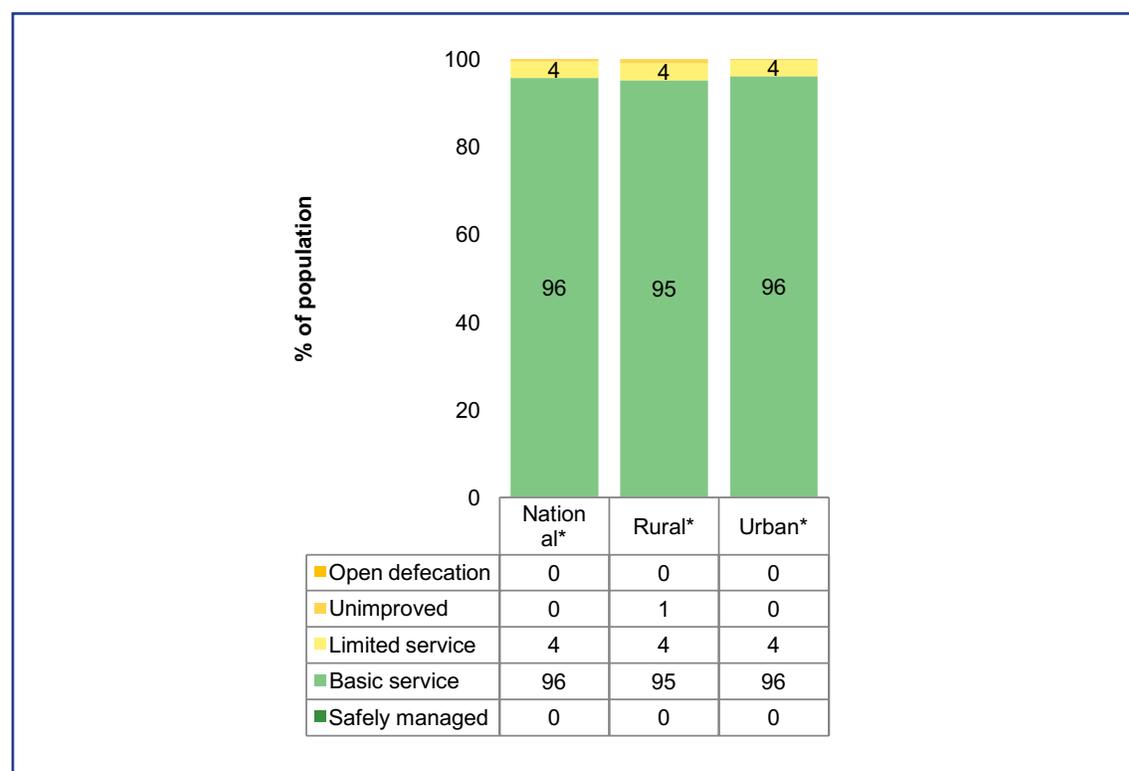
198 Ibid., p. 10.

199 <https://washdata.org/data#/fji> [01.08.17].

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



Source: JMP data²⁰⁰

Figure 4.6: Provision of sanitation facilities in Fiji, 2017 estimates

Source: JMP data²⁰¹

Disaggregated data show only marginal differences between urban and rural locations in relation to coverage (urban 99.7 per cent and rural 99.1 per cent, with basic services at 96 per cent for rural areas and at 95 per cent in rural areas).²⁰²

Table 4.2: Provision of sanitation facilities, 2017 estimates

Year	Improved sanitation	Improved and not shared (basic)	Improved and shared (limited)	Unimproved sanitation	Open defecation
2000	83.7	80.5	3.2	15.7	0.6
2005	87.6	84.3	3.3	11.9	0.5
2010	93.7	90.1	3.5	6.0	0.3
2015	99.4	95.7	3.8	0.4	0.1

Source: JMP data²⁰³

201 <https://washdata.org/data#/fji> [01.08.17].

202 Ibid.

203 Ibid.

Table 4.2 indicates that Fiji achieved a steady increase in improved sanitation coverage between 2000 and 2015, with basic service coverage increasing from 80.5 per cent to 95.7 per cent.²⁰⁴ Considering disaggregated data for urban and rural locations, estimates indicate that the largest increase has taken place in rural areas, where coverage increased from 73.6 per cent to 99.1 per cent in the same period.

According to SDG target 6.2, Fiji should aim to end any practice of open defecation by 2030. As suggested by data in Table 4.2, open defecation is no longer an issue in Fiji, which means the country has already met SDG target 6.2 in relation to open defecation.²⁰⁵

4.3. Hygiene practices

According to SDG target 6.2, Fiji should, by 2030, also 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). This in turn affects important development outcomes such as those related to child mortality or school attendance.²⁰⁶

The presence of a hand-washing facility with soap and water on premises has been identified as the priority indicator for the global monitoring of hygiene under the SDGs. Households that have a hand-washing facility with soap and water available on premises will meet the criteria for a **basic** hygiene facility (SDGs 1.4 and 6.2). Households that have a facility but lack water or soap will be classified as having a **limited** facility, and distinguished from households that have no facility at all.²⁰⁷

No data on hygiene practice for Fiji are available in the 2017 JMP study and, to the authors' knowledge, the 2015 GSHS for Fiji represents the only nationally representative data source on hygiene practices among children in the country. According to these data, almost all pupils (97 per cent) indicated that they had usually cleaned or brushed their teeth one or more times per day during the 30 days before the survey, with girls (98 per cent) somewhat more likely to report doing so than boys (96 per cent).²⁰⁸

The GSHS data also suggest that only 2.6 per cent of pupils had never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey. Importantly, these data are self-reported, so they do not necessarily capture hygiene *practices*, and they are likely to overestimate the proportion of pupils washing their hands after toilet use, given the social desirability bias. The data do not reveal a statistically significant difference between boys and girls

204 Ibid.

205 Ibid.

206 See e.g. UN-Water Decade Programme on Advocacy and Communication, 'Implementing WASH', Information Brief, on http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf [27.03.17].

207 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', pp. 8–9.

208 Reported confidence intervals do not overlap, suggesting that the difference is statistically significant at 95 per cent.

in relation to reported hand-washing practices.²⁰⁹ Unfortunately, the GSHS data also capture the reported hygiene behaviour only of school children aged 13–17 (in Grades 9–13), so very little is known about children in other age groups and out-of-school youth.

Figure 4.7: JMP service ladder for improved hygiene services

SERVICE LEVEL	DEFINITION
BASIC	Availability of a handwashing facility on premises with soap and water
LIMITED	Availability of a handwashing facility on premises without soap and water
NO FACILITY	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 Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines

4.4. WASH in schools, MHM and disabilities

While Fiji has national standards and guidelines for WASH in Schools, lack of adequate data makes it difficult to properly assess the situation in this regard.²¹⁰ Data from the Ministry of Education, Heritage and Arts (MoE) suggest that 100 per cent of schools have access to sanitation facilities (either improved or unimproved).²¹¹ However, according to the WASH in Schools Mapping Project, there are currently no data to ascertain whether these schools meet national WASH in Schools standards, such as the requirement that there is at least one latrine for every 20 girls in schools with up to 200 girls and an additional latrine for schools with up to 300 girls. There are also no data to assess whether the national standard of one hand-washing point (with soap) per 50 students is fulfilled. Finally, the WASH in Schools Mapping Project also cites undated MoE data, according to which 77 per cent of schools in Fiji have access to an improved water source at some point during the year. The national standard for provision of safe drinking water in schools is at least one safe drinking water point and a litre of safe drinking water per pupil per day. Unfortunately, the currently available data also do not allow for assessment of the extent to which Fijian schools meet this standard.

209 The reported confidence intervals overlap ($p > 0.05$).

210 See WASH in Schools Mapping Project: <http://washinschoolsmapping.com/projects/fiji.html> [27.03.17].

211 Ibid.

Limited access to sanitary protection materials and a lack of appropriate WASH facilities in schools have been shown to negatively affect girls in several ways, for example by leading to bullying or harassment; reducing girls' self-confidence, concentration and school attendance during menstruation; or even leading to school drop-out.²¹² Despite the importance of addressing the issue of menstrual hygiene management (MHM), there appears to be very little information on MHM programmes for girls and young women in Fiji.

A recent regional report on MHM in East Asia and the Pacific examines the situation in four PICTs: Fiji, Kiribati, Solomon Islands and Vanuatu. The report suggests that, of these four PICTs, only Solomon Islands has so far made good progress in terms of initiating formative research on MHM. Table 4.3 summarizes the findings of the study for each of the four PICTs. Note that, in all four PICTs, no progress has so far been achieved in relation to the provision of teaching and learning materials on MHM.²¹³

Fiji's MoE 2012 Minimum Standards on WASH in Schools Infrastructure clearly specify the need to support girls in their MHM to ensure they have equal learning opportunities. It provides a range of practical guidance to ensure WASH facilities meet the needs of menstruating girls, such as through gender-segregated facilities, hooks, bins and shower compartments for girls to be able to change.²¹⁴

Table 4.3: Snapshot of progress on MHM in four PICTs

	1 No progress	2 A start has been made	3 Reasonable progress	4 Good progress
	Solomon Islands	Fiji	Vanuatu	Kiribati
Government leadership on MHM, coordination and MHM in policies	4	4	1	3
Formative research on MHM	4	1	1	2
MHM in the curriculum	2	1	2	2
Teacher training relevant to MHM	1	1	3	2
Teaching and learning materials on MHM	1	1	1	1
School WASH facilities	3	3	3	1
Stakeholder engagement on MHM	4	3	3	2

Source: Adapted from UNICEF, 2016, 'Supporting the Rights of Girls and Women through MHM in the East Asia and Pacific Region', p. 14.

212 See e.g. UNICEF, 'Supporting the Rights of Girls and Women through MHM in the East Asia and Pacific Region: Realities, Progress and Opportunities', 2016, on https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf [05.05.17].

213 Ibid., p. 14.

214 Ibid., p. 42.

Data appear to be lacking on access to WASH for persons living with disabilities and other disadvantaged groups in Fiji.

4.5. Barriers and bottlenecks

The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2014 report suggests Fiji has made great progress in the area of WASH, with the implementation of policies and regulations, the launching of national standards, capacity-building within agencies and the insertion of access to water and sanitation as an individual right in the 2013 Constitution.²¹⁵ All of these developments, the report suggests, create a conducive and empowering environment to provide better sanitation and potable water in Fiji. However, despite these positive legal and policy developments, there appear to be a number of key structural barriers and bottlenecks that, if left unaddressed, could prevent Fiji from achieving further progress in the area of WASH.

4.5.1. Financing

As with access to health care, inadequate financing is a key barrier to more rapid progress in relation to WASH. According to the GLAAS report, in 2012 Fiji's total WASH expenditure was estimated at slightly more than US\$ 31 million, which means it amounted to only 0.9 per cent of GDP. In comparison, Fiji's expenditure on education and health sectors amounted to 4.2 per cent and 4 per cent of GDP, respectively. The report concludes that Fiji has not allocated sufficient funds to sanitation, but that spending on improving access to drinking water is largely on track.

4.5.2. Equity

Another important bottleneck relates to unequal access to WASH, as well as inequities in resource allocation between different WASH sectors. An analysis of expenditure breakdown by WASH target area, for example, can highlight potential equity issues around resource allocation. The 2014 GLAAS report indicates that Fiji is among the group of countries where WASH spending for sanitation (33 per cent of total WASH spending) is *less* than for drinking water (67 per cent), even though a larger percentage of the population is without access to improved sanitation compared with the percentage without access to drinking water from an improved source.²¹⁶ In other words, the existing evidence suggests there is a mismatch between WASH needs in Fiji and WASH budget targeting.

Another area of concern is rural–urban inequity in WASH spending. The 2014 GLASS report suggests 97 per cent of WASH spending in Fiji is allocated to urban areas, and thus only 3 per cent

215 UN-Water, 'Fiji Factsheet', GLAAS 2014 Report, on http://www.who.int/water_sanitation_health/glaas/2014/fiji-15-oct-2015.pdf?ua=1 [21.03.17]. In Fiji, three government ministries or departments (the MHMS, the Water Sewerage Department and the Mineral Resources Department) as well as a private subsidiary agency of the government (the Water Authority Fiji) are responsible for different aspects of WASH.

216 UN-Water, 'GLAAS 2014 Report', on http://www.who.int/water_sanitation_health/publications/glaas-report-2014/en/ [21.03.17].

going to rural areas, where unmet need (i.e. the ‘unserved’ population proportion) is estimated to be higher (see sub-sections 2.1 and 2.2 above).

Also, access to improved sanitation facilities appears to be highly restricted for persons with disabilities. For example, only 3.5 per cent of schools in Fiji have wheelchair-accessible toilets. Toilets tend to be located some distance from classrooms across uneven terrain.²¹⁷

While quantitative data on MHM are lacking, anecdotal evidence suggests girls in Fiji (like in many other PICTs) face shame and ridicule when they get their periods at school without access to appropriate sanitary materials and facilities,²¹⁸ which in other contexts has been shown to reduce girls’ self-confidence, concentration and school attendance during menstruation, or even to lead to school drop-out.²¹⁹ The MHM guidelines contained in MoE’s 2012 Minimum Standards on WASH in Schools Infrastructure are an important step towards addressing these equity concerns. However, monitoring and evaluation of MHM initiatives in Fiji has to date been largely project-specific, which makes it difficult to establish to what extent the 2012 standards are applied nation-wide in practice.²²⁰

4.5.3. Climate and disaster risks

As mentioned previously, rising sea levels and natural disasters such as cyclones are a key risk facing Fiji and the Pacific Islands in general. A recent WHO assessment report came to the conclusion that the key climate-sensitive health risks in Fiji are dengue fever, diarrhoeal diseases, leptospirosis and typhoid fever, many of which are water-borne or water-related.²²¹ Water safety therefore needs to be treated as a top priority in preventing and/or mitigating climate-sensitive health risks in Fiji. A recent WHO ‘update and outlook’ report also suggests that water stresses caused by climate change will primarily affect rural communities with low socio-economic status reliant on water resources for their livelihoods.²²² This highlights the unequal impact of disaster and climate risks on access to safe water supplies in Fiji.

4.5.4. Monitoring

Lack of adequate monitoring and evaluation of WASH programmes in Fiji is also identified as a major gap. According to the 2014 GLASS report, rural and private WASH schemes in Fiji have typically had no monitoring and evaluation components. Even though private, non-governmental agencies play a major role in the provision of WASH programmes, they rely primarily on the Fijian government to monitor and evaluate projects. To address this gap, the GLASS report calls for a strengthening of links between government and private, non-governmental organizations.

217 KII with WASH in Schools Specialist, UNICEF Pacific, Suva, 20 February 2017.

218 See e.g. Water Aid, Burnet Institute and IWDA, ‘The Last Taboo. Research on Managing Menstruation in the Pacific (Lit Review)’, 2016, on <http://pacificwomen.org/wp-content/uploads/The-Last-Taboo.pdf> [05.06.17].

219 See e.g. UNICEF, ‘Supporting the Rights of Girls and Women through MHM in the East Asia and Pacific Region’, 2016.

220 Ibid., p. 51.

221 WHO, ‘Human Health and Climate Change in Pacific Island Countries’, 2015, on http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf [13.03.17].

222 Ibid.

5.

Education

Key Education-related SDGs

SDG	Target	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

SDG	Target	Indicators
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 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 (a) global citizenship education and (b) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in (i) national education policies, (ii) curricula, (iii) teacher education and (iv) 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 hand-washing facilities (as per the WASH indicator definitions)

SDG	Target	Indicators
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

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). According to the United Nations Committee on Economic, Social and Cultural Rights, the right to education encompasses the following ‘interrelated and essential features’: availability; accessibility; acceptability; and adaptability.²²³ The right to education is also contained in the SDGs, which recognize that, ‘Quality education is the foundation to improving people’s lives and sustainable development’. SDG 4 requires states to ‘ensure inclusive and quality education for all and promote lifelong learning’. The SDGs build on the MDGs, including MDG 2 on universal primary education, and UNESCO’s Education for All (EFA) goals, which this chapter references throughout where relevant.

In addition to these rights and targets, the UNISDR and the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework sets out three essential and interlinking pillars for effective disaster and risk

223 Committee on the Rights of the Child, General Comment No. 13, on the ‘The Right to Education’, 8 December 1999, para. 6.

management: safe learning facilities; school disaster management; and risk reduction and resilience education. These pillars should also guide the development of the education system in Fiji, which is vulnerable to disaster and risk.

Fiji's National Climate Change Policy of 2012 recognized that inadequate reviewing and updating of climate change-related content in school curricula and technical, vocational and teacher training courses was a major constraint in addressing climate change in the country. Objective 4 of the policy is therefore to integrate climate change into school curricula, tertiary courses and vocational, non-formal education and training programmes. This incorporates the Child-Centred Climate Change Adaptation Project, which focuses on increasing the awareness and capacity of children, youth and communities in relation to climate change-related disasters, enabling the facilitation of contextualized adaptation processes with 'climate smart' solutions to identified issues. However, the Education Sector Strategic Development Plan 2015–2018 makes very little substantive reference to climate change, disaster risk or sustainability.

The right to education and rights within the education system should have a solid basis in law and policy. Fiji has taken significant steps towards realizing these rights. Article 31(1) of the Constitution of Fiji 2013 guarantees the right of every person to early childhood, primary, secondary and further education. Article 31(2) also places an obligation on the state to take reasonable measures within its available resources to achieve the progressive realization of the right to *free* early childhood, primary, secondary and further education, and education for persons who were unable to complete primary and secondary school. All persons are also guaranteed the right of access, membership or admission to education institutions without discrimination on prohibited grounds (Article 26(5)).

Fiji's Roadmap for Democracy and Sustainable Socio-Economic Development 2010–2014 (the 'Development Roadmap') recognized that access to basic education was a right of all Fijians and that Fiji was on target to meet MDG 2.²²⁴ However, it also noted that, although Fiji had nearly attained universal primary education, several challenges remained, including decreasing net enrolment rates; significant numbers of school drop-outs; ethnic disparities in exam performance; difficulties for secondary school graduates in terms of entering employment; and girls outnumbering boys, with the gap widening higher up the education system but not continuing in employment.²²⁵ The Development Roadmap set out numerous strategies and indicators to address these gaps, with the objective of making Fiji a 'knowledge-based society'.²²⁶

224 MDG 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling; Ministry of National Planning, 'Roadmap for Democracy and Sustainable Socio-Economic Development 2010-2014', Part 4.1.7, p. 109.

225 *Ibid.*, pp. 109–10, p. 113.

226 The strategies included establishment of a modular system of education; abolishing external examinations; establishing a coherent national tertiary education system; developing a curriculum framework to enhance spiritual, intellectual, social and physical development and strengthen instruction in Fijian, Hindi and English; improving the numbers and quality of competent and motivated teachers and reducing pupil-teacher ratios; enhancing rural education programmes by establishing appropriate infrastructure and building standards, reviewing school performance and piloting distance education programmes; strengthening partnership between government, communities and other stakeholders; strengthening and expanding technical and vocational educational and training (TVET); conducting research into school drop-outs; conducting community awareness campaigns on the importance of education in economic development; improving training in financial management, record-keeping and monitoring; and increasing the use of standards improvement measurement in schools: Part 4.2.5; pp. 131–2.

The Development Roadmap was supplemented by the Education Sector Strategic Plan 2009–2011, which aimed to further Fiji’s progress in realizing UNESCO’s EFA goals and MDG 2. The Education Sector Strategic Development Plan 2015–2018 currently governs the strategic direction of education developments in the country, aiming to achieve ‘quality education for change, peace and progress’.²²⁷ The Plan focuses on developing education in nine key areas: access and retention; stakeholder partnership; curriculum; processes and systems; student welfare; heritage and arts; workforce; higher education; and technology and employment.

