

## **Situation Analysis of Children in Niue**



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# Executive Summary

## Introduction

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

Niue is a coral island nation of approximately 260 km<sup>2</sup>, situated in the middle of the South Pacific. Its population totals 1,611 as of 2012, and 27 per cent of this population is under the age of 15 years. Niue's population is declining at the fastest rate in the whole Pacific region – driven primarily by migration to New Zealand, with which Niue has been in free association since 1974. New Zealand provides substantial economic and administrative assistance to Niue. Niue is vulnerable to disaster and climate risks, including but not limited to tropical cyclones, tsunamis, floods, earthquakes and droughts.

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 in relation 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 Niue.

## Key barriers and bottlenecks

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

**Data availability:** Without adequate data, it is not possible to provide a comprehensive, accurate picture of the situation of children and women in Niue. This report identifies several data gaps, such as, for example the failure of the Health Information System to collect data in a systematic way. Equity is of particular importance and data collection mechanisms must ensure all children and women are represented, including those from vulnerable groups, as well as children with disabilities.

**Legal and policy framework:** The report found several important legal and policy gaps, including the need for a separate system for child justice, lack of protections for children who are victims and witnesses and a low minimum age of criminal responsibility. Legal protection of children is discriminatory against boys and against children with disabilities, and corporal punishment in the home is not prohibited under law.

**Cultural norms and approaches:** Cultural attitudes and traditions were found to act as barriers to the realization of children's rights in several sectors, including in the justice sector. Reliance on and preference for informal justice lead to underreporting of child sexual abuse, violence against children or other crimes against children, especially in relation





to cases involving those in positions of power or authority. Such cases are either not handled at all or are handled through informal systems that may fail to protect children's rights.

**Climate change and disaster risks:** Niue, as with many other countries in the PICTs group, faces increasing risks from extreme weather events and climate change-related weather conditions. Niue is dependent on rainwater and underground water, so its population is at risk of suffering water-borne diseases if natural disasters interrupt access to these safe water sources. Furthermore, droughts and unpredictable rainfall patterns pose a risk to Niue's water supply. Natural disasters affect access to and quality of education and health services through damage to schools and hospitals.

## Snapshot of outcome areas

<p><b>Health</b></p>	<p>Child mortality rates in Niue fluctuate heavily as a result of the small number of vital events in the country. Niue is the only country in the PICTs group that has experienced an increase in under-five child mortality rates over the past decades. However, these time trends should be interpreted with caution, given the above-mentioned limitations. In any case, Niue is largely on track to meet international child mortality reduction targets. Niue has achieved universal coverage for 11 out of 12 recommended vaccines. Existing data suggest Niue’s maternal mortality ratio is close to zero, and that all women in Niue have access to pre- and post-natal health care, with 100 per cent having at least one antenatal health care visit and 100 per cent delivering in the presence of a skilled attendant. Contraceptive prevalence in Niue is estimated to stand at only 23 per cent, which is the third lowest rate in the PICTs group. On a positive note, Niue has the lowest adolescent birth rate in the whole PICTs group, at 16 births per 1,000 women aged 15–19 years. The country has recorded no cases of HIV/AIDS and knowledge about HIV/AIDS prevention among the adolescent population appears to be relatively high. Alcohol consumption among school children is a public health concern in Niue, and prevalence rates are among the highest in the PICTs region.</p>
<p><b>Nutrition</b></p>	<p>No up-to-date prevalence estimates for child stunting and child wasting are available for Niue, representing a significant data gap. Obesity and associated non-communicable diseases are a significant public health concern for the adult population. Data on obesity prevalence in children are limited; however, existing evidence suggests Niue has the second highest obesity prevalence rate among school children aged 13–15 in the PICTs group. No recent data on breastfeeding practices in Niue are available.</p>
<p><b>WASH</b></p>	<p>Niue has one of the most developed WASH sectors in the PICTs region. 99 per cent of the population has access to improved drinking water sources, and improved sanitation coverage stands at 100 per cent. Niue has achieved remarkable success in increasing improved sanitation coverage over the past decades, considering that coverage stood at only 69 per cent in 1995. Open defecation is no longer practiced in Niue, suggesting the country has already achieved international development targets in this area.</p>



<p><b>Education</b></p>	<p>In Niue, education is free and compulsory for children aged from three years nine months to 16 years. As a result, 90 per cent of children in Niue have participated in pre-primary education (2012 data),* indicating a very high level of enrolment. Niue has also achieved a universal net enrolment ratio (NER) for primary education. However, up-to-date figures on the NER for secondary education are unavailable. The lack of up-to-date data on educational indicators is a major barrier, preventing a comprehensive analysis of Niue's education sector and assessment of the country's progress towards achieving international development targets in this area.</p>
<p><b>Child protection</b></p>	<p>Niue's children are not legally protected from violence in the home because of the common law defence of reasonable chastisement. Physical punishment is reported to be common in Niue, with acceptance of corporal punishment being reported as 'near universal'. Sexual violence against children under the age of 15 is reported to occur frequently; however, up-to-date estimates are unavailable. There is no evidence of child labour being an issue in Niue.</p>
<p><b>Social protection</b></p>	<p>No recent data on the extent of poverty in Niue exist. Data from the early 2000s suggest 13 per cent of Niue's population lives below the basic needs poverty line, but food poverty was found to be negligible. Up-to-date disaggregated poverty data are also lacking. Niue does not have any social assistance measures aimed at providing regular cash transfers to vulnerable children and their care-givers. Population decline is a significant problem for Niue's social protection system, with negative impacts on economic development through worsening economies of scale, reducing the tax base and restricting the financial and human resources available for the delivery of services.</p>

\* UNESCO, 'Education For All 2015 Review', p. 84.

# Acronyms

<b>ADB</b>	Asian Development Bank
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AusAID</b>	Australian Agency for International Development
<b>BCG</b>	Bacillus Calmette-Guérin
<b>CAT</b>	Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment
<b>CED</b>	Committee on Enforced Disappearances
<b>CEDAW</b>	Convention on the Elimination of All Forms of Violence Against Women
<b>CEFM</b>	Child, Early and Forced Marriage
<b>CERD</b>	Committee on the Elimination of Racial Discrimination
<b>CPIS</b>	Child Protection Information System
<b>CRC</b>	United Nations Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DHS</b>	Demographic and Health Survey
<b>DTP1</b>	Diphtheria and Tetanus toxoid and Pertussis vaccine first dose
<b>DTP3</b>	Diphtheria and Tetanus toxoid and Pertussis vaccine third dose
<b>EAPRO</b>	East Asia and Pacific Regional Office
<b>ECE</b>	Early Childhood Education
<b>ECOSOC</b>	United Nations Economic and Social Commission
<b>EFA</b>	Education For All
<b>FSM</b>	Federated States of Micronesia
<b>GADRRRES</b>	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
<b>GDP</b>	Gross Domestic Product
<b>GER</b>	Gross Enrolment Ratio
<b>GNP</b>	Gross National Product
<b>GSHS</b>	Global School-Based Health Survey
<b>HIES</b>	Household and Income Expenditure Survey
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ILO</b>	International Labour Organization
<b>IPU</b>	Inter-Parliamentary Union
<b>ISF</b>	Institute for Sustainable Futures
<b>JMP</b>	UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
<b>MCV1</b>	Measles Containing Vaccine first dose
<b>MDG</b>	Millennium Development Goal
<b>MESC</b>	Ministry of Education, Sports and Culture
<b>MHM</b>	Menstrual Hygiene Management
<b>MoCIL</b>	Ministry of Commerce, Industry and Labour
<b>MP</b>	Member of Parliament
<b>MWCSD</b>	Ministry of Women Community and Social Development
<b>NCCRC</b>	National Coordinating Committee for the CRC

**NCD** Non-Communicable Disease  
**NER** Net Enrolment Ratio  
**NGO** Non-Governmental Organization  
**NHRI** National Human Rights Institution  
**NMDI** National Minimum Development Indicator  
**ODA** Official Development Assistance  
**OECD** Organisation for Economic Co-operation and Development  
**OHCHR** Office of the United Nations High Commissioner for Human Rights  
**PCP** Pacific Children's Programme  
**PICTs** The fourteen Pacific Island Countries and Territories that are the subject of the Situational Analyses  
**PNG** Papua New Guinea  
**PSET** Post-School Education and Training  
**SDG** Sustainable Development Goal  
**SENESE** An inclusive education organisation focussing on including children with disabilities into mainstream schools  
**SitAn** Situational Analysis  
**SOP** Standard Operating Procedure  
**SOWC** State of the World's Children  
**SPC** Secretariat of the Pacific Community  
**SPI** Social Protection Indicator  
**SPECA** Samoa Primary Education Certification Assessment  
**SPELL** Samoa Primary Education Literacy Levels  
**SP** Strategic Programme  
**SPI** Social Protection Indicator  
**STI** Sexually Transmitted Infection  
**TB** Tuberculosis  
**UN** United Nations  
**UNDP** United Nations Development Programme  
**UNESCAP** United Nations Economic and Social Commission for Asia and the Pacific  
**UNESCO** United Nations Educational, Scientific and Cultural Organization  
**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 Nieu. 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 regard to universality, non-discrimination, participation and accountability;
- To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders; 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.<sup>1</sup>

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10–19) and youth (aged 15–24).<sup>2</sup> 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/determinants<sup>3</sup> (quality; demand; supply and enabling environment) needed to ensure equitable outcomes for children).

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1 UNICEF, 'Guidance on Conducting a Situation Analysis of Children's and Women's Rights', March 2012, pp. 5–6, on <http://www.unicefemergencies.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.<sup>4</sup> In line with this approach, the analysis included an examination of gender disparities and their causes, including a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints 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
<b>Health and nutrition</b>	<ul style="list-style-type: none"> <li>- CRC (particularly the rights to life, survival and development and to health)</li> <li>- SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being)</li> <li>- Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)</li> <li>- WHO’s Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)</li> </ul>

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

### 1.3. Methods and limitations

This SitAn includes a comprehensive review, synthesis and examination of 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.<sup>5</sup> Key datasets were compiled from the UNICEF Statistics database (available on <https://data.unicef.org/>) and the Secretariat of the Pacific Community's (SPC's) National Minimum Development Indicators (NMDI) database (available on <https://www.spc.int/nmdi/>).<sup>6</sup> The 2016 State of the World's Children (SOWC) report was utilized as it offered the latest available reliable and consistent data (available on <https://www.unicef.org/sowc2016/>). SPC's NMDI database also compiles data produced through national sources.<sup>7</sup> 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.

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 throughout the report. The analysis of causes and determinants of rights shortfalls relied heavily

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.

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**

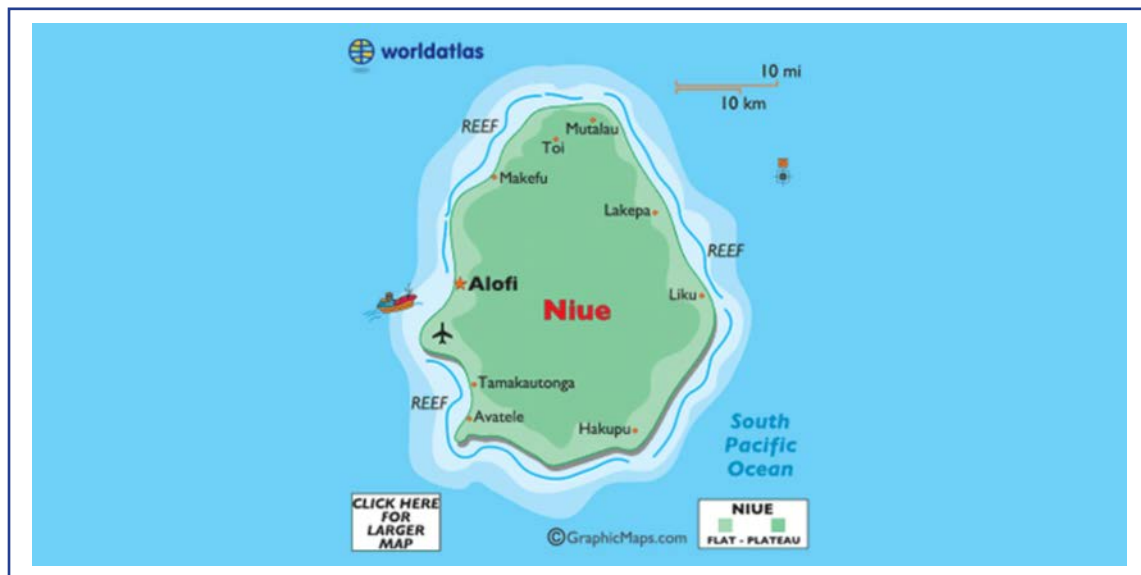
The development and drafting of this SitAn was guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan; 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.

## Context

Figure 2.1: Map of Niue



Source: World Atlas<sup>8</sup>

### 2.1. Geography and demographics

Niue is one of the largest coral atoll nations in the world, and is situated in the middle of the South Pacific, bordering Tonga, Samoa and Cook Islands. The island is approximately 260 km<sup>2</sup> and has its capital, Alofi, on the western coast.<sup>9</sup>

8 <http://www.turkey-visit.com/map/niue-map>

9 Government of Niue, 'Geographical Information', on <http://www.gov.nu/wb/pages/the-island.php> [22.06.17].

The most recent census, from 2012, placed Niue's population at 1,611 (802 males and 809 females), while a 2015 mid-year population estimate provided a revised population total of 1,758 (*de jure* count and absentees). The census provides no specific data on the proportion of children (i.e. the population under the age of 18); however, according to the 2012 figures, 27 per cent of the population was under the age of 15 years, whereas the 2015 report estimates that 18 per cent of the population is between 0 and 9 years old and 14 per cent between 10 and 19 years old – that is, 32 per cent of the population is estimated to be under the age of 20.<sup>10</sup>

The 2012 census found the median age to be 32.8 years; the estimated figures for 2015 are very similar, at 32 years. The 2015 composition of the population of Niue in terms of age suggests the dominance of older people (65+ years of age) and younger people (14 years and under) compared with those who are economically active (15–64 years of age).

Niue's total population is declining at the annual fastest rate in the Pacific region, at -2.2 per cent.<sup>11</sup> The decline in population is attributable to the large numbers of Niueans choosing to move to New Zealand in search of improved employment and economic opportunities.<sup>12</sup> The New Zealand government estimates that around 24,000 Niueans live in New Zealand, compared with the 1,460 living in Niue.<sup>13</sup> The most recent statistics, from 2010 to 2015, place life expectancy at 72.8 for women and 66.1 for men in Niue.<sup>14</sup>

As Figure 2.2 shows, Niue's ethnic makeup is largely homogeneous, with 85.2 per cent Niuean and 14.8 per cent non-Niuean, made up of New Zealanders and Australians (5.5 per cent), Samoans (1.0 per cent), Tongans (3.3 per cent), Tuvaluans (1.7 per cent), Fijians (1.0 per cent) and others (2.3 per cent).<sup>15</sup> The island's religious composition is, like in many PICTs, majority Christian. The majority of Niueans (67 per cent) identify as members of the *Ekalesia Niue* (Congregational Church of Niue, a Protestant church founded by missionaries from the London Missionary Society). The remainder of the population identifies as 'other Protestant' (3 per cent), Mormon (10 per cent), Jehovah's Witnesses (2 per cent), 'other' (6 per cent) and 'none' (2 per cent).<sup>16</sup>

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10 Government of Niue, 'Niue Census of Population and Households 2011', on [http://prism.spc.int/images/census\\_reports/Niue\\_2011\\_Population\\_Households\\_Census.pdf](http://prism.spc.int/images/census_reports/Niue_2011_Population_Households_Census.pdf) [22.06.17]; Government of Niue, 'Niue Population Estimate', June 2015.

11 SPC, 'Pocket Statistical Summary', 2015, on [http://prism.spc.int/images/downloads/2015\\_Pocket-Statistical-Summary.pdf](http://prism.spc.int/images/downloads/2015_Pocket-Statistical-Summary.pdf) [22.06.17].

