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Situation Analysis of Children in Solomon Islands



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Executive Summary

Introduction

This report aims to present a comprehensive assessment and analysis of the situation of children and women in Solomon Islands. It is intended to present an evidence base to inform decision-making across sectors that are relevant to children and women. This report is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children and women in 14 Solomon Islands.

Solomon Islands is an island group comprising of 997 islands and atolls located in the Melanesian region of the Pacific. Solomon Islands has a population of 515,870, and is one of the Pacific region's fastest growing nations. Children and youth aged 0 to 19 make up around 50 per cent of the total population. The majority of Solomon Islanders (80.2 per cent) live in rural areas. Solomon Islands is highly prone 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 of children and women in relation to these outcomes and in relation to relevant Sustainable Development Goals (SDGs), this report seeks to highlight trends, barriers and bottlenecks in the realisation of children's and women's rights in Solomon Islands.

Key barriers and bottlenecks

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

Climate change and disaster risks: Solomon Islands faces an increasing risk of extreme weather and natural disasters. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children and women's rights.

Financial and human resources: Solomon Islands is one of the world's poorest countries, which leads to a lack of available resources across all government departments for the delivery of services for children, and is also linked to a lack of human resources (training and expertise) in all child outcome areas. Even where budgetary allocations are significant, the capacity to absorb and spend budgets is lacking (e.g. in the health sector), meaning that finances do not flow down to the provision of services.

The **geography** of Solomon Islands creates significant barriers to the realisation of children's and women's rights due to remoteness and transportation constraints. Children and women living in rural and remote islands generally experience worse outcomes and access to basic services than those in urban areas. However, an increase in population drift from rural to urban areas is also placing children in urban areas at risk, particularly because overcrowded urban settlements lack services and infrastructure.





Equity: The analyses of health, WASH and education reveal discrepancies between the enjoyment of rights between rural and urban areas and across wealth divides.

Cultural norms and approaches: Reliance on and preference for informal justice lead to underreporting of cases involving child sexual abuse, violence against children and other crimes against children. Though financial concerns are a key barrier to children's enrolment in schools, cultural barriers also play a significant role, with concerns that parents do not value education, particularly girls' education.

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

The impacts of poverty are significant, and children and families are highly exposed to risk and economic shocks. The lack of comprehensive social protection and other social welfare services is a significant gap and limits the ability of the Government to lift vulnerable persons out of poverty and support economic growth.

Data availability: There are useful data sources in some sectors. However, this analysis has revealed several data gaps, and the absence of this data is, in itself, a key finding. There is a lack of data around children in contact with the law and in relation to child protection, and limited data around children with disabilities and other vulnerable groups.

Snapshot of outcome areas

<p>Health</p>	<p>Child mortality rates in Solomon Islands have been gradually declining since the early 1990s, and the country is on track to meet international child mortality reduction goals by 2030. However, rural areas have significantly higher mortality rates than urban areas. Solomon Islands has achieved near-universal immunization coverage for 6 out of 12 recommended vaccines over the last 15 years. However, for some vaccines (such as Hepatitis B) coverage rates have been declining, and in 2014, Solomon Islands experienced a serious measles outbreak. The health burden of communicable diseases remains high. For example, Solomon Islands has the highest number of total TB cases of the PICTs group. The maternal mortality ratio stands at 114 deaths per 100,000 live births, which is still significantly above the SDG target for 2030. Antenatal care coverage stands at 74 per cent, which indicates that there are still significant gaps in healthcare coverage for pregnant women. Contraceptive prevalence is at a low 35 per cent, which contributes to a high adolescent fertility rate of 47 births per 1,000 women aged 15 to 19. Even though Solomon Islands has reported a relatively low number of HIV infections, high rates of sexually transmitted infections indicate that the underlying behavioural risks for HIV transmission are high. Mental health of adolescents is a major public health concern, with Solomon Islands recording the second-highest rate of suicide attempts amongst school children in the PICTs region.</p>
<p>Nutrition</p>	<p>At 33 per cent, Solomon Islands has the highest childhood stunting rate in the whole PICTs group, with significant disparities between rural and urban areas, and between rich and poor households. Childhood wasting is less prevalent, which suggests that children typically attain their daily energy requirements, but that the foods consumed are lacking in nutritional value. Obesity and associated non-communicable diseases are a significant public health concern for the adult population. However, child obesity rates are amongst the lowest in the region. At 75 per cent, the exclusive breastfeeding prevalence is the highest in the PICTs region.</p>
<p>WASH</p>	<p>Increasing access to improved water and sanitation remains a key challenge in Solomon Islands, especially in rural areas, where only 30 per cent of households have access to improved sanitation facilities. At 54 per cent, open defecation rates are the highest in the whole PICTs group. WASH in schools is also very limited, with more than half of all schools without a continuous supply of water. Girls who stay in boarding school dormitories face particular challenges in relation to menstrual hygiene management.</p>

<p>Education</p>	<p>The net enrolment ratio (NER) in early childhood education has not improved over recent years and stands at 39 per cent. The primary school NER increased slightly over recent years and stands at 92 per cent. However, a significant proportion of children enrolled are over-age and there is an enrolment disparity in favour of boys. The junior secondary NER stands at only 42 per cent, suggesting that less than half of children aged 13 to 15 are enrolled in school. The high birth rate places continuous strain on the education system, a bottleneck that is exacerbated by late enrolment. The lack of schools, particularly secondary schools, and varying standards of school infrastructure, have meant that children have to travel long distances to the nearest functioning school, which discourages enrolment and drives school drop-out.</p>
<p>Child protection</p>	<p>Levels of child sexual abuse (below the age of 15) are the highest in the PICTs region, at 37 per cent. Commercial sexual exploitation of children is linked to the logging and fishing industries, with girls vulnerable to child marriage to foreign workers. Informal and community-based justice mechanisms for children in contact with the law interact with traditional <i>kastom</i> practices as the primary method of handling cases.</p>
<p>Social protection</p>	<p>Thirteen per cent of individuals in Solomon Islands live in poverty. Poverty particularly affects children, young people and households in rural areas. The incidence of poverty is highest in Makira and Guadalcanal provinces. A recent assessment of Solomon Islands' social protection system places it in the low-to-middle range of the PICTs group in terms of comprehensiveness and impact. While traditional social safety nets play an important role in Solomon Islands. However, they are not always able to cope with aggregate shocks (e.g. natural disasters), which may affect whole communities.</p>

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	Committee on the Elimination of Racial Discrimination
CESCR	Committee on Economic, Social and Cultural Rights
CR	Child Registration
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DALY	Disability-adjusted Life Year
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EAPRO	East Asia and Pacific Regional Office
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education for All
FSM	Federated States of Micronesia
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GBV	Gender-based Violence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GLAAS	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
GPI	Gender Parity Index
GSHS	Global School-based Health Survey
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
JMP	Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
KII	Key informant interviews
MDGs	Millennium Development Goals
MEHRD	Ministry of Education and Human Resources Development
MHM	Menstrual Hygiene Management
MHMS	Ministry of Health and Medical Services
MWYCFA	Ministry of Women, Youths, Children and Family Affairs
NAACC	National Advisory and Action Committee on Children
NCD	Non-communicable Disease
NEAP	National Education Action Plan
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization

NMDI National Millennium Development Indicator
ODA Official Development Assistance
OHCHR Office of the United Nations High Commissioner for Human Rights
PICTs The 14 Pacific Island Countries and Territories that are the subject of the Situational Analyses
PNG Papua New Guinea
RSIPF Royal Solomon Islands Police Force
SABER Systems Approach for Better Education Results
SDGs Sustainable Development Goals
SitAn Situational Analysis
SP Strategic Programme
SPC Pacific Community
SOWC State of the World's Children
STIs Sexually Transmitted Infections
SWO Social Welfare Officer
TB Tuberculosis
TVET Technical Vocational Education and Training
U5MR Under-5 Child Mortality Rate
UN United Nations
UNDP United Nations Development Programme
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 Dollars
WASH Water, Sanitation and Hygiene
WHO World Health Organization

1.

Introduction

1.1. Purpose and scope

This report aims to present a comprehensive assessment and analysis of the situation of children in Solomon Islands. It is intended to present an evidence base to inform decision-making across sectors that are relevant to children and to be instrumental in ensuring the protection and realisation of children's rights. It is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in 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 SitAn Procedural Manual'), the specific aims of this Situation Analysis (SitAn) are:

- To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and 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 regarding universality, non-discrimination, participation and accountability.
- To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders.

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

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10 to 19) and youth (aged 15 to 24).² An assessment and analysis of the situation relating to women is also included, to the extent that it relates to outcomes for children (for example, regarding maternal health).

1.2. Conceptual framework

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

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

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

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children and groups of children face in the realisation of their rights, with reference to the critical conditions and determinants³ (quality; demand; supply and enabling environment) needed to realise equitable outcomes for children).

1 UNICEF, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, March 2012, pp 5-6 <http://www.unicef.in/emergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf> [30.1. 17].

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

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

The analysis is also informed by:

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

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

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

A **risk-informed analysis** requires an analysis of disaster and climate risks (hazards; areas of exposure to the hazard; and the vulnerability of stakeholders and their capacity 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 exist. 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 (particularly the Sustainable Development Goals [SDGs]) in each of the child outcome areas.

Table 1.1: Assessment and analysis framework by outcome area

Outcome area	Assessment and analysis framework
Health and Nutrition	<ul style="list-style-type: none"> - CRC (particularly the rights to life, survival and development and to health) - SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being) - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) - WHO Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)
WASH	<ul style="list-style-type: none"> - CRC (Article 24) - SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)

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

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

1.3. Methods and limitations

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

The analytical techniques used for the analysis phase required a synthesis and analysis of secondary data and literature, including small-scale studies and reports. They also included mapping and analysis of relevant laws, policies and Government and SP Outcome Area strategies. In-country data collection was carried out in Fiji, the Federated States of Micronesia (FSM) and Solomon Islands to gather additional contextual information and primary qualitative data to inform the analysis of causes and determinants of child rights shortfalls in individual PICTs and regionally.

One of the limitations of the methodology is the lack of recent, quality data in relation to some of the areas covered by the analysis. Gaps in the availability of up-to-date, quality data are noted throughout the report. The analysis of causes and determinants of rights shortfalls relied heavily on existing published reports and, therefore, some areas in the analysis had not been the subject of robust and recent research. The gaps are highlighted where necessary.

5 These datasets were reviewed and verified by UNICEF.

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

7 The database is updated as new data becomes available.

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

1.4. Governance and validation

The development and drafting of this SitAn have been guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan; Vathinee Jitjaturunt [Chair] and Waqairapoa Tikoisuva) 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 was particularly important given the limitations in data gathering and sourcing set out above.

2.

Context

Map 2.1: Map of Solomon Islands



Source: Worldmap⁸

2.1. Geography and demographics

Solomon Islands is an island group comprising of 997 islands and atolls located in the Melanesian region of the Pacific. The island group covers a land area of 28,230 km², with six larger islands: Guadalcanal; Choiseul; Santa Isabel; New Georgia; Malaita; and Makira.⁹

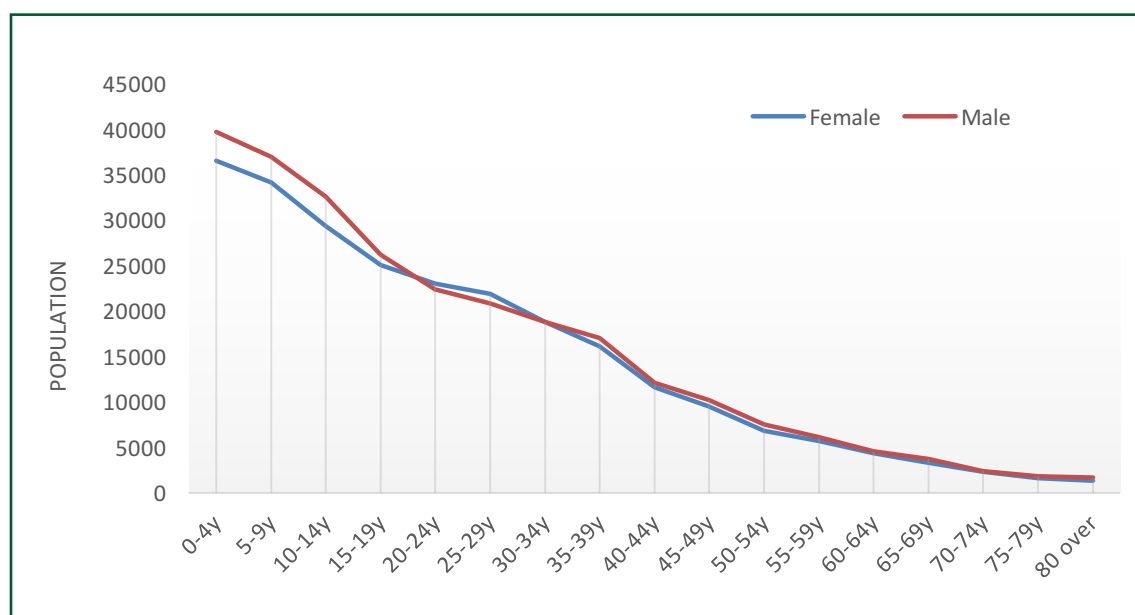
8 <http://www.worldmap1.com/solomon-islands-map.asp>

9 The Commonwealth, Solomon Islands, <http://thecommonwealth.org/our-member-countries/solomon-islands>.

According to the most recent population census (2009), the population of Solomon Islands is 515,870 (48.7 per cent women and 51.3 per cent men), although the census report suggested that the actual population may have been closer to 552,000.¹⁰ A 2016 mid-year projection estimates the population to be 651,700 (49.2 per cent women and 50.8 per cent men),¹¹ with the second highest annual growth rate (2.5 per cent) among the PICTs, superseded only by Papua New Guinea.¹²

Children and youth aged 0 to 19 make up 50.5 per cent of the total population measured in the 2009 census. Of these 52.0 per cent are male. Figure 2.1 below shows that infants and children aged 0 to 4 years make up the largest age bracket.¹³

Figure 2.1: Population by age group and gender



Source: 2009 Solomon Islands Census

The capital, Honiara, is located on the principal island of Guadalcanal and has a population of 49,107 (9.5 per cent of the total population) according to the 2009 census. Of the total number of children and youth aged 0 to 24, only 7 per cent live in the capital.¹⁴ The majority of Solomon Islanders (80.2 per cent) live in rural areas, according to the 2009 census (this includes 57.2 per cent of all children and youth aged 0 to 24).¹⁵

¹⁰ Solomon Islands Government, 2009 Population and Housing Census, National Report (Volume 2), <http://www.statistics.gov.sb/component/advisting/?view=download&format=raw&fileId=412>.

¹¹ Secretariat of the Pacific Community, Revised SPC population projections, June 2016, <https://prism.spc.int/regional-data-and-tools/population-statistics>.

¹² Annual growth rate in 2015. Secretariat of the Pacific Community, 2015 Pocket Statistical Summary, retrieved from: http://prism.spc.int/images/downloads/2015_Pocket-Statistical-Summary.pdf.

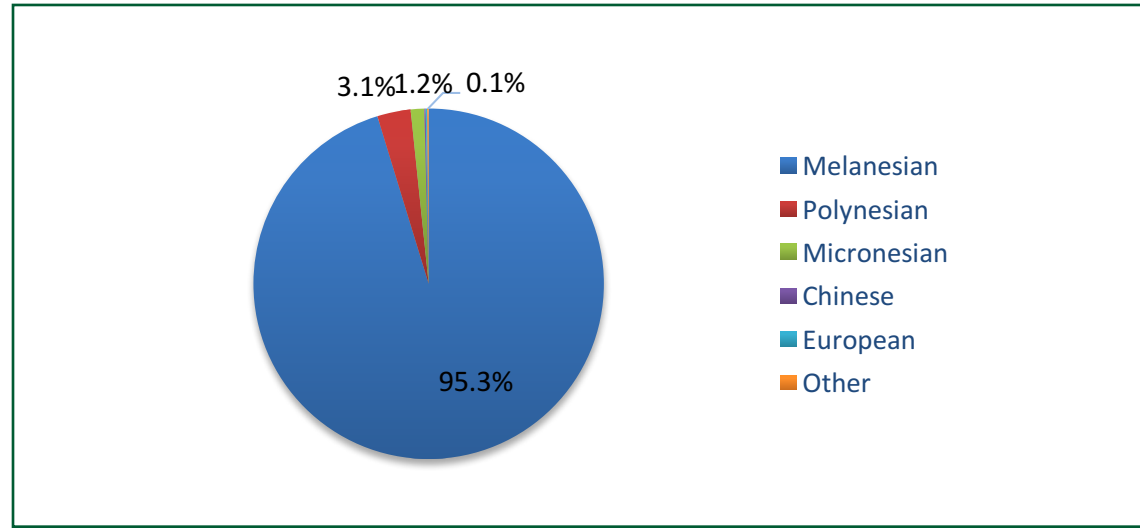
¹³ Ibid.