Despite these important constitutional guarantees and reform initiatives, education in Fiji continues to be governed by the Education Act 1978, which the Special Rapporteur on the Right to Education regards as not adequately reflecting the country’s international human rights obligations and as lagging behind the Education Sector Strategic Development Plan 2015–2018.²²⁸ Fiji is, however, reportedly in the process of drafting an Education Bill.

Although the education budget has increased significantly in recent years, from US\$ 252 million in 2011 to US\$ 467 million in 2015, its proportion of the national budget decreased from 15.96 per cent in 2011 to 13.99 per cent in 2015.²²⁹ In its 2016 budget, the government announced that it had allocated US\$ 448.5 million to the MoE for 2016–2017, which appears to be less than the amount allocated in 2015. Declining expenditure by the government in the education sector will affect its ability to improve availability and access to quality education at all levels.

5.1. Early childhood education

According to the SDGs, 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 (ECCE), especially for the most vulnerable and disadvantaged children.

While the MoE recognizes ‘a range of programmes and services for children in the years before compulsory schooling’²³⁰ as comprising ECCE (including mobile and specialized services targeting children in rural areas or those who are disadvantaged or with disabilities), in practice ECCE in Fiji consists mainly of childcare centres (for children aged 2–5 years) and kindergarten (for children aged 3–5 years).

5.1.1. Access

There is limited data on ECCE attendance rates in Fiji, making it difficult to determine whether Fiji has achieved EFA goal 1 and is on track to achieving SDG 4.2. However, according to data collected

227 P. 6.

228 Report of the Special Rapporteur on the right to education on his mission to Fiji, 27 May 2016, para. 15.

229 MoE, ‘Annual Report 2015’, p. 16.

230 MoE, Policy in Early Childhood Education, para. 2.6.

by the Fiji Education Management Information System (FEMIS), enrolment in ECCE (defined for this purpose as relating to children from birth to eight years old) approximately quadrupled between 2002 and 2012, despite a slight decrease between 2004 and 2006, partly explained by the political instability of this period.²³¹ The total number of children enrolled in ECCE increased from 2,230 in 2002 to 9,577 in 2012.²³² In April 2016, 11,836 five year olds were enrolled in 526 kindergartens.²³³

There are no up-to-date gender- or geographically disaggregated net or gross enrolment figures or drop-out/survival rates. According to the UNESCO Institute of Statistics, the pre-primary gross enrolment ratio (GER) in 2009 was a low 18 per cent.²³⁴ However, in 2015 the ECCE net enrolment rate (NER) was recorded at 85 per cent,²³⁵ although it is not apparent what age group this figure represents. Encouragingly, it has been reported that, in 2015 98 per cent of new entrants in primary school had ECCE experience.²³⁶

The apparent increase in ECCE enrolment numbers and rates may be explained partly by the government's new focus on strengthening ECCE and stakeholder support in this area, further to the Fiji Commission Education Report 2000, which recommended, among other things, that more emphasis be placed on developing ECCE as well as primary education.²³⁷ Reform initiatives included the development of the MoE's Early Childhood Care and Education Policy, covering 'center-based programming for young children aged three to eight years', which aimed to promote 'the total learning and holistic development and needs of the child, namely, social, emotional, physical, spiritual, language and cognitive' and support 'the health, nutrition, and child protection of the young child.'²³⁸ The MoE's Sector Strategic Plan 2009–2011 paid particular attention to improving access to inclusive and quality early childhood care and education.²³⁹

The government's continuing commitment is reflected in the MoE's Education Sector Strategic Development Plan 2015–2018, which aims, among other things, to increase ECCE enrolment, implement initiatives to improve ECCE attendance and expand its focus to achieve universal ECCE.²⁴⁰ The MoE has set itself a target of enrolling 14,000 ECCE students in 2016 and 16,000 in 2016–2017.²⁴¹ The government in 2015 expanded its free education grant scheme for five year

231 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 17.

232 Ibid., Table 2.1.2 (original source FEMIS); note, however, that this is based on data submitted by ECE centres, and not all ECE centres do submit such data.

233 Report of the Special Rapporteur on the right to education on his mission to Fiji, A/HRC/32/37/Add.1, 27 May 2016, para. 19.

234 Cited in UNICEF Global Databases, 'Education: Pre-Primary Gross Enrolment Ratio – Percentage', updated October 2015, on <https://data.unicef.org/topic/education/overview/> [08.03.17].

235 Fiji Education Annual Report, 2015, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/hmdi/education> [14.06.17], although this figure has not been verified against its original source.

236 Ibid.

237 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 8 and p. 17.

238 MoE Policy in Early Childhood Education, pp. 1 and 3.

239 Objective 1 of the Plan states, 'All children especially kindergarten, disadvantaged students and those with special needs will have access to an expanding, improving and inclusive quality education and care.' Objective 2 states, 'All children especially kindergarten, disadvantaged students and those with special needs will have access to a relevant, flexible and innovative curriculum that promotes development of lifelong skills and good citizenship.' Targets in the Plan included 20 new kindergartens established every year for the next three years and an increase in kindergarten enrolment by 10 per cent each year for the next three years.

240 P. 22.

241 MoE Corporate Plan 2016–2017, p. 10.

olds to ECCE centres, distributing a total of US\$ 1,439,070 to 691 ECCE schools and 28,727 children (at a rate of US\$ 50 per child).²⁴² Its 2016–2017 Budget Report indicates that the ECCE tuition grant will be extended from two terms to three.²⁴³ It is important to note that there are some standalone ECCE centres; children attending these may not benefit from the grant scheme. At the same time, since 2016, all primary schools have been required to have an associated ECCE centre, making ECCE more widely accessible.²⁴⁴

Despite increasing enrolment numbers, the limited data available suggest there is a significant proportion of ECCE-age children who are still not enrolled in school – an area in which the government has acknowledged that further efforts are needed.²⁴⁵ The MoE’s progress report for 2000–2015 states that there is 50 per cent access to ECCE, the presumption being that the remainder of the children concerned are located in disadvantaged areas in rural and very remote areas.²⁴⁶ Data also suggest that ECCE provision is skewed towards urban areas,²⁴⁷ although the extent to which this is proportionate to demand is not clear.

Limited data availability on ECCE means there are few gender-disaggregated data on ECCE participation. Data published relating to the years 2006 and 2009 indicate very little difference in the numbers of boys and girls enrolled in ECCE (4,308 boys and 4,320 girls in 2006, compared with 4,568 boys and 4,580 girls in 2009).²⁴⁸ There was also little difference in the pre-primary GER for boys and girls in 2009: 17 per cent male and 19 per cent female.²⁴⁹

5.1.2. Quality

The government has taken important steps towards strengthening the quality of ECCE. Its first national kindergarten curriculum (targeting children aged between three and six), *Na Noda Mataniciva*: Kindergarten Curriculum Guidelines for the Fiji Islands, was developed to facilitate a child’s transition to primary school and set minimum standards for ECCE content and delivery.²⁵⁰ All ECCE programmes for children between the ages of three and eight must be based on the principles and philosophy of the *Mataniciva*, which is centred on positive relationships; culture and spiritual awareness; caring and respect; inclusiveness; and child-centred learning.²⁵¹

242 The MoE commenced the scheme in Term 2 in 2015; there were 13,936 children on the roll in Term 2 and 14,791 on the roll in Term 3; MoE, ‘Annual Report 2015’, p. 32.

243 PwC, ‘Fiji Budget Report 2016/2017’, 22 June 2016, p. 30.

244 *The Fiji Sun Online*, ‘Statement: Reddy Talks Early Childhood Education Week’, 30 July 2016, <http://fijisun.com.fj/2016/07/30/statement-reddy-talks-early-childhood-education-week/> [04.08.17].

245 UNICEF, ‘Children in Fiji: 2011 – An Atlas of Social Indicators’, p. 23; MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 17.

246 MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 43.

247 UNICEF, ‘Children in Fiji: 2011 – An Atlas of Social Indicators’, p. 23.

248 MoE, ‘Country Paper: Status of Education For All Achievement in Fiji 2011’, p. 11.

249 UNESCO Institute for Statistics, cited in UNICEF Global Databases, ‘Education: Pre-Primary Gross Enrolment Ratio – Percentage’, updated October 2015, on <https://data.unicef.org/topic/education/overview/> [08.03.17].

250 MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 45.

251 MoE Policy in Early Childhood Education, para. 2.6; *Na Noda Mataniciva*: Kindergarten Curriculum Guidelines for the Fiji Islands, p. 11.

In 2015, the ECCE student–teacher ratio was 14:1,²⁵² just slightly lower than the recommended ratio of 15:1.²⁵³ The MoE has also established a regulatory framework for ECCE teachers, who are employed by local management committees responsible for running the ECCE centres. Teaching staff at the ECCE centres/kindergartens must have, at least, an approved certificate in ECCE teaching from a recognized institution and be registered with Fiji Teachers Registration Board.²⁵⁴ In this regard, it is important to note that Fiji is home to several of the region’s teacher training institutions, including the University of the South Pacific, which recently had its certificate in ECCE accredited internationally.²⁵⁵ In an important step to recruit and maintain quality teaching by improving teacher salaries, the government has introduced the ECCE teacher salary grant scheme, which approximately tripled to US\$ 3.3 million between 2010 and 2015,²⁵⁶ and comprised 68 per cent of the MoE’s ECCE budget allocation in 2015.²⁵⁷ Further, as of late 2016 the government took responsibility for paying 100 per cent of teachers’ salaries.²⁵⁸

5.1.3. Bottlenecks and barriers

A key barrier in assessing ECCE participation is the limited data availability, stemming largely from the difficulties of the central government in monitoring ECCE centres across the islands. Although all ECCE centres for three to eight year olds must be recognized or registered with the MoE, the maintenance, administration and running of most of these centres are carried out by local committees, appointed or elected by the centre management, parents and village members.²⁵⁹ These committees employ teachers.²⁶⁰ As a result, data collection relies on the commitment of ECCE management and staff to submitting returns to the MoE, which they reportedly generally do not feel obliged to do.²⁶¹ This is exacerbated by a lack of MoE capacity at the district level to monitor ECCE centres: there are only two MoE ‘ECCE officers’ overseeing over 700 centres across Fiji, and only one ECCE officer within the Primary Education Division of the MoE.²⁶²

ECCE remains fee-based despite the introduction of the ECCE tuition grant scheme,²⁶³ and this may partly explain low enrolment numbers in Fiji’s more disadvantaged and rural areas. The grant applies only to five year olds,²⁶⁴ so not all ECCE-age children and their families are eligible for this support. It remains up to the school to spend the grant on administration and office operations (45

252 Fiji Education Annual Report 2015, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [14.06.17], although this figure has not been verified against its original source.

253 World Bank Group, ‘SABER ECD Report for Solomon Islands’, 2013, p. 19.

254 MoE Policy in Early Childhood Education, paras 2.7 and 6.9.1.

255 *The Fiji Sun Online*, ‘USP Early Childhood Qualification Recognised Internationally’, 16 July 2016, on <http://fijisun.com.fj/2016/07/16/usp-early-childhood-qualification-recognised-internationally/> [13.08.17].

256 MoE, ‘Annual Report 2014’, p. 30; ‘Annual Report 2015’, p. 31.

257 MoE, ‘Annual Report 2015’, p. 31.

258 *The Fiji Sun Online*, ‘New Salary Structure for Early Childhood Teachers’, 15 September 2016, on <http://fijisun.com.fj/2016/09/15/new-salary-structure-for-early-childhood-teachers/> [13.08.17].

259 MoE Policy in Early Childhood Education, para. 6.3.4; ‘Fiji EFA Progress Report for 2000-2015’, pp. 17 and 45.

260 MoE Policy in Early Childhood Education, paras 6.3–6.5.

261 MoE, ‘Fiji EFA Progress Report for 2000-2015’, pp. 17 and 45.

262 Ibid.; notes from UNICEF Pacific July 2017.

263 MoE Corporate Plan 2016–2017, p. 9; Report of the Special Rapporteur, 27 May 2016, para. 49.

264 MoE, ‘Annual Report 2015’, p. 31.

per cent); building and maintenance (10 per cent); learning resources and furniture (20 per cent); health and nutrition (10 per cent); and outdoor recreational equipment (15 per cent), and district education offices are responsible for monitoring the school roll and expansion of the grant.²⁶⁵ This latter, in light of limited MoE capacity, presents an addition challenge. However, in a significant step that would go beyond international targets, the government plans to extend free education to ECCE beyond provision to just five year olds.²⁶⁶

As noted above, MoE funding towards ECCE approximately tripled between 2010 and 2015 to US\$ 4.9 million, thanks to an increase in the teacher salary grant in 2013 and introduction of the free education grant in 2015.²⁶⁷ However, in 2014 and 2015 ECCE expenditure remained at a low 0.9 per cent of the MoE budget – a 0.4 per cent reduction from the 2013 figure – although it makes up an increased percentage of Fiji’s national income (0.15 per cent in 2013, 0.11 per cent in 2014 and 0.16 per cent in 2015) and GDP (0.040 per cent in 2013, 0.036 per cent in 2014 and 0.058 per cent in 2015).²⁶⁸ The MoE considers that current budgetary provision is still inadequate to fully expand ECCE in the country.²⁶⁹

The MoE has also provided equipment and building assistance grants to ECCE centres, although in 2015 the equipment grant was reduced to zero and the building assistance grant was US\$ 150,000, or only 3.1 per cent of the ECCE allocated budget.²⁷⁰ This functions as a bottleneck (to the supply of quality ECCE facilities) and barrier (to demand, which is stimulated by confidence in ECCE centres being of sufficient quality).

5.2. Primary and secondary education

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

5.2.1. Access

Primary school in Fiji takes up eight years (Classes 1–8) for children aged six to 13, and secondary education four years (Classes 9–12) for children aged 14 to 17, although children in

265 Ibid, p. 14.

266 MoE Corporate Plan 2016–2017, p. 9.

267 MoE, ‘Annual Report 2014’, p. 30; ‘Annual Report 2015’, p. 31.

268 MoE, ‘Annual Report 2015’, p. 31.

269 MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 56.

270 MoE, ‘Annual Report 2015’, p. 31.

Class 10 can choose between continuing formal education and attending technical college for specific skills training.²⁷¹ The government has taken significant steps to strengthen primary and secondary school access and quality, which is partly reflected in Fiji's attainment of universal primary education under MDG 2.A:²⁷² the overall net enrolment ration was reportedly 99.43 per cent in 2014.²⁷³

Education from ages six to 15 was made compulsory through a series of orders and regulations issued between 1997 and 2000, although in 2009 the government announced its decision to enforce its policy of ensuring that children completed 12 years of compulsory schooling.²⁷⁴ The 2014 budget made provision for free primary and secondary education, with the aim of alleviating a significant barrier to children's access to education.²⁷⁵ The MoE Policy on School Zoning was introduced in 2012 and revised in 2014 to improve 'access, quality and equity' in all schools in Fiji and to redress the imbalance of enrolment rates between schools. Under this, children living within a school's 'zone' are given an absolute right to be enrolled in that school and are provided with full transport assistance to schools within their home zone.²⁷⁶ The Matua Programme, the importance of which has been highlighted by the Special Rapporteur on the right to education, has been initiated as a bridging programme for former secondary school students who have dropped out of school to enable them to complete their secondary education.²⁷⁷ The MoE has highlighted a need to expand this to 'other strategically located and relevant secondary schools'.²⁷⁸

In order to improve access in rural and peri-urban areas, the MoE has pursued a policy of increased decentralization (to improve the efficiency and speed of its frontline services), the introduction of distance learning and grants to support the upgrading of education facilities.²⁷⁹ In 2009, the MoE revised its formula for the annual tuition grant to schools following concerns that it was mostly going to large schools in urban areas, to take into account school distance from main towns/cities; accessibility by boat or road; mark-up price on materials and transportation costs in view of distance and difficulty of access; availability and frequency of public transport and telecommunications; socio-economic status of small island schools; and availability of amenities such as water, electricity and medical facilities.²⁸⁰ However, when the tuition fees grant increased in 2014, the government reverted to the previous model of distribution based on the number of students. This left remote, rural disadvantaged schools with relatively smaller grants than the bigger schools in urban areas.²⁸¹

271 Report of the Special Rapporteur, 27 May 2016, para. 21.

272 Pacific Islands Forum Secretariat, '2015 Pacific Regional MDGs Tracking Report', pp. 9, 22 and 24.

273 Report of the Special Rapporteur, 27 May 2016, para. 22.

274 UNESCO, World Data on Education, 7th Edition, 2010/2011, on http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Fiji.pdf [14.08.17]. Fiji education laws were not available for review, hence the authors did not verify this.

275 MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 35 and 46.

276 MoE Policy on School Zoning 2014, para. 2.

277 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 5; Report of the Special Rapporteur, 27 May 2016, para. 43.

278 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 47.

279 *Ibid.*, pp. 9, 10 and 40.

280 *Ibid.*, p. 10; Report of the Special Rapporteur, 27 May 2016, para. 64.

281 Notes from UNICEF Pacific, July 2017.

There had been a shift from exam-focused education to learning, as evidenced by the removal of external examinations for children in Classes 6, 8 and 10, which were previously regarded as a factor contributing to school drop-outs.²⁸² However, recent years have seen a return to exam-oriented curricula through the introduction of national examinations in Classes 6, 8 and 10.²⁸³

Fiji is reported as having achieved gender parity at primary level in line with MDG 3.A,²⁸⁴ and data indicate that the country is making good progress towards achieving SDG 4.1 with regard to primary education. The Gender Parity Index (GPI) for the primary net intake rate remained at a high of between 0.97 and 1.1 between 2006 and 2013.²⁸⁵ Between 2002 and 2012, the net intake rate of six year olds into Class 1 increased overall for both boys and girls to 95.63 per cent and 99.29 per cent, respectively. This is despite a dip in 2006, which may be explained largely by the political instability of the period, and a drop in 2013 to 90.95 per cent (boys) and 96.68 per cent (girls).²⁸⁶ The primary NER increased steadily between 2000 and 2015, culminating at 100 per cent in 2015, according to MoE data.²⁸⁷ The latest disaggregated data available show a NER of 99.8 per cent for girls and 99 per cent for boys in 2013.²⁸⁸ In addition, Fiji's NER GPI remained at between 0.98 and 1.02 in 2000–2013.²⁸⁹ Fiji's primary GER increased from 107.39 per cent in 2012 to 110 per cent in 2015, indicating that a notable proportion of children enrolled in primary school fell outside the official age group.²⁹⁰ Fiji's GER GPI was 1.00 in 2014, indicating gender parity in primary gross enrolment.²⁹¹

Data indicate that primary school attendance is also generally high. Survival rates to the last class of primary school increased from 86 per cent in 2000 to 100 per cent in 2012 (98 per cent male and 101 per cent female).²⁹² However, this decreased to 93 per cent in 2013. Although more girls than boys drop out of school in Fiji, the drop-out *rate* for girls is reportedly lower than that for boys.²⁹³

Transition rates from primary to secondary are high, having increased between 2010 and 2013 to 99.52 per cent,²⁹⁴ an area the Special Rapporteur on the right to education commended in his May

282 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 13.

283 Notes from UNICEF Pacific, July 2017.

284 Pacific Islands Forum Secretariat, '2015 Pacific Regional MDGs Tracking Report', p. 54.

285 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 30.

286 2002: 85.35 per cent (male); 87.51 per cent (female); 86.40 per cent (total). 2006: 82.79 per cent (boys); 83.65 per cent (girls); 83.21 per cent (total). 2012: 95.63 per cent (boys); 99.29 per cent (girls); 97.40 per cent (total). 2013: 93.71 (total). Existing reports do not specifically explain the drop in the net intake rate in 2013, although it may be explained partly in sub-section 5.2.3 on bottlenecks and barriers. Source: SIMS, MoE, cited in MoE, 'Fiji EFA Progress Report for 2000-2015', p. 19.