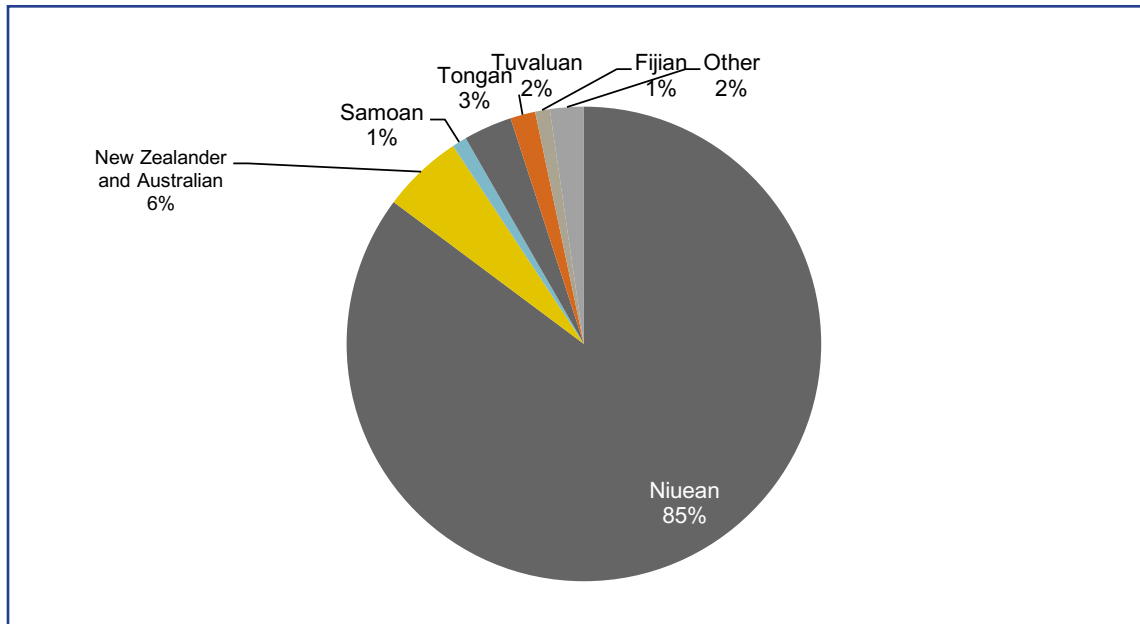
12 Government of Niue, 'CRC Niue Initial Report', 2010, on [https://www.unicef.org/pacificislands/NIUE\\_CRC\\_REPORT.pdf](https://www.unicef.org/pacificislands/NIUE_CRC_REPORT.pdf) [22.06.17]; see also The Guardian, 'Niue, the Pacific Island Struggling to Cope as Its Population Plummet', 13 July 2014, on <https://www.theguardian.com/world/2014/jul/13/niue-pacific-island-struggling-population-new-zealand> [22.06.17].

13 New Zealand Foreign Affairs and Trade, 'Niue', on <https://...> [22.06.17].

14 UN Data, 'Niue', on <http://...> [22.06.17].

15 Committee on the Rights of the Child. Consideration of reports submitted by states parties under Article 44 of the Convention: Initial report of States parties due in 1998 – Niue, CRC/C/NIU/1, 18 July 2011. Available at: [http://www.bayefsky.com/reports/niue\\_crc\\_c\\_niue\\_1.pdf](http://www.bayefsky.com/reports/niue_crc_c_niue_1.pdf) [22.06.17], 3

16 CIA World Factbook, 'Niue', 26 April 2016, on <https://www.cia.gov/library/publications/the-world-factbook/geos/ne.html> [22.06.17].

**Figure 2.2: Ethnic makeup of Niue, 2011**

Source: Committee on the Rights of the Child 2011<sup>17</sup>

The official languages of Niue are Niuean (spoken by 46 per cent of the population) and English (spoken by 11 per cent of the population). A combination of Niuean and English is spoken by 32 per cent of the country, and 11 per cent speak other languages.<sup>18</sup>

## 2.2. Main disaster and climate risks

Niue is vulnerable to climate risks such as tropical cyclones and droughts, as well as earthquakes and tsunamis; however, unlike many other PICTs, the island has experienced only one serious natural disaster in the past decade. In 2004, the island experienced the category 5 Cyclone Heta, which had serious impacts on the island's economy and caused NZ\$ 37.7 million in damage,<sup>19</sup> killing one person and affecting 702.<sup>20</sup>

Similar to other Pacific Island nations, Niue experiences the negative effects of climate change – namely, an increase in annual temperatures (see Figure 2.3) and rising sea levels. Niue's Climate

17 Committee on the Rights of the Child, Initial Report Niue, 18 July 2011, p. 3.

18 Regional Rights Resource Team, 'Human Rights in the Pacific', 2016, on <http://www.spc.int/wp-content/uploads/2016/12/Human-right-Pacific.pdf> [22.06.17].

19 Pacific Climate Change Science Program, 'Current and Future Climate of Niue', on [http://www.pacificclimatechangescience.org/wp-content/uploads/2013/06/12\\_PCCSP\\_Niue\\_8pp.pdf](http://www.pacificclimatechangescience.org/wp-content/uploads/2013/06/12_PCCSP_Niue_8pp.pdf) [20.08.17].

20 CRED database.

Change Policy was developed in 2009 and sets out the position of the government on the effects of climate change on the island, including rising sea levels and variability.<sup>21</sup>

**Figure 2.3: Increase in average temperature, 1950–2010**



Source: National Climate Change Policy<sup>22</sup>

Niue's National Disaster Plan 2010 outlines the country's disaster preparedness arrangements, aiming to reduce the impact of hazards, to ensure awareness of natural disasters and response protocols and to provide a framework for a coordinated response to disasters affecting the country.<sup>23</sup>

## 2.3. Government and political context

Niue is a self-governing state, in free association with New Zealand since 1974. As a result, Niue is responsible for its internal governance and affairs while New Zealand assumes responsibility for its external affairs and defence.<sup>24</sup> As such, citizens of Niue possess New Zealand citizenship. Niue is not a member of the UN but has ratified a number of UN treaties (see below).

Niue has been a parliamentary democracy since 1974, with a total of 20 members, 14 of whom are elected by village constituencies and six from the common roll. The 20 members elect a prime minister, who in turn selects three Cabinet ministers from the 19 remaining.<sup>25</sup> Similar to other

21 Pacific Climate Change Science Program, 'Current and Future Climate of Niue'.

22 Ibid.

23 [http://www.preventionweb.net/files/28164\\_disasterplan2010.pdf](http://www.preventionweb.net/files/28164_disasterplan2010.pdf) [20.08.17].

24 CIA World Factbook, 'Niue', on <https://www.cia.gov/library/publications/the-world-factbook/geos/ne.html> [20.08.17].

25 Government of Niue, 'Office of the Premier', on <http://www.gov.nu/wb/pages/parliament.php> [20.08.17].



Pacific Island nations, female representation in the Niuean parliament is poor. Of Niue's 20 MPs only two are women, one of whom is the current minister for health and community affairs.<sup>26</sup>

The main government agency responsible for youth development in Niue is the Department of Community Affairs (DCA). In 2009, the National Youth Policy (2009–2013) was established, seeking to 'enable dedicated young people, in partnership with communities, to take positive action for youth development on Niue'. The policy aimed to pursue a collaborative approach, combining the resources of NGOs, churches, communities and private sector organizations.<sup>27</sup>

Niue has a National Youth Council to allow for the representation of children and young people in decision-making processes and governance. The Council was established in 1982 and consists of 14 youth groups representing villages and five youth groups representing other denominations on the island. The Council provides various programmes to benefit young people on the island, such as a programme addressing public health issues relevant to young people.<sup>28</sup>

## 2.4. Socio-economic context

*Though at this stage out of date, the most recent national development plan for Niue is the Niue National Strategic Plan 2009–2013, which has as its vision a sustainable future that meets economic and social needs while preserving environmental integrity, social stability and the Niue culture.*<sup>29</sup>

Data on economic trends in Niue are limited; however, New Zealand provides substantial economic and administrative assistance to the country under the terms of the constitutional agreement.<sup>30</sup> As of 2011, Niue's GDP was US\$ 24.3 million, gross domestic product (GDP) per capita was US\$ 15,066.4<sup>31</sup> and real per capita growth was recorded at 3 per cent.<sup>32</sup> Similar to other PICTs, Niue's economy is dominated by the services industry, which contributed 49.5 per cent to GDP in 2003. Agriculture contributed 23.5 per cent and industry 26.9 per cent.<sup>33</sup> Since there are no data on GDP in subsequent years, an economic trends analysis is not possible.

In 2014–2015, Niue received US\$ 19.5 million in official development assistance (ODA), the overwhelming majority from New Zealand, as a result of their constitutional agreement. Niue received US\$ 13.66 million from New Zealand, US\$ 2.23 million from Australia and US\$ 0.49 million from EU institutional donors. The majority of ODA was allocated to production activities

26 Pacific Women in Politics, 'National Women MPs', on <http://www.pacwip.org/women-mps/national-women-mps/> [20.08.17].

27 [http://www.youthpolicy.org/national/Niue\\_2009\\_National\\_Youth\\_Policy.pdf](http://www.youthpolicy.org/national/Niue_2009_National_Youth_Policy.pdf) [20.08.17].

28 Pacific Youth Council, on <http://www.youthpolicy.org/factsheets/country/niue/> [20.08.17].

29 [http://www.paris21.org/sites/default/files/NIUE\\_STRATEGIC\\_PLAN\\_2009-2013.pdf](http://www.paris21.org/sites/default/files/NIUE_STRATEGIC_PLAN_2009-2013.pdf) [01.08.17].

30 DFAT, 'Niue Country Brief', <http://dfat.gov.au/geo/niue/Pages/niue-country-brief.aspx> [20.08.17].

31 DFAT, 'Niue', on <http://dfat.gov.au/trade/resources/Documents/niue.pdf> [20.08.17].

32 NMDI, on <http://www.spc.int/nmdi/economic> [20.08.17].

33 CIA World Factbook, 'Niue: Economy', on <https://www.cia.gov/library/publications/the-world-factbook/geos/ne.html> [20.08.17].

(35 per cent), followed by programme assistance (34 per cent), other social infrastructural projects (25 per cent) and education, economic infrastructure and multi-sector projects (2 per cent each). Health and population projects were allocated only 0.64 per cent of ODA contributions.<sup>34</sup>

There are no recent data on the extent of poverty in Niue, and no Household Income and Expenditure Survey (HIES) has not been carried out since 2002. In that year, basic needs poverty was calculated at 13 per cent, and food poverty was negligible. There do not appear to be any recent data analysing the variation in poverty rates among different types of households (number of dependants, single-headed, etc.) or by identity characteristics (gender, disability, etc.).

## 2.5. Legislative and policy framework

Niue adheres to the English Common Law legal system, and the law is administered by the High Court, which possesses full civil and criminal jurisdiction. Pursuant to Niue's free association with New Zealand, any significant legal cases may be referred to and heard in New Zealand's Court of Appeal. Additionally, the Land Court has jurisdiction over land and property rights matters.<sup>35</sup>

Niue's Constitution does not contain any human rights provisions. However, Niue, through its association with the New Zealand, is a party to a number of international human rights conventions.<sup>36</sup>

Niue is a signatory to the CRC as of 20 December 1995, but has failed to ratify the CRC's Optional Protocols. There remains no legislation incorporating the CRC into national law.<sup>37</sup> Furthermore, Niue has no consolidated children's act in national law, but rather incorporates child protection and other relevant children's provisions into a number of codes and acts.<sup>38</sup>

Niue has acceded to the Convention on the Elimination of All Forms of Violence Against Women (CEDAW) through New Zealand's accession, but has not yet ratified it and incorporated it into domestic law. It is believed that violence against women is widespread; however, no comprehensive survey has been conducted to establish its prevalence.<sup>39</sup>

With regard to the rights of disabled people in Niue, the government has not yet ratified the Convention on the Rights of Persons with Disabilities (CRPD). However, in 2011 they adopted a National Disability Policy. Services for disabled people remain underdeveloped, with a significant lack of support available to children with disabilities.<sup>40</sup>

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34 OECD, 'Aid at a Glance, Niue', on <http://www.oecd.org/dac/stats/aid-at-a-glance.htm> [20.08.17].

35 Regional Rights Resource Team, 'Human Rights in the Pacific'.

36 Committee on the Rights of the Child, Initial Report Niue, 18 July 2011.

37 Regional Rights Resource Team, 'Human Rights in the Pacific'.

38 Committee on the Rights of the Child, 'Concluding Observations on the Initial Report of Niue', 2013.

39 UN Women, 'Niue', on <http://asiapacific.unwomen.org/en/countries/fiji/co/niue> [20.08.17].

40 Regional Rights Resource Team, 'Human Rights in the Pacific'.

# 3.

## Health and Nutrition

The situation analysis of child and maternal health in Niue 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 and maternal health, as well as adolescent health. Furthermore, the situation of child and maternal nutrition in FSM 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 in detail.

### 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

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

The analysis 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’.<sup>41</sup> 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.<sup>42</sup> The analysis of the underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in FSM 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 multi-faceted and interlinked with other areas covered in the SitAn.

### 3.1. Child mortality

According to the SOWC 2016 data, the neonatal (0–28 days) mortality rate in 2015 was 13 deaths per 1,000 live births, while the under-five mortality rate was 23 deaths per 1,000 live births in 2015.<sup>43</sup> This suggests Niue has already reached SDG 3.2 target on under-five child mortality: a

41 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](https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf) [02.03.17].

42 Ibid.

43 SOWC 2016.

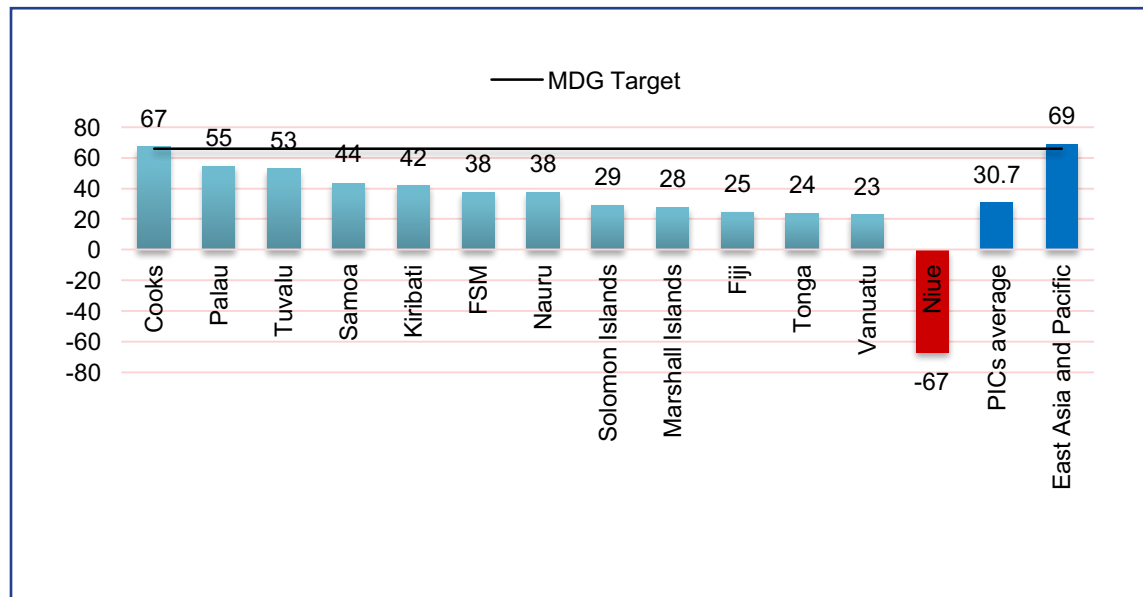


reduction to a rate of at least 25/1,000 by 2030. However, it also suggests Niue has not yet reached the SDG 3.2 target on neonatal mortality and the reduction of neonatal mortality to 12/1,000 by 2030. However, it is important to note that the NDMI data from 2011 recorded a neonatal mortality rate of 0/1,000 for both 2005 and 2011 and an under-five mortality rate of 16.1/1,000 for 2011, which are both within the targets set by SDG 3.2. Furthermore, according to the 2013 Pacific Regional MDGs Tracking Report, Niue’s national target in relation to child mortality is to have zero child deaths. Between 2007 and 2011, of 124 live births, there were only two under-five deaths, in 2011, with one infant death.<sup>44</sup>

These fluctuations highlight the problem of presenting mortality data from small populations in ratios. Data about child mortality rates in Niue fluctuate heavily because of the low number of births overall in the country. According to the 2016 Niue Vital Statistics Report, the total number of births in the period from July to December 2015 was only 15.<sup>45</sup> As mortality rates are recorded as a proportion of 1,000 live births per year, and only a small number of children are born per year, one or two child deaths can cause the overall mortality rates in Niue to fluctuate dramatically.

With these limitations in mind, SOWC 2016 data suggest Niue is the only country in the PICTs group that has experienced an *increase* in the under-five mortality rate over the past decades, from a relatively low 14/1,000 in 1990 to 23/1,000 in 2015 (see Figure 3.1). However, given the very small number of vital events in this tiny island nation, these time trends should be interpreted with caution.