¹⁴ Solomon Islands Government, 2009 Population and Housing Census. Op. cit.

¹⁵ Ibid.

Figure 2.2 shows that the country is largely ethnically homogenous. Some 95.3 per cent of Solomon Islanders are Melanesian, while minority ethnic groups include Polynesian (3.1 per cent) and Micronesian (1.2 per cent). A very small part of the population is ethnic Chinese, European or 'other' (0.1 per cent, respectively).

Figure 2.2: Ethnicity



Source: 2009 Solomon Islands Census

According to the 2009 census, languages spoken by the population aged 5 years and over include English (69.0 per cent), Pidgin (66.6 per cent) and local languages (66.1 per cent).¹⁶ Pidgin is the *lingua franca* whereas English is the official language.¹⁷

Christianity is the majority religion. As a former British colony, the Anglican Church (the Church of Melanesia) is the most common branch of Christianity (31.9 per cent). Other branches of Christianity include the Roman Catholic Church (19.6 per cent), South Sea Evangelical Church (17.1 per cent) and Seventh-day Adventist (11.7 per cent). Minority religions include Baha'i (0.5 per cent) and custom beliefs (0.8 per cent), while 2.7 per cent of the total population adheres to other non-specified religions.¹⁸

2.2. Main disaster and climate risks

Solomon Islands is highly prone to disaster and climate risks, including tropical cyclones, tsunamis, floods, earthquakes and droughts. The population is spread across hundreds of small islands, so disaster and climate risk responses are difficult to coordinate. The limited access

16 Ibid.

17 Ibid.

18 Ibid.

to telecommunication networks on many of the islands complicate the operation of advance warning systems.

A recent study assessing disaster and climate risks in nine selected PICTs found that Solomon Islands has the highest level of risk relating to the child population (societal risk),¹⁹ tropical cyclones, drought and earthquakes.²⁰ However, this number is not unexpected since societal risk is influenced by the size of the child population and Solomon Islands has the highest child population among the PICTs. The high societal risk in Solomon Islands is also in part due to the high prevalence and intensity of earthquakes. It is naturally higher in urban settlements where there is a higher population density. Solomon Islands has experienced a number of significant natural disasters over the past decade ranging from earthquakes and tsunamis to floods and tropical cyclones. Flooding has also proven a significant challenge, with flash floods and riverine floods occurring several times. Floods are recorded as having caused 70 deaths across five instances, affecting 90,080 people. Tropical cyclones are recorded as impacting on the highest number of people, at 45,086 over the past decade.²¹

Map 2.2 shows that coastline areas and remote regions in the North West and the South East are especially prone to risks. Fauro, Shortland and Mono islands experience more intense and frequent hazards, particularly from drought, which presents a heightened risk given the limited access to water and transportation in the region. These islands also have a higher vulnerability to tropical cyclones and earthquakes given their weak housing structures. In Nendo, Utupua and Vanikolo islands, the risk of earthquakes and tropical cyclones is high and the vulnerability to these hazards is heightened by poor housing structures. A lack of telecommunication networks hinders the operation of adequate warning systems.

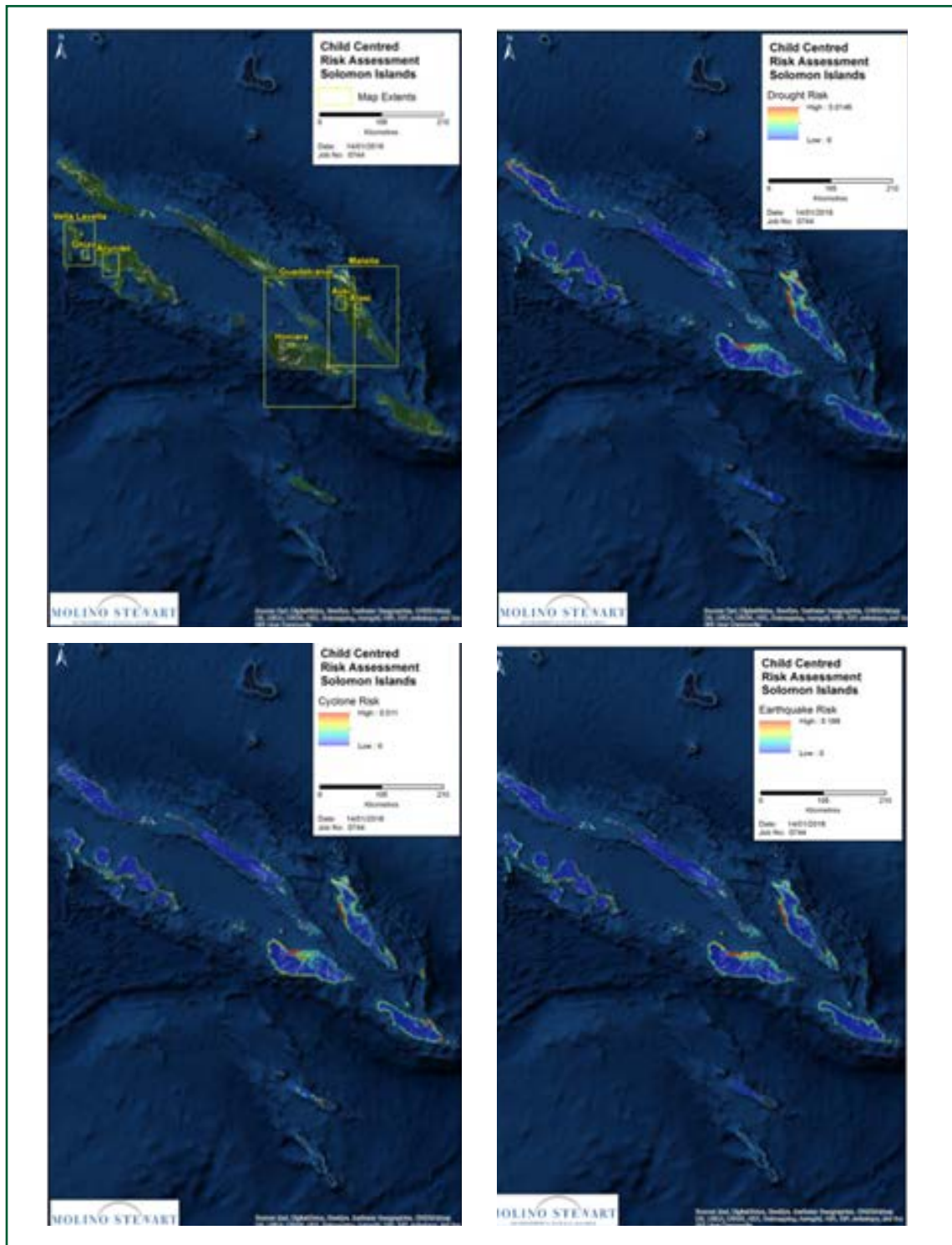
‘Disaster Risk’ is a function of interaction between several variables: the likelihood and potential severity of a natural or man-made hazard; the exposure of populations and socio-economic assets to it; the vulnerability of the population or society exposed; and their capacity to reduce, mitigate or manage the hazard as it manifests. The Child-Centred Risk Assessment for Solomon Islands (see Map 2.2) uses the child population in a particular administrative region as a proxy for “exposure.” However, this means that the risk score for a particular area increases with its population density. It is also important to consider the disaster risk that any child might face, regardless of whether they live in a city or a remote, rural area. Therefore, two sets of maps are presented: one which uses a concept of ‘societal risk’ where the exposure variable is included, using the child population (map 2.2); and one in which the exposure variable is not included in the formula, enabling visualisation of the risks regardless of the population density in the area (map 2.2a). This second concept is known as ‘individual risk’ as it reflects the risks faced by individual children.

19 See text below for explanation of societal and individual risk.

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

21 Centre for the Research on the Epidemiology of Disasters database.

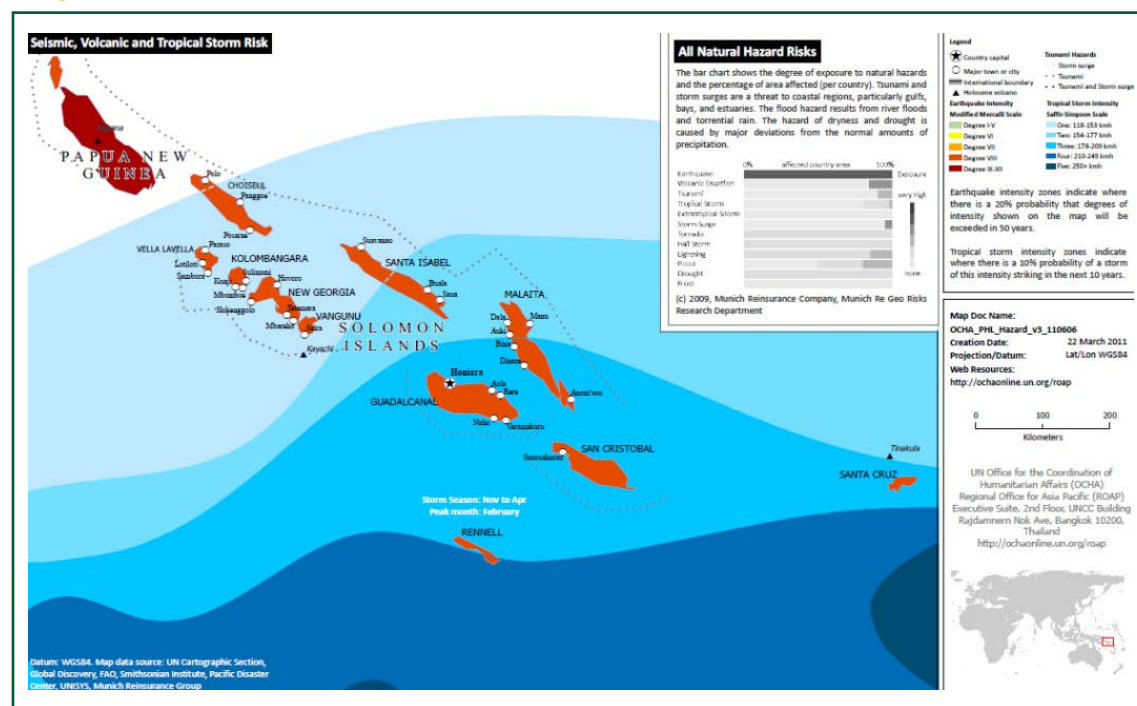
Map 2.2: Natural hazards risk map



Source: Molino Stewart, (2016)²²

22 Maps retrieved from: Molino Stewart, UNICEF Pacific, 'Child-Centered Risk Assessment (CCRA) Summary: Fiji'.

Map 2.2a: Natural Hazards Risk



Source: OCHA²³

2.3. Government and political context

Solomon Islands was a British colony until 1978 when the island group gained full independence.²⁴ It nevertheless remains a part of the Commonwealth and is a constitutional monarchy with Queen Elizabeth II as the Head of State, represented by the Governor-General. The Governor-General and the Prime Minister (who chooses the cabinet and holds executive powers) are elected by the country's unicameral Parliament, which consists of 50 seats. As of January 2016, there was only one female MP.²⁵ At sub-national level, Solomon Islands is divided into nine provinces and the capital territory of Honiara.²⁶

In 1998, the country experienced violence between groups on the Guadalcanal Island and groups settling on Guadalcanal from other islands. These intra-communal tensions have resulted in an unstable political climate, including the resignation of two Prime Ministers, the defection of several ministers, riots and votes of no confidence. A Regional Assistance Mission formed after the tensions brought about a stabilization in the country. The current government has been in power since the 2014 general election.

23 Prevention Web, Solomon Islands: composite hazard map, <http://www.preventionweb.net/english/professional/maps/v.php?id=4197> [4.8.17].

24 The Commonwealth, 'Solomon Islands: Constitution and politics', <http://thecommonwealth.org/our-member-countries/solomon-islands/constitution-politics>.

25 Pacific Women in Politics, 'National Women MPs', <http://www.pacwip.org/women-mps/national-women-mps/>

26 Choiseul, Western, Isabel, Central, Rennell-Bellona, Guadalcanal, Malaita, Makira-Ulawa, Temotu and Honiara.

2.4. Socio-economic context

The most recent national development plan in effect in Solomon Islands is the National Development Strategy 2016-2035. The national vision of the development plan is “improving the social and economic livelihoods of all Solomon Islanders,” while its mission is to “create a peaceful, harmonious and progressive Solomon Islands led by ethical, accountable, respected and credible leadership that enhances and protects people’s culture, social, economic and spiritual well-being.”²⁷

The Gross Domestic Product (GDP) per capita of Solomon Islands was US\$1,934.9 in 2015, and according to the 2014 United Nations Development Programme (UNDP) Human Development Index, Solomon Islands ranks 156 out of 188 countries and territories. The economy is dominated by the services industry, with 2011 figures showing that the sector accounted for 60.8 per cent of GDP, followed by agriculture at 28.9 per cent and industry at 10.3 per cent.²⁸ The country experienced a 6-year period of economic decline before 2003. However, growth averaging 7.3 per cent per annum was seen from 2004 to 2008. This period of growth was cut short following the international financial downturn in 2008 to 2009, falling drastically in a year from 7.3 per cent to 4.7 per cent. The economy recovered relatively quickly, with a growth rate of 3 per cent per annum from 2012 to 2015.²⁹

Despite being classified as one of the Least Developed Countries on the DAC list of Official Development Assistance (ODA) recipients 2014-2016,³⁰ receipt of ODA from donor countries and institutions has gradually declined in recent years. The net ODA received in 2014 equalled 49.3 per cent of central government expense.³¹ This is a steep decline from 2013 when the net ODA received equalled 73.5 per cent of central government expense.

In 2014-15, Solomon Islands received most ODA from Australia (US\$130.5 million), followed by New Zealand (US\$23.6 million) and Japan (US\$14 million).³² Figure 2.4 outlines the bilateral ODA received by sector in 2014 to 2015, with 62.8 per cent going to education, health, population and other social infrastructures and services.

27 Government of the Solomon Islands, National Development Strategy 2016-2035, <https://www.adb.org/sites/default/files/linked-documents/cobp-sol-2017-2019-ld-01.pdf> [4.8.17].

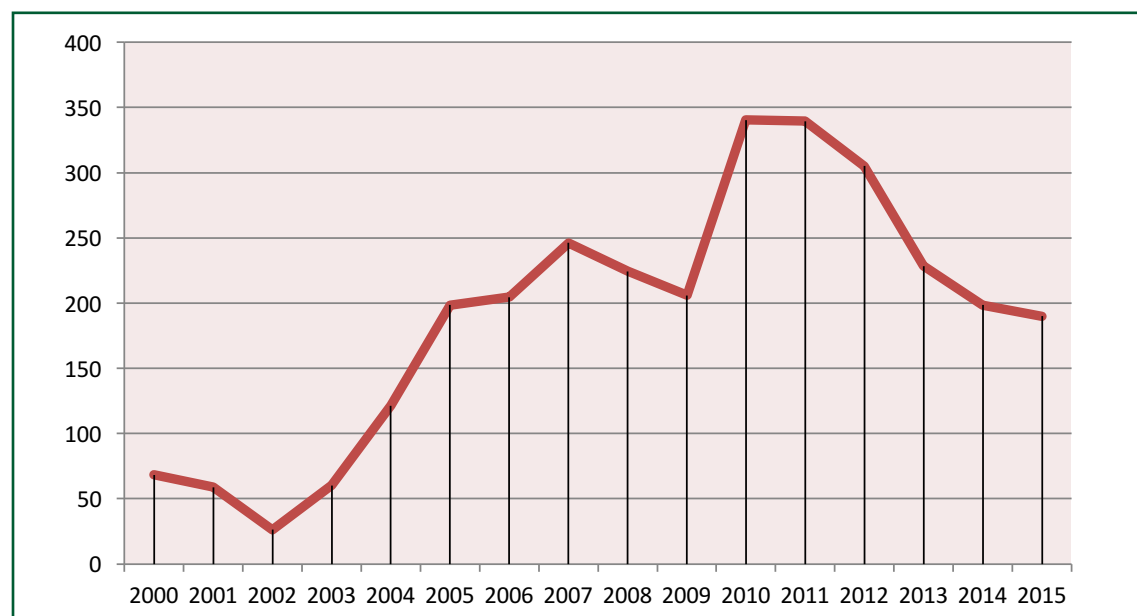
28 The Commonwealth, Solomon Islands: Economy, <http://thecommonwealth.org/our-member-countries/solomon-islands/economy>.