287 Fiji Education Annual Report 2015, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [14.06.17], although this figure has not been verified against its original source; MoE, 'Fiji EFA Progress Report for 2000-2015', p. 19.

288 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 19.

289 *Ibid.*, p. 30.

290 Cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [14.06.17], although these figures have not been verified against their original sources.

291 *Ibid.*

292 UNESCO, 'Pacific Education For All 2015 Review', pp. 20 and 126.

293 *Ibid.*, p. 20; Report of the Special Rapporteur, 27 May 2016, para. 42.

294 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 20.

2016 report following his country mission.²⁹⁵ The secondary NER increased from 75.18 per cent in 2010 to 84 per cent in 2015.²⁹⁶ The secondary GER increased steadily from 92.2 per cent in 2012 to 98 per cent in 2015,²⁹⁷ which, when compared with the NER in 2015, indicates that a notable percentage of enrolled students fall outside the official secondary age group. Survival rates in lower secondary school (75 per cent for boys, 91 per cent for girls, 83 per cent total; 2012 data) are also significantly lower than primary survival rates in the same year.²⁹⁸ The secondary GER GPI is 1.05 (2014), indicating a slight gender disparity in the secondary gross enrolment rate in favour of girls.²⁹⁹

5.2.2. Quality

Issues relating to quality primary and secondary education have persisted, a challenge the MoE recognizes.³⁰⁰ Improving the quality of education has been a key target of the government's reform initiatives, including the Education Sector Strategic Development Plans³⁰¹ and a series of policies. For example, the Schools Standard Monitoring and Inspection Policy 2014 provides guidelines on the monitoring and inspection of primary and secondary schools to improve the quality of education and learning outcomes.³⁰² The Fiji Teachers Registration Promulgation was passed in 2008, requiring all teachers to obtain minimum qualifications and regulation by the Fiji Teachers Registration Board before they become eligible to teach.³⁰³ Frameworks to regulate and standardize the quality of teaching have also been developed and/or updated, including the Fiji National Curriculum Framework in 2008, and an initiative by the MoE, UNESCO and partners in 2014 to revive and implement the Fiji School Teacher Competency Framework and the Fiji School Leaders Competency Framework.³⁰⁴

The MoE has taken specific steps to strengthen the quality of education in rural and remote areas. The Policy on Rural and Maritime Location Allowance for Teachers supports and incentivizes teachers to locate to these areas, which have traditionally suffered from poor facilities and low remuneration. The government has also introduced a policy of providing one tablet/laptop per child in primary schools, established information communication technology (ICT) tele-centres and put in place digital literacy programmes in schools, to strengthen the provision of digital services and bridge the communication gap with rural and remote areas.³⁰⁵

295 Report of the Special Rapporteur, 27 May 2016, para. 41.

296 Cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [14.06.17], although these figure have not been verified against their original source.

297 Ibid.

298 UNESCO, 'Pacific Education for All 2015 Review', pp. 126 and 128.

299 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 30.

300 Ibid., p. 6.

301 For example, 'quality' is one of the 12 guiding principles of the 2015–2018 Plan: 'We are committed to ensuring quality standards are evident in all spheres of the education sector to ensure enhanced returns' (p. 12); the Plan is also based on the MoE's Quality Framework outlining seven enablers for quality education. See also the Plan for 2012–2014.

302 Other policies include the Policy in National Curriculum Assessment and Reporting 2011.

303 Fiji Teachers Registration Promulgation 2008, on <http://www.ftrb.gov.fj/forms/promulgation.pdf> [13.03.13].

304 UNESCO Office in Apia, 'Competency Frameworks for Teachers and Principals in Fiji', 21 January 2015, on http://www.unesco.org/new/en/apia/about-this-office/single-view/news/competency_frameworks_for_teachers_and_principals_in_fiji/ [13.03.13].

305 Statement by the Minister of Education, Heritage and Arts, Government of Fiji, 38th session of UNESCO General Conference, November 2015, Paris, cited in Report of the Special Rapporteur, 27 May 2016, para. 44.

Primary school teacher qualifications have improved slightly over recent years. Although between 2010 and 2013 the majority of primary school teachers continued to be qualified up to minimum required level (certificate level),³⁰⁶ the proportion of primary school teachers with higher-level qualifications has increased significantly.³⁰⁷ However, there is an 'acute shortage' of qualified teachers at the secondary level.³⁰⁸ The majority of secondary teachers have a Bachelor's Degree and Post-graduate Diploma³⁰⁹ but there was little improvement in the overall qualification of secondary school teachers between 2010 and 2013: around 45 per cent of secondary school teachers have only a certificate or diploma-level qualifications.³¹⁰ The MoE also still regards delivery of teaching in the classroom as an area that requires improvement.³¹¹

The MoE has pursued a policy of mainstream two-year vocational training courses at secondary level to better equip adolescents in their transition from school to employment. A total of 72 secondary schools offer these vocational programmes, including on automotive engineering, carpentry, catering and tailoring, welding and fabrication, office technology, computer studies, marine studies, woodcraft, sports academy and vocational agriculture. In 2014, there were approximately 3,459 students enrolled in these courses, a third of whom were female.³¹²

Overall, pupil–teacher ratios in primary and secondary schools remained fairly steady between 2011 and 2015, resulting in ratios of 25:1 for primary schools and 14:1 for secondary schools,³¹³ reportedly partly because of increased teacher recruitment.³¹⁴ Further, the MoE also reports 'vast differences' in teacher–pupil ratios between rural and urban schools, owing to lower pupil enrolment numbers in rural areas. The urban teacher–pupil ratio is reportedly as high as 1:40,³¹⁵ which is the cap imposed under the MoE Policy on School Zoning.³¹⁶ It has been suggested that, because exam performance tends to be better in urban areas, the teacher–pupil ratio may not be a contributing factor to school performance,³¹⁷ although this does not appear to factor in any other comparative advantages of urban schools in Fiji.

The literacy rate for children and young people between the ages of 15 and 24 is high (99.50 per cent), although this figure is significantly out of date (2008).³¹⁸ Of concern, however, are reports

306 80.3 per cent in 2010; 60.2 per cent in 2012; 60.1 in 2013; MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 40–1.

307 Diploma/Advanced Diploma – 9.3 per cent in 2010; 28.9 per cent in 2012; 39.3 per cent in 2013; Bachelor's Degree and Post-graduate Diploma – 8.8 per cent in 2010; 10.2 per cent in 2012; 10.2 per cent in 2013; Master's Degree or higher – 0.2 per cent in 2010; 0.7 per cent in 2012; 0.7 per cent in 2013; MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 40–1.

308 Report of the Special Rapporteur, 27 May 2016, para. 72.

309 55.1 per cent in 2010; 53.3 per cent in 2012; 53.1 per cent in 2013; MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 40–1.

310 Certificate/Advanced Certificate – 1 per cent in 2010; 2.4 per cent in 2012; 2.4 per cent in 2013; Diploma/Advanced Diploma – 39.6 per cent in 2010; 43 per cent in 2012; 43.2 per cent in 2013; MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 40–1.

311 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 49.

312 Report of the Special Rapporteur, 27 May 2016, para. 29.

313 Cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [14.06.17], although these figures have not been verified against their original source.

314 Report of the Special Rapporteur, 27 May 2016, para. 36.

315 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 42.

316 MoE Policy on School Zoning 2014, para. 2.5.

317 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 42.

318 Ministry of National Planning, 'Millennium Development Goals, 2nd Report 1990-2009, Report for the Fiji Islands', September 2010, p. 21.

of inequalities in educational achievements between children from different ethnic backgrounds, with Indigenous Fijian pupils reportedly lagging behind other ethnic groups in major external examinations, as well as between pupils in rural and urban areas.³¹⁹ According to the Special Rapporteur on the right to education, priority spending in education is a major factor that could contribute to the differential in performance.³²⁰

5.2.3. Barriers and bottlenecks

The provision of free, compulsory education has not been reflected in the law, without which this policy remains vulnerable to change. Indeed, the Special Rapporteur on the right to education has remarked that the legal framework has not kept abreast of the rapid education reforms of recent years, and requires updating.³²¹ Further, indirect costs, including uniforms, exercise books and transport, continue to drive children from deprived families to drop out of school.³²² The Special Rapporteur has noted decreasing primary education attendance, explained by prohibitive costs, as well as urban drift, ‘family obligations’ and lack of financial support.³²³

Several barriers and bottlenecks perpetuate urban and rural disparities in terms of access and quality. Schools in rural and peri-urban areas generally lag behind urban schools with regard to infrastructure, with unreliable access to water, electricity and telecommunications. This contributes to the reportedly poorer quality of education and drift towards urban schools.³²⁴ For the most part, these schools are run by local management committees and are in socio-economically deprived communities that cannot afford to improve facilities.³²⁵ In turn, these schools fail to attract and keep teachers. The MoE reports that some rural schools are even left without teachers, as a result of transportation problems.³²⁶ This is also considered a ‘serious determinant’ of the shortage of qualified teachers at secondary level.³²⁷ Added to this is a recent trend to put teachers on temporary contracts and to reduce the salary of entry-level teachers on probation, which ‘undermines professionalism’ and further discourages teachers from remaining in the profession.³²⁸

These barriers are exacerbated by the MoE’s limited capacity in terms of monitoring rural and remote schools, as supervisory staff are required to spend considerable time travelling to/from these hard-to-reach locations.³²⁹ Data collection systems also remain fragmented across

319 Report of the Special Rapporteur, 27 May 2016, para. 64; MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 10.

320 Report of the Special Rapporteur, 27 May 2016, para. 64; MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 49.

321 Report of the Special Rapporteur, 27 May 2016, para. 97.

322 Committee on the Rights of the Child, ‘Concluding Observations: Fiji’, 13 October 2014, para. 59; Report of the Special Rapporteur, 27 May 2016, paras 40–1.

323 Report of the Special Rapporteur, 27 May 2016, para. 41; MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 46.

324 MoE, ‘Fiji EFA Progress Report for 2000-2015’; Report of the Special Rapporteur, 27 May 2016, paras 47 and 53; Committee on the Rights of the Child, ‘Concluding Observations: Fiji’, 13 October 2014’, para. 59(b).

325 MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 13.

326 *Ibid.*, pp. 46 and 52.

327 Report of the Special Rapporteur, 27 May 2016, para. 73.

328 *Ibid.*, para. 74.

329 MoE, ‘Fiji EFA Progress Report for 2000-2015’, p. 10.

government ministries, including the MoE, the MHMS, the Bureau of Statistics and the Ministry of Youth and Sports. This presents challenges in relation to monitoring education premises.³³⁰ However, the MoE is taking steps to integrate these databases and achieve more comprehensive analyses of education.³³¹

Tuition grants are still provided on a 'per student' basis, and thus continue to favour large urban schools.³³² Local communities running rural and remote schools are still struggling to supplement these grants to make the upgrades required to their school premises.³³³ Going forward, the MoE aims to develop a system for distributing education grants that is more attuned to the disadvantages of the most deprived schools, which would be in line with the differential resourcing formal used between 2009 and 2013.³³⁴

Gender equity is seen as a non-issue in Fiji³³⁵ and should be given more priority in light of the low adjusted NER and survival rates for boys in *lower secondary* school (noting that up-to-date higher secondary figures are not available) and a gender disparity in favour of girls (see the secondary NER GPI, above). Additionally, data suggest that enrolment on vocational courses mainstreamed within secondary schools is divided along traditional gender roles. Boys study automotive engineering, welding or carpentry whereas the majority of female students enrol in catering and tailoring courses.³³⁶ Data and information on the drivers of these trends are limited, although reports make reference to drivers concerning 'family obligations' in rural areas, girls having been forced to leave school as a result of pregnancy,³³⁷ and 'traditional perception and stigma placed on the education of females which have negatively impacted on the progress of their education'.³³⁸ Anecdotal evidence also suggests there are cultural expectations on boys to carry out outside work, for example working on the farm or collecting firewood, whereas girls are expected to do work in the home, which makes it easier for them to access school.³³⁹ These are areas that deserve further research and analysis.

Children with disabilities continue to face discrimination and exclusion from the education system, particularly at the secondary level. Inclusive education has yet to be widely put into practice, with special (segregated) schools continuing to be the preferred option.³⁴⁰ Lack of detailed reporting related to children with disabilities further points to the need for more research and enhanced data collection systems.

330 Ibid., p. 7.

331 Ibid., p. 10.

332 Report of the Special Rapporteur, 27 May 2016, para. 86.

333 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 10.

334 Ibid., p. 56.

335 Ibid., p. 6.

336 Report of the Special Rapporteur, 27 May 2016, para. 29.

337 Committee on the Rights of the Child, 'Concluding Observations: Fiji', 13 October 2014, para. 59(a).

338 MoE, 'Fiji EFA Progress Report for 2000-2015', pp. 27, 46 and 48.

339 KII with representation from UNICEF WASH programme, February 2017.

340 Committee on the Rights of the Child, 'Concluding Observations: Fiji', 13 October 2014, para. 39(c).

5.3. Tertiary and vocational 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.

All higher education institutions are required to be recognized by and registered with the Fiji Higher Education Commission, which is a statutory body established under the Higher Education Promulgation 2008 to regulate higher education institutions and set and monitor compliance with quality standards in higher education.

In 2015, there were reportedly 68 recognized higher education institutions in Fiji, 23 of which were registered, five of which were provisionally registered and 29 of which had applications being processed by the Commission.³⁴¹ Higher education institutions include colleges, universities, technical and vocational education and training (TVET) institutions, information technology centres, secretarial schools, language schools, hospitality training centres, care-giving training providers, performing arts and sports academies and religious education institutions.³⁴²

The establishment of a coherent national higher education system formed a key part of the government's drive towards 'making Fiji a knowledge-based society' under the Development Roadmap. The Development Roadmap recognized the challenges facing higher education institutions, including inadequate funding and facilities, a curriculum considered inadequate to meet the 'challenges of nation building' and insufficient and inappropriate staffing, particularly among lecturers.³⁴³ It set two key targets associated with higher education: strengthening and expanding TVET;³⁴⁴ and commencing the Higher Education Promulgation implementation, finalized by December 2009.

In 2011, the government launched the National Qualifications Framework, which was an important step towards meeting its higher education reform objectives and achieving SDG 4.3. The National Qualifications Framework is a system in which qualifications and standards from school and higher education can be registered, recognized and transferred to culminate in a national qualification. It thus provides multiple and flexible pathways towards acquiring education.³⁴⁵ In 2015, a total of 25 national qualifications had been developed and were accredited on this system.³⁴⁶

There are very few data on enrolment and quality indicators in higher education in Fiji, and those that are available are out of date (e.g. the youth literacy rate is from 2004). Further, most of the existing data pertain to youth, which covers persons from 15 to 35 years old.

341 MoE Education Sector Strategic Development Plan 2015–2018, p. 20.

342 Higher Education Promulgation 2008, Section 4.

343 Development Roadmap, p. 110.

344 Indicator: proportion of students successfully completing TVET courses not less than 90 per cent to meet current and future demand; Development Roadmap, p. 132.

345 Fiji Higher Education Commission, Fiji Qualification Framework Procedure, on <http://www.fhec.org.fj/images/advportfolio/Docs/procedures/fijiqualificationframework.pdf> [27.03.17].

346 MoE, 'Fiji EFA Progress Report for 2000-2015', p. 6.

Youth unemployment reportedly declined from 20.5 per cent in 2009 to 19.9 per cent in 2012. This is mainly because of an increased number of programmes and activities that target improved youth well-being; the establishment of a National Employment Centre in 2009 to help the unemployed find work, the majority of whom are youth; the establishment of vocational centres; the mainstreaming of vocational courses in secondary schools; and the establishment of three National Youth Training Centres to ensure youths acquire the necessary skills and knowledge when transitioning from secondary school to employment.³⁴⁷

There are also very few data on the barriers and bottlenecks in higher education, although the 2016 report of the Special Rapporteur on the right to education notes some challenges to ensuring quality higher education: a need to strengthen the curricula, improve funding and facilities and address issues with staffing, particularly among lecturers.³⁴⁸ The Committee on the Rights of the Child highlighted in 2014 that, despite being one of the best in the Pacific region, the education system in Fiji was not well adapted to the needs of the community or the labour force, as a significant number of school leavers were still unable to find employment.³⁴⁹ The Special Rapporteur found that, although technical colleges were of reasonable quality, they needed to become wider in coverage and student intake, and their collaboration with industry was weak, with companies preferring to hire employees from abroad based on the supposed low skills of local workers.³⁵⁰ Lack of funding is a significant barrier to improving and maintaining buildings, operating classes and raising the social profile of TVET institutions.³⁵¹ In 2015, there was no specific provision for TVET or other higher education institutions that are not universities.³⁵²

347 Ibid., p. 21.

348 Report of the Special Rapporteur, 27 May 2016, para. 30.

349 Committee on the Rights of the Child, 'Concluding Observations: Fiji', 13 October 2014, para. 59(c).

350 Report of the Special Rapporteur, 27 May 2016, para. 92.

351 Ibid., paras 94 and 96.

352 Approximately 17 per cent of the education budget was allocated towards higher education, with all of it going towards three universities: Fiji National University, University of the South Pacific and University of Fiji; MoE, 'Annual Report 2015', p. 16.

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. While the CRC recognizes that parents have primary responsibility for the care and protection of their children, it also emphasizes 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 experience 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 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; the Convention on the Rights of People with Disabilities; ILO Convention 138 on Minimum Age; ILO Convention 182 on the Worst Forms of Child Labour; the 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 set 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	End 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 secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour and by 2025 end child labour in all its forms including recruitment and use of child soldiers	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, particularly for women and children, older persons and persons with disabilities	Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
16.1	By 2030, significantly reduce all forms of violence and related deaths 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 and torture against 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.’³⁵³ The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasizes 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.’³⁵⁴ The main elements of a child protection system are:

Main elements of a child protection system

Legal and policy framework	This includes laws, regulations, policies, national plans, SOPs and other standards compliant with the CRC and international standards and good practices.
Preventive and responsive services	A well-functioning system must have a range of preventive, early intervention and responsive services- social welfare, justice, health and education – for children and families.
Human and financial resources	Effective resource management must be in place, including adequate number of skilled workers in the right places and adequate budget allocations for service delivery.
Effective collaboration and coordination	Mechanisms must be in place to ensure effective multi-agency coordination at the national and local levels.
Information Management and Accountability	The child protection system must have robust mechanism 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 Fiji; community knowledge, attitudes and practices relating to child protection; and the drivers underlying protection risks.

353 UNICEF Child Protection Strategy, E/ICEF/2008/5// Rev. 1, 20 May 2008.

354 Ibid.

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

Fiji 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, available information indicates that Fijian children experience various forms of violence, abuse, neglect and exploitation in several contexts, including within the home, in schools and in the community.