**Figure 3.1: Reduction in under-five mortality rate between 1990 and 2015 (percentage)**



Note: Estimates for Tokelau are not available

Source: SOWC 2016

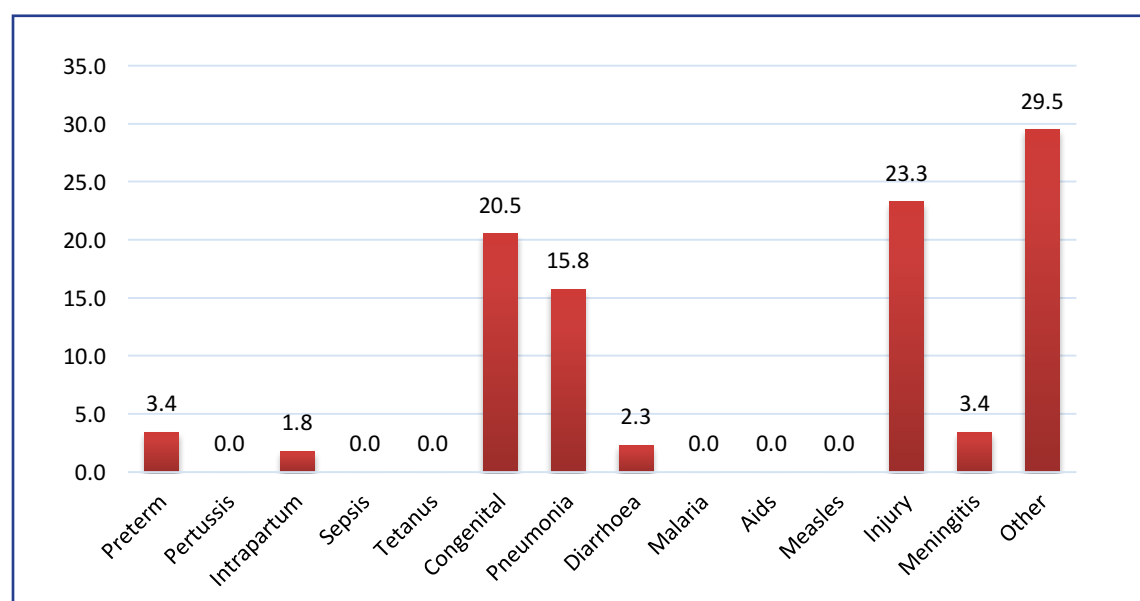
44 Pacific Islands Forum Secretariat, '2013 Pacific Regional MDGs Tracking Report', p. 19.

45 Government of Niue, 'Vital Statistics', June 2016, p. 3.

There are no data on child mortality disaggregated by household wealth, gender or location in Niue. Information on the immediate and underlying causes of child mortality is also very limited.

Causes-of-death estimates from UNICEF suggest most deaths in under-five children in Niue, as of 2015, owe to injuries (23 per cent), followed by congenital diseases (20 per cent), pneumonia (16 per cent) and pneumonia (14 per cent). Unspecified 'other' causes also account for a relatively large proportion of deaths in under-five year olds (30 per cent).

**Figure 3.2: Deaths of children under five years of age (percentage)**



Source: UNICEF 2016<sup>46</sup>

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

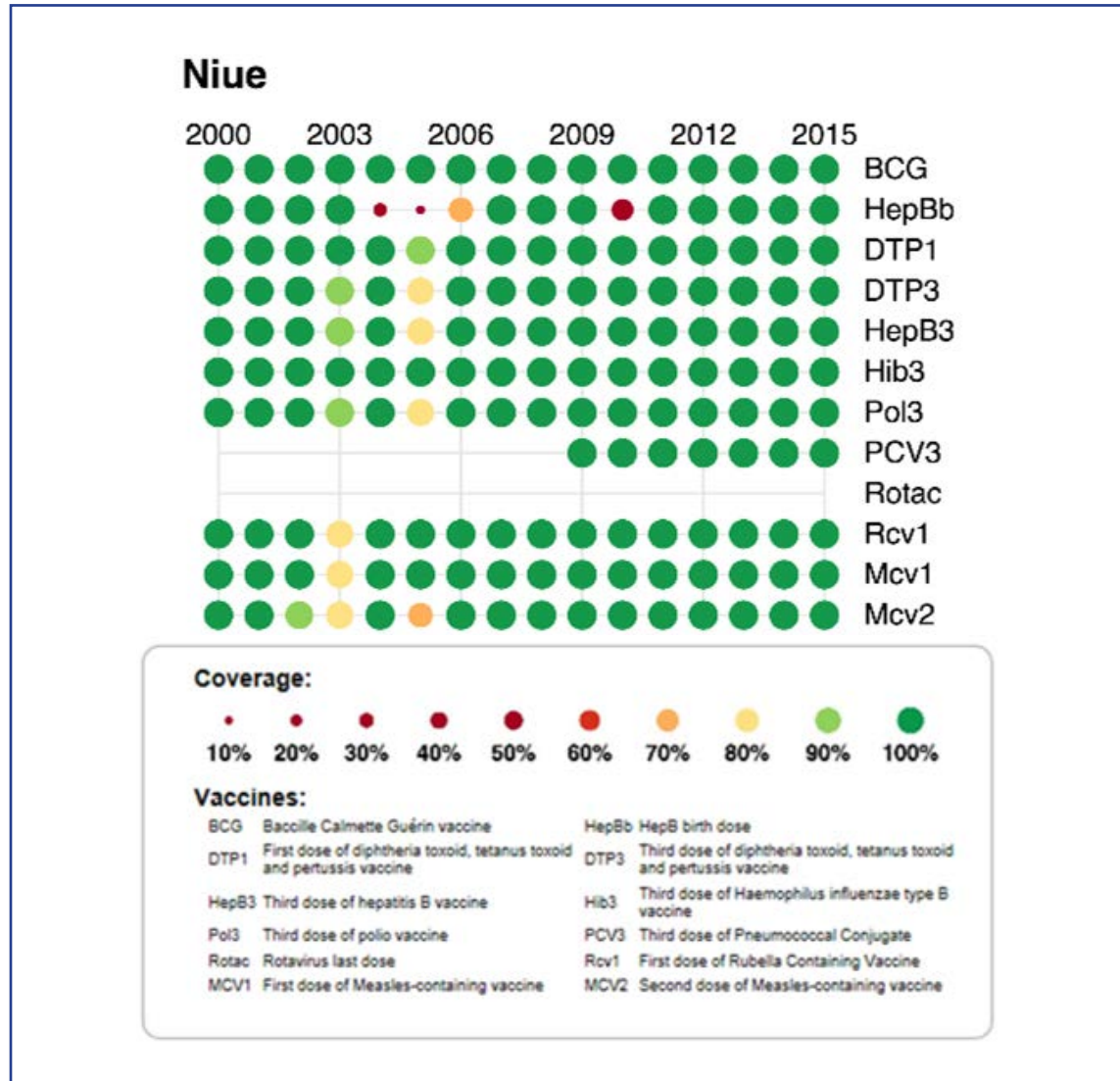
There are data gaps in relation to key child health indicators in Niue, including a lack of national estimates of the proportion of under-five year old children with suspected pneumonia taken to a health provider or receiving antibiotics, of children under five with diarrhoea receiving oral rehydration salts, of children with fever receiving antimalarial treatment, of the availability of insecticide-treated nets and of children sleeping under insecticide-treated nets. The Centers for Disease Control in the US reports no risk of malaria transmission in Niue, meaning the lack of information about malaria treatment or prevention is not problematic.<sup>47</sup>

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

47 <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country/niue#seldyfm879> [18.04.17].

Data from the WHO Global Health Observatory suggest immunization coverage in Niue is almost universal. Niue has achieved universal coverage for 11 out of 12 recommended vaccines (see Figure 3.3), despite freight costs per vaccine dose being the highest in the region as a result of the small number of doses ordered.<sup>48</sup>

**Figure 3.3: Immunization coverage in Niue**



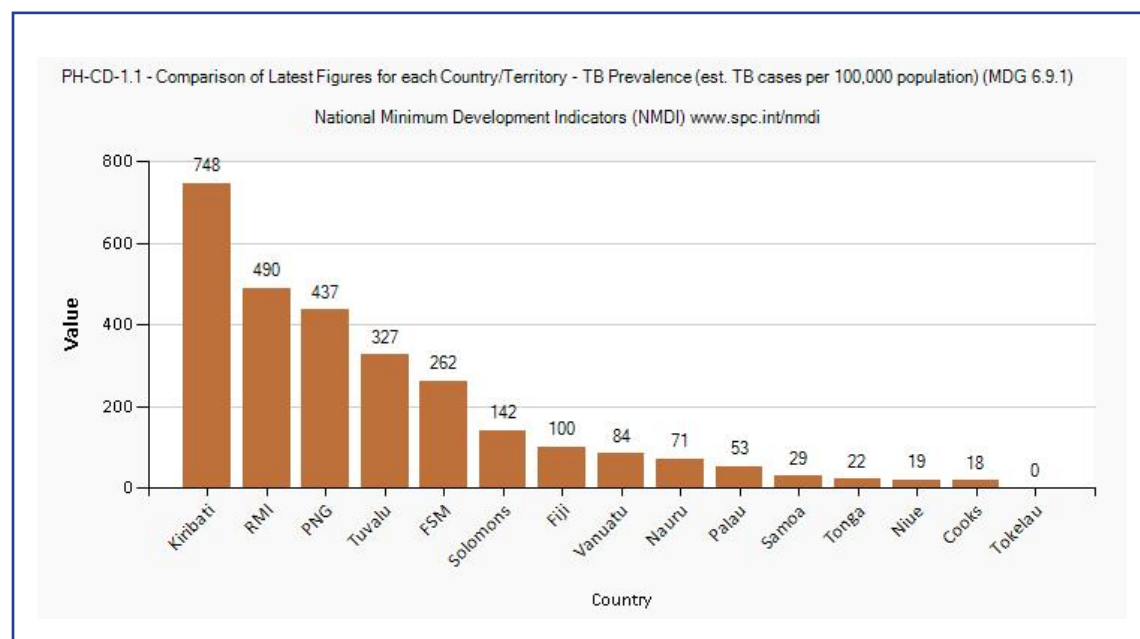
Source: WHO Global Health Observatory 2016<sup>49</sup>

48 Tyson, S. and Clements, J., 'Strengthening Development Partner Support to Immunisation Programs in the Pacific - Strategic Review', 2016, p. 20.

49 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?x-country=NIU> and [http://www.who.int/immunization/monitoring\\_surveillance/routine/coverage/en/index4.html](http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html) [25.04.17].

SDG target 3.3 encourages all countries to eradicate TB by 2030. According to data gathered by WHO for the 2015 Global Tuberculosis Report, there were zero cases of TB in Niue in 2015, which suggests TB is not a problem in the country.<sup>50</sup> This is confirmed by NMDI data from 2013, which suggest Niue has the second lowest TB prevalence rate in the PICTs region, with a rate of 19 cases per 100,000 population (see Figure 3.4).

**Figure 3.4: TB prevalence rate by country**



Source: NMDI 2013.

### 3.3. Maternal health

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio to less than 70 maternal deaths per 100,000 live births. The World Bank and UN Population Division do not report an adjusted ratio for Niue.<sup>51</sup> Based on unadjusted data provided by national authorities, the SOWC 2016 dataset reports a ratio of zero in Niue, as of 2015. In 2011, WHO reported that no maternal death had been recorded since the early 1980s.<sup>52</sup> These figures indicate that Niue has already reached SDG target 3.1 in relation to maternal mortality.

50 <http://www.who.int/tb/country/data/profiles/en> [21.03.17].

51 See <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. 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 are therefore preferable. Note that these UN estimates do not necessarily match with the unadjusted maternal mortality ratio recorded in the SOWC 2016, which is based on data reported by national authorities.

52 See [http://www.wpro.who.int/countries/niu/22NIUpro2011\\_finaldraft.pdf](http://www.wpro.who.int/countries/niu/22NIUpro2011_finaldraft.pdf) [20.08.17].

Under Article 24(2)(d) of the CRC and CRC General Comment No. 15 paras 51–7, all signatory countries should ensure appropriate pre- and post-natal health care for mothers. Existing evidence suggests most women in Niue have access to pre- and post-natal health care. The SOWC 2016 dataset records that 100 per cent of women in Niue had at least one antenatal health care visit (data are not available about the number who received at least four visits), and 100 per cent of women had a skilled attendant at birth. No data are available about post-natal health-checks.

### 3.4. Violence against women and girls

Violence against women and girls is a key public health concern. However, there is little available data on the issue in Niue. Violence against women and girls is discussed in more detail under the child protection section of this report (see Chapter 6).

### 3.5. Adolescent health

The 2011 census reported that 13 per cent of the population was between the ages of 15 and 24 years. Unfortunately, there is no population proportion breakdown for adolescents aged 10–19 in the SOWC 2016 database. The Committee on the Rights of the Child recognizes adolescence as a ‘unique defining stage of human development’, with particular health issues and response requirements.<sup>53</sup>

#### 3.5.1. Fertility and contraceptive use

The adolescent birth rate in Niue (i.e. the number of births per 1,000 adolescent girls aged 15–19) was recorded as 16 births per 1,000 in the 2016 SOWC dataset, which is the lowest rate in the whole PICTs group (see Figure 3.5).

According to the SOWC 2016 data, contraceptive prevalence<sup>54</sup> in Niue is recorded at 23 per cent, which is at the lower end of the coverage range in the PICTs group (see Figure 3.6).<sup>55</sup> It is unclear what factors explain Niue’s relatively low contraceptive prevalence, as information on this is not available. Note that Niue’s Essential Drug List from 2006 does *not* include important family planning commodities such as contraceptive implants, female condoms or pregnancy tests.<sup>56</sup>

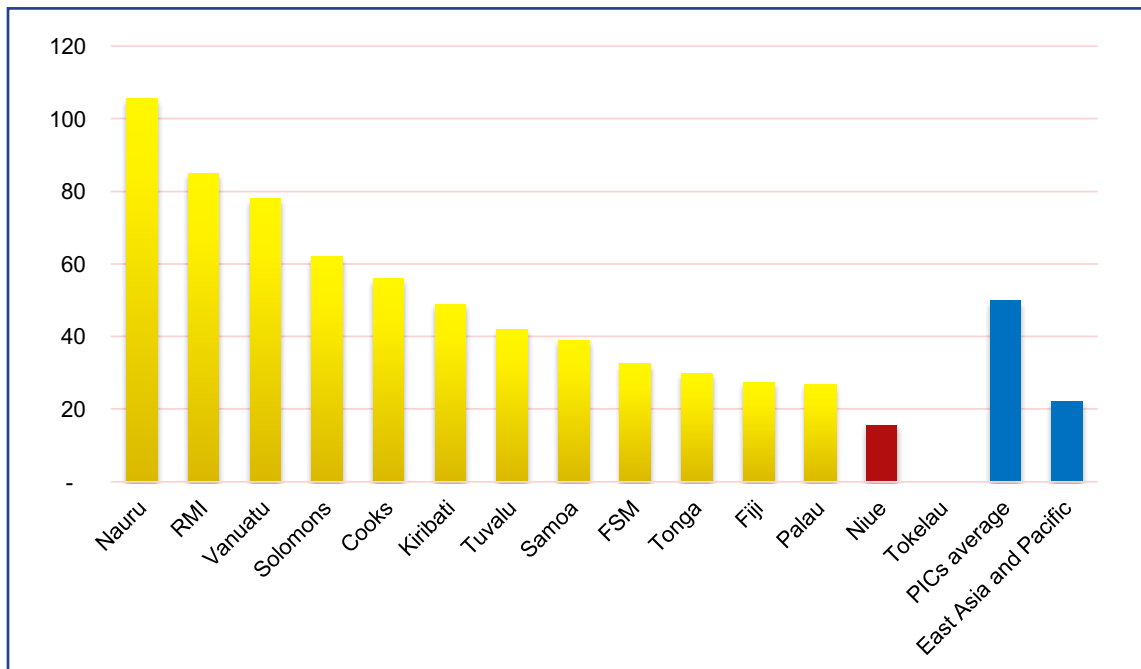
53 General Comment No. 20 on the Implementation of the Rights of the Child in Adolescence, 6 December 2016, para. 9.

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

55 See also NMDI data, on [https://www.spc.int/nmdi/maternal\\_health](https://www.spc.int/nmdi/maternal_health) [21.03.17].

56 International Consortium for Emergency Contraception, on [www.cecinfo.org/emlsearch/country/niue/](http://www.cecinfo.org/emlsearch/country/niue/) [21.03.17].