29 Ibid.

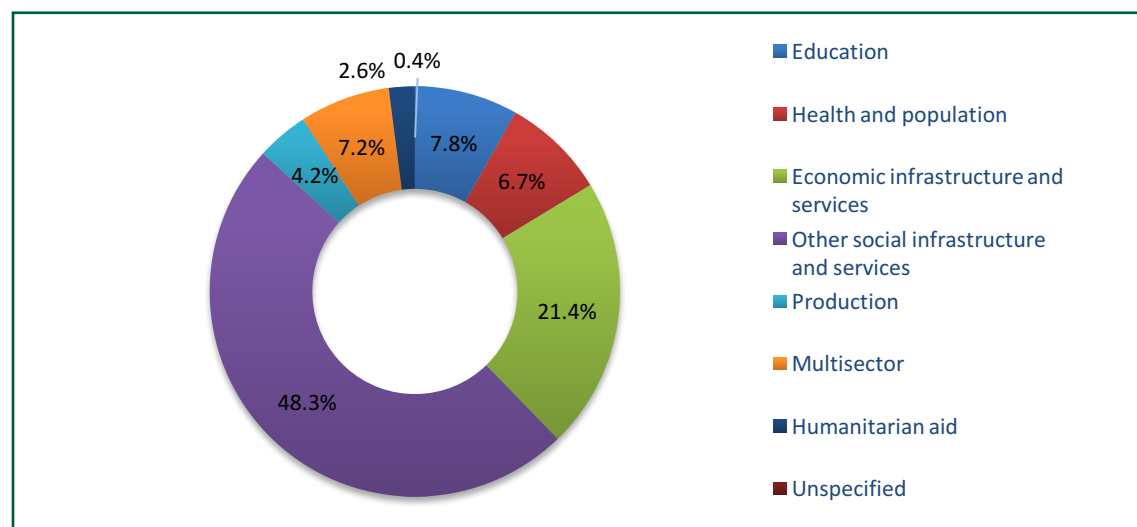
30 Countries in this classification had a per capita Gross National Income between US\$ 4,126- US\$ 12,745 in 2013. <http://www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf>.

31 OECD and World Bank Statistics, <http://data.worldbank.org/indicator/DT.ODA.ODAT.XP.ZS?locations=SB>.

32 Average gross ODA received. OECD, ‘Top Ten Donors of Gross ODA for the Solomon Islands, 2014-2015 average, USD million’, https://public.tableau.com/views/OECDDACIdataglanacebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no.

Figure 2.3: Net ODA (US\$ million)

Source: OECD and World Bank Statistics

Figure 2.4: ODA received by sector 2014-2015 (average)

Source: OECD Statistics

A large majority of the population live in rural areas (80.2 per cent). According to the Household Income and Expenditure Survey (HIES) 2012-2013, 35 per cent of the rural population engage in subsistence production, whereas only 8 per cent are employed in private and public sectors (4 per cent female, 11 per cent male). Another 8 per cent of the rural population is engaged in unpaid household work (11 per cent female, 4 per cent male). In urban areas, 30 per cent are employed in private and public sectors (22 per cent female, 38 per cent male), 2 per cent engage in subsistence production and 8 per cent are engaged in unpaid household work (13 per cent female, 6 per cent male).

Female-headed households account for 10.1 per cent of total households according to the 2012-2013 HIES.³³ According to the 2009 census, women were only half as likely to be in paid work compared to men (26 per cent of women and 51 per cent of men). This disparity is more pronounced in rural areas, where only 19 per cent of women were recorded as being in paid work, compared to 42 per cent of men.³⁴ Furthermore, women are much more likely to be in 'vulnerable' employment (41 per cent of urban women compared to 21 per cent of urban men).³⁵ Women's position within society impacts on their ability to engage in economic activities in the same way as men. Women continue to face challenges in starting their own businesses due to societal perceptions of gender roles, and lower levels of education and functional literacy.³⁶

The most prevalent income type in both rural and urban areas is employment. Of employment income, 28 per cent comes from non-subsistence business, 27 per cent from employment salaries and 25 per cent consumed home production. Other employment income categories include agriculture and forestry (8 per cent), salaries in-kind (4 per cent), livestock (3 per cent) and handicraft (3 per cent). According to the 2009 census, the labour force constitutes 62.9 per cent of the population aged 12 and over (63.5 per cent of men and 62.2 per cent of women). From 2012 to 2013, the proportion of individuals living below the poverty line was 12.7 per cent. Children are known to be disproportionately affected by poverty, with the 2005/2006 HIES showing that 32 per cent of all children aged up to 15 years were living in households in the lowest three expenditure deciles. Girls are further disadvantaged, representing 33.5 per cent of these households, while boys accounted for 32.4 per cent.³⁷

Levels of inequality are high compared to other PICTs, as measured by Gini coefficient.³⁸ The Gini coefficient for Solomon Islands was 0.41 in 2012/13 according to the HIES. This measurement is generally thought to represent an unreasonable level of inequality (with 0.30 to 0.35 accepted as 'reasonable').³⁹ According to the 2012/13 HIES, the 10 per cent of households with the highest income earn nearly half of the overall income (42 per cent). Fifty per cent of the poorest households earn 19 per cent of total household income.

The 2012/2013 HIES found a significant disparity between urban and rural households and between the richest and poorest households. Urban households earn six times more than rural households in terms of annual cash payments and salaries. The HIES also revealed that there are more than twice as many men in paid employment than women (19.8 per cent and 8.4 per cent, respectively).

33 Solomon Islands Household Income and Expenditure Survey: National Analytical Report 2012-2013, <http://www.statistics.gov.sb/statistics/demographic-statistics/household-income-and-expenditure-surveys>.

34 ADB, Solomon Islands: Country Gender Assessment, 2015, <https://www.adb.org/sites/default/files/institutional-document/176812/sol-country-gender-assessment.pdf>.

35 Ibid.

36 Ibid.

37 UNDP, *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey* (2008), para. 109.

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

39 UNDP, *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change* (2014).

The distance between PICTs, and between outer and inner atolls/mainland, has limited Internet access and Information and Communications Technology in until recently. According to the 2012-13 HIES, only 3 per cent of all households had access to the Internet. In rural areas, only 2 per cent of households had Internet access compared to 8 per cent in urban areas. Only 4 per cent of the population were reported to use the Internet, the majority of whom used it at work. World Bank data reports a steep increase in Internet usage, with 10 Internet users per 100 people in 2015.⁴⁰

Tribal customs and practices are important social norms in the rural parts of Solomon Islands, where the majority of the population reside. *Wantok* is an important part of the country's culture, referring to people of the same language or family ties operating as a community network and support system.

2.5. Legislative and policy framework

With its dualist legal system, Solomon Islands' international treaty obligations are only enforceable in domestic courts if they have been incorporated through enactment of domestic legislation. Solomon Islands recently passed a comprehensive child protection law, the Child and Family Welfare Act 2017, which aims to bring domestic law into line with the CRC, to which Solomon Islands acceded in 1995. Chapter II of the current Constitution from 1978 includes protection of a number of fundamental rights, including the right to life and the right to personal liberty, but only a few provisions refer specifically to children. No comprehensive child rights or human rights policy has been enacted, although the National Development Strategy (2016-2035) addresses a range of issues, including poverty alleviation, support for vulnerable groups and disaster risk protection.

Despite the lack of domestic incorporation of most children's rights and principles until recently, judges have relied on international human rights treaties for guidance and interpretation in a number of cases. For instance, in the case *R v K*, the High Court of Solomon Islands relied on the CRC as guidance on the treatment of juvenile offenders, holding that the best interests of the child should be of central importance in any sentencing process, and that rehabilitation should be the main objective behind sentencing.⁴¹

Solomon Islands signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2008, but has not yet ratified it. A Disability (Equal Opportunities, Protection of Rights and Full Participation) Bill was drafted in 2006 but has not been enacted. Furthermore, a National Policy on Disability Inclusive Development (2013-2018) was completed in April 2014 and is awaiting Cabinet endorsement.⁴² At the community level, the Ministry of Health has introduced the Community

40 World Bank, 'Internet users (per 100 people)', <http://data.worldbank.org/indicator/IT.NET.USER.P2?end=2015&locations=SB&start=1990&view=chart>.

41 *R v K* [2006] SBHC 53 (6 December 2006). See also *R v Gua* [2012] SBHC 118 (8 October 2012) where reference was made to CEDAW.

42 Pacific Community, Human rights in the Pacific, A situational analysis, 2016, http://rrrt.spc.int/images/PDF_Files/Human_Rights_In_The_Pacific_A_Situational_Analysis.pdf, p 121.

Based Rehabilitation unit to support the rights of disabled people at local level.⁴³ Despite these efforts, legislative protections for people with disabilities remain underdeveloped. Chapter II of the Constitution, for instance, does not prohibit discrimination on the grounds of disability. It is also crucial that the Government acts to endorse the National Disability Inclusive Policy. Furthermore, the Committee on the Elimination of Discrimination Against Women has specifically called on Solomon Islands to enact policies and other measures to strengthen the protection of women and girls with disabilities.

Solomon Islands acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2002. Positive legal and policy developments that have been noted by the CEDAW Committee include the Family Protection Act 2014, which criminalised domestic violence, and the National Strategy on economic empowerment of women and girls 2014. Nevertheless, the Committee noted a number of drawbacks in the protection of the rights of women and girls. These include a failure in the current Constitution to guarantee substantive equality between women and men.

Solomon Islands does not have a national human rights institution. However, Article 49 of the 2014 Draft Federal Constitution suggests the establishment of a Human Rights Commission mandated to monitor compliance with the international human rights treaties ratified by Solomon Islands and translated into domestic law.⁴⁴ The National Report from the Government of Solomon Islands in the 2015 Universal Periodic Review (UPR) states that existing institutions, including the Office of the Ombudsman and the Leadership Code Commission “could have greater mandate to address human rights issues.”⁴⁵

The Public Solicitor’s Office administers legal aid, which is available in criminal, civil and family law matters. However, in the UPR stakeholders noted that the Office is under-funded and under-resourced, and needs more lawyers in the Family Protection Unit.

2.6. Child rights monitoring

Solomon Islands has failed to comply with most of its reporting requirements under the core human rights treaties it has ratified or acceded to. Table 2.1 below shows that Solomon Islands recently submitted a State Party report to the Committee on the Rights of the Child, which had been overdue since 2007.

43 Ibid.

44 2013 Draft Federal Constitution of the Solomon Islands, Article 49, [http://www.sicr.gov.sb/2nd%202014%20SI%20Constitution%20Draft%20\(R\)%20pdf%20-%208%205%2014.pdf](http://www.sicr.gov.sb/2nd%202014%20SI%20Constitution%20Draft%20(R)%20pdf%20-%208%205%2014.pdf).

45 Human Rights Council, ‘National Report – Solomon Islands’, 30 October 2015, A/HRC/WG.6/24/SLB/1, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/247/87/PDF/G1524787.pdf?OpenElement>.

Table 2.1: Solomon Islands treaty-body reporting requirements

	Status	Past reports	Next report due
CRC	10 Apr 1995 (A)	Cycle I due: 9 May 1997 Submitted: 27 Feb 2001 Cycle II-III due: 9 May 2007 Submitted: 1 Jul 2016	Combined IV-VI 9 of May 2023
CRC OP1 SC	24 Sep 2009 (S)	-	-
CEDAW	6 May 2002 (A)	Cycle I-III due: - Submitted: 31 Oct 2013	1 November 2018
CESCR	17 Mar 1982 (D)	Cycle I due: 30 Jun 1990 Submitted: 2 Jul 2001 Cycle II due: 30 Jun 2005 Submitted: Outstanding	<u>Overdue since 2005</u>
ICCPR	N/A	-	-
CRPD	23 Sep 2008 (S)	-	-
Committee on the Elimination of Racial Discrimination	17 Mar 1982 (D)	Cycle I due: 16 Apr 1983 Submitted: 2 Feb 1983 Cycle II due: 17 Mar 1985 Submitted: Outstanding	<u>Overdue since 1985</u>
International Labour Organization (ILO) No 138	22 Apr 2013(I)	Out of cycle	<u>Requested in 2016</u>
ILO No 182	13 Apr 2012 (R)	Out of cycle	<u>Requested in 2016</u>

Source: Office of the United Nations High Commissioner for Human Rights (OHCHR)⁴⁶

Solomon Islands has undergone two UPRs (in May 2011 and January 2016).

The Government has established two committees to oversee the implementation of the CRC and CEDAW: The National Advisory and Action Committee on Children (NAACC) and the National Advisory Committee on CEDAW. The UN Country Team criticised these Committees for coordination challenges and for being under-resourced in its submission to the UPR process in 2016.⁴⁷ The Government has however initiated steps to improve protections of women and girls' rights. In August 2015, it introduced the National Strategy for the Economic Empowerment of Women and Girls, aiming to reduce gender inequality and to increase employment opportunities. The Government also introduced the National and Provincial Elections Campaign Strategy Plan of Action 2014-2015 by the National Council of Women, to encourage and build the capacity of female political candidates.⁴⁸

47 Joint Submission of the UN Country Team for the Solomon Islands for the UN Compilation, Jan-Feb 2016, <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=2376&file=EnglishTranslation>.

48 Pacific Community, Human rights in the Pacific, A situational analysis, 2016. Op. cit. p. 121.

3.

Health and Nutrition

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

Key Health and nutrition-related SDGs

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

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

The right to health in Solomon Islands domestic law

There is no direct right to health within the Constitution of Solomon Islands (1978). Health strategy and services are managed by the Ministry of Health and Medical Services (MHMS) in line with the National Health Strategic Plan 2016-2020.¹¹

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in Solomon Islands 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."⁴⁹ 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.⁵⁰ The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Solomon Islands takes these six building blocks into account. Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH and Child Protection) are made where necessary, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas covered in the SitAn.

49 https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf [02.03.17].

50 Ibid.

3.1. Child mortality

Neonatal mortality (0-28 days), infant mortality (under 1 year), and under-5 mortality have been gradually declining since the early 1990s, with Solomon Islands largely on track to meet the international development goals related to child mortality. According to the latest national estimates summarised in the 2016 SOWC dataset, the under-5 child mortality rate (U5MR) stands at 28 deaths per 1,000 live births as of 2015, a 22 per cent reduction since 1990.⁵¹ This means that Solomon Islands has not yet reached SDG 3.2 on under-5 child mortality: the reduction to at least 25 deaths per 1,000 live births by 2030. But in light of the good progress achieved since the early 1990s, it is likely that this target will be reached if the country continues on its current trajectory. The 2016 SOWC data also revealed gender disparities in relation to child mortality rates in Solomon Islands, with the U5MR for boys estimated at 31 deaths per 1,000 live births, compared to 26 deaths per 1,000 live births for girls.

The infant mortality rate was estimated at 24 deaths per 1,000 live births as of 2015, a reduction from 32/1,000 in 1990.⁵² The SDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 and neonatal mortality. Neonatal mortality in Solomon Islands is estimated at 12 deaths per 1,000 live births.⁵³ Therefore, Solomon Islands is on track to meet the SDG 3.2 target for neonatal mortality, of 12 deaths per 1,000 live births by 2030.