6.1.1.1. Violence in the home

Although there has been some progress in recent years in promoting positive parenting, corporal punishment remains common in Fijian homes. The 2013 State Party Report to the Committee on the Rights of the Child stated that ‘up to 81.2 per cent of male and 75.8 per cent of female survey respondents reported being hit in their home’.³⁵⁵ Similarly, a 2008 Child Protection Baseline Study found that 72 per cent of parents admitted to using violent discipline against their children, including hitting, smacking and pinching children or pulling or twisting their ears.³⁵⁶ This is slightly lower than the average prevalence rate across PICTs for which data is available, which stands at 77 per cent.³⁵⁷ Of the children aged 16–17 who participated in the study, 37 per cent stated that they had experienced violence from an adult in their household in the past month, 34 per cent from their father, 26 per cent from their mother and 23 per cent from a sibling. Children were most commonly hit with an open hand or belt. The main reasons given by children and adults, respectively, for hitting children were that the child was naughty or disobedient (37 per cent/43 per cent); to discipline or educate the child (23 per cent/38 per cent); and because the adult got angry with them/lost their temper (16 per cent /11 per cent).³⁵⁸ Fiji’s Atlas of Social Indicators notes that the percentage of children reporting violence in the home in Fiji is highest in the Western Division and lowest in Central, and there is a ‘striking contrast between rural and urban areas. The incidence of household violence reported by children was twice as high in villages as in urban areas.’³⁵⁹

Exposure to family violence is also a significant issue for Fijian children. A 2013 report by the Fiji Women’s Crisis Centre found that 64 per cent of ever-partnered women had experienced physical and/or sexual violence from an intimate partner within their lifetimes. Overall, 72 per cent of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many suffered from all three forms of abuse simultaneously.³⁶⁰ This is significantly higher than the global average rate of 30 per cent³⁶¹ and a regional average rate of 48 per cent.³⁶²

355 State Party Report to the Committee on the Rights of the Child 2013, citing Fiji Women’s Crisis Centre, ‘The Incidence, Prevalence and Nature of Domestic Violence and Sexual Assault in Fiji’, 2001.

356 UNICEF ‘Protect Me with Love and Care: A Child Protection Baseline Report for Fiji, 2008, p. 96.

357 Data available from Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu.

358 Child Protection Baseline Report, p. 96.

359 UNICEF Pacific, ‘Children in Fiji – An Atlas of Social Indicators’, 2011. p. 51.

360 Fiji Women’s Crisis Centre, ‘Somebody’s Life, Everybody’s Business!’, 2013, pp. 52–53.

361 Ibid.

362 As calculated by the authors using data from Family Health and Safety Surveys and similar reports from Cook Islands, FSM, Kiribati, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tonga and Vanuatu.

Exposure to family violence has been found to have a significant negative impact on children's emotional well-being and development. The Fiji Women's Crisis Centre study found that, of the women who experienced physical violence by their husbands/partners, 55 per cent said that their children had either seen or heard the violence, with 30 per cent saying this had happened once or twice only, 17 per cent several times and 8 per cent had seen or heard the violence many times.³⁶³ In addition, 15 per cent of women had been beaten during pregnancy.³⁶⁴ A 2015 UNICEF and UNFPA report assessing the connections between violence against women and violence against children in the South Pacific found that Fijian children whose mothers were subjected to intimate partner violence were twice as likely to repeat years of schooling or to drop out of school,³⁶⁵ and that children whose mothers were subjected to intimate partner violence also experienced increased aggressive behaviour, nightmares and difficulties at school.³⁶⁶

6.1.1.2. Violence in schools

Children in Fiji are also subjected to corporal punishment in schools. In the 2008 Child Protection Baseline Survey, 31 per cent of school-going children reported having been physically hurt by a teacher within the past month, with boys more likely to experience violence than girls. The Atlas of Social Indicators notes that the 'Western and Central divisions had above-average percentages with 31 per cent and 34 per cent respectively.'³⁶⁷ In the Child Protection Baseline Study, 75 per cent of education key informants admitted that 'teachers in this school hit, smack, pinch, kick, dong or pull or twist children's ears', while children identified 'teachers hit children' as the main thing making them feel unsafe in schools. The three most common areas on the body where children were hurt are the back, head and the palms of their hands.³⁶⁸ In addition, 17 per cent of school-going child respondents stated that they had been called an inappropriate name by a teacher in the past month, such as stupid, lazy, idiot, worthless, good-for-nothing (44 per cent); mixture of general swearing or 'other' names (26 per cent); and personal discrimination based on children's appearance, name or place of origin (25 per cent).³⁶⁹

Fighting and bullying in schools is also a significant concern for Fijian children. The WHO Global School-based Health Surveys in 2010 and 2015 indicate that some progress has been made in recent years in tackling school violence; however, approximately one third of Fijian students continue to report being victims of bullying, and over one quarter engaged in physical fighting.

363 Pp. 100–101.

364 P. 53.

365 UNICEF and UNFPA, 'Harmful Connections: Examining the Relationship between Violence against Women and Violence against Children in the South Pacific', 2015, p. 11.

366 *Ibid.*, p. 13.

367 P. 51.

368 P. 13.

369 P. 176.

Table 6.1: Violence and unintentional injury rates from 2010 and 2015

	Students aged 13–15		Students aged 16–17		Students aged 13–17	
	2010	2015	2010	2015	2010	2015
Percentage of students in a physical fight one or more times during the 12 months before the survey	47.3	33.6	N/A	32.0	N/A	32.8
Percentage of students bullied on one or more days during the 30 days before the survey	42.0	29.9	N/A	24.1	N/A	27.0

Source: WHO GSHS 2010 and 2015 Factsheets³⁷⁰

6.1.1.3. Sexual abuse

Available data suggests that sexual abuse of women and girls is also a significant issue in Fiji. A 2013 report by the Fiji Women’s Crisis Centre found that 16 per cent of women reported experiencing child sexual abuse under the age of 15,³⁷¹ which is slightly lower than the regional average of 17 per cent for the PICTs for which data are available.³⁷² Of women surveyed who had been sexually abused under the age of 15, 41 per cent were abused more than once, with 16 per cent reporting that they were sexually abused many time.³⁷³ For those who first had sex when they were under 15, 46 per cent said it was forced and another 20 per cent said it was coerced, with only 35 per cent saying that they wanted to have sex the first time. For women who first had sex when they were aged 15–17, 62 per cent indicated they wanted to do so, and the remainder (38 per cent) were either forced or coerced.³⁷⁴

The Fiji Women’s Crisis Centre survey found the most common perpetrators of child sexual abuse were male family members (45 per cent), strangers (15 per cent), male friends of the family (13 per cent), stepfathers (7 per cent) and female family members (4 per cent).³⁷⁵ Although Indo-Fijian women reported a lower prevalence of child sexual abuse, this is a significant problem in all communities, with almost one in 10 Indo-Fijian women (8 per cent) subjected to sexual assault as children under 15, compared with almost one in five i-Taukei women (19 per cent) and just over one in five (21 per cent) from other ethnic groups.³⁷⁶ No similar data were available on the prevalence of sexual abuse against boys.

370 www.who.int/chp/gshs/Fiji_2010_GSHS_FS.pdf?ua=1 and www.who.int/chp/gshs/gshs_fs_fiji_2016.pdf?ua=1

371 Fiji Women’s Crisis Centre, ‘The Incidence, Prevalence and Nature of Domestic Violence and Sexual Assault in Fiji’, 2001, p. 51.

372 Cook Islands, FSM, Kiribati, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tonga and Vanuatu.

373 P. 66.

374 P. 70.

375 P. 69.

376 Pp. 61–63.

Of the children aged 16–17 years old who participated in the 2008 Child Protection Baseline Study, 11 per cent of girls and 7 per cent of boys reported being touched in a way that made them feel uncomfortable within the past month, with most incidents taking place at school, and the majority (74 per cent) perpetrated by other children rather than by an adult. Girls generally reported being touched on the chest and stomach and boys were touched more on the genitals. However, only 3 per cent of adult respondents reported being told about inappropriate touching by a child in their household, suggesting under-reporting of such incidences to adult caregivers.³⁷⁷

The Fiji Bureau of Statistics crime statistics reveal that the number of child sexual abuse cases reported to the police has increased significantly in recent years, from 162 cases in 2005 to 739 in 2012, 481 in 2013 and 594 in 2014.³⁷⁸ However, it is unclear if this reflects an increased incidence of child sexual abuse, or simply increased reporting. The Fiji Bureau of Statistics crime statistics show that, of the 172 reported cases of defilement of a child in 2014, only three involved male victims.³⁷⁹

6.1.1.4. Commercial sexual exploitation of and trafficking in children

The Committee on the Rights of the Child's 2014 Concluding Observations to Fiji noted 'with deepest concern' that 'sexual exploitation and abuse of children is prevalent in the State party, including through organized child prostitution networks and brothels'.³⁸⁰ A 2010 study conducted by ILO found that, of the 500 working children surveyed, one in five (109) were engaged in commercial sexual exploitation, with some starting sex work as early as 10 years old.³⁸¹

A 2010 report by the Protection Project noted that 'Sex tourists reportedly travel to the South Pacific, including Fiji, to engage in the commercial sexual exploitation of children.'³⁸² According to the Protection Project, several factors are contributing to a perceived increase in CSE in Fiji: it is an area of high tourism, CSE is subject to a 'crackdown' in other countries and 'Societal changes have severely affected the traditional village and extended family based structures.' The change in community structures and living arrangements is reported to have caused an increased risk of child abuse and homelessness in urban areas, with homeless children reportedly more vulnerable to being drawn into prostitution.³⁸³ The report also suggests lack of access to adequate housing, especially in Suva, leads to increased vulnerability to child abuse, including sexual exploitation.

Fiji has also been identified as a source, destination and transit country for men, women and children subjected to sex trafficking and forced labour. Fijian women and children are reportedly subjected to sex trafficking and domestic servitude abroad or in Fijian cities. Family members, taxi drivers, foreign tourists, businessmen and crew on foreign shipping vessels have allegedly

377 P. 214.

378 <http://www.statsfiji.gov.fj/statistics/other-statistics/crimes-child-abuse35>.

379 See 12.4 Victims by Gender at <http://www.statsfiji.gov.fj/statistics/other-statistics/crimes-offences>.

380 Para. 32.

381 ILO, 'Child Labour in Fiji: A Survey of Working Children', 2010, p. 11.

382 Ibid.

383 Ibid., p. 2.

exploited Fijian children in sex trafficking. Despite reported increases in child sex trafficking, the government only identified one victim in 2016.³⁸⁴

The Committee on the Rights of the Child noted in its 2014 Concluding Observations to Fiji that it was gravely concerned about the practice among families of selling their daughters into marriage; that child trafficking were victims being exploited in illegal brothels, local hotels, private homes and other rural and urban locations; and about the traditional practice of sending children to live with relatives or families in larger cities, where they might be subjected to domestic servitude or may be coerced to engage in sexual activity in exchange for food, clothing, shelter or school fees, putting them at risk of human trafficking.³⁸⁵

6.1.1.5. Child labour

Child labour, including the worst forms of labour, is reported to occur in Fiji. A 2010 International Labour Organization (ILO) survey of 500 children in Fiji who were engaged in child labour noted that over 60 per cent of the children surveyed were engaged in 'hazardous work such as collecting and handling scrap metals, chemicals, carrying heavy loads, scavenging, working very long hours and subjected to psychological abuse'.³⁸⁶

According to the 2010 ILO report, the type of child labour present in each area of Fiji depends on its economic and social context. For example, agricultural child labour exploitation is common in rural areas, whereas in urban areas child labour exploitation includes 'collecting scrap metal, working as wheel barrow boys and in small backyard mechanical workshops and small-scale businesses', supermarket packing, collecting and selling bottles or street vending.³⁸⁷ The report highlights that collecting scrap metal is of increasing concern. Several factors were identified as the main push contributing to child labour, including 'poverty, parental or family neglect and other social problems, combined with the need for cash for personal wants'.³⁸⁸

The Committee on the Rights of the Child, in its Concluding Observations to Fiji in 2014, noted 'grave' concerns over 'the high number of children engaged in child labour in the State party, most of them working in informal ways for families as domestic workers, labourers, or farm workers; [and] child labour increasing and being exacerbated by factors such as urban migration, poverty, homelessness and living away from parents'.³⁸⁹ The Committee also noted that children from the age of five were engaged in child labour and were in street situations, sometimes being exploited by care-givers through begging.³⁹⁰

384 US Department of State, *Trafficking in Persons Report*, 2017, p. 170.

385 P. 16.

386 ILO, 'Child Labour in Fiji: A Survey of Working Children', 2010', p. 12.

387 Ibid.

388 ILO, 'Child Labour in Fiji: A Survey of Working Children', 2010, p. 13.

389 Para. 65.

390 Para. 67.

6.1.1.6. Child marriage

The Committee on the Rights of the Child noted in its 2014 Concluding Observations to Fiji that it was 'very concerned about the prevalence of arranged marriages of girls of 15 years of age, particularly in Indo-Fijian communities'.³⁹¹ The Committee recommended that 'the State party amend legislation to ensure criminalization and prosecution of early and forced marriage, and set up awareness-raising and educational programmes about the harmful effects of early and forced marriage'.³⁹² Concerns have also been raised that Indo-Fijian girls are at risk of child marriage, including sources that suggest they are married to overseas partners 'to increase the chances of a good life'.³⁹³ Updated quantitative data are not available to determine whether the Committee's concerns have been addressed, or to understand whether other groups of girls are particularly vulnerable to child marriage.

6.1.2. Community knowledge, attitudes and practices

Children occupy a central place in Fijian society, and most Fijians traditionally grew up being nurtured and pampered by an extended family group.³⁹⁴ Traditional, religious and community leaders have strong influence and standing in communities, and both child and adult respondents who participated in the 2008 Child Protection Baseline Survey highlighted community leaders as a source of care and protection for children.³⁹⁵ However, urbanization has strained extended family and community ties, and the nuclear family is becoming increasingly common.

The Child Protection Baseline Survey found that adults demonstrated a high level of awareness of positive discipline techniques and proactive ways to show children that they are loved and cared for, with over 90 per cent of informants supportive of practices such as parents listening to children, children living with trusted adults, the community putting the best interests of children first and ensuring that children have safe passage to and from school.³⁹⁶ The survey also found that parents today are less likely to hit and scold, and more likely to talk to children, as compared to how they were treated by their own parents.³⁹⁷ However, support for corporal punishment remains strong, with only 15 per cent of respondents disagreeing or strongly disagreeing that protecting children includes abolishing corporal punishment. The main reason given by both child and adult respondents for corporal punishment was 'discipline' or 'education,' even though this was acknowledged as not a particularly good way to discipline children. Corporal punishment was only 2 per cent of key informants' responses for the 'three best ways to discipline children'.³⁹⁸

391 Para. 45.

392 Para. 46.

393 UNESCAP, 'Pacific Perspectives on the Commercial Sexual Exploitation and Sexual Abuse of Children and Youth', 2009, p. 107.

394 UNICEF Child Baseline Report, p. 16.

395 Ibid. p. 47

396 P. 48.

397 P. 87.

398 P. 48.

The practice of children living away from home with extended family members remains common in Fiji. Of the adults who participated in the Child Protection Baseline Survey, 11 per cent had children currently living outside their households, 58 per cent of whom were girls, with most aged 16–18. These children mostly live with other relatives and were primarily away for schooling purposes. Respondents were not particularly aware of the risks associated with sending children away from home, with 85 per cent stating that their children are safe in their alternative places of residence.³⁹⁹

There appear to be significant socio-cultural barriers to reporting violence, abuse neglect or exploitation of children, particularly in relation to sexual abuse within the family. Children and families reportedly tend to ‘cover up’ acts of violence or abuse in order to protect the reputation of the family or village.⁴⁰⁰ The Child Protection Baseline Survey found greater awareness of and reliance on community-based support services, rather than formal child protection structures, particularly in rural areas.⁴⁰¹ Often child protection cases are resolved through traditional justice mechanisms, known as *bulubulu*, which generally requires a formal apology and a gift to be given to the victim and their family. However, it has been reported that, despite the community’s crucial role in creating a protective environment for children, traditional justice mechanisms focus on maintaining peace in the community rather than seeking justice for or ensuring the protection of the victim.⁴⁰²

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

Reports have identified a number of social norms and community practices that impact on child protection, including the general acceptance of violence as a form of discipline or punishment, the lack of awareness about the negative impact of verbal and emotional abuse and neglect on children, high tolerance for and normalisation of violence, the perception of violence against children as a private ‘family matter’ and the fact that children generally do not have a ‘voice’ within the family and community.⁴⁰³ The practice of administering corporal punishment to children derives justification from the cultural expectation of the role of parents and from the religious interpretation of ‘spare the rod, spoil the child’.⁴⁰⁴

Violence against girls is also driven by the low status of women and social norms that reinforce gender inequality in Fiji society. A report by the Fiji Women’s Crises Centre notes that ‘Cultural and religious fundamentalism promotes and reinforces conservative ideas and myths about women and their rights. Many traditional and conservative leaders are reinforcing traditional roles of women as caregivers and homemakers.’⁴⁰⁵ In its 2014 Concluding Observations to Fiji, the UN Committee expressed its concern over ‘practices of victim blaming in cases of sexual offences

399 P. 13.

400 NCCC Stakeholders’ Workshop on the Child Protection System, Suva, 24 February 2017.

401 In UNICEF Pacific, ‘Children in Fiji – An Atlas of Social Indicators’, 2011, p. 53.

402 NCCC Stakeholders’ Workshop on the Child Protection System’, Suva, 24 February 2017.

403 UNICEF Child Protection Baseline Report, p.16; Fiji Women’s Crisis Centre, ‘The Incidence, Prevalence and Nature of Domestic Violence and Sexual Assault in Fiji’, 2001, p. 71.

404 P. 16.

405 P. 18.

may act as a strong barrier to reporting acts of sexual violence, sexual abuse and exploitation often not being regarded as criminal offences by society, particularly if the girl is considered to be of “questionable” character or modesty; and the blame for sexual exploitation being frequently placed on the girl instead of on the abuser, for attracting the abuser’s attention’.⁴⁰⁶

The traditional practice of sending children to live away from their parents has also been highlighted as a factor contributing to children’s vulnerability to violence, abuse and neglect.⁴⁰⁷ Children sent to live with relatives in large cities have been identified as at risk of human trafficking, as they may be subjected to domestic servitude or coerced to engage in sexual activity in exchange for food, clothing, shelter or school fees.⁴⁰⁸ A 2010 ILO study found that children’s vulnerability to commercial sex work increased if they live with extended families.⁴⁰⁹

Economic difficulties and the growth of the tourism industry have also been identified as contributing to Fijian children’s vulnerability, particularly in relation to commercial sexual exploitation.⁴¹⁰ The Global March Against Child Labour found that ‘children in Fiji often become involved in prostitution because of poverty, boredom, the desire to earn extra spending money, the demand by tourists, and the lack of enforcement and education’.⁴¹¹ A 2010 ILO survey of 500 children who were engaged in child labour found that the most common factors influenced child labour were ‘poverty, parental or family neglect and other social problems, combined with the need for cash for personal wants’.⁴¹²

Children’s limited bodily autonomy and lack of empowerment to protect themselves is also a contributing factor to violence and exploitation. The Child Protection Baseline Survey highlighted that there are still many incidences of violence, including inappropriate touching, which go unreported by children, and some children surveyed did not fully understand what constitutes acceptable and unacceptable touching and when they should speak out.⁴¹³ The Report notes that children and young people are increasingly being more expressive and opinionated and are being encouraged to talk about issues that affect them. There are, however, issues considered taboo and existing structures that inhibit children’s participation, both of which constitute obstacles to strengthening children’s safety in the home, at school and in the community.⁴¹⁴

A key structural cause contributing to 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).

406 Para. 32.

407 UNICEF Child Baseline Report, Op. cit. p.16.

408 US Department of State, ‘Trafficking in Persons Report 2017’, p. 170.

409 ILO, ‘Child Labour in Fiji: A Survey of Working Children’, 2010, p. 15.

410 UNICEF Child Protection Baseline Report, Op. cit., p. 16.

411 Cited in Protection Project, ‘A Human Rights Report on Trafficking in Persons, Especially Women and Children. Fiji’, 2010, pp. 1–2.

412 ILO, ‘Child Labour in Fiji: A Survey of Working Children’, 2010, p. 13.

413 P. 122.

414 P. 12.

6.2. The child protection system

The Fiji government has made significant progress in strengthening the national child protection system; however, some gaps and challenges remain.