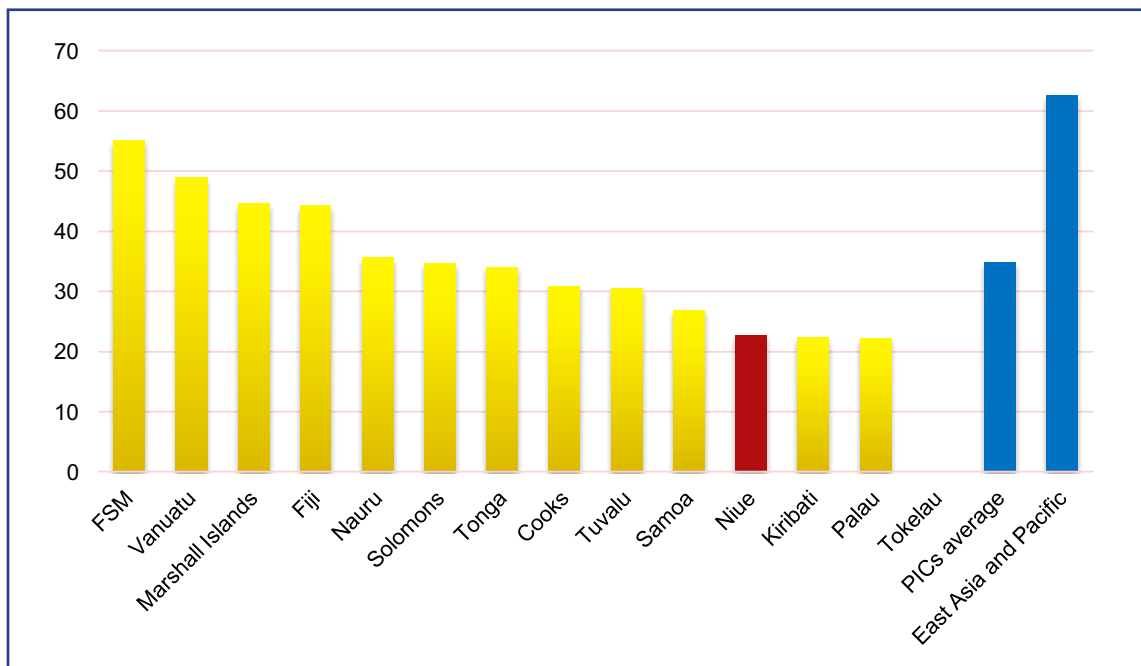
**Figure 3.5: Adolescent birth rate (births per 1,000 women aged 14–19)**



Note: Data are not available for Tokelau.

Source: SOWC 2016

**Figure 3.6: Contraceptive prevalence (percentage of women aged 15–49 using contraception) in the PICTs**



Source: SOWC 2016



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

There are no reported cases of HIV/AIDS in Niue. Knowledge about HIV/AIDS prevention appears to be relatively high among the Niue adolescent population, with 70 per cent of adolescents aged 15–24 having comprehensive knowledge about HIV prevention, according to 2007 survey data presented in the NMDI database. In the PICTs group, only Palau (78 per cent) has a higher rate of adolescent knowledge about HIV/AIDS prevention. According to the NMDI database, there was 1 case of chlamydia in the adolescent population in 2010.<sup>57</sup> No further information on this is available.

### 3.5.3. Substance abuse

According to SDG target 3.5, Niue should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. The 2010 Niue Global School-Based Health Survey (GSHS) was implemented among 141 school children aged 13–15, with the aim of collecting nationally representative data on, among other issues, substance abuse in adolescents.

The GSHS found that 23 per cent of children aged 13–15 had drunk at least one drink containing alcohol on one or more of the past 30 days and that nearly one in four (23.8 per cent) had been drunk once or more in their lives. The data were not disaggregated by sex, as fewer than 20 girls were surveyed, but the figures for boys showed 35.5 per cent had consumed alcohol within the past 30 days and 39.5 per cent had been drunk at one point in their lives.<sup>58</sup>

Tobacco use is not very common in Niue's youth population: 16.1 per cent of all students and 23.3 per cent of boys aged 13–15 surveyed in the 2010 GSHS indicated that they had used tobacco products on at least one day during the past 30 days.<sup>59</sup> Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs)<sup>60</sup> and exacerbates virtually all of them.<sup>61</sup> No data were available in relation to drug use.

### 3.5.4. Mental health

There are no data available on the overall prevalence of mental illness in Niue.<sup>62</sup> However, the 2010 GSHS collected limited information on adolescent mental health. For example, these data indicate that around 8.9 per cent of all pupils aged 13–15 had attempted suicide during the 12 months before the survey was implemented, with the figure for boys at 15.3 per cent.

57 NMDI data, on [https://www.spc.int/nmdi/sexual\\_health](https://www.spc.int/nmdi/sexual_health) [18.04.17].

58 [http://www.who.int/chp/gshs/Niue\\_GSHS\\_FS\\_2010.pdf?ua=1](http://www.who.int/chp/gshs/Niue_GSHS_FS_2010.pdf?ua=1) [21.03.17].

59 Ibid.

60 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].

61 World Bank, 'Pacific Possible'.

62 WHO, 'proMIND Profiles on Mental Health in Development', 2013, on [http://apps.who.int/iris/bitstream/10665/85308/1/9789241505680\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85308/1/9789241505680_eng.pdf) [21.03.17].

A 2013 WHO report on mental health in Niue suggests specialist health services in Niue are limited because of the small size of the population and limited resources: health care tends to be generalist. However, the report noted that a Multi-sectoral Mental Health Committee had been established in 2012.<sup>63</sup> It also suggests that traditional beliefs and Christianity form the basis of Niuean concepts of mental health problems and their management, which has in some cases led to stigma and discrimination against individuals with mental health problems.<sup>64</sup>

### 3.6. Nutrition

According to WHO's Global Nutrition Targets, Niue 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.<sup>65</sup>

#### 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

#### 3.6.1. Child stunting and wasting

There are no up-to-date prevalence estimates for child stunting (short height-for-age or 'chronic malnutrition') and child wasting (low weight-for-height or 'acute malnutrition') in Niue, which represents a significant data gap.

63 Ibid.

64 Ibid., p. 3.

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

### 3.6.2. Anaemia

There are also no up-to-date data on anaemia prevalence among women of reproductive age and anaemia prevalence rates in children. However, somewhat outdated data from the WHO worldwide prevalence of anaemia study (1993–2005) showed a prevalence rate of 22 per cent for children under five years, 12 per cent for non-pregnant women and 32 per cent for pregnant women, making anaemia a public health concern (alongside vitamin A deficiency).<sup>66</sup>

### 3.6.3. Low birthweight and underweight

There are no available estimates of underweight prevalence in children in Niue, which represents a significant data gap. Existing evidence suggests childhood underweight as well as low birthweight are not very prevalent in Niue. For example, somewhat outdated NMDI data from 2005 indicated that Niue's under-five child underweight prevalence and low birthweight prevalence both stood at zero.<sup>67</sup>

### 3.6.4. Obesity

Data on obesity and overweight prevalence in children in Niue are limited. However, existing evidence suggests childhood obesity is a major problem in the country. For example, the 2010 GSHS found 29.7 per cent of students aged 13–15, including 39.9 per cent of males and 19.5 per cent of females, were obese – the second highest rate in the PICTs group (after Cook Islands) (Figure 3.7).

The impact of obesity is a public health concern in Niue. WHO reported in 2013 that the Department of Health (DoH) in Niue had implemented a National Action Plan to target NCDs in 2009–2012 in light of the fact that 'Diabetes, cardiovascular diseases, obesity and cancer continue to increase in prevalence and are currently the leading causes of health burden in Niue.'<sup>68</sup>

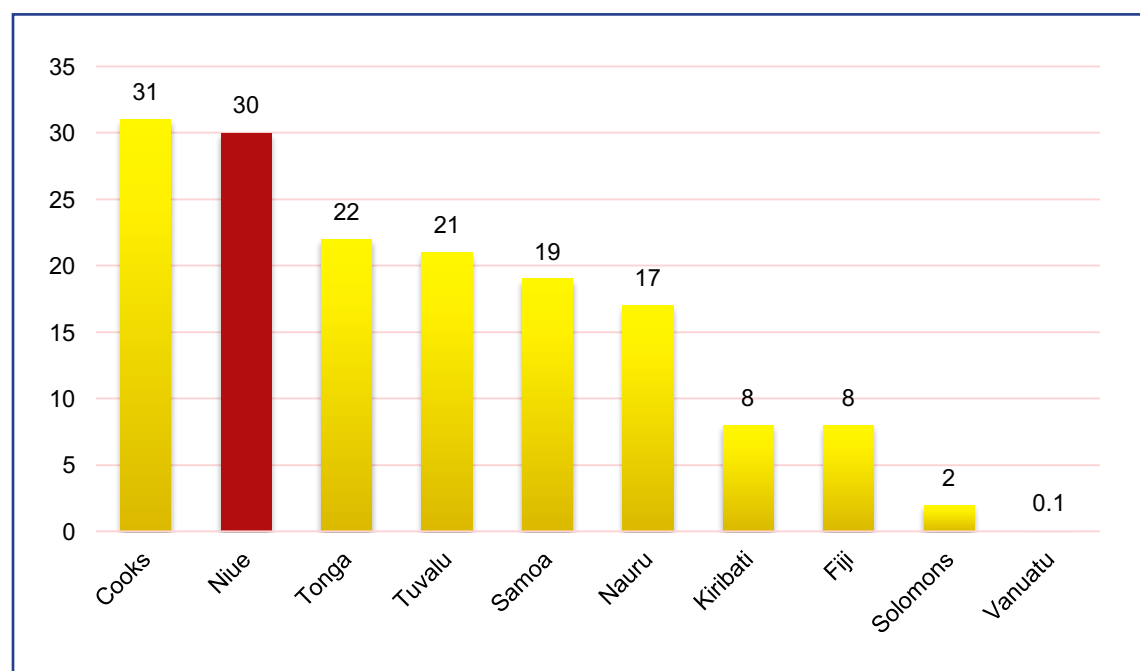
Obesity appears to be an even bigger problem among the adult population, with the NCD STEPS survey from 2011 finding that 61 per cent of adults were obese. The STEPS survey also found that 38 per cent of adults had raised blood glucose, 34 per cent had high blood pressure requiring medication and 92 per cent did not eat enough fruit and vegetables.<sup>69</sup>

66 FAO, 'Niue – Food and Nutrition Security Profiles', 2014, on [http://www.fao.org/fileadmin/templates/rap/files/nutrition\\_profiles/DI\\_Profile\\_-\\_Niue\\_280714.pdf](http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Niue_280714.pdf) [14.06.17].

67 [https://www.spc.int/nmdi/child\\_health](https://www.spc.int/nmdi/child_health) [21.03.17].

68 WHO, 'proMIND Profiles on Mental Health in Development', 2013.

69 WHO, 'Niue NCD Risk Factors STEPS Report', 2013, on [http://www.who.int/chp/steps/Niue\\_STEPS\\_Report\\_2011.pdf?ua=1](http://www.who.int/chp/steps/Niue_STEPS_Report_2011.pdf?ua=1) [13.04.17].

**Figure 3.7: Obesity prevalence in school children aged 13–15 (percentage)**

Source: GSHS 2010–2016

### 3.6.5. Breastfeeding

WHO recommends that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.<sup>70</sup> Data on breastfeeding in Niue are not available, nor are up-to-date figures on children’s introduction to solid, semi-solid or soft foods within six to eight months of birth. The 2005 Situation Analysis on Children, Women and Youth in Niue reported data from 1997–2002 suggesting that 80–90 per cent of newborns were breastfed for the first few months of their lives.<sup>71</sup> Without additional, more current, data, it is not possible to draw conclusions about current breastfeeding practices in Niue.

## 3.7. Key barriers and bottlenecks

The health profile for children in Niue is largely positive, although there are some concerns around obesity among the larger population, which could lead to higher levels of obesity among children if they are not provided with enough exercise and healthful food. Despite the largely positive picture, there are some barriers and bottlenecks to further progress in the area of child and maternal health, which are discussed below.

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

71 UNICEF Pacific, ‘Niue: A Situation Analysis of Children, Women and Youth’, 2005, p. 20.

### 3.7.1. Climate and disaster risks

Climate change and extreme weather increase the threat of communicable diseases and NCDs, and can exacerbate existing bottlenecks and create additional barriers for access to health care. For example, in 2004 Cyclone Heta completely destroyed Niue's only hospital, Lord Liverpool Hospital.<sup>72</sup> Further, as Niue's population is dependent on rainwater and underground water (it has no surface water), the population is at risk of water-borne diseases if natural disasters such as cyclones interrupt access to existing safe water sources.<sup>73</sup>

Following the destruction of Lord Liverpool Hospital by Cyclone Heta in January 2004, and during construction of a new hospital, medical and hospital services were provided out of a youth centre in the capital, Alofi. Funding for the new hospital was provided by WHO, the EU and New Zealand, and the location was set inland rather than in a coastal area, reducing the risk of damage by future cyclones.<sup>74</sup>

The DoH in Niue takes the threat of climate change seriously, listing the following as the most serious climate-change related health concerns in its 2012 Climate Change and Health Plan (CCHP):

- Vector-borne diseases;
- Ciguatera (fish poisoning), with increased sea temperature;
- Diarrhoeal illness, exacerbated by warmer weather and rainfall;
- Respiratory disease owing to warmer, wetter weather;
- Heat-related illness;
- NCDs as a result of reduced food security and reduced opportunities to exercise in extreme heat;
- Health impacts of extreme weather events including deaths and mental health concerns;
- Skin infections/infestations owing to increased temperatures and reduced rainfall.

Responsibility to take actions to prevent or address the potential health risks noted above falls, mostly, on the DoH. The 2012 CCHP notes that there is a shortfall in environmental health staffing and resourcing, as well as in health information systems (discussed further below).

### 3.7.2. Health financing and workforce

Per capita spending on health in Niue is second only to that of Palau in the PICTs group.<sup>75</sup> However, growing health care costs associated with NCDs and the climate-related health burdens noted above may place additional financial strain on the system.

72 WHO, 'Human Health and Climate Change in Pacific Island Countries', 2015, p. 39, on [http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf) [13.03.17].

73 FAO, 'Niue – Food and Nutrition Security Profiles', 2014.

74 [http://www.wpro.who.int/countries/niu/22NIUpro2011\\_finaldraft.pdf](http://www.wpro.who.int/countries/niu/22NIUpro2011_finaldraft.pdf) [14.06.17].

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

Expenditure on health is largely government-led, with 99.2 per cent of total health expenditure coming from the government of Niue as of 2009.<sup>76</sup> As of 2013, Niue had three medical doctors, 10 nurses, two midwives, one pharmacist, two dental officers and two dental assistants.<sup>77</sup> NMDI data from 2010 reflect a high health workforce–population ratio in Niue compared with in the rest of the PICTs group (including Papua New Guinea, PNG).<sup>78</sup>

**Table 3.1: Health workforce–population ratios in Niue, 2013**

Indicator	Niue	Rank
Number of physicians per 1,000 population	2.7	2
Number of dentistry personnel per 1,000 population	1.9	1
Number of nurses per 1,000 population	8.4	1
Number of midwifery personnel per 1,000 population	1.3	2

Source: WHO ProMIND 2013

In order to meet the challenges set through the climate change and disaster risk barriers, it will be important to sustain, and improve if possible, this level of health care financing and workforce.

### 3.7.3. Health information systems

Finally, the 2012 CCHP notes the importance of strengthening Niue’s health information systems, noting that existing health data are largely anecdotal rather than systematically gathered. This is in line with the findings in several sections of this report that there is a lack of data on specific health and nutrition outcomes. As the 2012 CCHP sets out, this means health planning and programming is potentially less well tailored and that progress is more difficult to track than if it were based on robust, systematically collected data.

76 [http://www.wpro.who.int/countries/niu/22NIUpro2011\\_finaldraft.pdf](http://www.wpro.who.int/countries/niu/22NIUpro2011_finaldraft.pdf) [14.06.17].

77 WHO, ‘proMIND Profiles on Mental Health in Development’, 2013, p. 23.

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



# 4.

## Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial for achieving a whole range of 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.<sup>79</sup> Existing evidence also suggests poor WASH access is linked to growth stunting.<sup>80</sup> Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.<sup>81</sup> This chapter assesses and analyses the situation in Niue 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 Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress on WASH since 1990. The JMP was previously responsible for tracking progress towards MDG 7c on WASH; following the introduction of the 2030 Sustainable Development Agenda, it now tracks progress towards the SDG's WASH targets. 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.<sup>82</sup> The sub-sections below utilize the relevant service ladders to assess Niue's progress towards meeting the SDG targets.

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79 WHO, 'Sanitation, Drinking-Water and Health in Pacific Island Countries. 2015 Update and Future Outlook', 2016.