A recent situation analysis of new-born care identified that neonatal infections, birth asphyxia, complications of preterm birth, and congenital abnormalities account for the greatest disease burden in neonates in Solomon Islands.⁵⁴ While there is very limited information on the causes behind the high rates of premature births and preterm complications, a key informant from the Solomon Islands MHMS (Reproductive and Child Health Division) suggested that much of it could be related to malaria, sexually transmitted infections (STIs) and maternal anaemia.⁵⁵

As in many of the neighbouring PICTs, water-related diseases, including diarrhoeal diseases and malaria, are a significant cause of death in under-5 year olds. WHO identified malaria (responsible for 10 per cent of under-5 deaths), pneumonia (16 per cent), prematurity (19 per cent), birth asphyxia (13 per cent), congenital anomalies (10 per cent), other diseases (16 per cent), and diarrhoea (5 per cent) as the key immediate causes of death in under-5 year olds in Solomon Islands.⁵⁶

UNICEF causes-of-death estimates suggest that most deaths in under-5 children in Solomon Islands, as of 2015, were due to pneumonia (18 per cent), followed by preterm complications (14 per cent), intrapartum complications (12 per cent), congenital diseases (12 per cent), injury (8 per cent), and diarrhoea (7 per cent). Unspecified 'other' causes also account for a relatively large proportion of deaths in under-5 year olds (15 per cent) (see Figure 3.1).⁵⁷

51 SOWC 2016.

52 Ibid.

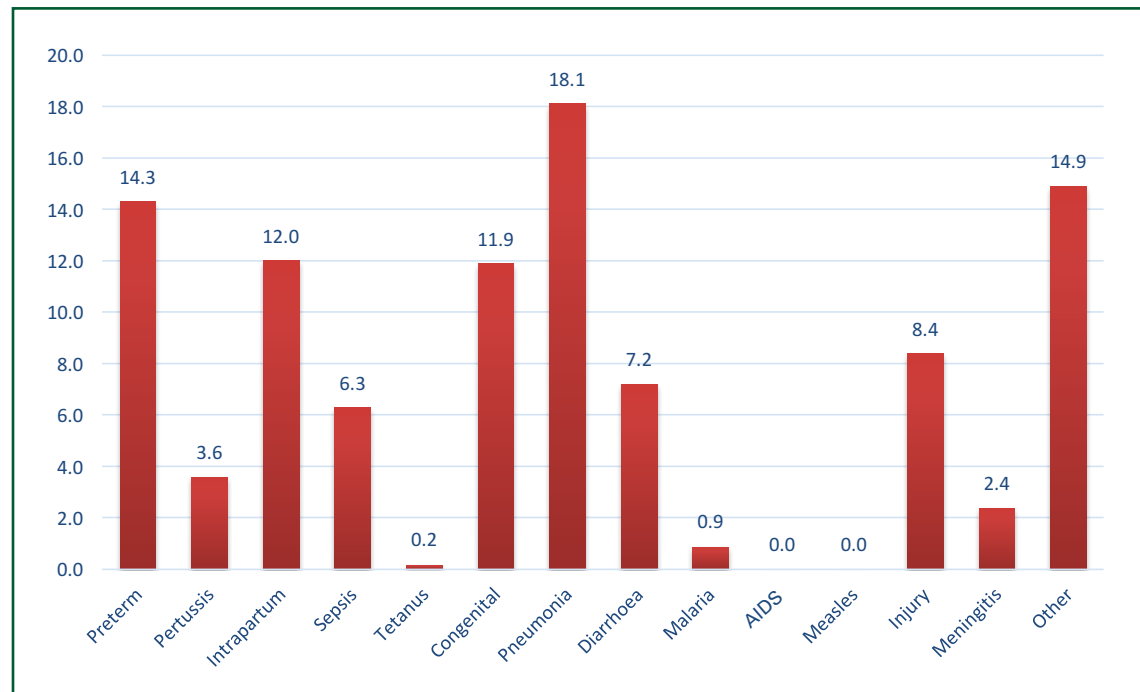
53 Ibid.

54 Centre for International Child Health. 2016. Newborn care situation analysis and roadmap: Solomon Islands. p.29.

55 Key informant interview with Director, Reproductive and Child Health, Ministry of Health and Medical Services, Honiara, 15 March 2017.

56 WHO. 2015. Sanitation, drinking-water and health in Pacific island countries: 2015 update and future outlook. Available at: http://reliefweb.int/sites/reliefweb.int/files/resources/9789290617471_eng.pdf [28.03.17].

57 UNICEF 2015 data: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [05.06.17].

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

Source: UNICEF 2016

The 2016 SitAn on newborn care highlighted the very limited information available regarding the status of newborn care and gaps in new-born care in Solomon Islands.⁵⁸ However, existing data suggests that geographic location plays a significant role in children's vulnerability to premature death. For example, somewhat outdated census data from 2009 shows that rural areas have a significantly higher infant mortality rate than urban areas. According to this census data, Central, Rennell-Belona, Malaita and Choiseul Provinces have the highest mortality rates in the country.⁵⁹ This may be related to the fact that geographic distance to health facilities, which are primarily located in urban areas, is a major barrier to accessing adequate pre- and post-natal care in more remote areas.⁶⁰

3.2. Child health, immunization and communicable diseases

According to the most recent UN estimates, 73 per cent of children aged under-5 with suspected pneumonia in Solomon Islands are taken to a health provider.⁶¹ This is in line with the regional average for East Asia and Pacific (73 per cent), but below the PICTs-wide average of 75 per cent.⁶² In Solomon Islands, only 38 per cent of children aged under-5 with diarrhoea are estimated to

58 Centre for International Child Health. 2016. Op. cit. p.6.

59 Ibid. p.12.

60 Ibid.

61 SOWC 2016. Op. cit.

62 Ibid.

receive oral rehydration salts, which is significantly below the regional average of 46 per cent for East Asia and Pacific (excluding China), and below the PICTs-wide average of 45 per cent.⁶³ Again, available data suggests disparities between urban and rural areas. In urban areas, 40 per cent of children under-5 with diarrhoea receive oral rehydration salts, while this figure drops to 37 per cent in rural areas.⁶⁴

Good progress has been made in fighting vaccine-preventable diseases. Estimates provided by the WHO Global Health Observatory⁶⁵ suggest that Solomon Islands has achieved near-universal (100 per cent) immunization coverage for 6 out of 12 recommended vaccines over the last 15 years (see Figure 3.2).

However, WHO data also suggest that Solomon Islands has experienced a worrying decline in immunization coverage for certain types of vaccines. Particularly worrying in this respect is the trend for at-birth Hepatitis B vaccination coverage, which declined from universal coverage (100 per cent) in 2001 to 65 per cent in 2015. While the data indicate that this trend was somewhat reversed in 2012, when at-birth Hepatitis B vaccination coverage reached a low of 58 per cent, it is still too soon (as of early 2017) to tell whether reversal is permanent or temporary.

In 2014, Solomon Islands experienced a serious measles outbreak, with 4,563 cases reported between 1 July and 9 November. According to a WHO situation analysis conducted shortly after the outbreak, the burden of disease was highest in children less than 1 year old and in adolescents (15- to 19-year-olds). The report indicates that there were nine measles-related deaths, including two children from Western Province: a 6-month-old and a 4-year-old.⁶⁶ This measles outbreak highlights the importance of achieving universal coverage for all universally recommended vaccines.

Data gaps exist for immunization coverage in the Solomon Islands for the following universally recommended vaccines: third dose of pneumococcal conjugate; second dose of Measles (which may indicate that Solomon Islands authorities have difficulties tracking and fully immunizing children); and Rotavirus.⁶⁷

In Solomon Islands, communicable diseases still account for a high proportion of disability-adjusted life years (DALYs) lost.⁶⁸ Solomon Islands is one of the very few countries in the PICTs region where malaria transmission is a risk.⁶⁹ Malaria is considered meso-endemic⁷⁰ and transmission

63 <https://data.unicef.org/country/slb/> [02.03.17]; SOWC 2016.

64 SOWC 2016. Op. cit.

65 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States as well as data reported in the published and grey literature. WHO immunization coverage data are reviewed and the estimates updated annually. See http://apps.who.int/immunization_monitoring/globalsummary/coverages?c=SLB [02.03.17]

66 WHO. Measles Outbreak, Solomon Islands Health Situation Report No. 7. 26 November 2014.

67 WHO Global Health Observatory. 2017. Op. cit.

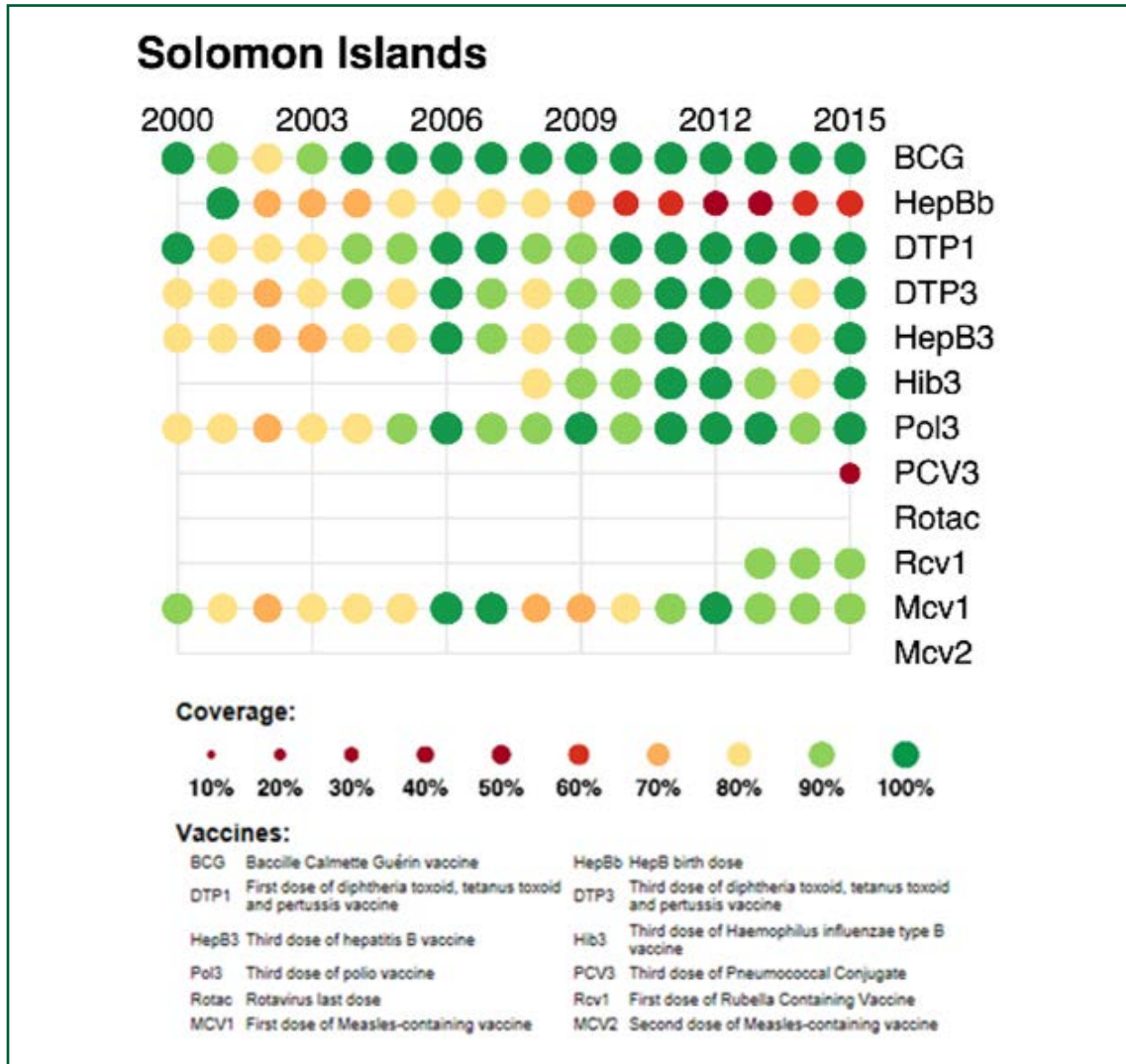
68 WHO Country Cooperation Strategy 2013-2017 Solomon Islands, p. 14. The DALY is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. One DALY can be thought of as one lost year of 'healthy' life. See e.g. http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/ [06.06.17].

69 See e.g. http://www.wpro.who.int/world_health_day/2014/progressinmalariacontrolSOLVAN.pdf [06.06.17].

70 Meso-endemic means that malaria transmission is seasonal under normal rainfall conditions, and that in times of drought, it will decline. See e.g. <http://ocw.jhsph.edu/courses/Malariology/PDFs/lecture3.pdf> [06.06.17].

occurs almost entirely in coastal areas, concentrated around Guadalcanal.⁷¹ The burden of malaria, as measured by number of confirmed cases per 1,000 people, has reduced substantially since the early 1990s, from 421 in 1993 to 49 in 2011 (a reduction of 89 per cent).⁷² National malaria prevalence was estimated at 0.3-0.4 per cent of the population as of 2011.⁷³

Figure 3.2: Immunization coverage in Solomon Islands (percentage of target population)



Source: WHO 2017⁷⁴

71 National Malaria Indicator Survey 2011 in Solomon Islands. Available at: http://www.atoifiresearch.org.sb/sites/www.atoifiresearch.org.sb/files/uploaded/2011.4.SOL_1.MVP_FinalReport.1.Mar102014-8_32am-1.pdf [28.03.17].

72 See http://www.wpro.who.int/world_health_day/2014/progressinmalariacontrolSOLVAN.pdf [28.03.17].

73 Ibid.

74 WHO Global Health Observatory. 2017. Immunisation Punch Charts. <http://apps.who.int/gho/data/node.wrapper.immunization-cov> [25.05.17]. Note that the target population differs depending on the specific vaccine. See: <https://data.unicef.org/topic/child-health/immunization/> [25.05.17].

A large proportion of the population remains at risk of contracting malaria. In 2011, 19 malaria-related deaths were reported.⁷⁵ Since 2003, with financial support from the Australian Agency for International Development (AusAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Government has embarked on a programme of malaria control and elimination, starting in Isabel and Temotu provinces. Priorities are the distribution of insecticide-treated nets, rapid diagnosis and treatment. However, data suggest that significant gaps in prevention and treatment coverage remain. Only 19 per cent of children with fever are estimated to receive antimalarial treatment, 40 per cent of children sleep under insecticide-treated nets, and only around half of all households are estimated to have at least one insecticide-treated net.⁷⁶

On a positive note, a recent assessment report by Tyson & Clements (2016) suggests that Solomon Islands are aiming to eliminate malaria by 2020 and that the country is making good progress with substantial funding from AusAID and the Global Fund to Fight AIDS, Malaria and Tuberculosis, and support from WHO and other partners.⁷⁷

SDG target 3.3 encourages all countries to eradicate tuberculosis (TB) by 2030.⁷⁸ Solomon Islands has the highest number of total TB cases of the PICTs group, excluding PNG.⁷⁹ However, when looking at the TB prevalence rate (TB cases per 100,000 population), Solomon Islands falls in the middle range of the PICTs group, with a rate of 142, according to NMDI data (see Figure 3.3).⁸⁰

On a positive note, a recent health systems review suggests that sustained TB prevention and control efforts have made good progress towards achieving the global targets set by the Stop TB Partnership for 2015: the burden of morbidity and mortality has been decreasing steadily since 1990, falling respectively by 79 per cent and 76 per cent.⁸¹

75 Ibid.

76 SOWC 2016. Op. cit.

77 WHO Country Cooperation Strategy 2013-2017, p. 15.

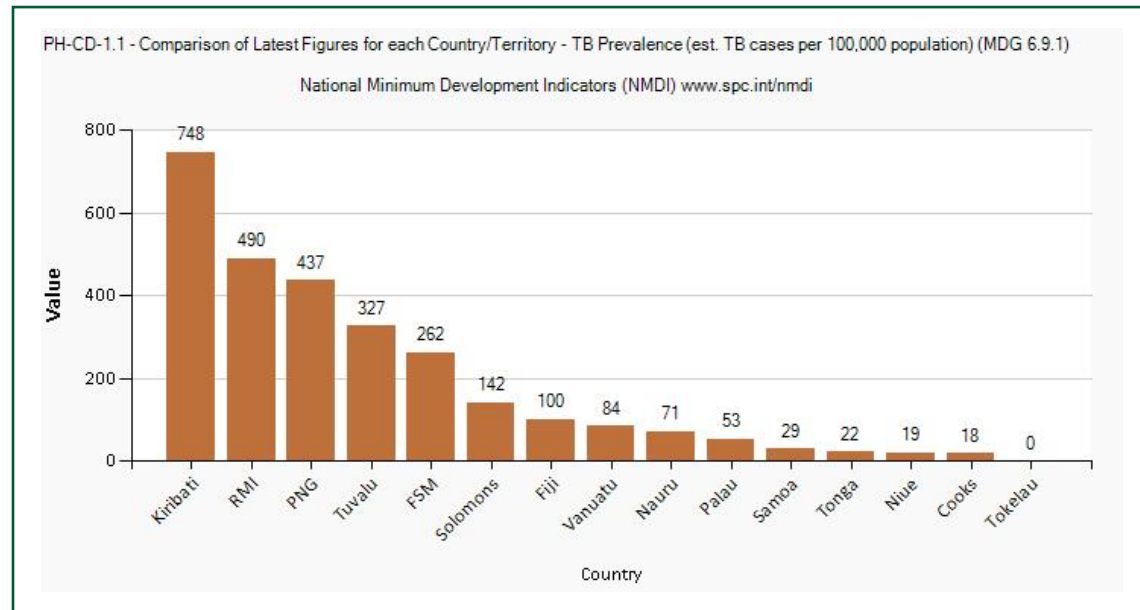
78 See <https://sustainabledevelopment.un.org/sdg3> [10.04.17].

79 Solomon Islands Health Systems Review. 2015. WHO & Asia Pacific Observatory on Health Systems and Policy. Available at: <http://iris.wpro.who.int/handle/10665.1/11355> [30.03.17]. p. 71.