6.2.1. The legal and policy framework for child protection

In Fiji, a child's right to live free from violence and to be protected from all forms of violence, abuse and exploitation is enshrined in the 2013 Constitution's Bill of Rights, which states 'Every person has the right to security of the person, which includes the right to be free from any form of violence from any source, at home, school, work or in any other place' (Article 11(2)). Article 41(1) (d) further states that '[Every child has the right] ... to be protected from abuse, neglect, harmful cultural practices, any form of violence, inhumane treatment and punishment, and hazardous or exploitative labour.'

Fiji does not currently have a national child protection strategy or issue-specific action plans relating to various forms of violence, abuse or exploitation of children. A National Comprehensive Policy and Strategy for Children is being drafted. Children's right to care and protection has been addressed under a variety of national laws:

Key child protection laws

Child care and protection	Juveniles Act 1974, Child Welfare Act 2010; Child Care and Protection Bill (pending)
Child custody and maintenance	Family Law Act 2003
Adoption	Adoption of Infants Act; Adoption Bill 2017 (pending)
Birth registration	Births, Deaths and Marriages Registration Act 1976
Child labour	Employment Relations Promulgation 2007; Regulation on List of Hazardous Occupations Prohibited to Children
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Crimes Act 2009, Domestic Violence Act 2009, Juveniles Act 1974 (on child pornography)
Child victims and witnesses in criminal proceedings	Juveniles Act 1974; Criminal Procedure Act 2009; Standard Operating Procedures for Handling Children in Contact with the Law; Child Protection Guidelines for Public Prosecutors
Violence in schools	Policy on Child Protection in Schools 2015; Guidelines Banning Corporal Punishment
Children in conflict with the law	Juveniles Act 1974; Child Justice Bill (pending); Standard Operating Procedures for Handling Children in Contact with the Law; SOPs for Diversion Options for Youth

Children with disabilities	Rights of Persons with Disabilities Bill (pending); National Policy of Persons Living with Disabilities 2008-2018
Child protection in emergencies	Disaster Management Act 1998; National Disaster Management Plan

Fijian law also establishes a number of minimum ages designed to protect children from various forms of abuse and exploitation:

Legal definition of the child under Fijian law

Definition of a child under child welfare law	18 ^v
Minimum age for marriage	18 ^v
Minimum age for employment	15, 13 for light work ^{vi}
Minimum age for engaging in hazardous work	18 ^{vii}
Age for consent to sexual activity under criminal laws	16 ^{viii}
Minimum age of criminal responsibility	10 ^x
Maximum age for juvenile justice protections	18 ^x

6.2.1.1. Legal framework for child and family welfare services

Fiji's child and family welfare services are guided by the Juveniles Act 1974 and the Child Welfare Act 2010. The Juveniles Act 1974 defines 'children in need care, protection or control' and outlines the authority of welfare officers to intervene to protect children, including where necessary by temporarily removing a child to a place of safety, or obtaining a care order or supervision order from the court. It also regulates institutions for the 'care, protection and control' of children and the practice of 'boarding out' children with suitable individuals. However, the definition of children in need of protection is outdated and does not reflect modern child protection risks facing Fijian children. In addition, the Act is primarily response-oriented, lacks a focus on family strengthening and family preservation, provides limited guidance on the procedures for identifying and responding to children in need of protection and does not address the state's responsibility to provide a full continuum of prevention, early intervention and response services to children and their families. A new, more comprehensive Child Care and Protection Bill is in the process of being finalized.

The Child Welfare Act 2010 introduced a mandatory reporting requirement, under which specified professionals working with children (health professionals, police, welfare officers, teachers, legal practitioners) must report any reasonable suspicions, concerns or knowledge that a child is being harmed or is likely to be harmed to the permanent secretary to the Ministry of Women, Children

and Poverty Alleviation (MoWCPA).⁴¹⁵ The Department of Social Welfare (DoSW) developed a Child Protection Intervention Guide 2008 and Adoption Manual 2007 to guide welfare officers in their response to child protection cases. In 2014, detailed Inter-Agency Guidelines on Child Abuse and Neglect were developed to provide more detailed guidance on mandatory reporting, referral and handling of child abuse and neglect cases by professionals within the social welfare, health, education, law enforcement and NGO sectors, aimed at improving inter-agency coordination and harmonising sectoral responses.

Protection of children is also provided for under the Domestic Violence Act 2009, which outlines procedures for victims of domestic violence (including children over the age of 16, or a parent, guardian, other adult with whom the child resides, welfare officer or police officer on behalf of a child) to obtain a Domestic Violence Restraining Order from the court.⁴¹⁶

The Juvenile Act 1974 requires all residential care facilities for children to be registered by and subject to the inspection of the DoSW. In 2008, Minimum Standards of Care for Children in Residential Placement were introduced, setting out standards with respect to safety, security and protection from abuse; meeting the needs of the child; healthy living; education and training; ensuring child development; preparation for adulthood; maintenance of family contacts; encouraging children in decision-making; and skills and training required of carers.⁴¹⁷ However, there are no similar standards with respect to foster and kinship care placements. Fiji ratified The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption in 2012, and a comprehensive Adoption Bill addressing both domestic and inter-country adoption has been drafted and is currently before Parliament.

6.2.1.2. Legal framework for justice for children

Fiji has relatively comprehensive provisions penalizing all forms of violence, abuse and exploitation of children. The Crimes Act 2009 includes offences in relation to physical assaults, rape, sexual assault, 'defilement' of children, child abduction, trafficking in children, child prostitution and incest. These provisions provide equal protection to boys and girls. The Juveniles Act 1974 also prohibits viewing, accessing, making, selling and distributing child pornography. Penalties for these offences generally reflect the grave nature of violence against children, and, pursuant to the Sentencing and Penalties Act 2009, committing a crime against a child is listed as an aggravated factor warranting a more severe sentence. Corporal punishment in schools is prohibited under the MoE's Policy on Children Protection in Schools.⁴¹⁸ However, corporal punishment has not been explicitly prohibited and continues to be permitted in the home, pursuant to Juveniles Act 1974, which allows those 'having the lawful control or charge of a juvenile to administer reasonable punishment to him' where it is considered 'reasonable'.⁴¹⁹ As the government acknowledged in

415 Section 4, Child Welfare Act 2010, as amended by Child Welfare (Amendment) Act 2013.

416 Section 19.

417 UNICEF Child Protection Baseline Report, p. 106

418 Global Initiative to End All Corporal Punishment of Children, 'Country Report: Fiji', August 2015, on <http://www.endcorporalpunishment.org/progress/country-reports/fiji.html> [14.08.17].

419 Section 57.

its 2013 Report to the Committee on the Rights of the Child, 'Whilst there is potential protection from violence under provisions in the Juveniles Act, the Crimes Decree and the Family Law Act these are not generally interpreted as applying to childrearing.'⁴²⁰

Fiji has also made provision for child-friendly procedures for child victims and witnesses participating in criminal proceedings. The Fiji Police Force (FPF) has issued detailed guidance to police officers on child-sensitive investigation and referral procedures through its Standard Operating Procedures for Handling Children in Contact with the Law (2011), its Standard Operating Procedures for Police Sexual Offences Unit (2012) and the Fiji Police Pocket Guide on Dealing with Young People, which contains key points from all the SOPs that relate to children. In addition, both the Juveniles Act 1974 and the Criminal Procedure Act 2009 include special protections designed to reduce hardship and facilitate children's testimony. The Juveniles Act 1974 requires that the courts be closed to observers (other than *bona fide* journalists) whenever a child is giving evidence, and section 12 prohibits the publication of any information about the child's identity.⁴²¹ The Criminal Procedure Act 2009 provides for a range of measures that may be used for vulnerable witnesses (including children), such as use of video-taped statements, testimony from outside the courtroom via closed circuit television, use of screens to block the witness' view of the accused, pre-recording of the witness' evidence at a location outside of the courthouse and questioning through an intermediary.⁴²²

Fiji's law on child justice

Child justice in Fiji is governed by both child-specific and general legislation and guidance, including the child-specific Juveniles Act 1974 (as amended 1997) and several general laws with application to children, including the Crimes Act 2009, the Criminal Procedure Act 2009, the Penalties and Sentencing Act 2009, the Probation of Offenders Act 1952, the Community Work Act 1994 and the Conditional Discharge Crimes Act 2009.

The implementation of this legislative framework is supported by SOPs issued to the police: the SOP on Handling Children (2011), the SOP on Diversion Options for Youth (2012) and the SOP on Investigating Sexual Offences (2012).

The handling children in conflict with the law is primarily guided by the Juveniles Act 1974. The minimum age for criminal responsibility in Fiji is 10 years,⁴²³ which is below the 'absolute minimum' age of 12 recommended by the UN Committee on the Rights of the Child.⁴²⁴ The Crimes Act 2009 allows for a rebuttable presumption that children over the age of 10 and under the age of 14 years are not criminally responsible unless it can be shown that they knew the act was wrong

420 Para. 108.

421 Section 9.

422 Sections 295–296.

423 Crimes Act 2009, s. 27.

424 UN Committee on the Rights of the Child, General Comment No. 10, para. 30.

at the time of the commission. However, the UN Committee has been critical of this *doli incapax* principle as not affording sufficient protection to children.⁴²⁵

Children under the age of 18 who are charged with an offence must be investigated and tried in accordance with the special procedures under the Juveniles Act. The Act meets some of the requirements of the international standards on child-friendly justice, including the establishment of specialized Juvenile Courts, presumption in favour of bail, participation of parents in the court proceedings, preparation of social enquiry reports, separation of adult and child detainees and respect for children's privacy. The Act further states that children under the age of 14 cannot be imprisoned, children 14 to under 18 may only be imprisoned if the court determines that they are of 'depraved character' and children (other than those charged with a grave offence) may only be sentenced to a maximum of two years imprisonment. However, the Act provides limited guidance on child-sensitive arrest and trial procedures, lacks a statement of guiding principles or commitment to deprivation of liberty as a last resort, provides for a limited range of non-custodial options and allows juveniles to be detained indefinitely for specified serious offences, at the discretion of the minister. Contrary to international standards and best practices, children may also be punished for so-called 'status offences' (acts that would not be considered offences if committed by adults)⁴²⁶ under Section 44(2) of the Juveniles Act of 1974, which permits a Juvenile Court to place a child under probation or impose a period of custody for being 'beyond control'.

The Juveniles Act 1974 includes limited guidance on specialized police procedures for children in conflict with the law and does not include provision for diversion or other alternatives to formal judicial proceedings. However, the FPF has introduced detailed guidance for its officers through the SOPs on Handling Children's Cases. The SOPs emphasize respect for children's rights; minimum use of force, restraints and custody; and involvement of the child's parents and legal representative in any questioning of the child. In addition, the use of police-level discretion to divert children is regulated and encouraged through the SOPs for Diversion Options for Youth 2012 and associated Juvenile Bureau forms. The SOPs state that, depending on the nature and circumstances of the offence, children may be diverted through an on-the-spot informal warning, a formal caution with a diversion plan or referral to a restorative community conference to develop a diversion plan.

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 minimize 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.

425 Ibid.

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

6.2.2.1. Child and family welfare services

The lead agency responsible for child and family welfare services in Fiji is the Department of Social Welfare (DoSW) under the MoWCPA.⁴²⁷ The DoSW is responsible for child rights promotion and abuse prevention; receiving and responding to reported cases of children in need of protection, standard-setting and oversight of children's homes, probation services for children in conflict with the law, and adoption. In addition, it has a broad range of responsibilities relating to social welfare payments, prison welfare reports for inmates before release, housing assistance, marriage counselling and oversight of services for children and adults with disabilities.⁴²⁸

The DoSW is headed by the director of social welfare and has two assistant directors: the assistant director for family services and the assistant director for child services, the latter heading a child services unit responsible for child welfare and protection. It also has divisional offices staffed by a principal welfare officer (West and North divisional offices) or senior welfare officer (South East and Central divisional office) as well as 12 district offices staffed by welfare officers.⁴²⁹ In total, the DoSW has 6 principal welfare officers, 7 senior welfare officers and 67 welfare officers, including 8 specialist child welfare officers. However, few of the welfare officers have professional qualifications as social workers, with most reporting that they received child protection training on the job.⁴³⁰ According to findings from a 2017 workshop convened by the National Coordinating Committee on Children (NCCC), the ratio of social welfare officers is one to every 1,000 cases or clients.⁴³¹ There are also reported to be challenges in attracting qualified social welfare officers to more remote islands and areas, which can lead to challenges in ensuring child welfare services are delivered across the country.⁴³² This is ameliorated to some extent by the use of village volunteers, and a Staff and Volunteer Training Manual has been produced by DoSW to develop the capacities of volunteers and community partners.⁴³³

Fiji has eight specially designated child welfare officers, but most welfare officers work across a range of social welfare issues. Due to the heavy workload generated by the social assistance schemes, welfare officers reportedly have limited time to dedicate to their child welfare responsibilities.⁴³⁴ Welfare officers who participated in the 2008 Child Protection Baseline survey advised that they spent, on average, 39–59 per cent of their time on income support applications, compared to 28–43 per cent of their time on child protection work.⁴³⁵ A 2015 child protection governance review found that welfare officers remained strongly focused on social assistance tasks (such as the issuing of food vouchers), but had begun to work increasingly on child protection awareness-raising programmes, supervision of community volunteers and case management. The report further noted that a 2013 Functional Review conducted by the

427 Para. 22.

428 UNICEF Child Protection Baseline Report, p. 94; State Party Report to the Committee on the Rights of the Child 2013, para. 127.

429 UNICEF 'Child Sensitive Social Protection in Fiji', 2015, p. 78–79.

430 Ibid.

431 NCCC Stakeholders' Workshop on the Child Protection System, Suva, 24 February 2017.

432 UNICEF Pacific, 'Child Protection System Governance Indicators Framework Fiji', 2014, p. 47.

433 Ibid., p. 41.

434 UNICEF 'Child Sensitive Social Protection in Fiji' 2015, p. 8.

435 P. 113.

government recommended extending the number of existing welfare officers by 23 new posts to reinforce field operations and focus specifically on child welfare issues.⁴³⁶

With respect to prevention, the MoWCPA and DoSW support and coordinate a range of awareness-raising and social mobilization activities aimed at strengthening family responsibilities, improving parenting practices and reducing children's vulnerability to violence, abuse, neglect and exploitation. The MoWCPA leads an annual Blue Ribbon Campaign to raise awareness on child abuse, has worked with Save the Children to develop IEC materials on child rights and positive discipline and has implemented awareness-raising programmes covering a broad range of emerging child protection risks.⁴³⁷ An inter-active community facilitation package on positive parenting has been developed and fully integrated into the field work of the DoSW and other agencies.⁴³⁸ The Juvenile Bureau of the Fiji police operates a Blue Light programme promoting youth leadership, social responsibility and crime prevention,⁴³⁹ and as part of a European Union-funded project the Department of Labour has raised awareness and improved coordination and monitoring of child labour issues.⁴⁴⁰ A 2015 UNICEF report noted that Fiji has 'one of the most advanced communication approaches in the region' and that information from attitudinal studies has enabled the government, jointly with the donors, to formulate clear objectives to influence behaviour change and for strategic programming.⁴⁴¹

Fiji has also made significant progress in improving the process for reporting and responding to incidents of violence, abuse, neglect and exploitation of children. As a first for the Pacific, a Child Helpline was established by MoWCPA in 2015, which is operated through a partnership between the MoWCPA, Medical Services Pacific and three telecommunication companies. It provides a 24-hour confidential toll free number that children can call to report abuse or seek advice.⁴⁴² DoSW welfare officers in all divisions have received training on understanding different forms of abuse, assessment and risk analysis, decision-making and developing child protection case plans.⁴⁴³ Training on the Child Welfare Act 2010 and inter-agency procedures has also been provided to police, teachers and health workers.⁴⁴⁴ These initiatives appear to have contributed to increased rates of child abuse reporting. In 2013, just 312 cases of child abuse were reported to the permanent secretary.⁴⁴⁵ This increased significantly to 705 cases in 2014 and 612 cases between January and August 2105, with the most prevalent issues being sexual abuse, teenage pregnancy, neglect and physical abuse.⁴⁴⁶ However, concerns have been raised about the capacity of child protection services and the police to cope with this increase, as well as ongoing issues with timely and consistent reporting of cases to the permanent secretary from other agencies and professionals.⁴⁴⁷

436 UNICEF 'Child Protection Governance Review', 2015, p. 20.

437 Ibid., p. 50.

438 UNICEF 'Child Protection Governance Review', 2015, p. 27.

439 State Party Report, p. 34.

440 US Bureau of International Labour Affairs, Child Labor and Forced Labor Reports, 2015.

441 Ibid., p. 50.

442 UNICEF 'Child Protection Governance Review' 2015, p. 49.

443 UNICEF Child Protection Baseline Report, p. 113.

444 UNICEF 'Child Protection Governance Review' 2015, p. 49.

445 MoWCPA Annual Report 2013.

446 UNICEF Pacific and Carswell Consulting, 'Evaluation of Capacity Development for Police on Child Protection in Fiji, Kiribati and Vanuatu', 2016, pp. 29–30.

447 Ibid., p. 28; UNICEF Child Protection Baseline Report, p. 11.

Services to support children at risk or in need of protection and their families are limited. Fiji's country report to the UN Committee on the Rights of the Child highlighted the urgent need for specialist professional counsellors to provide services for children and families in crisis. The report notes that government, NGOs and churches provide some counselling for children and their families. For example, the Fiji Women's Crisis Centre (located in four urban centres) and Pacific Counselling and Social Services (PCASS) provide trained counsellors who can support child victims and guide them to support services. However, further training and up-skilling of government and NGO staff is needed for them to be able to serve parents and children as effectively as possible.⁴⁴⁸ There is also a lack of medical specialists who can be called on to respond to abuse and subsequent mental health issues, and Fiji does not have a permanent psychiatrist.⁴⁴⁹

Emergency and long-term care for children in need of protection is provided through a mix of kinship care, adoption and residential care. According to Fiji's 2013 State Party Report to the Committee on the Rights of the Child, where alternative care is required 'the child will remain with his or her natural family or extended family unless it is in the child's best interests to be removed. The majority of child abuse victims either remain with their immediate families or live with relatives.'⁴⁵⁰ Formal foster care remains under-developed, but the DoSW is reportedly in the process of building a more structured foster care programme.⁴⁵¹

The DoSW also operates two residential homes for children (one for girls and one for boys) in need of protection who have been removed on an emergency basis by the DoSW or placed under the care of the director through a court order, and children in conflict with the law. In addition, Fiji has nine residential homes managed by NGOs and FBOs. All children placed in certified residential care facilities are provided with long-term case management by DoSW welfare officers⁴⁵² and have individual care plans which are reviewed on a quarterly basis.⁴⁵³ Staff at all homes have reportedly been given training on the Minimum Standards, developing care plans for the children in residential care and child abuse and neglect (recognising signs and symptoms of abuse, how to care for abused children and how to develop a child protection policy, including reporting and responding to allegations or suspicions of abuse).⁴⁵⁴ There are no comprehensive data on the number of Fijian children in residential homes, but the data provided in Fiji's 2013 State Party Report to the Committee on the Rights of the Child indicate that, on average, 74 children were admitted to government residential care facilities per year between 1995 and 2010.⁴⁵⁵

Private adoptions arrangements are common in Fiji, in terms of both formal adoptions approved by the courts and informal or customary adoptions. In 2007, the DoSW developed a detailed Adoption Manual to better guide the DoSW's role in overseeing adoptions and an Adoption Panel

448 State Party Report, p. 23-24.

449 Ibid., p. 34.

450 Para. 121.

451 Ibid, p. 34.

452 UNICEF Child Protection Baseline Report, p. 12.

453 Ibid., p. 29

454 Ibid., p. 106.

455 P. 29.

was established to approve adoption placements. However, the 2008 Child Protection Baseline Report highlighted concerns about adoption abuses, including anecdotal cases of children being handed over for sums of money, and the fact that children adopted informally do not have the same protections as those adopted through formal channels.⁴⁵⁶

Overall, Fiji has made significant progress in developing child and family welfare services, and a 2014 UNICEF report noted that ‘Robust communal traditions and cooperative values, combined with relatively small and lean institutional structures, helped Fiji to build foundations for a child protection system which is open and collaborative.’⁴⁵⁷ However, a key remaining challenge is the lack of adequate quality assurance mechanisms, including regular monitoring and inspections of NGO service providers in the social welfare sector. The DoSW provides oversight and conducts annual physical inspections of some service providers, but only those that receive funding from the DoSW.⁴⁵⁸ In particular, the Committee on the Rights of the Child, in its Concluding Observations in 2014, noted ‘limited monitoring of the implementation of the minimum standards of care in institutions’.⁴⁵⁹

Concerns have also been raised that lack of human and financial resources represents a significant supply-side bottleneck to the delivery of effective child and family welfare services. Lack of specializations and heavy work-loads impede welfare officers’ ability to provide specialist care and services to children who have been exposed to violence, abuse, exploitation or neglect.⁴⁶⁰ Reports also indicate concerns over financial resources for social welfare services, and the government itself noted the impact of resource constraints on service delivery in its State Party Report to the Committee.⁴⁶¹ The government has taken steps in recent years to address these concerns, with the budgetary allocation to the DoSW for child protection increasing from FJD500,000 in 2015 to FJD1m in 2016.⁴⁶²

6.2.2.2. Access to child-friendly justice

Fiji has yet to establish a fully specialized child-friendly justice system,⁴⁶³ but some progress has been made in promoting greater specialization and access to justice for children. The FPF has two main entities to provide specialised handling of cases involving children:

- 1) The Juvenile Bureau, which is responsible for both children in conflict with the law and child victims and is operational at the national and divisional level. The Bureau has six officers in Suva and generally one officer per division. In addition, child focal points

456 P. 107.

457 UNICEF Pacific, ‘Child Protection System Governance Indicators Framework Fiji’, 2014, p. 13.

458 Ibid., p. 47.

459 Para. 35.

460 UNICEF Pacific, ‘Child Protection System Governance Indicators Framework Fiji’, 2014, p. 47.

461 Para. 186.

462 Issue Brief: Fiji, 3rd High Level Meeting on South-South Cooperation on Child Rights in Asia and Pacific (7–8 November 2016) Malaysia.