80 UNICEF, 'Looking Back, Moving Forward. A Snapshot of UNICEF's Work for Pacific Island Children 2015–16', 2016.

81 Ibid.

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

## Key WASH-related SDGs

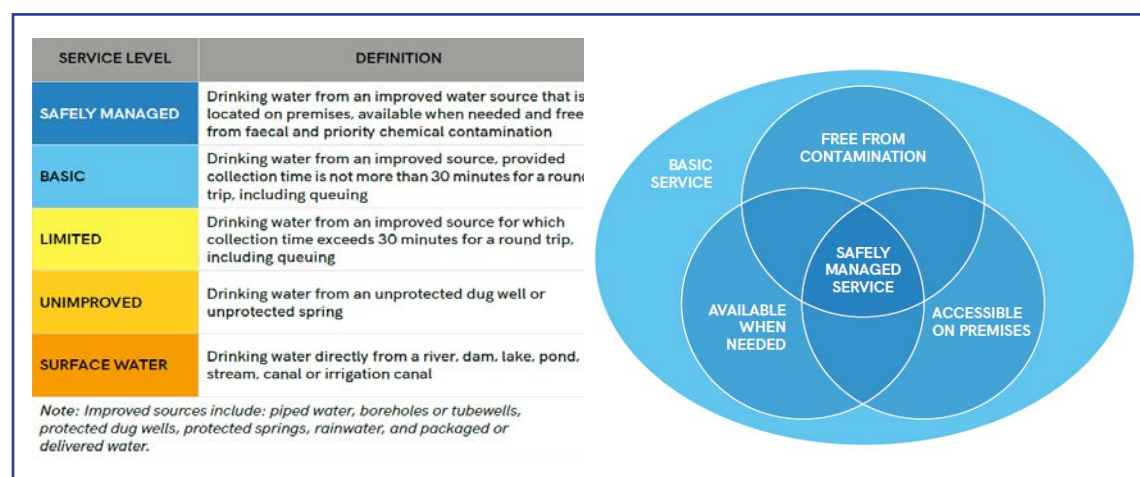
WASH sector goal <sup>ii</sup>	SDG global target	SDG indicator
<b>Achieving universal access to basic services</b>	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as <b>access to basic services</b>	1.4.1 Population living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

### 4.1. Access to improved water sources

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**.<sup>83</sup> The immediate priority in many countries is to ensure universal access to at least a basic level of service.<sup>84</sup>

83 Ibid., p. 8.

84 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.

Recent JMP estimates provide that 97.2 per cent of the population in Niue has access to safely managed drinking water sources, as of 2015, meaning the country is close to reaching SDG target 6.1. Of the population with access to an improved water source, 86.9 per cent is estimated to have access to a piped source and 11.3 per cent access to a non-piped source. A total of 98.2 per cent of the population is estimated to have access on premises.<sup>85</sup> As Figure 4.2 shows, access to basic water services in Niue compares favourably with the rest of the PICTs.

**Table 4.1: Provision of drinking water services, 2017 estimates**

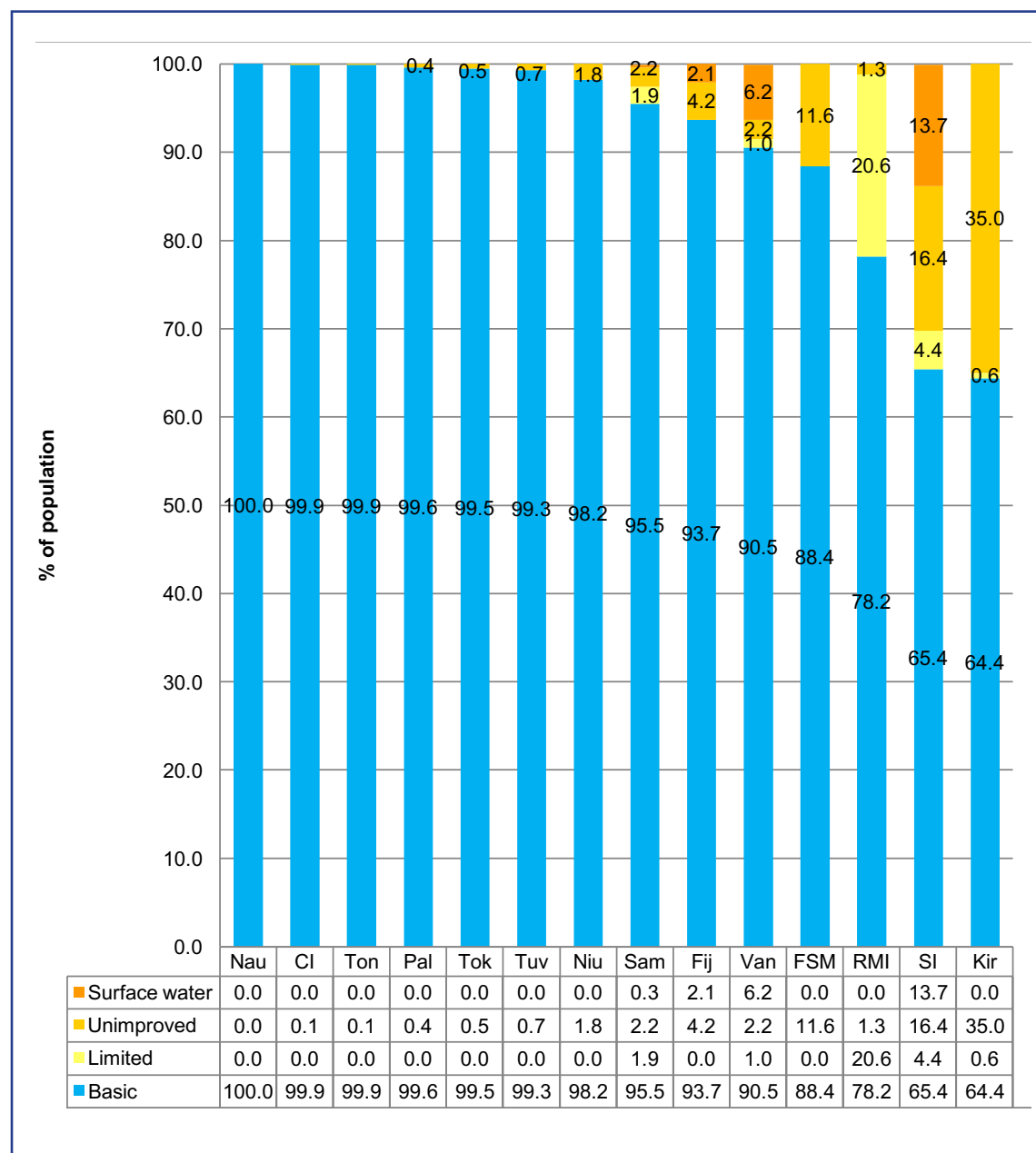
Year	Improved water	Improved within 30 mins	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources that are:					
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination	Safely managed drinking water
2000	99.2	99.2	-	0.8	0.0	99.2	0.0	99.2	99.2	98.2	98.2
2005	99.1	99.1	-	0.9	0.0	99.1	0.0	99.1	99.1	98.1	98.1
2010	98.5	98.5	-	1.5	0.0	92.1	6.5	98.5	98.5	97.6	97.6
2015	98.2	98.2	-	1.8	0.0	86.9	11.3	98.2	98.2	97.2	97.2

Source: JMP data<sup>86</sup>

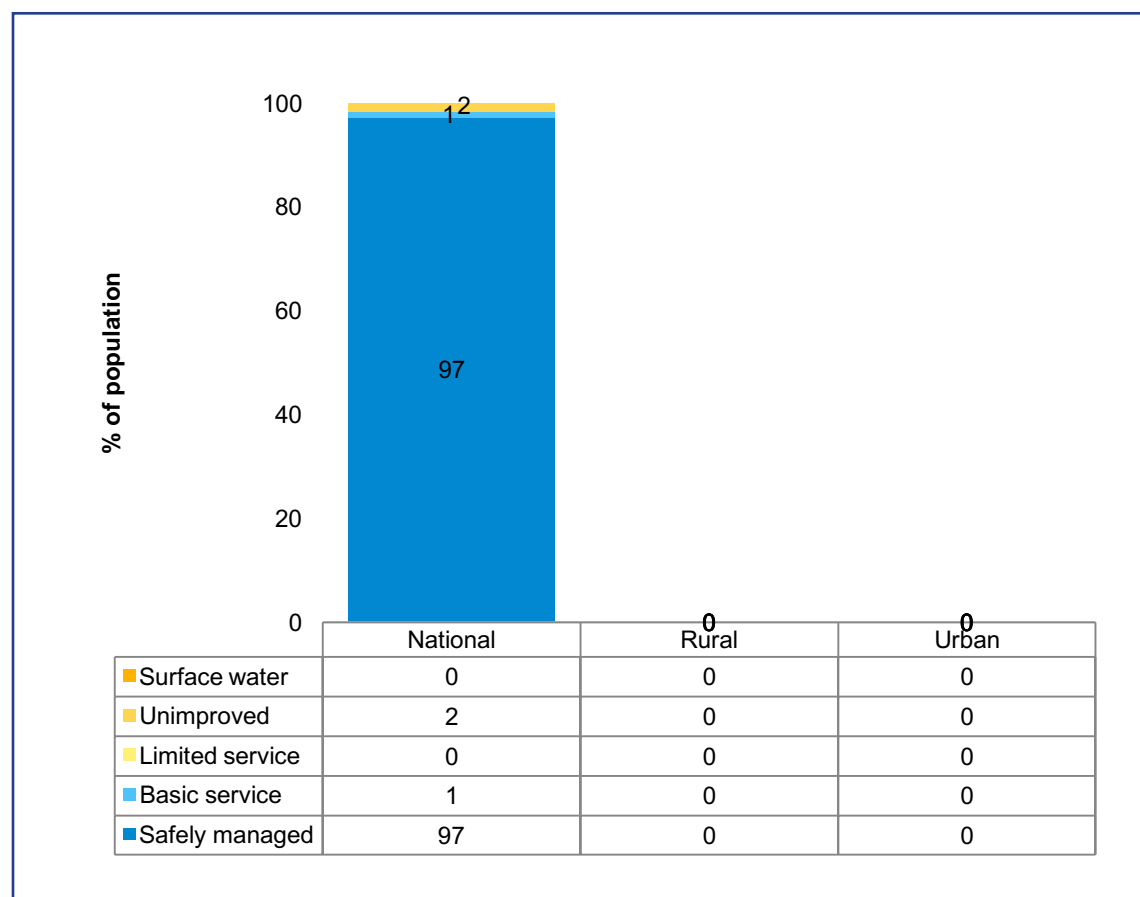
85 JMP data for Niue, on <https://washdata.org/data#!/niu> [05.08.17].

86 Ibid.

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



Source: JMP data.<sup>87</sup>

**Figure 4.3: Provision of drinking water services in Niue, 2017 estimates**

Source: JMP data<sup>88</sup>

However, as Table 4.1 indicates, JMP estimates suggest access to improved water sources in Niue has decreased slightly over the past 10 years. While 98.2 per cent of the population had access to safely managed drinking water in 2000, the 2015 estimate is 97.2 per cent.<sup>89</sup> These rates should be investigated further so we can confirm whether they are statistically significant, and monitored to see whether this trend continues.

The table also indicates that access to piped water has decreased while non-piped water access has increased. While in 2000 piped water access was at 99.2 per cent, with non-piped access at 0 per cent, in 2015 the proportion of the population with access to a piped source was 86.9 per cent and the proportion with access to a non-piped source had increased by 11.3 per cent.<sup>90</sup>

88 <https://washdata.org/data#!/niue> [05.08.17].

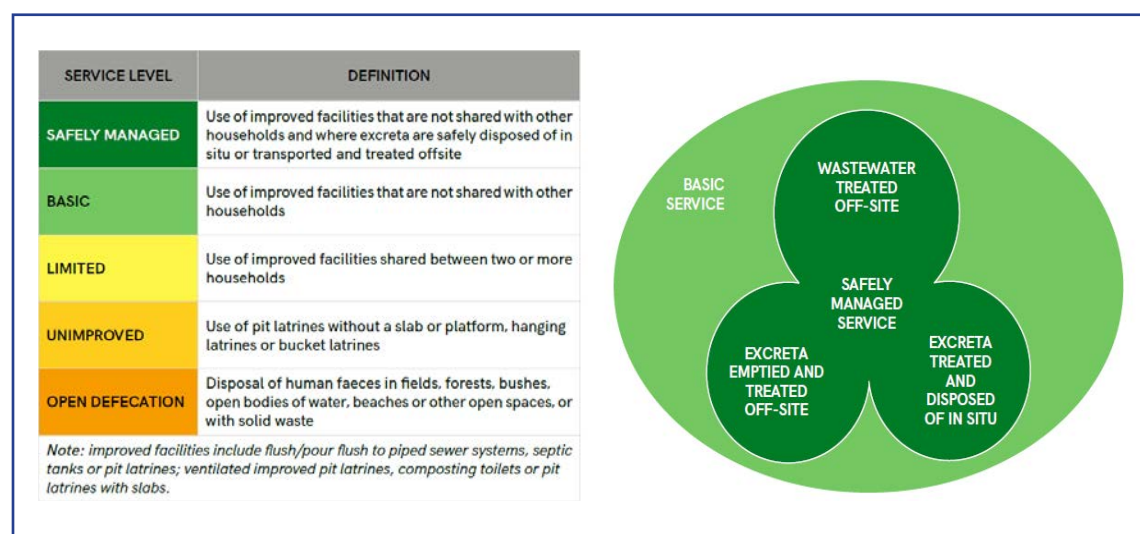
89 Ibid.

90 Ibid.

## 4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 on safely managed sanitation services, people need to be using 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.<sup>91</sup> If excreta from improved sanitation facilities are not safely managed, people using these facilities will be classed as having access to basic sanitation service (SDG 1.4); if using improved facilities that are shared with other households, this will be classified as having a limited service. SDG target 6.2 also puts a specific focus on ending the practice of open defecation.<sup>92</sup> While the target aims to progressively raise the standard sanitation services level for all, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.<sup>93</sup>

**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 service is available for Niue, as data on excreta disposal are unavailable.<sup>94</sup> However, according to JMP estimates for 2015, 96.8 per cent of the population in Niue has access to basic sanitation services according to the JMP service ladder (i.e. improved sanitation services that are not shared with other households). This means Niue is close to meeting SDG 1.4 in relation to sanitation. As Figure 4.5 shows, access to sanitation services in Niue is among the highest rates across the PICTs.

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

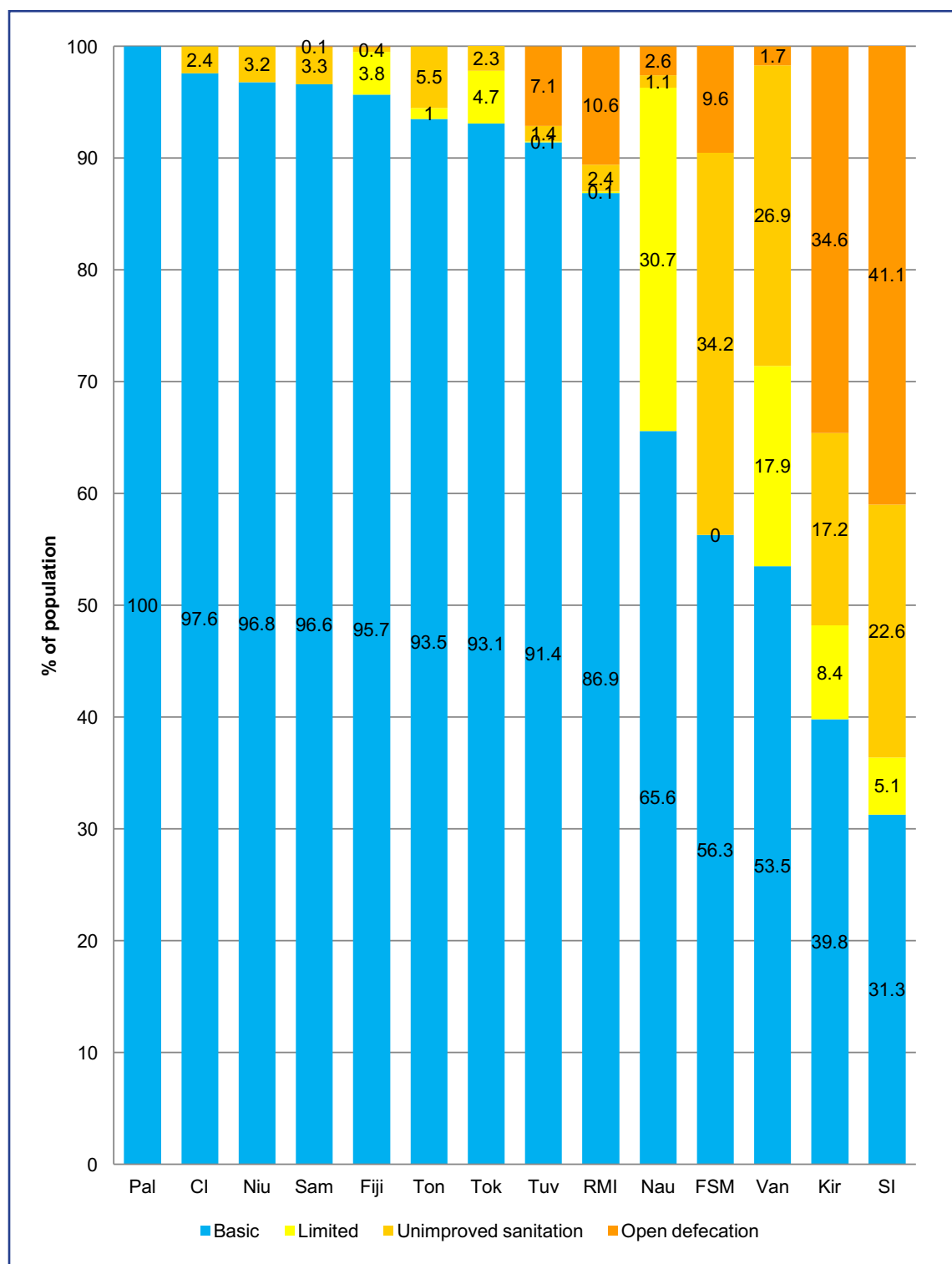
92 Ibid., pp. 8–9.