80 NMDI data. Available at: https://www.spc.int/nmdi/communicable_diseases [25.04.17].

81 Solomon Islands Health Systems Review. 2015. Op. cit. p. 71.

Figure 3.3: TB prevalence rate (TB cases per 100,000 population) by country.



Source: NMDI 2013⁸²

3.3. Maternal health

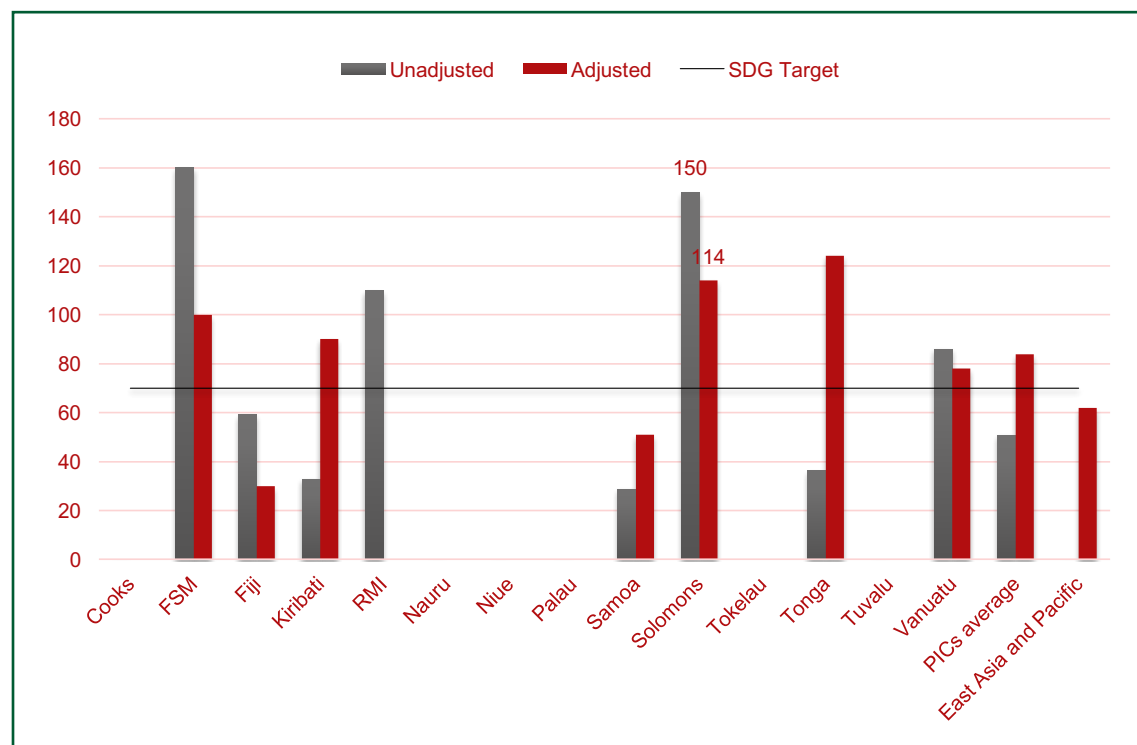
High maternal mortality rates remain a key problem in Solomon Islands and additional efforts will be necessary for the country to meet relevant international targets. According to SDG 3.1, all countries should aim to reduce the maternal mortality ratio to fewer than 70 maternal deaths per 100,000 live births by 2030. According to the latest UN-validated adjusted estimates of 2015, Solomon Islands' maternal mortality ratio stands at 114 deaths per 100,000 live births, which is still significantly above the SDG target and amounted to an estimated total of 19 maternal deaths in 2015.⁸³ As of 2015, Solomon Islands has reduced the maternal mortality ratio by 68 per cent, compared to the 1990 ratio of 364 maternal deaths per 100,000 live births. Figure 3.4 shows adjusted and unadjusted maternal mortality ratios for countries in the PICTs (where data are available), which suggests that Solomon Islands has amongst the highest maternal mortality rates in the region.⁸⁴

⁸² Ibid.

⁸³ <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. Note that the UN-validated adjusted estimates do not match with the data reported by national authorities (150 deaths per 100,000 live births, see SOWC 2016). The World Bank and the United Nations Population Division produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, and are therefore preferable.

⁸⁴ SOWC 2016. Op. cit.

Figure 3.4: Adjusted and unadjusted maternal mortality ratios (deaths per 100,000 live births) in 2015



Source: SOWC 2016

The key immediate causes of maternal death in Solomon Islands were identified as postpartum and ante-postpartum haemorrhage, sepsis, complications from malaria in pregnancy, and pregnancy-induced hypertension.⁸⁵

Under Article 24(2)(d) of the CRC, Solomon Islands has an obligation to ensure appropriate pre- and post-natal health care for mothers.⁸⁶ Estimated antenatal coverage for at least one visit stands at 74 per cent, which indicates that there are still significant gaps in coverage.⁸⁷ Antenatal coverage for at least four visits is estimated at 65 per cent,⁸⁸ which suggests that expectant mothers need to be encouraged to make regular visits to clinics for antenatal checks, as suggested, for example, in a 2014 publication by World Vision.⁸⁹

The UN data suggest that an overwhelming majority of pregnant women in Solomon Islands give birth in the presence of a skilled health professional (86 per cent) and in a health facility (institutional

85 Solomon Islands Health Systems Review. 2015. Op. cit.

86 Paras. 51 – 57.

87 SOWC 2016. Op. cit.

88 Ibid.

89 See World Vision. 2014. http://www.wvi.org/sites/default/files/MCH_per_cent20FACT_per_cent20Sheet_per_cent20Solomon_per_cent20Islands_per_cent20Draft_per_cent20- per_cent20February_per_cent202014.pdf [28.03.17].

delivery in 85 per cent of cases), but that significant gaps in coverage remain.⁹⁰ According to UN data, Caesarean sections are carried out in 6 per cent of births in Solomon Islands.

Importantly, there are large disparities between urban and rural areas in relation to births attended by a skilled health professional. While 95 per cent of births in urban areas are attended by a skilled health professional, this drops to only 84 per cent in rural areas.⁹¹ Pre- and post-natal healthcare coverage for mothers in Solomon Islands thus appears to have significant gaps, which are primarily concentrated in rural areas of the country.

Data also suggest disparities between rich and poor inhabitants. For example, the UN estimates that 94 per cent of pregnant women in the richest wealth quintile⁹² give birth in the presence of a skilled health professional, compared to only 73 per cent of pregnant women in the poorest wealth quintile.⁹³

3.4. Adolescent health

Adolescents aged 10 to 19 make up 23 per cent of the total population, which, according to the 2016 SOWC data, is in line with the PICTs-average of 22 per cent, but a significantly higher proportion than the wider regional average of 13 per cent for East Asia and Pacific.⁹⁴ Adolescence has been recognised by the Committee on the Rights of the Child as being a “unique defining stage of human development,” with particular health issues and response requirements.⁹⁵

3.4.1. Fertility and contraceptive use

According to World Bank estimates from 2015, the adolescent fertility rate in Solomon Islands stands at 47 (births per 1,000 women aged 15 to 19), which is significantly higher than the regional average of 22/1,000 for East Asia and Pacific.⁹⁶ However, the data also reveal that the adolescent fertility rate is declining in Solomon Islands, having decreased by around 50 per cent since 1990, when it stood at 90/1,000.⁹⁷

Data on marriage rates amongst the adolescent population group highlight significant inequities between genders. While the percentage of men in this age group currently married or in union was estimated to be at 0 per cent, the percentage increases to 13 per cent for women.⁹⁸

90 SOWC 2016. Op. cit.

91 Ibid.

92 The richest 20 per cent of households in Solomon Islands.

93 See <https://data.unicef.org/country/slb/> [28.03.17].

94 SOWC 2016. Op. cit.

95 Committee on the Rights of the Child, General Comment No. 20 on the Implementation of the Rights of the Child in Adolescence, 6 December 2016, CRC/C/GC/20, para. 9.

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

97 Ibid.

98 SOWC 2016. Op. cit.

The marriage rate for adolescent girls is significantly higher than the regional average of 6 per cent for East Asia and Pacific.⁹⁹ Research has shown that early marriage reduces the likelihood that married women will have equal decision-making power in relation to family planning and contraceptive use.¹⁰⁰ Teenage pregnancies are quite common in Solomon Islands. The 2015 Demographic and Health Survey (DHS) data suggest that by the age of 19, roughly 21 per cent of teenage girls have become mothers, with consequent impacts on their educational and economic prospects and those of their children: children of teenage mothers tend to have poorer health and education outcomes.¹⁰¹

Contraceptive prevalence¹⁰² in Solomon Islands stands at an estimated 35 per cent of the population, which is significantly lower than the wider regional average of 64 per cent for East Asia and the Pacific, but in line with the PICTs average (35 per cent).¹⁰³ Low contraceptive prevalence in Solomon Islands appears, in part, to result from supply-side constraints. 2015 DHS data suggest that almost 64 per cent of women aged 15 to 49 who are married or in union have a need for contraception, and that around 35 per cent of this need is currently not being met.¹⁰⁴ The 2015 DHS report also suggests that current contraceptive use is lower in urban areas (26 per cent) than rural areas (30 per cent),¹⁰⁵ which may reflect increased efforts to provide reproductive health services in rural settings.¹⁰⁶

In addition to supply-side constraints, there also appear to be important demand-side constraints restricting adolescents' access to reproductive health services. For example, dominant social norms appear to make a discussion of reproductive health and sexuality challenging, especially between young, unmarried populations and adults, rendering it difficult to provide youth-friendly sexual and reproductive health services. Being perceived as sexually active is highly stigmatising, particularly for young women, and this can act as a barrier to their accessing contraceptives.¹⁰⁷

A 2010 UNICEF study revealed significant differences in reported condom-use for different subgroups of adolescents. The study revealed that 'especially vulnerable' adolescents (54.5 per cent), and 'most-at-risk young people' (48.8 per cent) reported condom-use more frequently than 'mainstream' youth (33.8 per cent), which may be due to greater sexual experience and skills in these sub-groups.¹⁰⁸

99 Ibid.

100 See 'Getting the Evidence: Asia Child Marriage Initiative'. Available at: <https://plan-international.org/publications/getting-evidence-asia-child-marriage-initiative> [29.03.17].

101 Solomon Islands DHS 2015 report, p. 86.

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

103 SOWC 2016; the wider regional average excludes China.

104 Solomon Islands DHS 2015 report, p. 117.

105 Ibid. p. 108.

106 Mackesy-Buckley S, Kennedy E, Subramaniam S. 2012. The case for investing in family planning in Solomon Islands; a cost benefit analysis. Burnet Institute and Family Planning International on behalf of Compass: the Women's and Children's Health Knowledge Hub. Melbourne, Australia. p. 3.

107 Key Informant Interview (KII) with Two Programme Managers, WHO, Honiara, 14 March 2017.

108 As cited in Solomon Islands Global AIDS Response progress report 2016, p. 17. These groups of adolescents and young people are unfortunately not further defined in the cited document.

3.4.2. HIV/AIDS and sexually transmitted infections

Compared with other PICTs, Solomon Islands has reported a relatively low number of HIV infections. However, while the official HIV prevalence rate is low (2 per 100,000), it has been questioned whether this figure underestimates the true burden of HIV, due to under-reporting of new cases as a result of: gender and socio-cultural barriers to utilising HIV testing and counselling services (such as actual or perceived stigma and discrimination directed towards those found to be HIV positive); a paucity of testing services limiting access; and a weak, poorly representative surveillance system.¹⁰⁹

Data on HIV-related knowledge amongst adolescents (Millennium Development Goal [MDG] 6.3) comes primarily from the recently released 2015 DHS. According to this data source, only 29 per cent of women aged 15 to 24 had comprehensive knowledge of HIV/AIDS, with the a slightly higher percentage for men in the same age group (34 per cent).¹¹⁰ This places Solomon Islands in the middle-range amongst the PICTS group.¹¹¹

There is a lack of data on HIV/AIDS incidence and knowledge amongst sex workers and men who have sex with men.¹¹²

Very high STI rates in Solomon Islands indicate that the underlying behavioural risks for HIV transmission are high, which raises concerns about a potential future increase in HIV cases. For example, syphilis prevalence was estimated at 10 per cent, with prevalence significantly higher amongst younger (<25 years) women (14.8 per cent) compared to older women (6 per cent).¹¹³

3.4.3. Substance abuse

According to SDG target 3.5, Solomon Islands should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There is limited quantitative data on substance abuse amongst adolescents and adolescent mental health in Solomon Islands. The most important data source is the Global School-based Health Survey (GSHS), which was implemented in Solomon Islands in 2011, using a nationally representative sample of 1,421 pupils aged 13 to 15 (in Grades Std 6, Forms 1 to 3).¹¹⁴ According to the GSHS data, around 2 in 3 pupils (63 per cent) reported to have consumed alcohol before the age of 14 years. Eighteen per cent indicated that they had consumed alcohol within the 30 days before the survey was implemented. Alcohol consumption appears to be higher amongst boys (21 per cent) than girls (13 per cent).¹¹⁵

109 As cited in Solomon Islands Global AIDS Response progress report 2016, p. 12.

110 Solomon Islands DHS 2015 report. Op. cit. p. 231-232.

111 See NMDI data on sexual health at: http://www.spc.int/nmdi/sexual_health.

112 As cited in Solomon Islands Global AIDS Response progress report 2016, p. 11.

113 Ibid. p. 16.

114 <https://www.cdc.gov/gshs/countries/westpacific/solomon.htm> [07.03.17].

115 Note though, that confidence intervals overlap. Level of confidence was not reported in the 2011 GSHS Solomon Islands Factsheet.

According to the GSHS data, of those respondents who reported to have previously consumed drugs, more than 70 per cent indicated that they had done so before the age of 14 years. As with reported alcohol use, it appears that drug use is somewhat higher amongst boys (72 per cent) than it is amongst girls (65 per cent).¹¹⁶ Fourteen per cent of surveyed pupils indicated that they had previously consumed marijuana, with boys more likely to report consuming marijuana (16 per cent) than girls (11 per cent). Some 24 per cent of pupils indicated using tobacco products during the previous 30 days, with boys being more likely to use tobacco (28 per cent) than girls (18 per cent). Tobacco use is the only risk factor common to all four main non-communicable diseases¹¹⁷ and exacerbates virtually all non-communicable diseases.¹¹⁸

A recent, non-representative study, implemented by Save the Children in four provinces, found that betel nut was the addictive substance most commonly used by young people aged 15 to 24 (88 per cent reported use in the previous four weeks), followed by tobacco (70 per cent had smoked in the previous four weeks).¹¹⁹ The study also found that betel nut consumption rates were significantly higher in rural areas, and particularly high amongst respondents from Choiseul (98 per cent), followed by Malaita (93 per cent), Guadalcanal (82 per cent) and Western (81 per cent) provinces.¹²⁰ Young people can easily purchase betel nut from street vendors.¹²¹

The report identified several barriers to effective prevention and response to problematic alcohol and other substance use amongst young people. These included: a lack of appropriate services; a limited focus on attracting young people to make use of existing services; geographical barriers, particularly in rural and remote areas; very limited funding and resources; and a lack of coordination between different services.¹²²

3.4.4. Mental health

According to the WHO 2011 Mental Health Atlas, Solomon Islands does not have an officially approved mental health policy (even though one was drafted in 2009), and mental health is not specifically mentioned in the general health policy.¹²³

The 2011 GSHS survey collected limited information about adolescent mental health. For example, around 33 per cent of all pupils had attempted suicide during the 12 months before the survey was implemented. Male pupils were slightly less likely to report having attempted suicide (30

116 Confidence intervals overlap. Level of confidence was not reported in the 2011 GSHS Solomon Islands Factsheet.

117 The four main NCDs are: Diabetes, Cardiovascular disease, Cancer, Chronic respiratory disease. See World Bank. Pacific Possible: Health & non-communicable diseases. Available at <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [21.03.17].

118 Ibid.

119 See Save the Children 2016: https://www.savethechildren.org.au/__data/assets/pdf_file/0004/155533/SCA-REPORT-Alcohol-and-Violence-5-7-16.pdf [21.03.17].

120 Ibid. p.32.

121 See e.g. <http://www.solomontimes.com/news/betel-nut-banned-in-honiara-town/1591> [06.06.17].

122 See Save the Children 2016. Op. cit.

123 WHO. 2011. Mental Health Atlas. Solomon Islands. http://www.who.int/mental_health/evidence/atlas/profiles/sib_mh_profile.pdf [06.06.17].

per cent) than female pupils (35 per cent).¹²⁴ Beyond the GSHS data, it appears that there is little quantitative data on the mental health of adolescents and children in Solomon Islands. As a result, little is known about mental health of Solomon Island youth outside ages 13 to 15 captured in the GSHS. Furthermore, there is no quantitative data on mental health indicators amongst out-of-school youth.