463 Van Welzenis, I., ‘Country-Level Summaries of Diversion and Other Alternative Measures for Children in Conflict with the Law in East Asian and Pacific Island Countries’, Internal UNICEF EAPRO Report, 2016, p. 109.

(CFPs) have been appointed within each police station to act as champions and advisors regarding child protection issues.

- 2) The Sexual Offences Unit (SOU), which investigates sexual offences against both adults and children. At the national level, the SOU provides strategic oversight and liaises with stakeholders such as the DoSW, Ministry of Health, Ministry of Education and NGO service providers. Each division has an SOU responsible for handling reported sexual offence cases.⁴⁶⁴

A specialized Human Trafficking Unit (HTU) has also been established to investigate trafficking cases involving both adults and children.⁴⁶⁵

In 2013, the FPF, with technical assistance from UNICEF, developed two training packages for police: 1) a generalist programme for police officers across ranks, aimed particularly at frontline staff who handle child victims and juvenile offenders; and 2) a more advanced, specialist course targeted at the Juvenile Bureau and CFPs. These training packages have been made available to the FPF Training Academy in Suva to integrate into its curriculum, but the extent to which this has happened is unclear.⁴⁶⁶ With the support of ILO, both HTU and labour inspectors have been trained on identification of cases of child trafficking and commercial sexual exploitation.⁴⁶⁷

A 2015 UNICEF Pacific evaluation report found that the UNICEF-supported police training has had some positive impact on increasing police knowledge and specialization. Frontline officers generally knew the basic procedures they should follow when handling children as victims and offenders, but copies of the SOPs and Pocket Guide were not widely available and accessible. A number of challenges were noted in the functioning of the CFPs, including that they were primarily chosen from lower ranks and therefore did not have the status within the FPF to promote child protection; the CFP role was on top of officers' normal duties and they did not receive any additional remuneration or recognition for the added responsibilities; the first cadre of trained CFP officers were transferred and expertise lost; and CFPs are not line managed by the Juvenile Bureau, which has no control over their activities.⁴⁶⁸ The evaluation also noted that ensuring specialization and compliance at the station level requires sustained leadership support at divisional and national levels, and that 'it will take considerable time to institutionalise a cultural change throughout police in which children are a priority.' The FPF does not have a dedicated budget for child protection, which is instead part of the operational budget under CID (including the Juvenile Bureau and Sexual Offences Unit), Community Policing (responsible for crime prevention activities such as community awareness-raising) and general duties of frontline officers.⁴⁶⁹

464 UNICEF Pacific and Carswell Consultancy, pp. 34–35.

465 US Department of State, *Trafficking in Persons Report 2017*, p. 169.

466 UNICEF Pacific and Carswell Consultancy, pp. 33–38.

467 US Bureau of International Labour Affairs, *Child Labor and Forced Labor Reports*, 2015.

468 *Ibid.*, pp. 25, 34–35.

469 *Ibid.*, pp. 33–35.

In terms of the experience of child victims and witness, both the UN Committee on the Rights of the Child's Concluding Observations on Fiji (2014)⁴⁷⁰ and the 2015 UNICEF evaluation highlight that, while some progress had been made in improving police practices, there is still much the FPF can do to provide a consistently good service to children and their families:⁴⁷¹

- Nearly half the children victims interviewed had positive experiences of initial contact with the police, but half had negative encounters, with police being uninterested, threatening and judgemental or not respectful of their privacy.
- Awareness of, and consistent referral to, the SOU was generally good; however, in rural and remote areas, transport and access to the SOU was a challenge.
- The 'no-drop policy' is not being consistently applied.
- The introduction of mandatory referral to MoWCPA under the Child Welfare Act 2010 has improved police reporting of cases to welfare officers, but referrals are not always done consistently and in a timely way.
- Stakeholders who worked with children and police generally thought police lacked interviewing skills when it comes to child victims.

The director of public prosecutions has also taken steps to improve the handling of cases involving child victims and witnesses. The Office of the Director of Public Prosecutions established a Child Protection Unit in 2009 (now the Child Protection Division), and Child Protection Guidelines for public prosecutors were issued in 2009 and updated in 2013. The Guidelines include instructions on pre-trial briefings to build rapport with the child victims, guidance on whether to oppose bail for the accused and advice on creating a conducive environment for children to give evidence in court, and require the prosecutor to make an application to the court to use CCTV or screens, and for the child's evidence to be taken in a closed court environment.⁴⁷²

The 2015 UNICEF evaluation noted that investigating officers provide some court familiarization for child victims, but Fiji lacks comprehensive victim/witness support services. This pre-trial familiarization helps victims feel more confident to give evidence, but is reportedly not being done consistently due to pressure on officers' time. Of the victims interviewed as part of the 2015 UNICEF evaluation, only a few had been familiarized with the court prior to the hearing.⁴⁷³

At the court level, the judiciary has also taken steps to facilitate the participation of child victims/witnesses in the trial process and reduce hardship and trauma. With support from UNICEF, the judiciary is in the process of developing a Bench Book to guide judicial officers in handling cases involving children, and has taken steps to create child-friendly courtrooms equipped with live-link facilities and screens. Training for high court judges and magistrates on handling cases involving child victims and witnesses is ongoing. However, concerns remain about the lengthy investigative and court processes, leaving children and their families feeling frustrated, and in some cases vulnerable and unsafe as perpetrators are at large and continue to harass and abuse

470 Para. 32.

471 Ibid., pp. 19–23, 40.

472 <http://odpp.com.fj/child-witnesses/>.

473 UNICEF Pacific and Carswell Consultancy, p. 35.

victims.⁴⁷⁴ In addition, the requirement for court proceedings to be closed for children's evidence has sometimes been misapplied, resulting in support persons who are there for the child's benefit being excluded from the court room.⁴⁷⁵

With respect to the experience of children in conflict with the law, the 2015 UNICEF evaluation similarly found mixed results in terms of the child-friendliness of police practices:⁴⁷⁶

- Children reported different experiences depending on the officers involved, with some officers treating them well while others treated them badly.
- The majority of child offenders interviewed reported negative experiences of police, including being threatened, sworn at, coerced into confessions, detained in cells, handcuffed and physically abused.
- Over half the children interviewed said they had been interviewed without an independent support person present. Several parents reported their children being threatened with punishments if they did not 'tell the truth' and spoken to harshly by police during the interview, even when they were present.

Although no data are available, anecdotal evidence indicates that many children in conflict with the law are diverted from the court process by the police through warnings or an agreed diversion plan. Juveniles who commit a summary offence are reportedly referred to the Juvenile Bureau, where a determination is made as to whether the child should receive police diversion or be processed through the court.⁴⁷⁷ Some children who have been diverted are referred to the Juvenile's Bureau's Blue Light leadership programme, but Fiji generally lacks formal diversion programmes.⁴⁷⁸ In some cases, the police may refer a case to community leaders for resolution.⁴⁷⁹

Fiji has one dedicated Juvenile Court in Suva. In other areas, the Magistrates Court is declared a Juvenile Court when hearing children's matters. As a matter of practice, many matters involving child offenders are listed for magistrates who are supportive of juvenile justice principles and who practise some aspects of child-friendly procedures such as removing formal court attire, modifying language and closing the court.⁴⁸⁰ Some magistrates report involving parents, church groups, village elders and school teachers in the sentencing process. However, children's right to special procedural protections is sometimes compromised by police inconsistency in bringing children before the Juvenile Court, and the magistrate's determination of age (and therefore eligibility for special protections) is often dependent on physical appearance due to lack of other age evidence. Outside Suva, special procedure depends on the level of awareness or interest of the individual magistrate, and the mandate of 'closed court' has sometimes been used to exclude the child's supporters from court proceedings.⁴⁸¹ Free legal aid is available for children at both the

474 Ibid., p. 35.

475 UNICEF Child Protection Baseline Report, p. 61.

476 Ibid., pp. 23–24, 40.

477 UNICEF Pacific and Carswell Consultancy, p. 36.

478 UNICEF Child Protection Baseline Report, p.36.

479 Van Welzenis, I., 'Country-Level Summaries', 2016, pp. 111–2; see also UNICEF Pacific and Carswell Consultancy, 'Evaluation of Capacity Development for Police on Child Protection in Fiji, Kiribati and Vanuatu', 2016.

480 State Party Report, p. 24.

481 UNICEF Child Protection Baseline Report, p. 61.

arrest and trial stage, and Legal Aid has one lawyer who is responsible for all juvenile matters in the Juvenile Court.⁴⁸² However, designated 'Juvenile Court days' for courts outside Suva are not coordinated to allow support services such as probation officers and Legal Aid to attend all sittings, and they are not always notified of child matters by the courts.⁴⁸³

No data were available on court sentencing practices. Imprisonment is reportedly rarely considered for children, with community work and probation being the most used sentencing options for matters that reached sentencing stage.⁴⁸⁴ Children who are subject to a custodial order are detained at the Suva Boys Centre, managed by the DoSW, rather than adult correctional facilities. The 2008 Child Protection Baseline Study notes that the director has been praised for maximizing the boys' opportunities within tight budgetary restraints, and boys report being well treated and are happy to stay there. Rehabilitation programmes include an emphasis on continuing education and development of a nearby vegetable plantation.⁴⁸⁵

The DoSW is responsible for the supervision, rehabilitation and reintegration of children subject to a non-custodial sentence, including probation and community service work. In recent years, the DoSW has been working with civil society organizations (CSOs) and community partners to improve the Community Corrections system and provide more support and supervision for children who receive non-custodial sentences. A Draft Working Model for Community Corrections has been developed and includes guidance on forming partnerships with government departments and NGOs; court advice; community participation; and probation. SOPs for Community Corrections were also issued in 2008 to provide further guidance on case management and risk/need assessment, and all probation officers and senior welfare officers received training on the use of these.⁴⁸⁶

Many incidents involving both children in conflict with the law and child victims are not referred to the police and courts at all, but are instead resolved informally through community mechanisms.⁴⁸⁷ The use of traditional justice mechanisms can be seen as a positive, restorative justice option for children in conflict with the law; however, of concern is the use, in some cases, of physical punishment.⁴⁸⁸

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

Fiji is the only country in the region which has mainstreamed child protection into the formal system of continued professional development for public servants. The government-wide Centre for Training and Development offers a specific child protection training programme. In addition, child protection guidance and training courses are provided and funded by some line ministries.⁴⁸⁹

482 State Party Report, p. 24.

483 UNICEF Child Protection Baseline Report, p. 61–62.

484 Ibid., p. 68

485 P. 102.

486 Ibid., p. 68.

487 Van Welzenis, I., 'Country-Level Summaries', 2016, pp. 111–2; see also UNICEF Pacific and Carswell Consultancy, 'Evaluation of Capacity Development for Police on Child Protection in Fiji, Kiribati and Vanuatu', 2016.

488 UNICEF Child Protection Baseline Report, p. 36.

489 UNICEF Pacific, 'Child Protection System Governance Indicators Framework Fiji', 2014, p. 40.

The Ministry of Education has taken significant steps to promote child protection in schools and to strengthen teachers' capacity to identify and report suspected case of violence, abuse, neglect and exploitation. In 2003, the Ministry of Education issued Guidelines Banning Corporal Punishment.⁴⁹⁰ This was followed up in 2010 with a more detailed Policy on Child Protection, which takes a 'zero tolerance' approach to all forms of violence, abuse, neglect and exploitation of children in schools, including bullying and cyberbullying. The Policy includes guidance on schools' obligations under national laws and provides templates and reporting forms. It requires all schools to appoint a child protection officer to acts as the focal point for child protection issues in schools, including any investigation of a child protection violation. In addition, all divisional offices must appoint a child protection officer/counsellor to act as focal point for all child abuse investigations and for reporting cases to the relevant authorities. All schools with over 500 children have a school-based counsellor,⁴⁹¹ and child protection training has been provided to teachers, including on their reporting obligations under the Child Welfare Act 2010. Save the Children also works with teachers in select communities to provide them the tools on how to discipline children in a healthy, respectful and positive way.⁴⁹² The Ministry of Education is also developing a strategy to address bullying in schools.

The Ministry of Health has similarly issued Child Protection Guidelines for Health Workers in Fiji (2012), as well as an Adolescent Sexual and Reproductive Health Policy. However, child protection objectives are not incorporated in the Child Health Policy and Strategy 2012–2015 or the MHMS strategic and annual corporate plans. In the Southern Division, Medical Services Pacific (MSP) provides holistic, specialist medical, legal and counselling services for child and adult sexual abuse victims. Where MSP is not available, there can be long waits to see a doctor, which sometimes requires children to wait in public areas where there is a lack of privacy. Moreover, medical facilities often charge for examinations and reports, creating a barrier to investigation and prosecution.⁴⁹³

Fiji's Ministry of Labour, Industrial Relations and Employment has also taken steps, with the support of ILO, to raise awareness on child labour issues and to strengthen identification and response to incidents of child exploitation. A Child Labour Unit was established in 2011 to coordinate the ministry's initiatives in collaboration with other government agencies, trade unions and CSOs. Labour inspectors have been trained on identifying cases of exploitive child labour, including the worst forms of child labour, and a system of child labour inspections and referrals has been established and integrated into the Labour Standards and Compliance Service. The ministry also issued regulations on the List of Hazardous Occupations Prohibited to Children, and improved Fiji's fair trade status by establishing a child labour monitoring and reporting system with the Fiji Sugar Corporation, the Fiji Sugarcane Growers Council, the Cane Producers Association and farmers.⁴⁹⁴

490 Guidelines of the Permanent Secretary, Education Gazette Vol III, 2003.

491 UNICEF Child Protection Baseline Report, p. 109.

492 <http://www.savethechildren.org.fj/child-protection/>.

493 UNICEF Pacific and Carswell Consultancy, pp. 27–28.

494 ILO 'Media Spotlight on Child Labour', 2013, p. 5–6.

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

Fiji has established a National Coordinating Committee on Children (NCCC), which is mandated to monitor and coordinate the implementation of child-related laws, policies and programmes. The NCCC is chaired by the permanent secretary for the Ministry of Women, Children and Poverty Alleviation and has representatives from all key government and non-government agencies. It has a dedicated sub-group focused specifically on child protection,⁴⁹⁵ which led the development of Inter-Agency Guidelines on Child Abuse and Neglect, as well as the drafting of comprehensive new bills on child protection, justice for children and adoption. It also played an important role in coordinating the response to the 2016 emergency (Tropical Cyclone Winston).

A 2014 UNICEF report notes that the NCCC meets regularly, can be quickly mobilized in case of emergencies and is well positioned to undertake policy oversight in child protection. However, the effectiveness of the NCCC is constrained by a lack of strategic planning, and communication of NCCC decisions to the decision-makers in the member-ministries. The NCCC, in cooperation with UNICEF, reportedly develops annual National Child Protection Work Plans, but there is no costed, cross-sector child protection strategy, and no pro-active bottom-up communication of expenditure requests.⁴⁹⁶ The report concluded that the NCCC, including the child protection sub-committee, was well-positioned to take up additional oversight roles, but needs support in internal communications and pro-active policy-making.⁴⁹⁷

Effective planning, policy development and monitoring of the child protection system is also hampered by the lack of a centralized child protection information management system. Collection of data related to child protection is undertaken at the local level through several relevant ministries and departments. Headquarters of every ministry and department develop their individual templates for data collection and aggregation, without coordination with other agencies. A 2014 UNICEF report noted that, although the Fiji Bureau of Statistics, MoWCPA and NCCC bring some of these data together, this consolidation covers a small and variable range of indicators and is not regularly updated. As a result, evidence on child protection lacks consistent definitions and is not readily available for cross-cutting policy analysis or operational planning. The annual corporate plan of the MoWCPA, for example, does not contain any diagnostic background of the current situation or historical developments.⁴⁹⁸ The report concluded that the 'current scope of child protection databases is not clear and requires detailed mapping' and went on to suggest that most data are collected in relation to the Child Welfare Act and case management needs, which, while positive, does not lead to the provision of a broader picture of the situation for child protection in Fiji.⁴⁹⁹

In its 2014 Concluding Observations, the UN Committee on the Rights of the Child similarly expressed its regret over the lack of reliable and disaggregated data on many areas of the CRC,

495 UNICEF Child Protection Baseline Report, p. 91.

496 Ibid., p. 36.

497 UNICEF, Child Protection System Governance Indicators Framework Fiji', 2014, p. 40.

498 Ibid., pp. 45–46

499 Ibid., p. 114.

as well as of any mechanism to systematically assess the impact of policies and programmes in relation to the implementation of the CRC. It urged Fiji to take all the necessary efforts to establish a comprehensive data collection system, and to ensure that the data and indicators are shared among the relevant ministries.⁵⁰⁰

6.3. Other Child Protection Issues

6.3.1. Birth registration

Article 41(1) of the Fijian Constitution of 2013 states that ‘Every child has the right ... (a) to be registered at or soon after birth, and to have a name and nationality.’ Birth registration is governed by the Births, Deaths and Marriages Registration Act 1976 and the SOP on Registering of Children and the Register for Children (2012). Section 3 of the Act requires that registrars provide birth registration services free of charge, but in its 2014 Concluding Observations the Committee on the Rights of the Child expressed concern that birth registration is not free in Fiji and that late registration is penalized with a fee.⁵⁰¹ Further, the Committee noted that it was concerned over ‘reports indicating a decline of birth registration in the past two years, in particular in remote islands’.⁵⁰²

Responsibility for birth registration rests with the Ministry of Justice, which has established a Civil Registry under the Birth Deaths and Marriages Office.⁵⁰³ Birth registration services are decentralized, and the government has taken steps to eliminate duplication of registrations through a web-based system that integrates information from health, registrar general and statistical departments.⁵⁰⁴ However, despite this progress, commentators have noted that births outside of hospitals may still be underreported.⁵⁰⁵

6.3.2. Children with disabilities

Fiji has ratified the Convention on the Rights of Persons with Disabilities. The Fiji National Council for Disabled Persons has been established as the coordinating mechanism on disability matters, and has been mandated to formulate national disability policies, develop plans, support disability services, raise community awareness on disability issues and mainstream disability issues into government activities. A National Policy of Persons Living with Disabilities 2008–2018 is currently in place and seeks to contribute to building a society that demonstrates respect for all people by dismantling barriers and building institutions that are inclusive and that allow people to participate

500 P. 3

501 Para. 24.

502 Ibid.

503 Brisbane Action Group, ‘Improving Cause of Death Data – Certification and Coding FIJI’.

504 WHO, ‘Civil Registration and Vital Statistics 2013: Challenges, Best Practice and Design Principles for Modern Systems’, 2013, p. 14.