93 Ibid., p. 10.

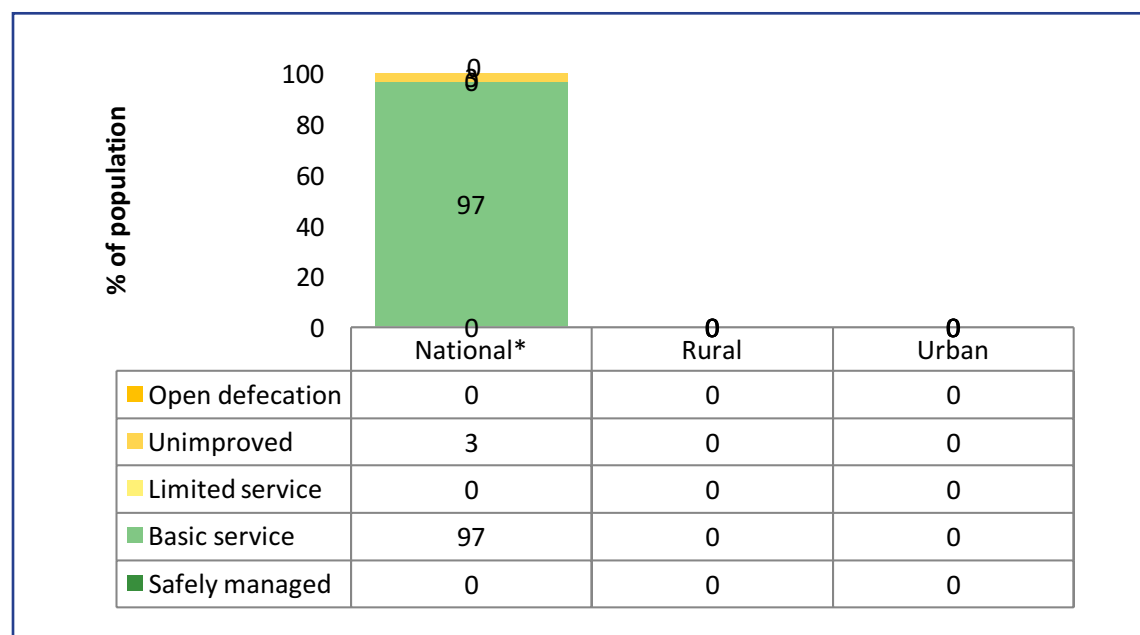
94 <https://washdata.org/data#!/niu> [05.08.17].



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



Source: JMP data<sup>95</sup>

**Figure 4.6: Provision of sanitation facilities in Niue, 2017 estimates**Source: JMP data.<sup>96</sup>**Table 4.2: Provision of sanitation facilities in Niue, 2017 estimates**

Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed <i>in situ</i>	Emptied and treated	Wastewater treated
2000	100.0	100.0	0.0	0.0	0.0	15.0	78.0	7.0	-	-	-
2005	100.0	100.0	0.0	0.0	0.0	15.0	78.0	7.0	-	-	-
2010	98.2	98.2	0.0	1.8	0.0	13.2	78.0	7.0	-	-	-
2015	96.8	96.8	0.0	3.2	0.0	11.8	78.0	7.0	-	-	-

Source: JMP data.<sup>97</sup>

Table 4.2 provides an indication of trends over time. These data indicate that basic sanitation coverage has decreased over recent years. While basic sanitation coverage was universal up until 2005, the most current estimate for 2015 indicates a coverage rate of 96.8 per cent.

96 <https://washdata.org/data#!/niu> [05.08.17].97 *Ibid.*

Data estimates from JMP prior to 2017 cannot be used against the current service ladders as data for some criteria are missing, but these previous provide estimates of the coverage of improved sanitation by indicating trends and developments more broadly. Further, estimates by JMP prior to 2015 drew on 1,982 sources, whereas the 2017 JMP database has more than doubled to include 4,710 data inputs, 3,408 of which are used to produce estimates.<sup>98</sup> This means 2015 and 2017 data are not directly comparable. However, it can be useful to consider the previous dataset, as this spans 1990–2015, a greater time period than in the 2017 report, which focuses on 2000–2015. According to 2015 estimates, the proportion of the population in Niue with access to improved sanitation facilities in 1995 stood at 69 per cent, indicating that, over time, the country has achieved commendable success in terms of expanding access to improved sanitation.<sup>99</sup>

According to SDG target 6.2, Niue should also aim to end any practice of open defecation by 2030. Most recent JMP estimates suggest open defecation is not practised in Niue, which means the country has already achieved this target (see Table 4.2).<sup>100</sup>

### 4.3. Hygiene practices

According to SDG target 6.2, Niue should, by 2030, provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children’s faeces) is an effective way to prevent diarrhoea (and other diseases), which in turn affects important development outcomes such as those related to child mortality or school attendance.<sup>101</sup>

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 such a facility 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.<sup>102</sup>

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98 WHO and UNICEF, ‘Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines’, p. 50.

99 WHO Global Health Observatory, 2016.

100 <https://washdata.org/data#!/niu> [13.04.2017].

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

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

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

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

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

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

The 2017 JMP study provides no data estimates on hygiene practices for Niue, and there are limited data available on hygiene practices among children in the country. However, the 2010 GSHS for Niue found that 9 per cent of surveyed pupils aged 13–15 years old cleaned or brushed their teeth *less than one time per day* during the 30 days prior to the report, and 3.7 per cent of students never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey (though this figure was 6.3 per cent for boys). By their nature, GSHS data report only on children in schools, so the hygiene practices of children outside of schools are unknown.

#### 4.4. WASH in schools, MHM and disabilities

Little data were obtainable on the situation of WASH in schools in Niue. A 2015 UNICEF presentation on WASH in schools in Solomon Islands suggests there is 100 per cent access to sanitation and improved water in schools in Niue. However, it was not possible to verify or find the source of this information.<sup>103</sup> There appears to be no information on menstrual hygiene management (MHM) programmes in Niue. Furthermore, data are lacking on access to WASH for children living with disabilities and other disadvantaged groups in Niue.

103 UNICEF, 'Solomon Islands: Incorporating MHM into National WASH in Schools Policies and Guidelines', on [https://www.unicef.org/wash/schools/files/Solomon\\_Islands\\_-\\_Incorporating\\_MHM\\_into\\_national\\_WASH\\_in\\_schools\\_policies\\_and\\_guidelines.pdf](https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf) [13.04.17], p. 3.

## 4.5. Barriers and bottlenecks

Even given the limited nature of data on WASH in Niue, the information that is available suggests the following structural barriers and bottlenecks to achieving further progress in the WASH sector.

### 4.5.1. Climate and disaster risks

Climate-related risks to WASH services and facilities are significant in Niue. As Niue is reliant on improved water from rainfall or underground sources, this makes these sources essential, alongside the infrastructure that supports them. According to the Niue Food and Nutrition Security Policy, the impact of climate change has already been felt: the effects of water shortages are experienced acutely during prolonged periods of drought. In addition, as a raised atoll, the country has free-draining soil that tends to dry out quickly.<sup>104</sup> Climate change and natural disasters can also damage WASH infrastructure through damage to buildings, toilets and other facilities.

### 4.5.2. Data availability

In addition, the lack of data about, for example, WASH in schools, MHM or WASH access for children with disabilities is a constraint. It is essential for girls to have access to appropriate MHM support and services within schools, in support of their continued learning and to promote equity.<sup>105</sup> In addition, children with disabilities may need additional WASH-related support, such as support in hygiene, for example. Without data in relation to this it is not possible to determine whether and to what extent these children are accessing their WASH rights.

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104 Niue Food and Nutrition Security Policy 2015-2019, on <https://pafpnet.spc.int/resources/777-niue-food-and-nutrition-security-policy-2015-19> [27.03.17].

105 See e.g. UNICEF EAPRO, 2016, 'Supporting the Rights of Girls and Women through Menstrual Hygiene Management (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](https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf) [05.05.17].

# 5.

## Education

### 5.1. Context

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 UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following ‘interrelated and essential features’: availability; accessibility; acceptability; and adaptability.<sup>106</sup> 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 and promote lifelong learning for all.’ 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.

### 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

SDG	Target	Indicators
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
		Participation rate in organized learning (one year before the official primary entry age), by sex
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	Proportion of youth and adults with 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



SDG	Target	Indicators
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)
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 information and communications technology, 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

In addition to these rights and targets, the UNISDR and 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 management: safe learning facilities; school disaster management; and risk reduction and resilience education.<sup>107</sup> These pillars should also guide the development of the education system in Niue, which is vulnerable to disaster and risk.

107 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](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].

## 5.2. Early childhood education

According to the SDGs, by 2030 states are required to ensure 'all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'. EFA Goal 1 also requires the expansion and improvement of comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. Based on data from 2012, a reported 90 per cent of children in Niue participate in pre-primary education,<sup>108</sup> which indicates a very high level of enrolment. This is most likely because education is free and compulsory by law for children from the age of three years nine months to 16 years.<sup>109</sup>

There is one school in Niue, and, according to the Committee on the Rights of the Child's 2013 Concluding Observations, there were 38 children in ECE, taken care of by five teachers, which suggests a teacher–pupil ratio of 1:7.6.<sup>110</sup> In 2016, the ECE teacher–pupil ratio was a lower 1:6.4.<sup>111</sup> While this suggests teachers are not overburdened and are able to devote enough attention to each child, it is significantly lower than the recommended international standard of 1:15,<sup>112</sup> raising questions as to the efficiency of teaching time. Further, data on classroom sizes, quality of resources, resource availability, teacher skills and qualifications are needed to make it possible to conduct a more comprehensive assessment of the quality of ECE. This is particularly the case in light of reports indicating that the quality of ECE varies significantly within Niue, partly because of limited funding towards the sector.<sup>113</sup>

## 5.3. Primary and secondary education

There is one primary school on Niue, in which 222 students are enrolled, and one secondary school, which has 182 enrolled students. The school curriculum is based on the New Zealand school curriculum.<sup>114</sup>

According to interim and final MDG reports relating to the Pacific, Niue has achieved universal primary education (based on 2011 figures), largely stemming from the fact that education is free and compulsory for children from the ages of three years nine months to 16 years,<sup>115</sup> but also because of the provision of allowances to parents to support them with indirect costs (uniforms, education resources) and a close working relationship between the education, health

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108 UNESCO, 'Education For All 2015 Review', p. 84.

109 Committee on the Rights of the Child, Concluding Observations: Niue, para. 65.

110 Ibid.

111 Niue Education Department, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12/06/17], although it has not been possible to verify this figure against its original source.

112 World Bank Group, 'SABER ECD Report for Solomon Islands 2013', p. 19.

113 UNESCO, 'Education For All 2015 Review', p. 84; Committee on the Rights of the Child, Concluding Observations: Niue, para. 66.

114 MFAT, 'Evaluation of the Niue Country Programme', December 2015, pp. 60–1.

115 PIFS, '2013 Pacific Regional MDGs Tracking Report', August 2013, pp. 11 and 19; Committee on the Rights of the Child, Concluding Observations: Niue, para. 63.

and justice departments, which is helping ensure children are enrolled at the official age.<sup>116</sup> More recently, the Department of Education's Manager of Statistics has indicated that Niue achieved a universal net enrolment ratio (NER) for both boys and girls in 2013, although this figure has not been verified by the authors. In 2016, the primary gross enrolment ratio (GER) was 143.2 per cent (131.2 per cent for males and 156.5 per cent for females).<sup>117</sup> This indicates that a significantly large proportion of pupils, particularly girls, enrolled in primary education fall outside the official age group. Based on 2010 data, 100 per cent of children reach the last grade of primary education.<sup>118</sup>

However, the Committee on the Rights of the Child expressed concern in its 2013 Concluding Observations that a review of the Education Act was leading to a lowering of the upper threshold age of compulsory education.<sup>119</sup> In addition, the Committee was concerned that, with no minimum age of labour, there was a risk that children leave school before completing their education.<sup>120</sup> These are key areas in which disaggregated statistics and up-to-date research are needed.

Updated secondary NERs are unavailable. However, in 2016, the secondary GER was 109 per cent for males and 105 per cent for females.<sup>121</sup> This indicates that there is little difference in the proportion of males and females enrolled in secondary education, but that a notable proportion of these pupils fall outside the official age group. Inequities in accessing secondary education appear to be a significant concern. The Committee on the Rights of the Child observed that migrant children were often discriminated against in the enjoyment of their rights to education, and that this was an issue that required legislative amendment.<sup>122</sup> Further, the Committee observed that the minimum age for marriage for girls was 15 years, which was lower than the higher age threshold for compulsory education.<sup>123</sup> The collection of disaggregated data on the NER and drop-out and survival rates in secondary education, as well as any legislative or other barriers, is necessary to fully analyse these and any other inequities in accessing this level of education.

The literacy rate of young people between the ages of 15 and 24 is 98 per cent (2011 figures).<sup>124</sup> According to the New Zealand Ministry of Foreign Affairs and Trade's (MFAT'S) Evaluation of the Niue Country Programme, pupil achievements in Mathematics are also reportedly on a par with those in New Zealand, though the same is not the case in Literacy. A key cause for this appears to be the language policy, which requires that the language of instruction is Niuean up until Year 4, after which the language of instruction is English. This also further limits the pool of eligible

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116 UNESCO, 'Education For All 2015 Review', p. 62; MFAT, 'Evaluation of the Niue Country Programme', p. 61.

117 Niue Education Department, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify this figure against its original source.

118 PIFS, '2013 Pacific Regional MDGs Tracking Report', p. 90.

119 Para. 63(a).

120 Para. 63(b).

121 Niue Education Department, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify this figure against its original source.

122 Para. 24.

123 Para. 63(b).

124 PIFS, '2013 Pacific Regional MDGs Tracking Report', p. 90.

primary school teachers, contributing to the problem of teacher retention in the country<sup>125</sup> (see below for more details).

The Committee on the Rights of the Child has also recommended that Niue secure sufficient resources to refurbish school buildings and facilities,<sup>126</sup> suggesting that school infrastructure requires improvement and limited financial resources are a barrier to developments in this area. Department of Education data cited in a 2015 report indicate a pupil–teacher ratio of 1:18 for primary school and 1:20 for secondary school. Without any further data, it is not possible to draw firm conclusions on how this affects teaching efficiency and classroom sizes.

A major challenge facing primary and secondary schools in Niue is low retention of teaching staff. Only approximately one in 10 teachers who undertake training in New Zealand return to Niue, the main push factor being higher teacher salaries, according to the MFAT evaluation referred to above.<sup>127</sup> This results in the Department of Education having to hire expatriate teachers from Niue, particularly at secondary level, where an estimated 40 per cent of teachers are reportedly expatriates from other Pacific Islands, Philippines and New Zealand.<sup>128</sup> There is also a real risk that, as teachers continue to upgrade their skills in line with Department of Education policies, increasing numbers of teachers will move to or remain in New Zealand.<sup>129</sup>

## 5.4. Tertiary and vocational education

There is very little information on tertiary and vocational education and training for children who drop out of secondary education or who complete compulsory education. The Committee on the Rights of the Child noted in 2013 that young people had ‘very limited opportunities for further education, vocational training and employment’ in Niue after completing compulsory education.<sup>130</sup> There has reportedly been an increase in the number of females attending tertiary education, although the NER/GER compared with that of boys is not known,<sup>131</sup> although the ratio of males to females at the University of South Pacific’s Niue campus is approximately 3:1.<sup>132</sup> This suggests women are underrepresented in higher education. Further research and disaggregated data are necessary to determine the extent and causes of any such inequities, as well as of access to and quality of tertiary and vocational education more generally, including enrolment rates, status of facilities, teacher skills and qualifications, performance outcomes and employment opportunities.