The WHO Country Cooperation Strategy for Solomon Islands 2013-2017 notes that there has been limited progress in mental health care in the Pacific during the last decade, while trends for substance abuse, addictive behaviours, depression and suicide were increasing.¹²⁵ The strategy paper also suggests that one of the main barriers preventing the successful implementation of mental health programmes relates to the social stigmatization of mental illness.¹²⁶

3.5. Nutrition

According to the WHO Global targets, Solomon Islands should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.¹²⁷

WHO Global Nutrition Targets

	Targets	Indicators
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 birth weight	Percentage of infants born with low birth weight (< 2,500 grams)
4	By 2025, ensure that there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age

124 Note that confidence intervals overlap. Significance level not reported in the GSHS factsheet. See http://www.who.int/chp/gshs/2011_GSHS_FS_Solomon_Islands.pdf?ua=1 [06.06.17].

125 WHO Country Cooperation Strategy 2013-2017 Solomon Islands, p. 14.

126 Ibid.

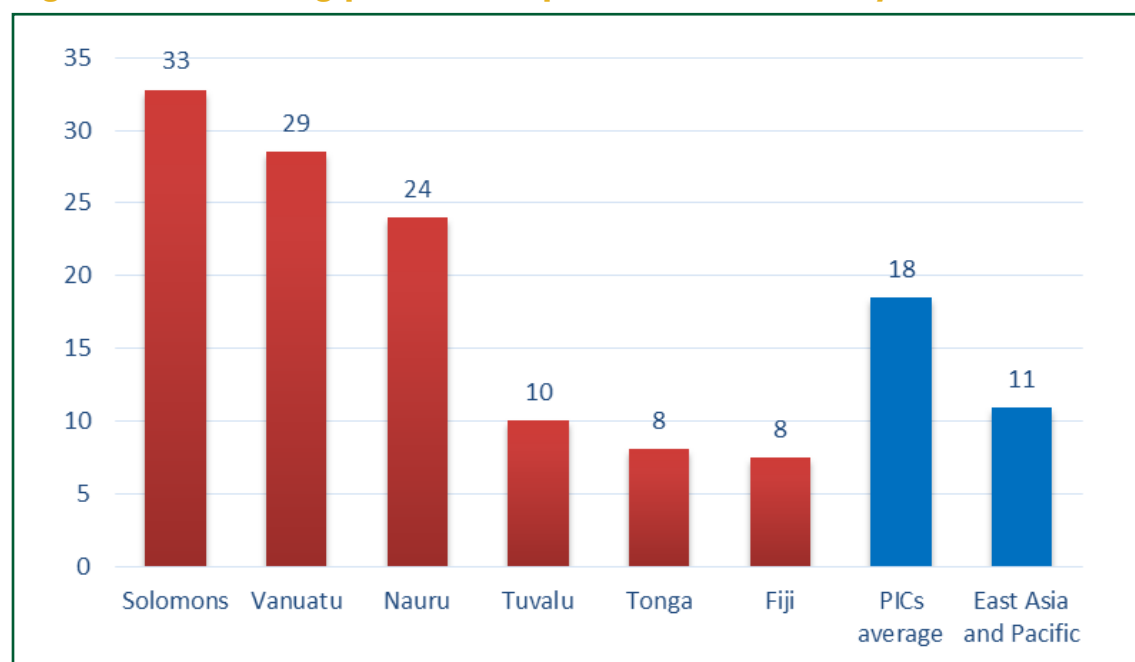
127 <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17].

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 breast fed
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

3.5.1. Child stunting and wasting

Childhood stunting rates in Solomon Islands are very high. According to 2016 SOWC data,¹²⁸ the prevalence of child stunting (short height for age or 'chronic malnutrition') in under-5 children in Solomon Islands is estimated at 33 per cent.¹²⁹ This is significantly higher than the regional average for East Asia and Pacific, which stands at 12 per cent, as of 2013, and the **highest childhood stunting rate in the PICTs group**, excluding PNG (see Figure 3.5).¹³⁰

Figure 3.5: Stunting prevalence (per cent) in under-5 year olds



Source: SOWC 2016¹³¹

The existing data on stunting rates in Solomon Islands also reveal significant disparities between rural and urban areas, and between rich and poor households. The UN estimates that stunting

128 SOWC 2016. Op. cit.

129 Ibid.

130 Ibid.

131 Figures refer to moderate and severe childhood stunting.

prevalence in children under 5 in rural areas stands at 34 per cent, dropping to 23 per cent in urban areas. Similarly, the prevalence of child stunting in the poorest household wealth quintile was identified as 34 per cent, dropping to 22 per cent in the richest household wealth quintile.¹³² Childhood stunting is a result of chronic malnutrition and inadequate food intake. Since more children in Solomon Islands are stunted rather than wasted (lower in weight for their height group, or 'acute malnutrition'), it has been suggested that they typically attain their daily energy requirements, but that their food lacks nutritional value.¹³³

Childhood wasting appears to be less prevalent than stunting in Solomon Islands, and was estimated to affect 4 per cent of children, which is already one percentage point *below* the WHO target of 5 per cent for the year 2025.¹³⁴ Solomon Islands' current wasting prevalence rate is comparable to the regional average for East Asia and Pacific, which also stands at 4 per cent, as of 2015.¹³⁵

3.5.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,¹³⁶ increasing the risk of blood loss at delivery and postpartum haemorrhage.¹³⁷ The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth weight babies, who also have an increased risk of dying.¹³⁸ De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and children.¹³⁹

WHO estimates the prevalence rate of anaemia in non-pregnant women of reproductive age to be around 25 per cent, while anaemia in pre-school children stands at around 40 per cent. An estimated 24 per cent of the population of Solomon Islands are at risk of inadequate zinc intake.¹⁴⁰ Anaemia and zinc intake are closely related, as a lack of zinc or too much zinc can interfere with copper intake and iron intake, which often triggers anaemia.¹⁴¹

132 UN database on Stunting Disparities by Residence and Wealth Quintile. Available at: <https://data.unicef.org/topic/nutrition/malnutrition/> [08.03.17].

133 The Borgen Project. 2014. Malnutrition in the Solomon Islands. <https://borgenproject.org/malnutrition-in-the-solomon-islands/> [06.06.17].

134 SOWC 2016. Op. cit.

135 Ibid.

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

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

138 Ibid.

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

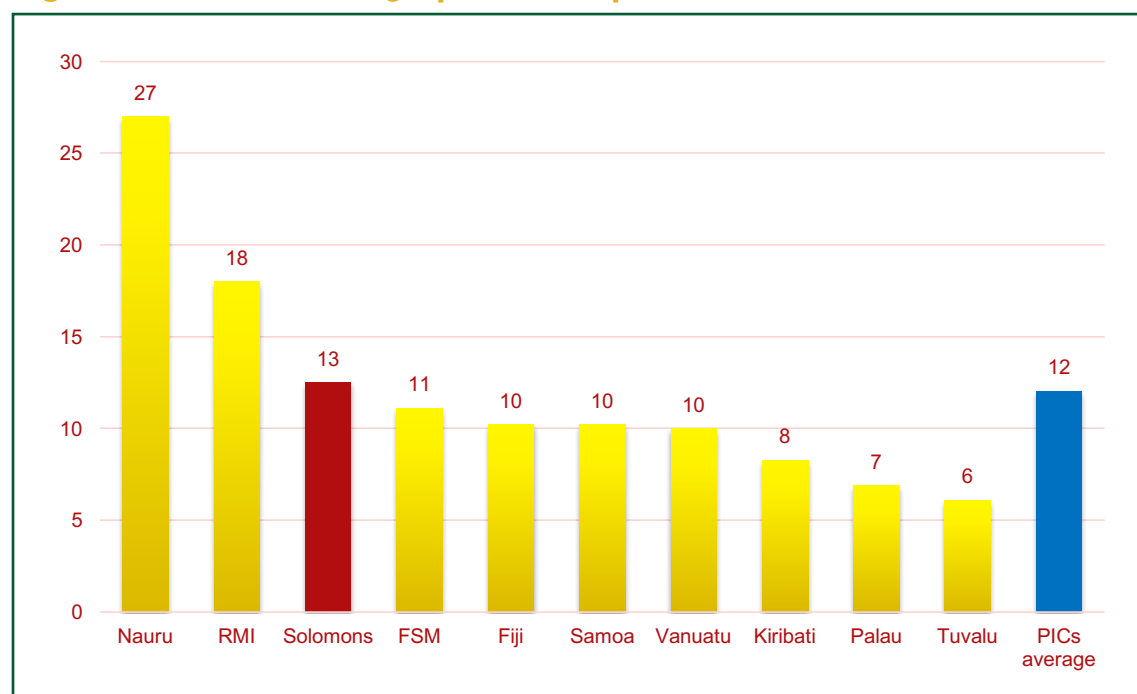
140 WHO. 2015. The global prevalence of anaemia in 2011. Geneva: World Health Organization. See also: http://www.ffinetwork.org/country_profiles/country.php?record=25 [08.03.17].

141 See e.g. <http://www.progressivehealth.com/zinc-and-anemia.htm> [06.06.17].

3.5.3. Low birth weight and underweight

Low birth weight¹⁴² is a significant public health concern in the PICTs region. Low birthweight is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and inhibited cognitive development, as well as chronic diseases later in life.¹⁴³ SOWC 2016 data indicate that 13 per cent of children in Solomon Islands have low birth weight, which is in the third-highest figure in the PICTs group (see Figure 3.6).

Figure 3.6: Low birth weight prevalence (per cent)



Source: SOWC 2016¹⁴⁴

SOWC data also suggest that 12 per cent of children under 5 can be considered underweight.¹⁴⁵ This means that the underweight rate is significantly higher than the East Asia and Pacific average (5 per cent). SOWC data reveal significant disparities between urban-rural areas and wealth quintiles in relation to underweight prevalence in children aged under 5. Underweight prevalence was estimated at 12 per cent in rural areas, dropping to 8 per cent in urban areas of Solomon Islands. Similarly, underweight prevalence was estimated at 10 per cent amongst the richest wealth quintile, rising to an estimated 14 per cent amongst the poorest wealth quintile.¹⁴⁶

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

143 United Nations Children's Fund and World Health Organization, *Low Birthweight: Country, regional and global estimates*. UNICEF, New York, 2004. p. 1.

144 SOWC 2016. Op. cit. Note that data are not available for the Cook Islands, Niue, Tonga, and Tokelau.

145 Ibid.

146 Ibid.

3.5.4. Obesity

According to a recent analysis of the 2010 Global Burden of Disease Study, non-communicable diseases (NCDs) are the leading causes of ill-health and death in the Pacific Islands. The World Bank estimates that NCDs account for 70 per cent to 75 per cent of all deaths in the Pacific Islands, with trends pointing to a worsening of the situation in the future. WHO has stated that the disease burden of NCDs has reached a crisis level in the Pacific region, with many PICTs witnessing almost epidemic rises in diabetes and chronic kidney disease. Many NCDs are directly related to overweight and obesity, and behavioural risk factors such as lack of physical activity and unhealthy diets are amongst the main underlying causes of NCDs. A 2016 World Bank publication attributes the dramatic increase in the disease burden of obesity-associated NCDs in the PICTs to changing diets, the increased use of tobacco and alcohol, and limited public understanding of the associated health risks.

According to estimates from the Institute for Health Metrics and Evaluation, NCDs make up 6 out of the 10 leading causes of death in Solomon Islands, with ischemic heart disease, cerebrovascular disease, and diabetes the three most important causes of death in 2015.¹⁴⁷ The key underlying risk factors behind most deaths and disabilities in Solomon Islands are related to obesity, with dietary risks, high body-mass index, high fasting plasma glucose, and high systolic blood pressure ranking as the four most important risk factors in 2015.¹⁴⁸ Obesity is thus a key risk factor contributing to the high burden of NCDs in Solomon Islands,¹⁴⁹ while obesity among pregnant women has also been linked to poor health and nutritional outcomes for neonatal infants, including iron and Vitamin D deficiency.¹⁵⁰

The burden of NCDs in Solomon Islands appears to be increasing, with rates of diabetes, overweight and obesity on the rise. The STEPwise Approach to Chronic Disease Risk Factor Surveillance Survey report for Solomon Islands showed that in 2006, in the adult population aged 25 to 64 years, the prevalence of obesity was 32.8 per cent, prevalence of hypertension was 10.7 per cent, prevalence of diabetes was 13.5 per cent, and prevalence of elevated blood cholesterol was 24.6 per cent.¹⁵¹

In contrast to the high prevalence rates amongst Solomon Islands' adult population, overweight and obesity appear to be less of a problem amongst the under-age population. According to SOWC 2016 data, overweight is estimated to affect only 3 per cent of children under 5, which compares favourably to the regional average of 6 per cent for East Asia and Pacific.¹⁵² Data on obesity prevalence amongst school children is available from the 2011 GSHS survey, according to which only 2.2 per cent of children aged 13 to 15 were obese, with no significant differences between genders (see Figure 3.7).¹⁵³

147 <http://www.healthdata.org/solomon-islands> [08.03.17].

148 Ibid.

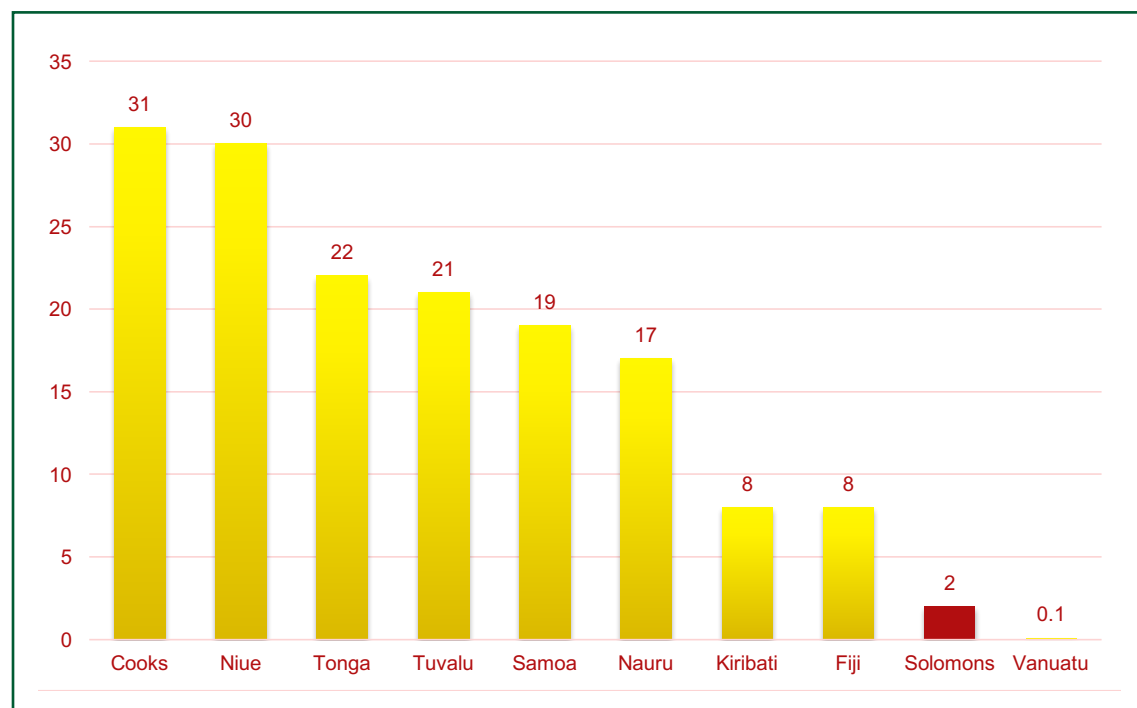
149 WHO Country Cooperation Strategy for Solomon Islands 2013-2017.

150 See Jones, Andrew D. et al. 'Maternal Obesity during Pregnancy Is Negatively Associated with Maternal and Neonatal Iron Status'. *European journal of clinical nutrition* 70.8 (2016): 918–924. *PMC*; Bodnar, Lisa M. et al. 'Prepregnancy Obesity Predicts Poor Vitamin D Status in Mothers and Their Neonates', *The Journal of nutrition* 137.11 (2007): 2437–2442.