505 UNICEF Pacific, ‘Child Protection System Governance Indicators Framework Fiji’, 2014, p. 114.

fully and equally. The Rights of Persons with Disabilities Bill, currently before Parliament, includes a number of specific provisions relating to children, including the principles that all actions concerning children with disabilities and their best interests must be a primary consideration;⁵⁰⁶ a guarantee that children with disabilities have equal rights with respect to family life, and a recognition of the state's obligation to provide early and comprehensive information, services and support to children with disabilities and their families to prevent concealment, abandonment, neglect and segregation of children with disabilities;⁵⁰⁷ access to an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;⁵⁰⁸ access to special health care;⁵⁰⁹ and equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system.⁵¹⁰

According to a 2010 survey by the Fiji National Council for Disabled Persons, there are around 3,000 children with disabilities in the country, many of whom are considered 'largely invisible' and disadvantaged in terms of access to services, facing hardship, discrimination and stigmatization.⁵¹¹ In its 2014 Concluding Observations, the UN Committee on the Rights of the Child noted with great concern that children with disabilities are frequently faced with discrimination and exclusion, and expressed its regret that children with disabilities are often faced with extreme poverty; that insufficient measures are taken to ensure the effective access of children with disabilities to health, education and social services, and to facilitate their full inclusion into society; that children with disabilities, particularly girls, are more vulnerable to sexual exploitation and violence, including prostitution; that special schools for children with disabilities are preferred over inclusive education, and secondary-level education is non-existent for them; that the number of well-trained professionals working with and for children with disabilities is insufficient; and that there are no speech therapists in the country, although speech impairment constitutes the main impairment in the Fiji Early Intervention Centre.⁵¹²

6.3.3. Climate change and natural disasters

Like most PICTs, Fiji is vulnerable to the impacts of climate change and natural disasters. In the event of a natural disaster such as typhoon or tsunami, children are the most vulnerable population. Effects of climate change like drought and high tides also harm vulnerable children.

Fiji's Disaster Management Act 1998 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 responsibility of the National Disaster Management Office for coordination of activities relating to

506 Section 30.

507 Section 42.

508 Section 43.

509 Section 44.

510 Section 48.

511 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 28.

512 P. 9.

disaster prevention, preparedness, response and recovery. The National Disaster Management Plan recognizes children as a vulnerable group, but does not specifically address child protection in emergencies. The DoSW acts as lead focal point for child protection emergency preparedness and response, and training on child protection in emergencies has been provided to senior welfare officers at the national level and is being rolled out to the division and district levels.⁵¹³

513 Interview with UNICEF-Pacific staff 29.11.17.

7

Social Protection

A comprehensive social protection system is essential to reduce 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 thereby help close inequality gaps. Social protection measures can also help cushion families against 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* vulnerabilities⁵¹⁴ to poverty and deprivation, and mitigating their effects’.⁵¹⁵ Social protection systems are essential to ensuring realization of the rights of children to social security (CRC Article 26) and a standard of living adequate for their physical, mental, spiritual, moral and social development (CRC Article 27). According to Article 27(2) of the CRC, State Parties 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’.

Effective social protection measures are also essential to achieving SDG 1: to eradicate extreme poverty 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.

In order 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

514 UNICEF distinguishes between the two as follows: ‘Poverty 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.’

515 UNICEF Social Protection Strategic Framework, 2012, p. 24.

floors consist of two main elements: essential services (access to WASH, health, education and social welfare); and social transfers (a basic set of essential social transfers in cash or in kind, paid to the poor and vulnerable).⁵¹⁶

Key Social Protection-related SDGs

SDG	Target	Indicators
1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than US\$ 1.25 a day	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than US\$ 1.25 a day
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 and social vulnerabilities across a range of sectors, such as education, health, nutrition, WASH and child protection.⁵¹⁷

516 ILO and WHO, ‘The Social Protection Floor: A Joint Crisis Initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’, October 2009, on <http://www.un.org/ga/second/64/socialprotection.pdf> [14.08.17].

517 UNICEF Social Protection Strategic Framework, p. 31.

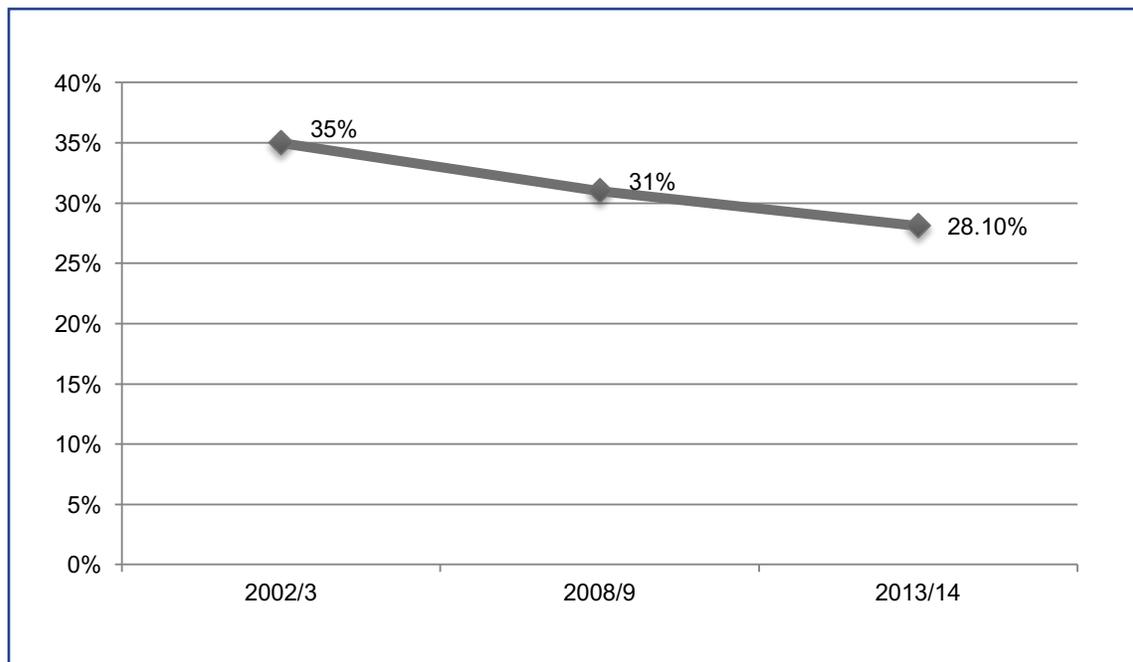
The right to social security in Fiji's domestic law

The right to social security schemes is contained in Fiji's Constitution (2013), in Article 37(1), and provides that 'The State must take reasonable measures within its available resources to achieve the progressive realisation of the right of every person to social security schemes, whether private or public, for their support in times of need, including the right to such support from public resources if they are unable to support themselves and their dependents.'

7.1. Profile of child and family poverty and vulnerability

As set out above, a significant proportion of Fiji's population is living in poverty.⁵¹⁸ According to Fiji's latest HIES (2013–2014), the overall number of individuals living in poverty is 28.1 per cent. Poverty rates appear to be decreasing, though at a fairly slow rate (from 35 per cent in 2002–2003).

Figure 7.1: Proportion of the population living under the basic needs poverty line: 2002–2003, 2008–2009, 2012–2013



Source: HIES data

⁵¹⁸ It is noted that poverty is a contextual and relative concept that is not fixed: persons and families may move in and out of poverty at different points, depending on a wide variety of factors.

The slow rate of decrease suggests Fiji is not on course to meet SDG 1.2 (reduction by half of the proportion of persons living in poverty according to national definitions).

Poverty has been found to particularly affect children and young people: the 2013–2014 HIES estimates the total percentage of children and youth (aged 0–24) in poverty at 61.6 per cent. 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 on their development can have profound and irreversible effects into adulthood.

While these traditional measures of poverty (based on income and consumption) demonstrate significant levels of poverty among children and young people, multi-dimensional measurements also point to a high proportion of children living in poverty. A multi-dimensional approach recognizes that poverty is multi-faceted, characterized by a range of deprivations, not just in income (education, work, housing, communications and access to information and income). According to a multi-dimensional assessment based on the HIES 2008–2009, 59 per cent of children are deprived in at least one dimension of poverty (income) and 33 per cent in at least two.⁵¹⁹

As in most countries, national poverty averages in Fiji mask inequalities within the country.⁵²⁰ The data illustrate the nature of socio-economic inequalities and point to some details about the profile of those most at risk of living in poverty. As set out above, those living in rural areas are more likely to be living in poverty: the latest HIES finds that 36.7 per cent of the population is living in poverty in rural areas compared with 19.8 per cent of those in urban areas. Multi-dimensional poverty is significantly higher in rural areas than urban areas (48 per cent, compared with 15 per cent).⁵²¹

This is characteristic of the PICTs in general, where rural areas, particularly in the more geographically isolated outer islands, tend to be poorer than urban centres, and 'the greater concentration of economic activity in urban areas, as well as the greater provision of public services, contributes to this trend'.⁵²² This is compounded by lack of access to basic services, including health and education.⁵²³

It also appears that levels of poverty in rural areas are declining at a slower rate than those in urban areas. Between 2002 and 2013, urban poverty in Fiji dropped from 28.0 per cent to 19.8 per cent, whereas rural poverty dropped only from 40 per cent to 36.7 per cent over the same period, as Figure 7.2 illustrates.

519 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 33.

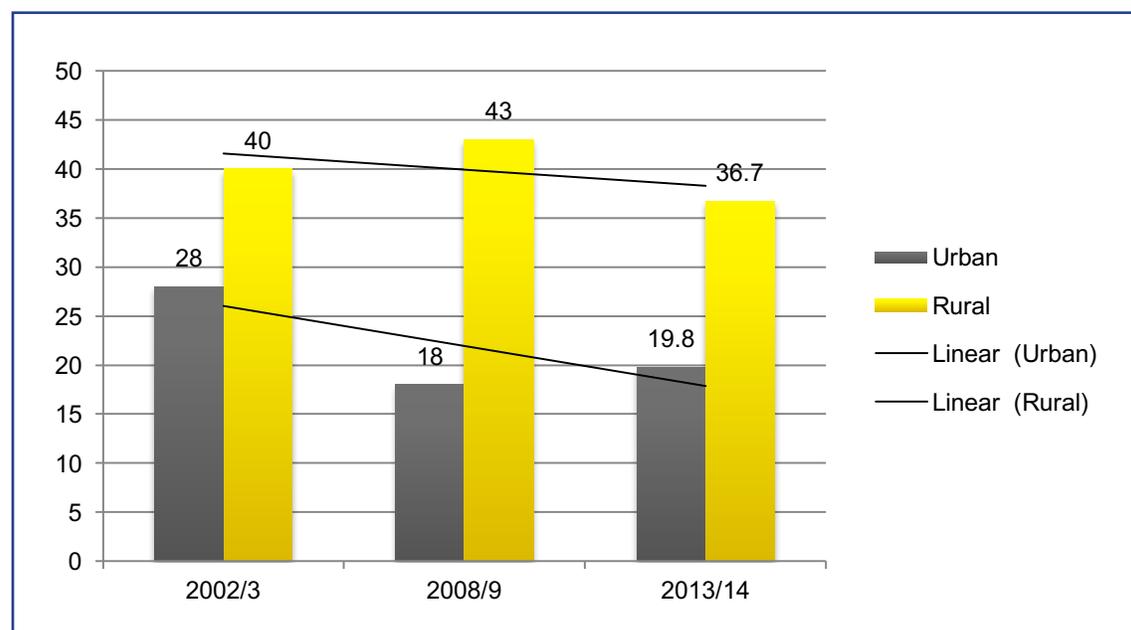
520 Chapter 2 addresses inequality further.

521 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 33.

522 UNDP, 'State of Human Development in the Pacific: A Report on Vulnerability and Exclusion at a Time of Rapid Change', 2014, p. 20.

523 AusAID, 'Poverty, Vulnerability and Social Protection in the Pacific: The Role of Social Transfers', 2012.

Figure 7.2: Proportion of the population below the basic needs poverty line in rural and urban areas



Source: HIES data

This has been attributed to non-agriculture sectors in urban areas (e.g. services) experiencing growth over this period, while growth did not take place in the agriculture sector.⁵²⁴ It has also been attributed to a decline in the sugar industry and expiring land leases for agriculture.⁵²⁵ Indeed, the data indicate that those most vulnerable to poverty are those working in the agrarian sector, who accounted for 53 per cent of those living in poverty in the 2008–2009 HIES (up from 42.6 per cent in 2002–2003).⁵²⁶ However, it should be noted that 20 per cent of children have been found to be living in poverty despite living in households where the head is in ‘gainful’ employment,⁵²⁷ suggesting access to the formal labour market may not be enough, alone, to combat poverty.

Rates of poverty also vary throughout the country. The poverty rate is highest in the Northern Division (50 per cent in 2008–2009) – a region characterized by a lack of investment in infrastructure, services and markets.⁵²⁸ Multi-dimensional poverty is also highest in the Northern Division (55 per cent, compared with a country-wide proportion of 32.2 per cent).⁵²⁹ The Northern Division is particularly prone to patterns of ‘urban drift’ (see below), and many working-age people have moved to urban centres in this region, leaving their children behind.⁵³⁰

524 UNDP, ‘State of Human Development in the Pacific’, 2014, p. 20.

525 Fiji Bureau of Statistics, ‘2013–14 Household Income and Expenditure Survey: Preliminary Findings’, December 2015.

526 UNDP, ‘State of Human Development in the Pacific’, 2014.

527 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 25.

528 Ibid., p. 21.

529 Ibid., p. 33.

530 Ibid., p. 21.

While poverty is associated with living in rural locations, it should be noted that urban poverty rates likely mask significant pockets of deprivation, particularly in informal ‘squatter settlements’ (collections of buildings on land where the residents have no legal title). The HIESs do not cover enough households from squatter settlements to reliably estimate poverty in these locations. However, the World Bank estimated in 2011 that poverty rates in squatter settlements were higher than those in rural areas. For example, in the Northern Division, the poverty rate in squatter settlements was an estimated 55 per cent (it was 53 per cent in rural areas). Other studies have found higher rates of poverty in urban squatter settlements: one suggested that between 60 and 80 per cent of households in squatter settlements were below the poverty line.⁵³¹ A 2006 survey carried out by the Department of Housing found that 80 per cent of residents in squatter settlements could not afford three meals a day.⁵³²

Conditions in squatter settlements are generally very poor: they are characterized by low-quality, overcrowded housing without access to improved water sources, sanitation and other basic services. Such conditions have negative impacts on children, including on their health and, relatedly, their educational attainment.⁵³³ Adults are often working, if at all, in casual and uncertain work (though it has been noted that casual, informal work does not necessarily equate with poor income).⁵³⁴ This likely perpetuates a cycle of poverty, exclusion and deprivation for children living in these settlements.

Poverty rates also vary slightly by ethnic group: poverty among the I-Taukei on average was slightly higher (about 3.4 per cent) than among Indo-Fijians in 2008–2009.⁵³⁵ No significant variation in poverty rates by gender has been found, although children living in single female-headed households have been found to be at slightly higher risk of living in poverty than children in single male-headed households.⁵³⁶ Children in households headed by married women, however, are much less likely to be living in poverty than those in married male-headed households, probably because husbands in these cases are living away and sending remittances.⁵³⁷

Poverty is also associated with larger household size. Data published by the World Bank show that households in Fiji with three or more children are more likely to be living in poverty.⁵³⁸

Education level is also strongly linked to poverty. Households with heads with no or only primary education have been found to be more likely to be living below the poverty line. For example, according to the recent HIES, only 3.4 per cent of the population living in poverty has obtained post-secondary qualifications. Households with heads with secondary education on average consume more than households whose heads have completed less than secondary education.⁵³⁹

531 Barr, 2007, in *ibid.*, p. 21.

532 In *ibid.*, p. 21.

533 World Bank, ‘Hardship and Vulnerability in the Pacific Island Countries’, 2014.

534 AusAID, ‘Poverty, Vulnerability and Social Protection in the Pacific: The Role of Social Transfers’, 2012.

535 UNDP, ‘State of Human Development in the Pacific’, 2014, p. 20.

536 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 23. Note that women face challenges accessing child maintenance payments from estranged fathers, as access to the Family Court system is difficult.

537 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 23.

538 World Bank, ‘Hardship and Vulnerability in the Pacific Island Countries’, 2014.

539 UNDP, ‘State of Human Development in the Pacific’, 2014, p. 20.

Children with a disability are among those groups of children most affected by poverty. Unfortunately, most household surveys do not collect data on disability; however, it has been suggested that children with disabilities are vulnerable to poverty, challenges accessing basic services and social exclusion. Pacific Islanders recognize disability as one of the primary causes of poverty and vulnerability.⁵⁴⁰

Vulnerability and exclusion of children with disabilities in Fiji

*It is important to take into account the additional vulnerabilities of children with disabilities. According to a 2010 survey by the Fiji National Council for Disabled Persons, there are around 3,000 children with disabilities in Fiji, many of whom are “largely invisible” and disadvantaged in terms of access to education, health services, employment, livelihood opportunities and support services’. Children with disabilities face particular hardship and discrimination and stigmatization, and girls with disabilities are far less likely to attend school than boys.*⁵⁴¹

The causes of child and family poverty in Fiji are complex, interconnected and open to fluctuation. As a small island economy, Fiji faces many of the challenges that confront PICTs more generally, including distance from global markets, a limited and fragile resource base, inability to achieve economies of scale, vulnerability to changes in the global economy and vulnerability to natural disasters, which cause economic shocks. Slow economic growth and exposure of the economy to shocks has led to a poverty of opportunity in PICTs, including Fiji, which has a high and growing unemployment rate, particularly among young people. Across the Pacific, economies are not able to generate sufficient jobs for the number of job-seekers; also, the large number of young people with inadequate skills contributes to the high unemployment rate.⁵⁴²

The youth unemployment rate in Fiji (among 15–24 year olds) was 18.2 per cent in 2014 – over double that of the working-age population as a whole and significantly above the regional total for East Asia and Pacific (13.1 per cent).⁵⁴³ Youth employment is also informal and precarious, resulting in insecure livelihoods. Across the PICTs, ‘Few young people find employment in the formal sector, and most Pacific youth work in the informal economy, such as subsistence production and other cash earning activities’ – jobs that are often linked with ‘lower wages, poor working conditions and limited career prospects’.⁵⁴⁴

Urban drift, particularly among young people, has led to higher unemployment rates in urban areas and, as noted above, a growing number of people living in squatter settlements, characterized by poor living conditions and poor educational attainment and health. An estimated 7 per cent of Fiji’s total population (and 16 per cent of Suva’s population) is living in over 200 squatter settlements

540 ADB, ‘Participatory Assessment of Hardship’, in *ibid.*, p. 96.

541 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 28.