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125 P. 62.

126 Concluding Observations: Niue, para. 64(c).

127 MFAT, ‘Evaluation of the Niue Country Programme’, p. 62.

128 *Ibid.*, pp. 61–2.

129 *Ibid.*, p. 62.

130 Concluding Observations: Niue, para. 63(d).

131 PIFS, ‘2013 Pacific Regional MDGs Tracking Report’, p. 19.

132 *Ibid.*, p. 32.

## 5.5. Barriers and bottlenecks

A major challenge in analysing the education situation in Niue is the lack of up-to-date data, which the Committee on the Rights of the Child highlighted in its Concluding Observations in 2013 as an issue more generally<sup>133</sup> and also specifically in relation to ECE.<sup>134</sup> General reports from 2013 and 2015 on MDG progress in the Pacific indicated that Niue was on track to meeting all MDGs, including MDG 2 on education and MDG 3 on gender equality and empowerment of women, which suggests it should be in a strong position to continue towards the achievement of SDG 4. However, the data on which these reports were based are over five years old. This, together with limited availability of laws and policies concerning education in Niue, meant it was not possible to conduct a comprehensive assessment and analysis of the education situation in Niue for this report.

Niue has been heavily dependent on ODA to support developments in the education sector. Education ODA jumped from approximately 75 per cent of the government's own education spending in 2011 to almost 250 per cent in 2012, mainly because of increased funding from Australia.<sup>135</sup> However, a vast majority of the government's education appropriation budget is used on teacher salaries, such that Niue continues to be restricted by limited financial resources to fund education developments. Further, funding administration, reporting and procurement approval processes place a considerable burden on staff in the Department of Education, leading to delays in programme implementation.<sup>136</sup>

Despite this heavy reliance on ODA funding, and despite the fact that Niue has delivered the New Zealand school curriculum since 1995, another key barrier appears to be a lack of systematic technical engagement and high-level policy discussions between Niue and New Zealand. Further systematic engagement between the two departments of education could contribute towards ensuring the sustainability of donor-supported reform programmes in the education sector.<sup>137</sup>

Disaster and climate risks are general barriers to ensuring equal access to quality education in the country, although further data are needed to determine the scale of this risk to the fulfilment of education rights and the effectiveness of responses to them. Niue's National Disaster Plan 2010 outlines that, during a 'yellow alert' (early warning phase 2, storm warning), children should be collected from school, or kept at home if before school opening hours.<sup>138</sup> Following the devastating impact of Cyclone Heta in 2003 and the serious damage caused to the country's only primary school, the government made plans to establish a primary school in the centre of the island with the assistance of the New Zealand government, in order to protect the school's population from

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133 Paras 14–15.

134 Para. 65.

135 MFAT, 'Evaluation of the Niue Country Programme', p. 24.

136 *Ibid.*, p. 61.

137 *Ibid.*, p. 62.

138 [https://www.humanitarianresponse.info/system/files/documents/files/NIU\\_National\\_Disaster\\_Plan\\_2010.pdf](https://www.humanitarianresponse.info/system/files/documents/files/NIU_National_Disaster_Plan_2010.pdf) [12.06.17].

future natural disasters that affect coastal areas the most.<sup>139</sup> While the school was forecast to be completed in 2013, information is unavailable regarding progress made. Furthermore, information on the quantitative impact of natural disasters on school buildings and children attending school is unavailable.

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139 AusAID, 'Protecting Niue's School Children', 11 December 2012, on <http://reliefweb.int/report/niue-new-zealand/protecting-niue-per-centE2-per-cent80-per-cent99s-school-children> [12.06.17].

# 6.

## Child Protection

The CRC, its two Optional Protocols and other key international human rights instruments outline the state's responsibility to protect children from all forms of violence, abuse, neglect and exploitation. 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 that 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 recognized 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); the UN Standard Minimum Rules for the Administration of Juvenile Justice (1985); the UN Guidelines for the Prevention of Juvenile Delinquency (1990); the UN Rules for the Protection of Juveniles Deprived of their Liberty (1990); and the UN Guidelines for Justice on Child Victims and Witnesses in Criminal Proceedings (2005).*

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

### Key Child Protection-related SDGs

SDG	Target	Indicators
5.2	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 eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age

SDG	Target	Indicators
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, 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’.<sup>140</sup> 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.’<sup>141</sup> The main elements of a child protection system are:

### Main elements of a child protection system

<b>Legal and policy framework</b>	This includes laws, regulations, policies, national plans, standard operating procedures (SOPs) and other standards compliant with the CRC and international standards and good practices.
<b>Preventive and responsive services</b>	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.
<b>Human and financial resources</b>	Effective resource management must be in place, including an adequate number of skilled workers in the right places and adequate budget allocations for service delivery.
<b>Effective collaboration and coordination</b>	Mechanisms must be in place to ensure effective multi-agency coordination at the national and local levels.
<b>Information management and accountability</b>	The child protection system must have robust mechanisms to ensure accountability and evidence-based planning. This includes capacity for data collection, research, monitoring and evaluation.

Source: Adapted from UNICEF Child Protection Resource Pack 2015

## 6.1. Child protection risks and vulnerabilities

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

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

Niue has limited quantitative data on violence, abuse, neglect and exploitation of children. Nonetheless, available information indicates that Niue children experience various forms of violence in the home, in schools and in the community.

#### 6.1.1.1. Violence in homes and schools

Physical punishment is reported to be common in Niue, with the Global Initiative to End All Corporal Punishment of Children describing acceptance of corporal punishment as 'near universal'.<sup>142</sup>

Limited information was available on the use of corporal punishment or violence by parents or teachers. The Government of Niue advised the UN Committee on the Rights of the Child that 'There is presently no practice of corporal punishment in any of the three schools.'<sup>143</sup>

As part of the 2010 WHO Global School Health Survey, 32.9 per cent of Niue children aged 13–15 years reported that they had engaged in physical fights within the 12 months before the survey, and 35.5 per cent had been bullied within the previous 30 days. This was below the regional average (for countries with data),<sup>144</sup> of 49.5 per cent for fighting and 45.4 per cent for bullying.

**Table 6.1: Violence and unintentional injury rates in 2010**

	Male	Female	Total
Students in a physical fight one or more times during past 12 months	47.1%	Fewer than 20 children so not reported	32.9%
Students seriously injured one or more times during past 12 months	54.6%	Fewer than 20 children so not reported	48.0%
Students bullied on one or more days during past 30 days	38.2%	Fewer than 20 children so not reported	35.5%

Source: GSHS 2010

#### 6.1.1.2. Sexual abuse, commercial sexual exploitation and trafficking in children

No updated information is available about child sexual abuse, commercial sexual exploitation or trafficking of children in Niue. In its 2013 report to the UN Committee on the Rights of the Child, the government noted that it was difficult to obtain data on child sexual abuse and exploitation

142 'Country Report for Niue', on [www.endcorporalpunishment.org/progress/country-reports/niue.html](http://www.endcorporalpunishment.org/progress/country-reports/niue.html) [19.06.17].

143 Addendum to State Party Report to the UN Committee on the Rights of the Child: Niue, 2013, para 23.

144 Cook Islands, Fiji, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

owing to the sensitive nature of sexual abuse in Niue.<sup>145</sup> It advised that between 2005 and 2010, there had been five reported cases of statutory rape, with four of the defendants convicted.<sup>146</sup>

According to the 2005 Situation Analysis of Children, Women and Youth in Niue, sexual violence against children under the age of 15 occurred 'regularly' in the state and often resulted in teenage pregnancies.<sup>147</sup> The SitAn found sexual violence against children was 'effectively condoned by the community as a whole, illustrated by the lack of reporting to Police and lack of formal condemnation',<sup>148</sup> and noted that 'there exists in Niue a regularly recurring problem of teenage pregnancy, often associated with incest or an imbalanced power relationship between the child/mother and an older adult male outside the family.'<sup>149</sup>

### **6.1.1.3. Child labour**

Child labour is not reported to be a known problem in Niue, with the US Department of Labor concluding there was no evidence that child labour, including its worst forms, exists in Niue.<sup>150</sup> The State Party Report to the Committee on the Rights of the Child advises that the government is the main employer in Niue, and that children aged below 15 years are not permitted to enter the civil service as permanent employees.<sup>151</sup> According to the report, 'There is little opportunity for work for children outside assisting family members.'<sup>152</sup>

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

Niue does not have comprehensive data on children in conflict with the law, as statistics on children's cases are not kept in any systematic way by the police.<sup>153</sup> Available information suggests that the number of children formally charged is quite low. In its report to the UN Committee on the Rights of the Child, the government advised that there were only nine children under the age of 18 charged with an offence between 2005 and 2010, none of whom were detained.<sup>154</sup> Most cases have been minor traffic offences, such as driving without a licence, and theft.<sup>155</sup>

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145 Addendum to State Party Report, para. 47.

146 State Party Report to the UN Committee on the Rights of the Child: Niue, 2011, para 71.

147 Pp. 29 and 31.

148 P. 28.

149 P. 31.

150 US Department of Labour, 'Findings on the Worst Forms of Child Labor 2016 – Niue', on <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/niue> [19.06.17].

151 Paras 94 and 393.

152 Para. 392.

153 State Party Report, para 375.

154 Addendum to State Party Report, para. 51.

155 State Party Report, paras 71, 372.

### 6.1.2. Community knowledge, attitudes and practices

Niueans live in an extended family structure, and traditionally survival depended on families sharing resources. Responsibility for the care and upbringing of children is often shared, with children spending time with sisters, cousins, grandparents and others in the community.<sup>156</sup> This acts as an important social safety net for children; Niue's State Party Report notes that, 'Where a parent does not perform their duties there is no shortage of people to support the child or children.'<sup>157</sup> The report further emphasizes that Niue's small population makes it easier to address issues of child maltreatment as the protection of children is 'a pervading principle in Niuean society'.<sup>158</sup>

Domestic violence is a taboo subject in the Niue community,<sup>159</sup> and cultural attitudes are reportedly permissive or supportive of corporal punishment.<sup>160</sup> This contributes to underreporting of violence against children, as well as continued use of physical discipline as an acceptable parenting practice. In its 2013 report to the UN Committee on the Rights of the Child, the government further noted that, traditionally, cases of child sexual abuse or incest were not brought to the attention of the authorities, as the families have tended to resolve the matter through customary means, i.e. mediation through the church or village elders.<sup>161</sup>

Customarily, Niue children and young people were not granted individual rights but treated as part of a community. Young people are reportedly still treated as 'junior members' of the community. Norms governing relationships within and between families are based on respect – of the young for old, brothers for their sisters. However, the right to be heard and listened to and the right to receive fair treatment from all in authority have been increasingly recognized by the community.<sup>162</sup>

## 6.2. The child protection system

There is no comprehensive child protection system in Niue, and whilst the government has taken some steps to address violence, abuse and exploitation of children, significant gaps and challenges remain.

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

Niue lacks comprehensive legislation governing the child protection system and there is no national policy or plan of action relating to children in general, or child protection more specifically. Some aspects of children's right to care and protection have been addressed under national laws:

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156 Ibid., para. 12, 15.

157 Para. 178.

158 Para. 174.

159 Ibid, para. 175.

160 Committee on the Rights of the Child, Concluding Observations: Niue, 2013, para. 35.

161 Addendum to State Party Report, para. 47.

162 Ibid., para. 57–58.

## Key child protection laws

Child care and protection	Family Law Code 2007
Child custody and maintenance	Family Law Code 2007; Niue Act 1966, Part 23
Adoption	Niue Amendment Act (No.2) 1968 Part 8; Family Law Code 2007
Child marriage	Family Law Code 2007
Birth registration	Family Law Code 2007; Niue Island Births and Deaths Registration Regulations (1984)
Child labour	None
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Niue Act 1966, Part 5
Child victims and witnesses in criminal proceedings	None
Violence in schools	
Children in conflict with the law	Niue Act 1966 (age of criminal responsibility only)
Children with disabilities	National Policy on Disability
Child protection in emergencies	

The Niue Act 1966 and Family Law Code include a number of reference to special protections for 'minors'; however, the term is not defined in either law. Laws include few specific references to children's age and entitlement to protection children from violence, abuse, neglect and exploitation:

## Legal definition of the child under Niue law

Definition of a child under child welfare law	Not defined
Minimum age for marriage	15 for girls, 18 for boys
Minimum age for employment	None
Minimum age for engaging in hazardous work	None
Age for consent to sexual activity under criminal laws	15 for girls, boys not specified
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	None

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

Niue lacks a legal framework for child and family welfare services. There is no law setting out the state's responsibility to support parents and to ensure the care and protection of children;



no designated authority responsible for prevention, early intervention and response services for children and families; and no clear authority or procedures for a government authority to step in and protect a child who has experienced or is at risk of harm, or who is without parental care. The Family Law Code 2007 gives the High Court general authority to ‘make such order as it thinks fit for the custody of a minor’ if the court is satisfied that the minor has no parent or guardian fit to have custody of the child.<sup>163</sup> In its 2013 State Party Report to the UN Committee on the Rights of the Child, Niue advised that, from 1995 to 2000, there were no applications under this provision to remove a child from his/her family.<sup>164</sup> A Family Protection Bill was reportedly drafted but is still pending.

Niue also has limited provisions with respect to alternative care for children. There are no laws or regulations governing kinship care or foster care. Adoption is addressed under the Family Law Code 2007 and Niue Amendment Act (No. 2) 1968, which provide a basic framework for the Court to approve adoptions, but are not fully grounded in the best interest principle and do not ensure that a full and independent assessment is undertaken of both the child and the prospective adoptive parents. No distinction is made between domestic and inter-country adoptions under the law, and Niue is not a member of The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. Niue also practises customary adoptions (*tama taute*) which are not formally registered.<sup>165</sup>

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

Part 5 of the Niue Act 1966 on criminal offences seeks to protect children by penalizing various forms of violence, abuse, neglect and exploitation, including assault and causing bodily harm, failure to provide necessities to child under 16, cruelty to a child under 16, abduction of an unmarried girl under 15, abduction of a child under 14, rape, and sexual intercourse or indecency with a girl under 15 years. However, many of these provisions are framed in outdated language, the penalties for some offences are quite low, and the law does not provide equal protection to both boys and girls and to children aged 16 to under 18. No provision has been made to penalize offences in relation to child pornography, child prostitution, online exploitation of children or harmful or exploitive child labour. Child trafficking is prohibited under the Terrorism Suppression and Transnational Crimes Act, but this requires an element of ‘force, abduction, fraud, or coercion’.<sup>166</sup> The common law defence of ‘reasonable chastisement’<sup>167</sup> would provide a justification for the use of corporal punishment in both homes and schools.

Niue law does not provide for any procedural protections or special treatment for child victims and witnesses in criminal proceedings. The Niue Act 1966 recognises that children from any age may be reliable witnesses, stating that, in any proceedings before a Court, all witnesses who appear to be under the age of 12 years may be examined without oath but are required to make

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163 Section 69.

164 Paras 183–184

165 Ibid., para. 84.

166 US Department of Labour, ‘Findings on the Worst Forms of Child Labor 2016 – Niue’.

167 Niue Act 1966, section 238.

a declaration to tell the truth. The declaration has the same force and effect as if the witness has given evidence on oath.<sup>168</sup> However, the law makes no further provision with respect to taking children's evidence. The 2004 High Court Bench Book encourages judges to employ a number of child-sensitive practices when dealing with child victims and witnesses, including preventing 'humiliation' of victims and the use of special measures for evidence such as 'screens, allowing people in wheelchairs to give evidence from the floor of the Court instead of the witness box, and ensuring that a family member or friend can sit with a child victim or elderly victim while giving evidence.' The Bench Book also states 'Under the Convention of the Rights of the Child, the judiciary is must give primary consideration to the interests of children.'<sup>169</sup>

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

*There are no child-specific laws in relation to child justice in Niue, which means child justice is governed by the general legal framework under the Niue Act 1966.*

Niue also lacks a juvenile justice law or any special procedural protections for children in conflict with the law. Under the Niue Act 1966, the minimum age of criminal responsibility is 10 years, with the rebuttable presumption that children 10–14 years of age are not criminally liable for their actions unless it can be shown that they understood the wrongfulness of the unlawful conduct they engaged in at the time of the commission of the act.<sup>170</sup> This is lower than the 'absolute minimum' of 12 recommended by the UN Committee on the rights of the Child, which has also been critical of the practice of creating dual ages subject to a rebuttable presumption.<sup>171</sup> No further provision has been made for the special treatment of children at the arrest, investigation, trial or sentencing stages.