151 WHO Country Cooperation Strategy for Solomon Islands 2013-2017. Op. cit. p. 38.

152 SOWC 2016. Op. cit.

153 Solomon Islands 2011 GSHS Factsheet: http://www.who.int/chp/gshs/2011_GSHS_FS_Solomon_Islands.pdf?ua=1 [06.06.17].

Figure 3.7: Obesity prevalence in school children aged 13 to 15

Source: GSHS 2010-2016¹⁵⁴

3.5.5. Breastfeeding

WHO recommends that infants are exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health.¹⁵⁵ Breastfeeding is relatively widespread in Solomon Islands. According to the most recent UN estimates, 74 per cent of children in Solomon Islands receive exclusive breastfeeding for the first 6 months after their birth, 24 percentage points above the 50 per cent target set out in the WHO 2025 global nutrition targets.¹⁵⁶

Exclusive breastfeeding rates in Solomon Islands are the highest in the PICTs group (see Figure 3.8), where the average is 55 per cent,¹⁵⁷ and significantly above the wider regional average of 31 per cent for East Asia and Pacific.¹⁵⁸

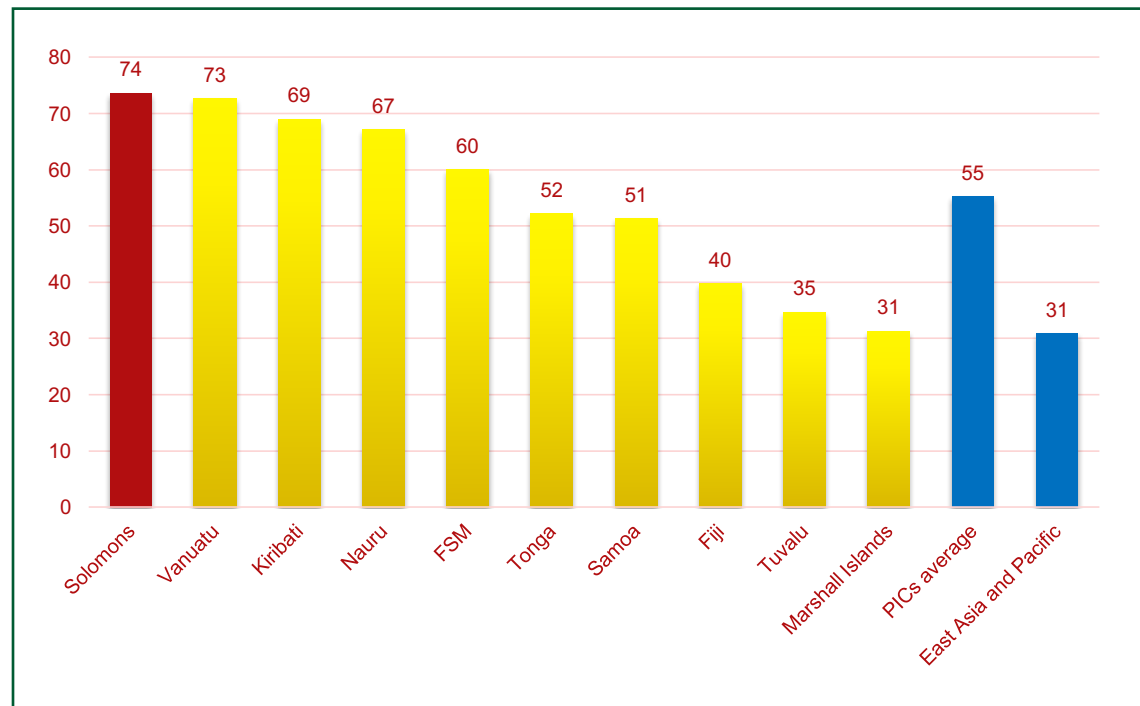
154 GSHS data were collected from 13- to 15-year-old school children between 2010 and 2016. Data were compiled from 10 GSHS factsheets. Available at: <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17].

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

156 SOWC 2016. Op. cit.

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

158 SOWC 2016. Op. cit.

Figure 3.8: Exclusive breastfeeding prevalence (per cent)

Source: SOWC 2016¹⁵⁹

Early initiation of breastfeeding (the provision of mother's breast milk to infants within one hour of birth) ensures that infants receive colostrum ('first milk'), which is rich in protective factors, and recommended by WHO.¹⁶⁰ UN estimates that in 75 per cent of births in Solomon Islands, breastfeeding is initiated within one hour, which is above the PICTs-wide average of 69 per cent.¹⁶¹ Data also indicate that around 67 per cent of children are still breastfed at the age of 2 years (a measure of continued breastfeeding rates).¹⁶² Unfortunately, there are no nationally representative quantitative data on children's introduction to solid, semi-solid or soft foods within 6 to 8 months of birth.¹⁶³

3.6. Key barriers and bottlenecks

3.6.1. Health financing

The Solomon Islands health system is characterized by moderate levels of health expenditure relative to national income. Total spending on health was estimated at around 5.1 per cent of GDP,

159 Data are missing for FSM, Fiji, Cook Islands, Niue, Palau, and Tokelau.

160 WHO. Early initiation of breastfeeding to promote exclusive breastfeeding. http://www.who.int/elena/titles/early_breastfeeding/en/ [31.05.17].

161 Early initiation of breastfeeding refers to the provision of mother's breast milk to infants within one hour of birth. Data are missing for FSM, Kiribati, Cook Islands, Niue, Palau, and Tokelau. SOWC 2016.

162 SOWC 2016. Op. cit.

163 Ibid.

as of 2015, which is comparable to other countries in the region including Niue and Samoa.¹⁶⁴ Health expenditure in Solomon Islands is financed overwhelmingly through public sources, with minimal out-of-pocket spending.¹⁶⁵ Public expenditure on health as a percentage of total expenditure on health was estimated at 92 per cent as of 2014, the highest rate in the PICTs region.¹⁶⁶ World Bank estimates suggest that public health expenditure as a share of total government expenditure averaged just under 20 per cent between 2004 and 2014, and stood at 12.5 per cent in 2014.¹⁶⁷

A recent World Bank report estimates that total health expenditure *per capita* stood at US\$102 in 2014, and that Solomon Islands had the second lowest *nominal* total health expenditure per capita in the region. The latest NMDI regional data from 2011 also suggests that Solomon Islands' *per capita* expenditure on health is amongst the lowest in the PICTS group, with only Fiji, Nauru, PNG and Vanuatu spending less on health per capita.¹⁶⁸

Importantly, the World Bank report also notes that Solomon Islands' *real* total health expenditure per capita (adjusted for inflation) has consistently stayed higher than in other PICTs and other countries with similar levels of income.¹⁶⁹ Furthermore, the 2015 health systems review report suggests that, despite a relatively low per capita expenditure on health, Solomon Islands continues to achieve above-average health outcomes for its level of income.¹⁷⁰

A key challenge facing Solomon Islands' health system is the ability to spend budgetary allocations. There are reportedly significant administrative challenges in having funds released. Also, MHMS does not appear to have the capacity to absorb the budget it is allocated. For instance, the Ministry reportedly only spent 11 per cent of its development budget in the last financial year. This has been attributed to capacity problems, particularly a lack of Ministerial staff members with finance skills, and mismanagement.¹⁷¹

Solomon Islands' health funding is also heavily dependent on external donor support, which raises concerns about financial sustainability. For example, the World Bank notes that external donor financing averaged 45 per cent of total health expenditure between 2008 and 2014. However, it also suggests that external donor support is expected to decrease in the coming years, particularly in relation to immunization programmes.¹⁷²

Solomon Islands' health system is expected to be confronted with significant additional costs that will need to be absorbed. In particular, it is expected that the increasing burden of NCD-related treatment and care will drive up costs for the health system. The 2015 health systems

164 World Bank. 2017. Solomon Islands. Health Financing System Assessment - Spending Better. World Bank Group.. See also NMDI data for a regional comparison of total health expenditure as a percentage of GDP: https://www.spc.int/nmdi/health_systems [06.06.17].

165 Solomon Islands Health Systems Review. 2015. WHO & Asia Pacific Observatory on Health Systems and Policy. Available at: <http://iris.wpro.who.int/handle/10665.1/11355> [30.03.17].

166 World Bank. 2017. Solomon Islands. Health Financing System Assessment - Spending Better. Op. cit.

167 Ibid. P. 8.

168 https://www.spc.int/nmdi/health_systems [13.03.17].

169 Ibid.

170 Solomon Islands Health Systems Review. 2015. Op. cit. p. 1.

171 KII with Director, Social Sector, Ministry of Development Planning and Aid Coordination, 15 March 2017.

172 World Bank. 2017. Solomon Islands. Health Financing System Assessment - Spending Better. Op. cit. P. 8.

review also suggests that external partners can inadvertently drive up health costs and contribute to inefficient resource allocation, by, for example, pressuring the Government to include new expensive vaccines, with little additional gain in overall health outcomes.¹⁷³

The 2015 health systems review report also highlights equity issues in relation to health expenditure in Solomon Islands. In particular, it appears that the geographic distribution of health spending is significantly skewed in favour of Honiara and not consistent with the pattern of population health needs. For example, Malaita Province (home to an estimated 30 per cent of the population) presents comparatively more serious health challenges than other provinces in terms of its health outcomes and service delivery needs. However, according to the 2015 health systems review, it receives a significantly lower share of total health expenditures than would be expected on a needs-basis.¹⁷⁴

3.6.2. Health workforce

Health workforce shortcomings (a typical supply-side constraint) also pose a significant threat to the successful implementation of Solomon Islands' health programmes and to the achievement of health-related development goals. Solomon Islands has a critical shortage of health workers (especially in remote, rural areas), with a disproportionate presence of skilled health workers at the National Referral Hospital. A recent situation analysis of new-born care suggests that 100 per cent of all health specialists, 73 per cent of all doctors and 33 per cent of all nurses are working at the National Referral Hospital.¹⁷⁵

The ratio of medical providers to population in Solomon Islands is also very low. There are about 1.7 nurses per 1,000 individuals, compared to the PICTS regional average (including PNG) of 3.6.¹⁷⁶ According to 2009 estimates, Solomon Islands has 0.2 physicians per 1,000 individuals, which is significantly below the PICTS average (including PNG) of 0.9.¹⁷⁷ A 2012 service delivery report suggests that there are no fully trained anaesthesiologists, surgeons or obstetricians based in the provincial hospitals.¹⁷⁸

The key underlying causes of the health workforce shortage in Solomon Islands appear to be related to weak strategic workforce planning, resulting in potential oversupply of some types of health professionals (such as doctors), while leading to deficits in other areas such as medical laboratory staff and radiologists.¹⁷⁹ Furthermore, it appears that high staff turnover is a significant underlying bottleneck, largely due to financing constraints, along with the out-migration of some specialist health workers to other countries for better salary and working conditions.¹⁸⁰ It is reportedly challenging to retain health care staff in rural areas, particularly in more remote

173 Solomon Islands Health Systems Review. 2015. Op. cit. p. 34.

174 Ibid. p. 39.

175 Centre for International Child Health. 2016. Newborn care situation analysis and roadmap: Solomon Islands. p. 9.

176 NMDI data. Available at: https://www.spc.int/nmdi/health_systems [20.03.17].

177 Ibid.

178 WHO and MHMS. 2012. Health Service Delivery Profile. http://www.wpro.who.int/health_services/service_delivery_profile_solomon_islands.pdf [21.03.17].

179 Solomon Islands Health Systems Review. 2015. Op. cit. p. 47.

180 Ibid.

settings. A key informant reported that nurses allocated to a health clinic in more remote areas are sometimes seconded to Honiara, leaving clinics effectively with no staff on the ground.¹⁸¹

3.6.3. Equipment and service delivery

Health services in Solomon Islands are delivered through 116 primary healthcare centres, 29 district-level referral hospitals, and 12 general hospitals.¹⁸² A major challenge facing the health system is the high cost and administrative difficulty of delivering services to a population that is dispersed across many islands that have minimal infrastructure and transport links (an issue that also affects service delivery in the WASH sector).¹⁸³ While responsibility for service delivery rests almost entirely with publicly-owned facilities, some NGOs and faith-based organisations make significant contributions in terms of additional funding and service delivery. However, MHMS remains heavily involved in the work of these organizations and the private sector plays a very minimal role in health service delivery, placing a significant burden on public health facilities.¹⁸⁴

A recent health systems review also highlighted that there are serious shortages of clinical equipment and medical supplies at most health facilities, with hospitals often relying on old and poorly maintained medical, diagnostic and surgical equipment. On a positive note, the review suggests that the availability of medicines in rural areas is slowly improving.¹⁸⁵

3.6.4. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers for Solomon Islanders requiring health care.¹⁸⁶ According to a recent WHO assessment report, the key climate-sensitive health risks in Solomon Islands are a mix of communicable disease risks and some of the health problems associated with a society with an excess intake of a high-energy diet and an increasingly sedentary lifestyle. The assessment report classified the climate-sensitive risk of vector-borne diseases and respiratory diseases as “extreme”, and classified the climate-sensitive risk of waterborne diseases, malnutrition, NCDs (e.g. obesity, diabetes), foodborne diseases, other infections and re-emerging diseases (e.g. leptospirosis, leprosy), and traumatic injuries and deaths as “high”.¹⁸⁷

181 Kll with Two Programme Directors, WHO, Honiara, 14 March 2017.

182 WHO Country Cooperation Strategy for Solomon Islands 2013-2017, p. 38.

183 See https://www.unicef.org/pacificislands/Solomon_Island_Sitan_Latest_pdf.pdf p. viii.

184 WHO and MHMS. 2012. Health Service Delivery Profile. http://www.wpro.who.int/health_services/service_delivery_profile_solomon_islands.pdf [21.03.17].

185 Solomon Islands Health Systems Review. 2015. Op. cit. p. 47.

186 WHO Country Cooperation Strategy for Solomon Islands 2013-2017. Op. cit.

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

The WHO Country Cooperation Strategy for Solomon Islands 2013-2017 anticipates that these climate-related health problems will be borne disproportionately by certain vulnerable sectors of the population – the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs) and individuals in certain occupations (e.g., farmers, fishermen and outdoor workers).¹⁸⁸

The Solomon Islands National Health Strategic Plan for 2016-2020 acknowledges that MHMS needs to increase its understanding of disaster risk, strengthen disaster risk governance, invest in disaster risk reduction for resilience, and enhance disaster preparedness.¹⁸⁹ To further these objectives, MHMS has established a section on disaster risk management.¹⁹⁰ Information on MHMS funding allocated to disaster preparedness is not provided.¹⁹¹

188 WHO Country Cooperation Strategy for Solomon Islands 2013-2017. Op. cit. p. 12.

189 Solomon Islands National Health Strategic Plan 2016-2020. Available at: <http://daisi.com.au/wp-content/uploads/2016/09/Strategic-Plan-for-Solomon-Islands-2016-2010.pdf>, p. 34.

190 Ibid.

191 Ibid. p .49.

4.

Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water and adequate sanitation and hygiene is crucial for achieving a range of development goals related to health, nutrition and education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-5 child mortality in the Pacific region.¹⁹² Evidence also suggests that poor water, sanitation and hygiene (WASH) access is linked to stunting.¹⁹³ 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.¹⁹⁴ This chapter assesses and analyses the situation in Solomon Islands regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress (WASH) since 1990.¹⁹⁵ The JMP was previously responsible for tracking progress towards MDG 7c on WASH and, following the introduction of the 2030 SDGs, now tracks progress towards the SDG WASH targets.¹⁹⁶ It uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladders representing progress towards the SDG targets.¹⁹⁷ The sections within this chapter utilise the relevant service ladders to assess Solomon Islands' progress towards meeting the SDG targets.

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

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

194 Ibid.

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

196 Ibid.

197 Ibid. p. 2, 7.

Key WASH-related SDGs

Wash Sector Goal ^{III}	SDG Global Target	SDG Global Indicator
Achieving universal access to basic services	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services .	1.4.1 Population living in households with access to basic services (including basic drinking water, sanitation and hygiene).
Progress towards safely managed services	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all. 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	6.1.1 Population using safely managed drinking water services . 6.2.1 Population with a basic handwashing facility with soap and water available on the premises.
Ending open defecation	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation , paying special attention to the needs of women and girls and those in vulnerable situations.	