542 AusAID, ‘Poverty, Vulnerability and Social Protection in the Pacific: The Role of Social Transfers’, 2012, p. 4.

543 ILO, ‘Fiji Labour Market Update’, April 2016, on http://www.ilo.org/wcmsp5/groups/public/—asia/—ro-bangkok/—ilo-suva/documents/publication/wcms_465248.pdf [30.06.17].

544 ILO, ‘Pacific Island Countries’, Youth Employment Brief, 2013, on http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf [14.08.17].

– although it has been noted that these numbers could in fact be higher.⁵⁴⁵ Urban drift has also contributed to shortfalls in rural areas of workers for agriculture and food production.⁵⁴⁶

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 (e.g. contributory schemes to provide security against risk, such as unemployment, illness, disability, etc.); social assistance (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly, children); and social care (child protection prevention and response services, detailed in Chapter 6). There has been a growing acceptance in recent times that social security, in particular the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.⁵⁴⁷ Cash transfers provide households with additional income that enables them to invest in children’s well-being and human development.⁵⁴⁸

The comprehensiveness and impact of Fiji’s ‘formal’ social protection system appears to be quite weak. ADB’s Social Protection Indicator (formerly Index) (SPI) assesses social protection systems against a number of indicators to generate a ratio, which is expressed as a percentage of GDP per capita. The SPI for Fiji was, in 2016, 1.3. This is below the Pacific regional average (including PNG) of 1.9,⁵⁴⁹ as set out in Figure 7.3.

The data also indicate that the majority of social protection expenditure is on social insurance measures (contributory schemes), as Table 7.1 shows.

Table 7.1: Social Protection Indicator by type of programme, 2012

Programme	Social Protection Indicator (%)
Overall	0.7
Social Assistance	0.5
Labour Market Programmes	0.1
Social Insurance	-

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

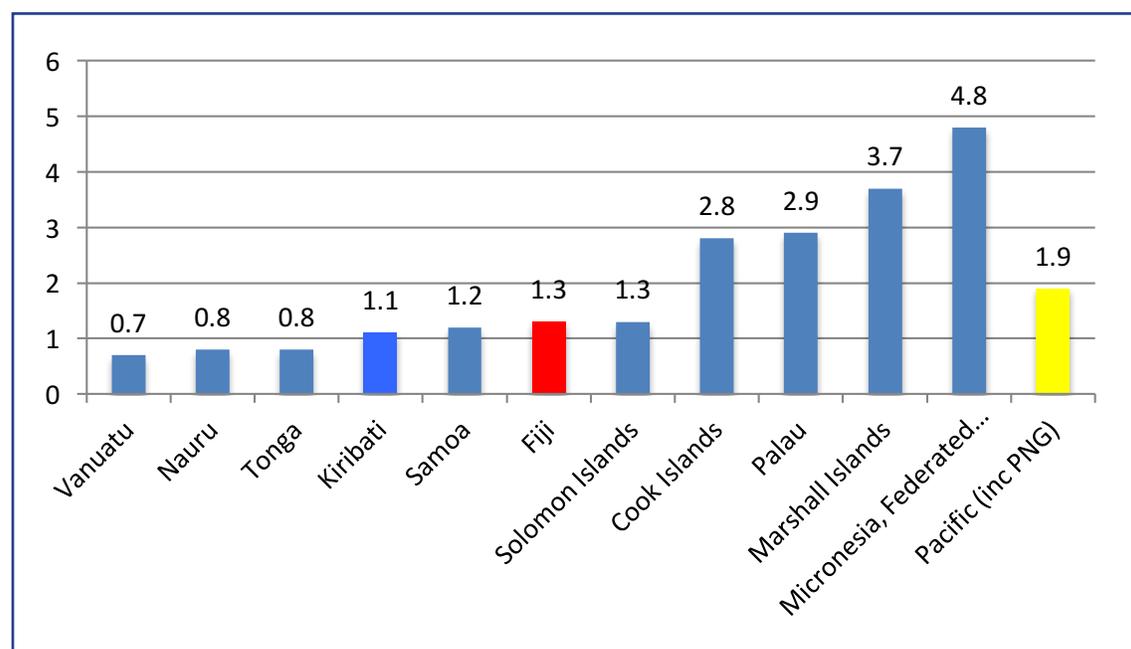
545 National Housing Policy, 2011.

546 ILO, ‘Pacific Island Countries’, Youth Employment Brief, 2013, on http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf [14.08.17].

547 UNICEF and MoWCPA, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 6.

548 UNICEF, Social Protection Strategic Framework, 2012.

549 ADB, ‘The Social Protection Indicator: Assessing Results for the Pacific’, 2016, p. 16.

Figure 7.3: Social Protection Indicator by country

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

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

Social insurance is provided through a National Provident Fund and several public sector contributory schemes. However, it is limited to formal sector workers and excludes the majority of workers who operate in the informal economy – it is therefore not targeted to 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.⁵⁵⁰ Women are particularly prone to unemployment: their participation in the labour market was recorded as 41.6 per cent in 2014, compared with the national labour force participation rate of 59.0 per cent and the male rate of 75.8 per cent.⁵⁵¹ This is likely linked to a lack of employable skills and socio-cultural norms that relegate women to domestic work. Young women commonly find work in low-paid sectors in the informal economy.⁵⁵²

In terms of social assistance measures, Fiji is the only country among the 14 PICTs with a programme specifically targeting poor and vulnerable people, including children. Fiji's social security system dates back to the 1920s, when a 'destitute allowance' (in the form of cash payments) was provided to elderly persons who were unable to support themselves. The scheme extended to other groups over the years, and in 1970 became known as the Family Assistance

550 UNDP, 'State of Human Development in the Pacific', 2014.

551 ILO, 'Fiji Labour Market Update', April 2016, on http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-suva/documents/publication/wcms_465248.pdf [30.06.17].

552 ILO, 'Pacific Island Countries', Youth Employment Brief, 2013, on http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf [14.08.17].

Programme. It was provided to poor households that fell into one of a set of categories (chronically ill, disabled, elderly, single-headed family of various types) in the form of a monthly cash benefit. By 2010, it reached 25,500 people (13 per cent of the population).⁵⁵³

The social assistance system has been undergoing recent changes. The Family Assistance Programme has, since 2010, been in the process of being dissolved and transformed into a Poverty Benefit. A Social Benefit has also been established for older people with no other source of income. A Care and Protection Allowance, established in 1990, has been transferred into a child grant providing cash transfers and food vouchers for low-income and vulnerable families, through the DoSW.⁵⁵⁴ Families that were on the Family Assistance Programme have been moved to the new Care and Protection Allowance.

However, the effectiveness of these schemes has been limited, in terms of their coverage and impact in lifting beneficiaries out of poverty. Data from the 2008–2009 HIES suggest decreases in poverty brought about by the Family Assistance Scheme were minimal and represented under a 3 per cent reduction in the poverty gap.⁵⁵⁵

One of the main reasons for this lack of effectiveness and impact is the low coverage of the schemes. The Family Assistance Programme has been found to have low coverage, even among the poorest, and the Care and Protection Allowance has been provided to only 4,939 children in 2,000 households nation-wide.⁵⁵⁶ According to the 2008–2009 HIES, only 21.2 per cent of those living in poverty were in receipt of a social security transfer.⁵⁵⁷

Also, the low amounts social assistance programmes confer limit their effectiveness and are not sufficient to lift children out of poverty.⁵⁵⁸ Further, the budget for the Care and Protection Allowance remains under-spent, and families are not receiving the full intended amount. They are also unable to receive any other grants if they are recipients of the Care and Protection Allowance. Therefore, the monthly amount is too small to lift them out of poverty and there are limitations as to the other sources of assistance they may seek.⁵⁵⁹

The Care and Protection Allowance is, in part, paid by way of food vouchers. This creates challenges for families required to travel and collect them. Providing assistance through food vouchers instead of cash also has the potential to harm local markets.⁵⁶⁰

Operational challenges have also created a bottleneck to the effective functioning of the social protection system. The Care and Protection Allowance is administered through welfare officers, who have heavy workloads managing social assistance schemes along with social work

553 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, pp. 49–50.

554 Ibid.

555 Ibid.

556 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015.

557 Ibid., p. 52.

558 UNDP, 'State of Human Development in the Pacific', 2014, p. 104; UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 7.

559 UNICEF and MoWCPA, 'Child-Sensitive Social Protection in Fiji', 2015, p. 7.

560 Ibid., p. 52.

responsibilities, as well as insufficient training, leaving them limited time and capacity to carry out both job components effectively.⁵⁶¹

Another component of social protection systems is activities to generate and improve access to employment opportunities among young people. These activities have been limited in Fiji: funding for youth development over the past 15 years has constituted only around 1 per cent of GDP.⁵⁶²

The ADB data also indicate the limited impact of social protection programmes in Fiji, in terms of the level of benefits and the targeting of beneficiaries. The SPI for the depth of benefits in Fiji (the average benefits actual beneficiaries receive) is quite low, even in comparison with other PICTs, as Table 7.2 and Figure 7.4 illustrate.

Table 7.2: SPI depth indicator, by type of programme

Programme	SPIC depth indicator (% of per capita GDP)
Overall	19
Labour Market	15.4
Social Assistance	9.1
Social Insurance	100.1

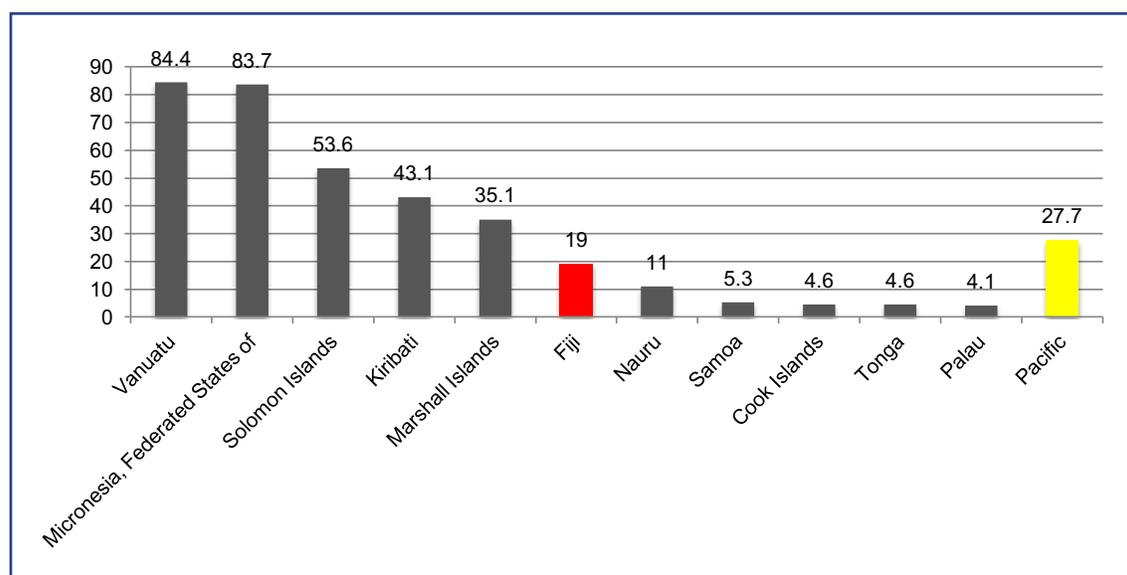
Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 34.

This indicates that benefits are quite low, and perhaps not enough to lift vulnerable individuals and families out of poverty. Moreover, the depth indicator is driven primarily by the high level of benefits received by a small group of persons: those in formal employment who have access to social insurance schemes. The depth indicator is very low for social assistance schemes (which target more vulnerable persons).

Breadth indicators represent the proportion of potential beneficiaries (those who could qualify for benefits) who actually receive social protection benefits. According to the ADB Asian Development Bank assessment, Fiji receives a low breadth indicator, as Figure 7.5 illustrates.

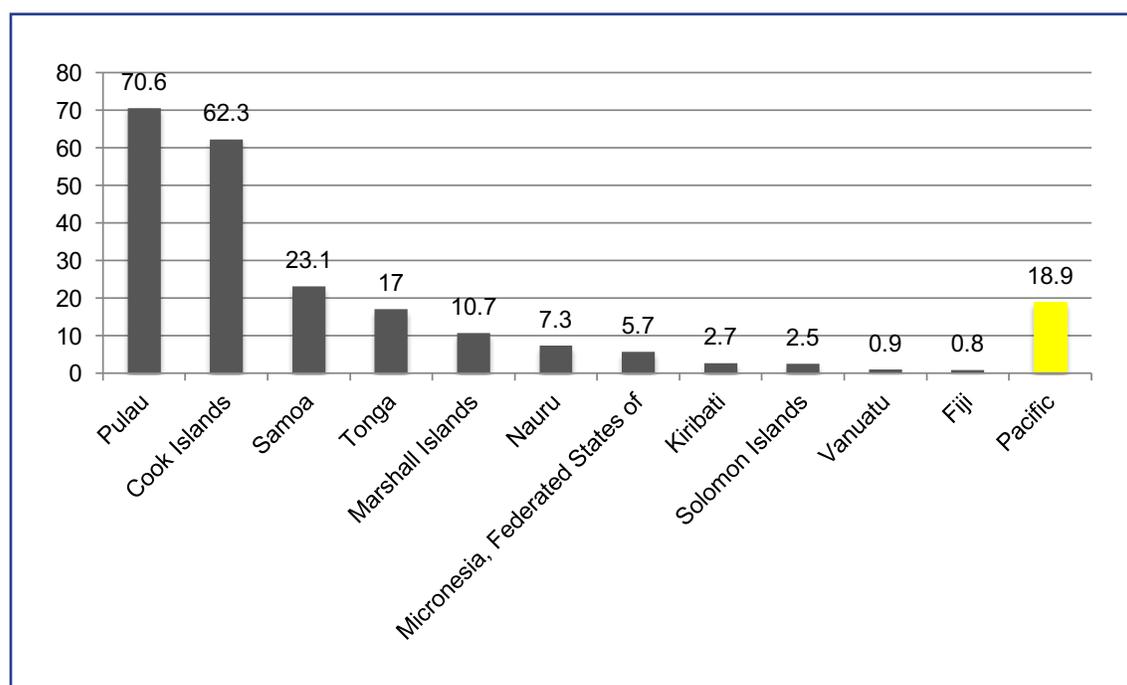
561 Ibid.

562 UNICEF, 'State of Youth in the Pacific', 2010, p. 10.

Figure 7.4: Depth of Social Protection Indicator, by country

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

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

Figure 7.5: Breadth of Social Protection Indicator, by country

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

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

The breadth indicator is highest for social assistance programmes (5.6), compared with social insurance (0.7) and labour market programmes (0.4). This indicates that only a very small proportion of the population benefits from the higher level of payments under social insurance schemes. A relatively higher proportion of the population receives social assistance benefits, though the value of these benefits is small.

The data for the Pacific also indicate that social protection schemes are not well targeted. When the SPI is disaggregated into 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, whereas the SPI for the non-poor is 1.7 per cent of GDP per capita). This owes to the dominance of social insurance programmes.⁵⁶³

The targeting of social protection programmes also appears to have a gender dimension. Overall, the SPI for women in the Pacific is 0.8 per cent of GDP per capita compared with 1.1 per cent of GDP per capita for men.⁵⁶⁴ This is attributed to the differential access of women and men to social insurance measures.⁵⁶⁵ As noted above, social insurance measures have a gender bias, as access is generally restricted to formal sector workers, who are predominantly male.

563 ADB, 'The Social Protection Indicator: The Pacific', 2016.

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

565 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 situation analysis of women and children in Fiji. Please note that these are not listed in any order of priority.

8.1. Climate change and disaster risks

Fiji faces an increasing risk of extreme weather and natural disasters, given its location within the 'ring of fire', as well as increases in climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realization of children 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 security**, while increasing the risk of food- and water-borne diseases
- Disaster and climate risks affect access to and quality of **education** services, as a result of damaged schools, challenges in access and diverted resources.
- Climate change and extreme weather or other disasters also have impacts on **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

Fiji's economy, while one of the biggest in the Pacific region, is small. This leads to a lack of available resources across all government departments and a resultant lack of financial resources for the delivery of services and systems for children. It also seems to be linked to a lack of human resources (training and expertise) in several sectors.

- Lack of financial resources translates to lack of appropriate equipment and professionals, including in the **health** and **WASH** sectors in particular, but also in **justice** and **child protection**, where professionals have limited access to basic items such as cars and petrol.
- 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 Fiji plays a living role in the realization of the rights of women and children.

- Those living in rural and remote areas enjoy, on the whole, lesser outcomes and access to basic services than those who live in urban areas, although there are concerns about the realization of rights, and around safety and security within urban informal settlements. Geography poses primary access challenges, to, for example, hospitals and health care centres, courts, police stations, schools and other government (or NGO-led) facilities.
- An increase in the drift from rural to urban areas is placing children at risk, not only because urban settlements lack services and infrastructure but also because of a lack of access to traditional community support systems in home communities.

8.4. Equity

The analyses of WASH, health and education have revealed discrepancies in the enjoyment of rights between rural and urban areas and across a wealth divide.

- While education is free of charge and Fiji has experienced good outcomes in terms of educational enrolment at primary and secondary levels, the quality of education is a challenge, particularly in rural areas, where a lack of properly trained staff, infrastructure and resources has had a negative impact.
- Children with disabilities face considerable challenges accessing education, particularly outside of Suva.

8.5. Gender

Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realization of children and women’s rights in Fiji.

- Traditional gender roles support and facilitate **violence** against women and girls, and marginalized groups, including **children with disabilities**, and discourage reporting of such cases, because such violence is accepted but also because it is considered a private matter.

8.6. Cultural norms and approaches

Cultural attitudes, traditions are found to act as a barrier to the realization of children’s rights in several sectors in Fiji.

- Reliance on and preference for informal justice lead to underreporting of cases involving child sexual abuse, violence against children or other crimes against children, and to those cases being handled within villages. Traditional justice practices in **child justice** may contribute to the realization of children’s rights as they represent an informal ‘diversion’ option, and exploration should be given to working with informal practices to support child-friendly justice.
- Traditional gender roles support and facilitate **violence** against women and girls, and marginalized groups, including **children with disabilities**.

8.7. Impacts of poverty and vulnerability

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

- The lack of 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.
- Lack of opportunities for adolescents and young people perpetuates cycles of poverty and has led to unhealthy behaviours, such as drug and alcohol abuse, and mental health issues.

8.8. Absence of data

There are useful data sources on some sectors in Fiji. However, this analysis has revealed several data gaps, and the absence of these data is, in itself, a key finding:

- There is a lack of data around children in contact with the law, and on child protection matters. Further, there is a lack of data around implementation of the child justice and child protection systems.
- There are extremely few data on children with disabilities, gender disparities and other vulnerable groups.

Footnotes in tables

- I UNISDR and GADRRRES, '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 [24.01.17].
- II Constitution of the Republic of Fiji 2013, Article 38.
- III Table reproduced from *ibid.*, p. 2.
- IV Juveniles Act 1974, s.2, as amended by the Prisons and Corrections Act 2006. Note that the term "child" is used for a person under the age of 14, and "juvenile" for persons under 18. Provisions with respect to care and protection apply to all "juveniles".
- V Marriage Act (Amendment) Decree 2009.
- VI Employment Regulations Promulgation 2007, section 92.
- VII *Ibid.*, section 40.
- VIII Crimes Act 2009, s. 216.
- IX Crimes Act 2009, s. 27(1). The law also includes a rebuttable presumption that children between the ages of 10 and under 14 years are criminally liable for an act or omission only if it can be shown that they knew the act was wrong at the time of the commission.
- X Juveniles Act 1974, as amended by the Prisons and Corrections Act 2006.

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