## **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 survive and recover from violence and exploitation, and ensure access to child-friendly justice.

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

The Department of Community Affairs is the focal point for any matters involving the welfare of children.<sup>172</sup> However, to date, limited progress has been made in developing prevention, early

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168 Section 303.

169 Section 9.

170 Niue Act 1966, sections 237A, 237B.

171 UN Committee on the Rights of the Child, General Comment 10., Children's Rights in Juvenile Justice, para. 30.

172 State Party Report, para. 176.

intervention and response services for children and their families. In its State Party Report to the UN Committee on the Rights of the Child, Niue advised that there had not been specific awareness-raising in relation to the treatment or punishment of children. Workshops have been conducted with respect to domestic violence for police and health professionals, but this remains a taboo subject in the community, and the government noted that ‘It is possible that community members may not be confident knowing who to inform in the case of child abuse and it may stay within the family unless a child is brought to the hospital due to injury. Children themselves are not informed on how to protect themselves or who to approach with respect to personal safety.’<sup>173</sup>

Niue has yet to establish inter-agency mechanisms for receiving and responding to suspected cases of child abuse and neglect, and there are limited services available to support children and their families. The Department of Community Affairs reportedly can provide counselling services for child victims, but concerns have been raised about its capacity to provide quality, effective counselling.<sup>174</sup> Church leaders also provide moral and spiritual counselling, and are often the first stop for people seeking such services. The government has acknowledged that counselling should be made available for child victims of physical and sexual abuse, but this is not currently done, and in most cases, parents or family of the victim choose to take the child overseas for counselling because of the limitation of confidentiality in a small country.<sup>175</sup> It notes that, in the context of a small close-knit community, families are discouraged from seeking counselling out of concern for confidentiality. The close-knit community also hinders professional counselling because many clients may be either a family member, a close friend or a work colleague of the counsellor, making it harder for the counsellor to maintain professional objectivity.<sup>176</sup>

There are no formal alternative care programs in Niue and no institutional forms of care.<sup>177</sup> In its State Part Report to the UN Committee on the Rights of the Child, Niue advised that alternative care such as foster placement is not required, as children in Niue have a wide system of family support through the extended family system which provides an immediate and accessible form of alternative care. Customary adoption (*tama taute*) is also reportedly practised, but no data was available on how many children are in these arrangements.<sup>178</sup> The lack of monitoring and oversight of children in alternative care potentially places children at risk.

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

Given the small number of children coming into contact with the formal justice system in Niue, there are few specialized structures or practitioners within the justice system. Police officers have reportedly received some human rights training in Police College, but there is no specialist training

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173 Paras. 175, 177.

174 Addendum to the State Party Report, para. 32

175 *Ibid.*, paras 32–33.

176 State Party Report, paras 221–223.

177 *Ibid.*, para. 131.

178 *ibid.*, paras 198–199.

in juvenile justice or dealing with child victims.<sup>179</sup> There are no specially trained justice of the peace or judges to handle cases involving children.

As noted above, few cases of violence against children are reported to the police. In addition, police often face challenges in proving domestic violence cases because families of the accused and the victim settle the matter themselves, and then withhold evidence from the police.<sup>180</sup> Where cases involving children do reach the courts, these cases are 'generally open to the public', though children can request they be closed.<sup>181</sup> Niue reported 19 convictions in relation to offences against children between 2007 and 2010, 14 of which were sexual in nature.<sup>182</sup> The limited measures taken to encourage children and families to report abuse; the lack of specialized training for police, prosecutors and judges on handling cases involving children; and limited special measures to allow children to give effective evidence act as barriers to the successful identification and prosecution of violence against children.

With respect to children in conflict with the law, community-based alternatives to formal proceedings are widely used, and a case has to be a serious one before children are charged with an offence. Police reportedly favour using informal resolutions such as counselling, cautioning the child, or referring him/her to a minister of religion or to some other respected person in the community who is able to provide the offender and the family with support.<sup>183</sup>

Where children are formally charged, it is standard police practice to have parents or guardians attend during the police interviews. Niue does not have a legally qualified public defender, but there are a number of volunteer defence counsel who can represent children where necessary. There are no special juvenile justice procedures in Court. Court cases involving juveniles are generally open to the public, though the Court has discretion to hold proceedings *in camera* and records and files on juvenile proceedings are confidential. The types of sentences available for children are the same as for adults (warnings, compensation, discharge without conviction, probation, community service or a custodial sentence). The government advises that children are not generally imprisoned. There are no special institutions for juvenile offenders, and children cannot continue with school if imprisoned. Some counselling is provided to children through the Department of Community Affairs, but concerns have been raised about their capacity. There are currently no probation officers in Niue and no formalized services to assist in children's rehabilitation and reintegration.<sup>184</sup>

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179 State Party Report, para. 371.

180 *Ibid.*, para. 405.

181 *Ibid.*, para. 387.

182 *Ibid.*, Table 7.

183 *Ibid.*, para. 372, 369.

184 *Ibid.*, paras 373–374, 384–387.

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

Corporal punishment in schools is permitted under Section 22(3) of the Education Act 1989, which states 'The Principal shall be responsible for the care, safety, control, and discipline of each pupil attending that school.' The government of Niue stated in its 2011 State Party Report to the Committee on the Rights of the Child that this provision 'is broad enough in its wordings to permit this practice [corporal punishment]'.<sup>185</sup> The State Party Report accepted that 'corporal punishment may still be used in the schools' but reported that 'Practices are believed to have decreased and it is discouraged by school administration.'<sup>186</sup>

There is no established training available to help teachers or health professionals identify and report suspected child abuse or neglect. Teachers reportedly have seen the results of corporal punishment used against children in the homes, such as severe bruising, but any attempt at enquiry is extremely unwelcome, which discourages teachers from asking further. There are no child policies or procedures developed by either the Department of Education or the Department of Health to empower professionals to identify and report suspected cases of police. The police and the Department of Health have reportedly approached the Cabinet to allow them to share information at director level.<sup>187</sup>

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

A National Coordinating Committee for the CRC (NCCRC) was established by the Niue Cabinet in 1998. The committee is chaired by the minister of health and comprises of representatives from the Education Department, Health Department, Community Affairs Department, Crown Law Office, Justice Department, Statistics Office and Office for External Affairs and Environment Department.<sup>188</sup> However, the NCCRC reportedly does not meet regularly, but only on an *ad hoc* basis 'as the need arises'<sup>189</sup> and does not have a specific mandate for child protection strategic planning and inter-agency coordination.

The development of the Niue's child protection system is also hampered by the lack of information on child protection and mechanisms for systematic collection and analysis of reported cases involving children. Although some limited information is available in relation to some child protection issues, the overall lack of data, reports and surveys prevents a full understanding of the risks experienced by children in Niue, and acts as a significant barrier to evidence-based planning and policy development for child protection.

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185 Para. 227.

186 Para. 228.

187 State Party Report, para. 230–231.

188 *Ibid.*, para. 73.

189 *Ibid.*, para. 74.

## 6.3. Other child protection issues

### 6.3.1. Birth registration

Birth registration is regulated by the Niue Island Births and Deaths Registration Regulations, which requires notification of all births to the Registrar of Births within 14 days. The act of registering is free, though it is not free to receive a certificate.<sup>190</sup> Birth registration in Niue is reportedly close to universal.<sup>191</sup>

### 6.3.2. Children with disabilities

The Government of Niue acknowledges that the provision of health care and educational services for children with disabilities are not well defined in either policy or legislation, in term of the availability of a disability welfare benefit.<sup>192</sup> Protection for children with disabilities is guided mainly by the Niue National Policy on Disability, which was prepared by the Department of Community Affairs and endorsed by the Cabinet in 2011.<sup>193</sup> Niue has not ratified the Convention on the Rights of Persons with Disabilities.

In its 2011 State Party Report to the UN Committee on the Rights of the Child, Niue advised that there were two children in Niue who suffered from serious intellectual disabilities, one in primary school and one in high school. There are no children with physical disabilities in Niue. While children with intellectual disabilities are to be supported by a teacher's aide, this has not always been possible owing to reduced teacher numbers. Children with disabilities receive financial support in the form of a welfare benefit from the Department of Community Affairs.<sup>194</sup>

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190 UNICEF Niue response to internal questionnaire.

191 Findings from the first published CRVS analysis report, on <http://www.pacific-crvs.org/docs?view=download&format=raw&fileId=86> [19.06.17].

192 State Party Report, para. 337.

193 Addendum to State Party Report, para. 27.

194 State Party Report, paras 236–238.

# 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* vulnerabilities<sup>195</sup> to poverty and deprivation, and mitigating their effects’.<sup>196</sup> 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’.

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 floors consist of two main elements: essential services (access to WASH, health, education and

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195 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.’

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



social welfare); and social transfers (a basic set of essential social transfers in cash or in kind, paid to the poor and vulnerable).<sup>197</sup>

## 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

197 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].

multiple economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, WASH and child protection.<sup>198</sup>

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

There are no recent data on the extent of poverty in Niue. There has been no HIES carried out since 2002, when basic needs poverty was calculated at 13 per cent and food poverty was negligible. There do not appear to be any recent data available to enable analysis of the variation in poverty rates among different types of households (number of dependants, single-headed etc.) or by identity characteristics (gender, disability, etc.). This represents a significant gap and limits the extent to which measures to address poverty can be effectively targeted.

According to a recent report by the Pacific Islands Forum Secretariat (PIFS), Niue has no incidence of food poverty and has achieved MDG target 1A of halving the population who live below the basic needs poverty line (US\$ 1.25 a day). According to this report, access to free education and health services and the extent of reliance on subsistence food crops and fishing (facilitated by the free access to land permitted by the land tenure scheme) have acted as a guard against extreme forms of poverty.<sup>199</sup> Heavy reliance of Niueans on subsistence fishing, however, could lead to food shortages if fishing stocks are affected by climate change as predicted.<sup>200</sup>

As a very small island nation, Niue faces many of the challenges of PICTs more generally. According to a recent evaluation of New Zealand aid assistance, Niue is 'a highly fragile economy that faces many constraints, including a small population, labour constraints, expensive and limited transport options, poor land quality and exposure to natural disasters (i.e. cyclones and droughts)'.<sup>201</sup> However, its political affiliation and 'free association' with New Zealand has resulted in a degree of social and economic protection from these challenges.<sup>202</sup>

Population decline is a significant problem for Niue, with negative impacts on economic development through worsening economies of scale, reducing the tax base and restricting the human resources available for the delivery of services and economic development.<sup>203</sup> Outward migration has resulted in significant population decline – from 5,194 in 1966 to 1,460 in 2011 – representing the highest rate of decline of any country in the world over the past 40 years, according to the 2011 census. A large number of Niueans currently live in New Zealand: 23,892, according to New Zealand's latest census data (2013).

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198 UNICEF Social Protection Strategic Framework, p. 31.

199 PIFS, 'Pacific Regional MGDs Tracking Report', p. 70.

200 South Pacific Regional Environment Programme, 'Pacific Environmental Outlook', undated, on [http://www.unep.org/PDF/SIDS/Pacific\\_EO\\_final.pdf](http://www.unep.org/PDF/SIDS/Pacific_EO_final.pdf) [20.08.17].

201 MFAT, 'Evaluation of the Niue Country Programme', 2015.

202 UNESCAP, 'Income Support Schemes in Pacific Island Countries', undated, on [www.unescapsdd.org/files/documents/Income%20support%20schemes%20in%20Pacific%20island%20countries.pdf](http://www.unescapsdd.org/files/documents/Income%20support%20schemes%20in%20Pacific%20island%20countries.pdf) [22.06.17], p. 15.

203 UNFPA, 'Niue Demographics', undated, on <http://countryoffice.unfpa.org/filemanager/files/pacific/cp13.pdf> [20.08.17].

As a result, Niue has the 'oldest' population among the PICTs, with 18 per cent of the population aged over 60 years and only 14 per cent aged 15–24 years.<sup>204</sup> Given the age structure of the population of Niue, it is perhaps unsurprising that the rate of unemployment is quite low. According to the 2011 census, of those actively in the labour force the unemployment rate was only 2.7 per cent, though a further 8.9 per cent reported that they were in 'unpaid work' (the majority of whom were producing goods for their own/the family's consumption or working voluntarily in a family business).

## 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.<sup>205</sup> Cash transfers provide households with additional income that enables them to invest in children's well-being and human development.<sup>206</sup>

Niue has a universal non-contributory pension scheme, based on the New Zealand model.<sup>207</sup> In addition, as New Zealand citizens, Niueans have access to all of New Zealand's social security benefits. To access these benefits, they must be resident in New Zealand, though Niue citizens residing in Niue now have access to New Zealand's superannuation and veteran pension schemes.<sup>208</sup>

There do not appear, however, to be any social assistance measures aimed at providing regular cash transfers to vulnerable children and their carers.

While there do not appear to be any specific initiatives to support youth development, under the government of New Zealand's aid programme the Niue government is being supported to develop its tourism industry and provide increased private sector employment.<sup>209</sup>

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204 UNESCAP, 'The State of Human Development in the Pacific: A Report on Vulnerability and Exclusion in a Time of Rapid Change', 2014, p. 48.

205 UNICEF and Fiji Ministry of Women, Children and Poverty Alleviation, 'Child-Sensitive Social Protection in Fiji', 2015, p. 6.

206 UNICEF, Social Protection Strategic Framework, 2012.

207 AusAID, 'Social Protection in the Pacific – a Review of Its Adequacy and Role in Addressing Poverty', 2010, p. 25.

208 Social Assistance (Portability to Cook Islands, Niue, and Tokelau) Act 2015 (2015/61) (New Zealand).

209 MFAT, 'Aid Partnership with Niue', on <https://www.mfat.govt.nz/en/aid-and-development/our-work-in-the-pacific/aid-partnership-with-niue/> [20.08.17].

# 8.

## Conclusions

Niue's over-dependence on ODA and small population make its economy fragile and appear to exacerbate some of the bottlenecks and barriers identified in this report. 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 Niue. Please note that these are not listed in any order of priority.

### 8.1. Climate change and disaster risks

Climate change and extreme weather increase the threat of communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers for access to health care. For example, in 2004 Cyclone Heta 'completely destroyed' Niue's hospital.<sup>210</sup> Further, as Niue is dependent on rainwater and underground water (it has no surface water), the population of Niue it is at risk of suffering water-borne diseases if natural disasters interrupt access to these safe water sources.<sup>211</sup> Further risks in relation to climate change and disaster include:

- Water shortages owing to drought;
- Disaster and climate risks that affect access to and quality of **education** services owing to damaged schools, challenges in access and diverted resources;
- Climate change and extreme weather or other disasters that 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.

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210 WHO, 'Human Health and Climate Change in Pacific Island Countries', p. 39, on [http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf) [13.03.17].

211 Niue Food and Nutrition Security Policy 2015–2019.

## 8.2. Cultural norms and approaches

Cultural attitudes and traditions were found to act as a barrier to the realization of children's rights in several sectors, including in the justice sector:

- Reliance and preference for informal justice leads to underreporting of child sexual abuse, violence against children or other crimes against children, especially in relation to cases involving those in positions of power or authority. These cases are either not handled at all, or are handled through informal systems that may fail to protect children's rights.

## 8.3. 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.

- Traditional gender roles support and facilitate sexual violence against girls and discourage the reporting of cases, because such violence is accepted and considered a private matter and because formal responses to reports are inadequate.

## 8.4. Data and information sources

This SitAn notes several data gaps, as well as a failure of the Niue Health Information System to collect data in a systematic way. Without adequate data, it is not possible to build a comprehensive, accurate picture of the situation for all children and women in Niue. The equity angle to this is particularly important: any data collection mechanisms must ensure all children and women are represented, including those from vulnerable groups, as well as children with disabilities.

## 8.5. Legal and policy framework

The SitAn found several important legal and policy gaps, including gaps around a separate system for child justice, lack of protections for children who are victims and witnesses and a minimum age of criminal responsibility that is too low. This is compounded by the lack of a 'no drop policy' and specialized professionals engaging in justice for children. Legal protection of children is discriminatory against boys and against children with disabilities, and corporal punishment in the home is not prohibited.

**Footnotes in tables**

- 1 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](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].
- 2 Table reproduced from *ibid.*, p. 2.



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And never give up.



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