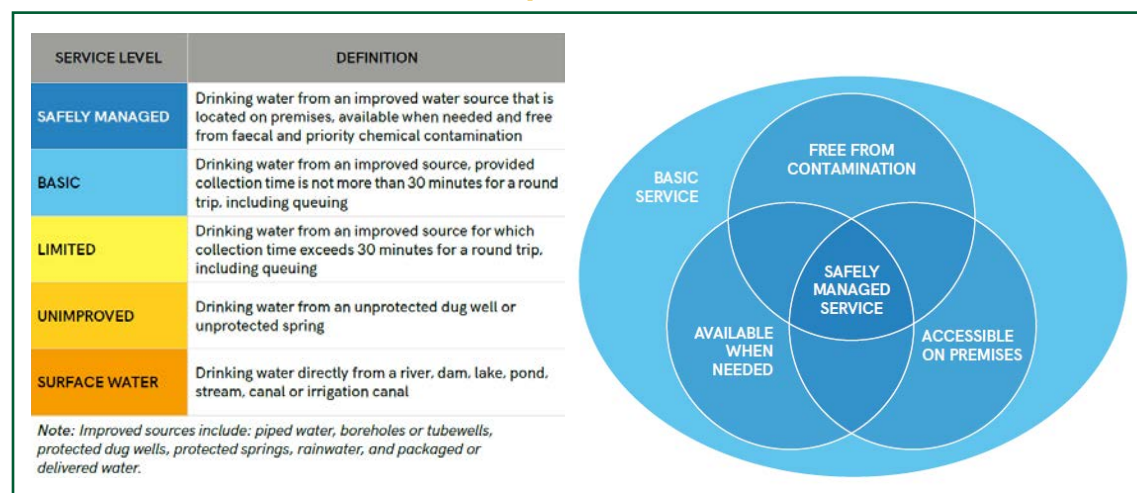
4.1. Access to improved water sources

For a country to meet the criteria for a **safely managed drinking water service (SDG 6.1)**, the population should have access to an improved water source fulfilling three criteria: it should be accessible on the premises; water should be available when needed; and the water supplied should be free from contamination.¹⁹⁸ If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service (SDG 1.4)**, and if water collection from an improved source exceeds 30 minutes, it will be categorized as a **limited service**.¹⁹⁹ The immediate priority in many countries will be to ensure universal access to at least a basic level of service.²⁰⁰

198 Progress on drinking water, sanitation and hygiene: 2017. Op. cit. p. 8.

199 Ibid. p. 8.

200 Ibid. p. 10.

Figure 4.1: JMP service ladder for improved water sources

Source: JMP²⁰¹

No estimate of the proportion of population using safely managed drinking water services is available for Solomon Islands, as data are not available in relation to the proportion of the population using an improved water source which is free from contamination.²⁰² According to JMP estimates for 2015 however, 64 per cent of the population in Solomon Islands had access to basic drinking water services (an improved source within a 30-minute round trip).²⁰³ The same dataset provides that 17 per cent of the population had access only to unimproved services, with 14.7 per cent taking their water from a surface source.²⁰⁴ These figures compare unfavourably to most other PICTs, and mean that Solomon Islands is far from meeting SDG 1.4 on drinking water.

Previous JMP analysis has indicated that water collection from unimproved sources and surface water is more likely to take over 30 minutes, and with women and girls worldwide bearing the responsibility for water collection in 8 out of 10 households with water off premises, the limited access in Solomon Islands is likely put a particular burden on women and girls.²⁰⁵

Of the proportion of the population having access to improved water, JMP estimates for 2015 suggest that 47.7 per cent used a piped source, while 20.9 per cent used a non-piped source, and 50.8 per cent had access to improved water on their premises.²⁰⁶ Figure 4.2 shows that Solomon Islands has the second-poorest access to basic water services across the PICTs, after Kiribati.

201 Ibid.

202 JMP data for Solomon Islands available from <https://washdata.org/data#!/slb> [05.08.17].

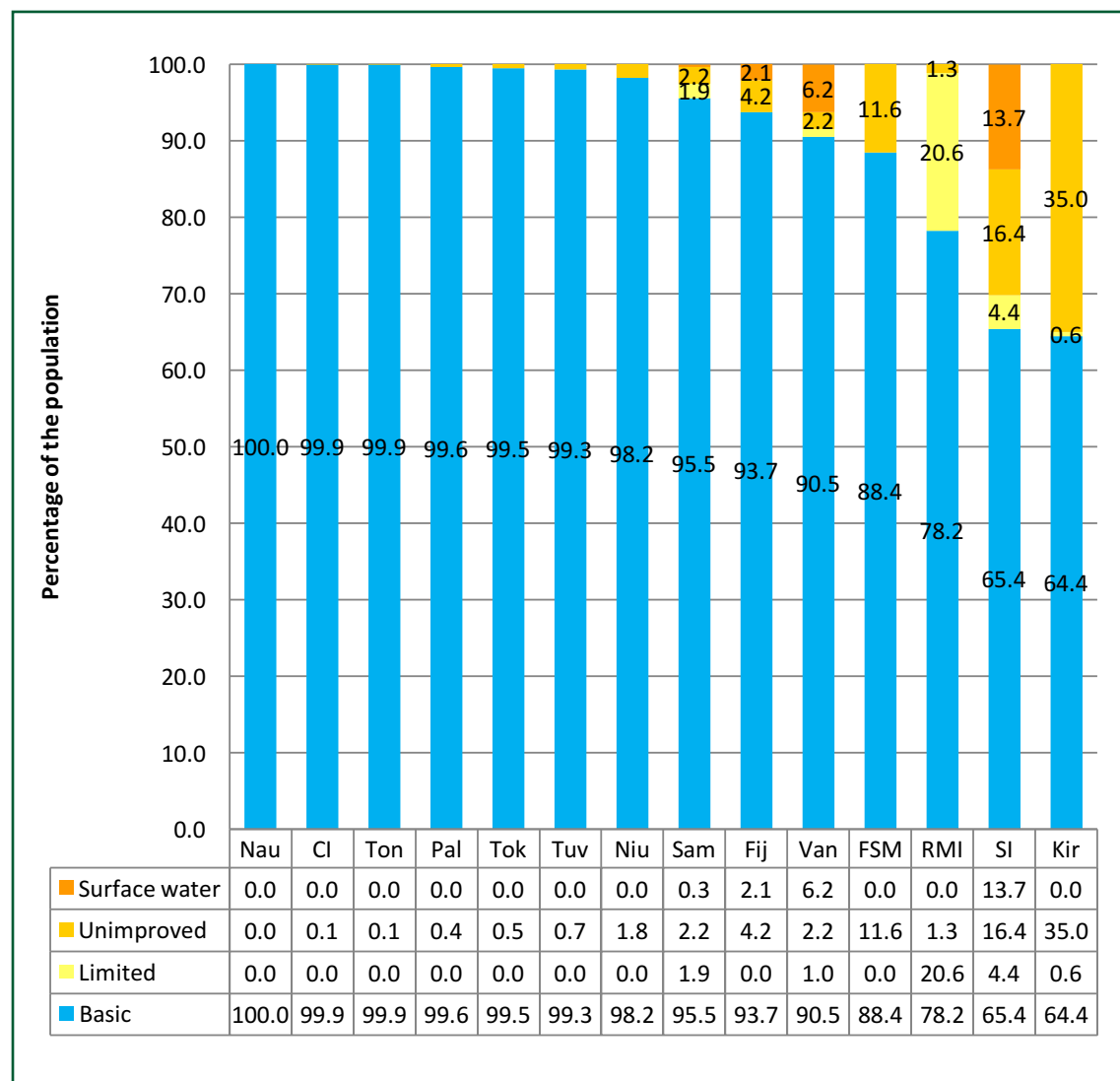
203 Ibid.

204 Ibid.

205 Progress on drinking water, sanitation and hygiene: 2017. Op. cit. p. 11.

206 JMP data for Solomon Islands. Op. cit.

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

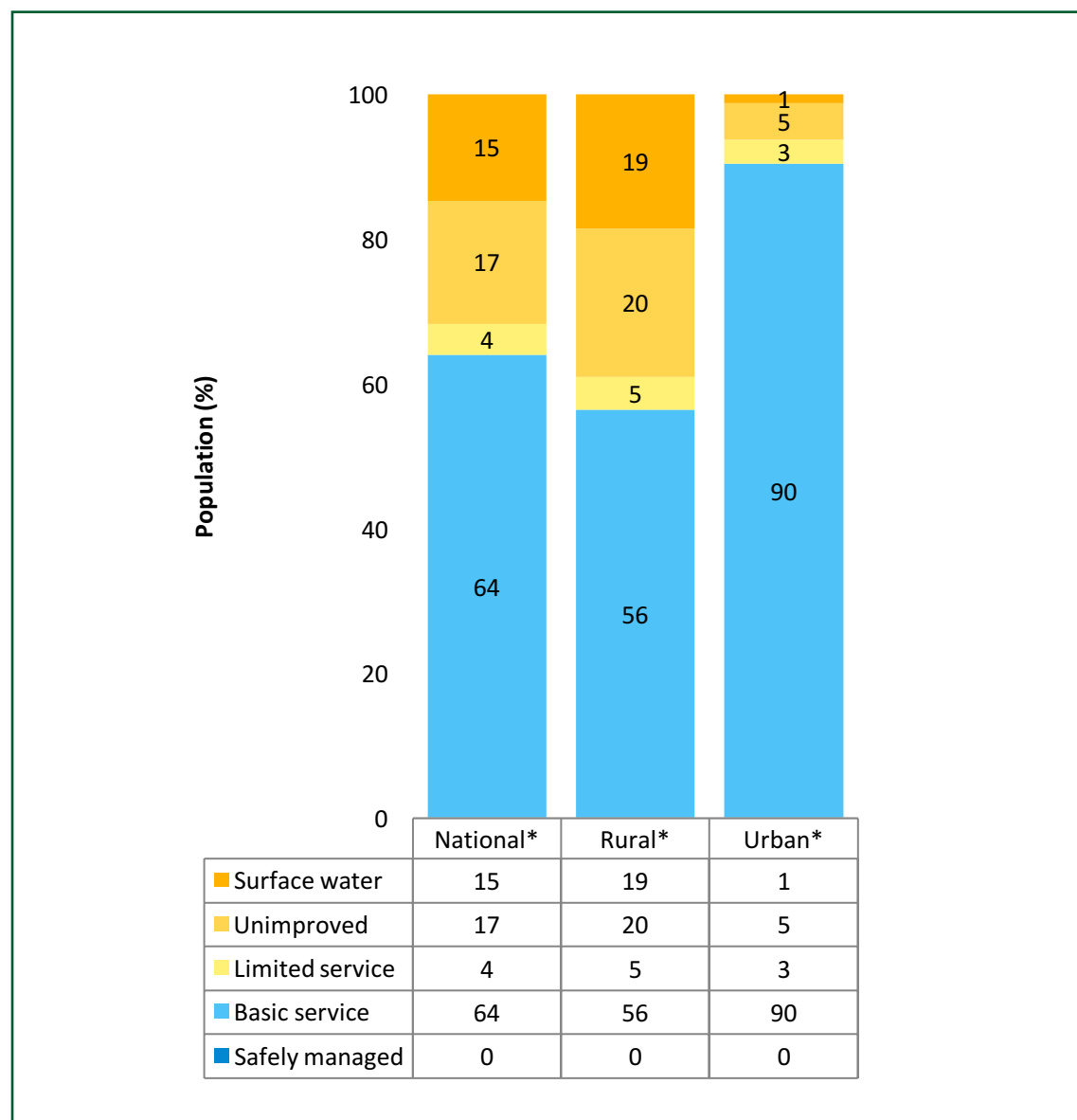


Source: JMP²⁰⁷

As indicated by figure 4.3, disaggregated data suggests stark disparities in basic drinking water coverage between rural and urban areas. JMP 2017 estimates for 2015 provide that while basic drinking water coverage in urban areas was high at 90 per cent, in rural areas coverage stood at only 56 per cent.²⁰⁸ This suggests that Solomon Islands should concentrate efforts on rural areas.

207 Ibid.

208 Ibid.

Figure 4.3: Provision of drinking water services in Solomon Islands, 2017 estimates

Source: JMP²⁰⁹

Table 4.1 provides an indication of trends over time in access to improved water sources in Solomon Islands. Regrettably, this data indicates that Solomon Islands has seen a significant decrease in the provision of basic drinking water services of 16 percentage points over the past 15 years.²¹⁰ The estimates suggest that this decrease is due to an increase in the section of the population only having access to unimproved services.²¹¹ Disaggregated data for rural and urban areas further provide that the negative trend is due to decreasing coverage in rural areas.

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

210 Ibid.

211 Ibid.

Between 2000 and 2015, the proportion of the rural population having access to basic drinking water services decreased by almost 22 percentage points (from 78.3 to 56.4 per cent) while the proportion of the rural population that only had access to an unimproved source increased by 9 percentage points.²¹² In urban areas the coverage rate remained constant at 90.4 per cent over the same period.²¹³ Thus, it is essential that Solomon Islands focus its efforts on rural areas in order to reverse this negative trend.

Table 4.1: Provision of drinking water services, 2017 estimates

Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources which are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	86.1	80.2	5.8	10.1	3.8	59.4	26.7	61.6	43.6	
2005	84.5	78.8	5.7	10.7	4.8	58.5	26.0	60.9	42.8	
2010	76.2	71.2	4.9	13.9	9.9	52.7	23.4	55.7	38.5	
2015	68.3	64.0	4.3	17.0	14.7	47.4	20.9	50.8	34.6	

Source: JMP²¹⁴

4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 in relation to safely managed sanitation services, the population of Solomon Islands should use improved sanitation facilities that are not shared with other households, and the excreta produced should either be treated and disposed of in situ, stored temporarily and then emptied, transported and treated off-site, or transported through a sewer with wastewater and then treated off-site.²¹⁵ If excreta from improved sanitation facilities are not safely managed, people using those facilities will be classed as having access to a basic sanitation service (SDG 1.4), and if using improved facilities that are shared with other households this will be classified as having a limited service.²¹⁶ SDG target 6.2 specifically focuses on ending the practice of open defecation.²¹⁷ While SDG target 6.2 aims to progressively raise the standard sanitation services

212 Ibid.

213 Ibid.

214 Ibid.

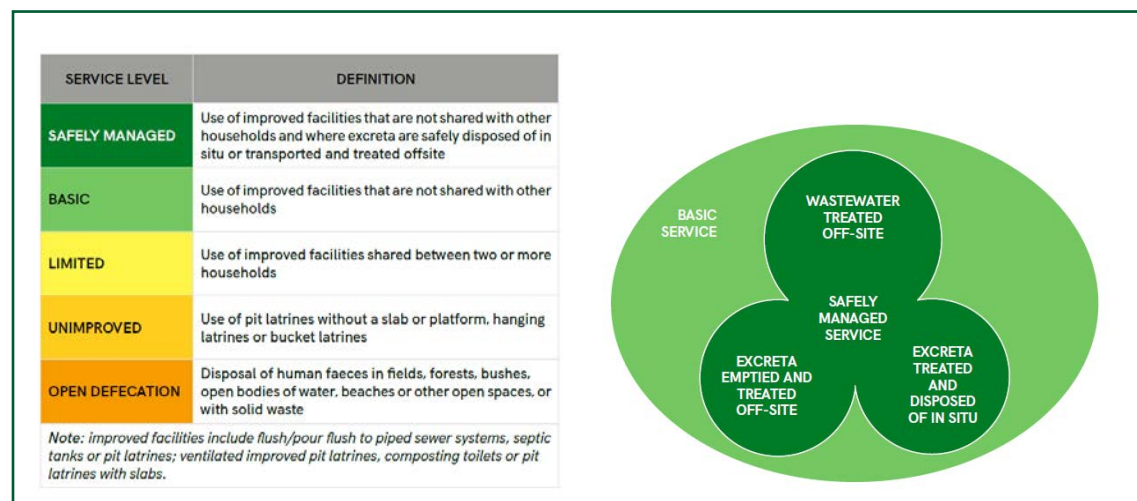
215 Ibid. p. 8.

216 Ibid. pp. 8-9.

217 Ibid.

for all, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.²¹⁸

Figure 4.4: JMP service ladder for improved sanitation facilities



Source: JMP²¹⁹

No estimate of the proportion of the population having access to safely managed sanitation services is available for Solomon Islands, as data on excreta disposal are unavailable.²²⁰ However, JMP data indicates that basic sanitation coverage is also low.²²¹ Estimates for 2015 suggest that only 31 per cent of the population had access to basic sanitation facilities (improved facilities that were not shared). This compares unfavourably with the other PICTs, with access to basic sanitation in Solomon Islands lowest of all PICTs (see Figure 4.5), and indicates that it is far from reaching SDG target 1.4 in relation to sanitation.

Figure 4.6 indicates that large disparities exist in relation to the provision of basic sanitation facilities between rural and urban areas in Solomon Islands. Some 76 per cent of the urban population have access to basic sanitation facilities, compared to only 18 per cent in rural areas.²²² JMP estimates further indicate that while 29 per cent of the population in rural areas has access only to non-improved sanitation facilities, all of the urban population had access to at least limited facilities.²²³ However, it should be noted that, in urban areas, significant problems persist. For example, persons living in informal urban squatter settlements in particular do not generally have access to improved water and sanitation facilities, as they have no legal entitlement to the land, and face challenges accessing State water services.²²⁴

218 Ibid. p. 10.

219 Ibid.

220 JMP data for Solomon Islands. Op. cit.

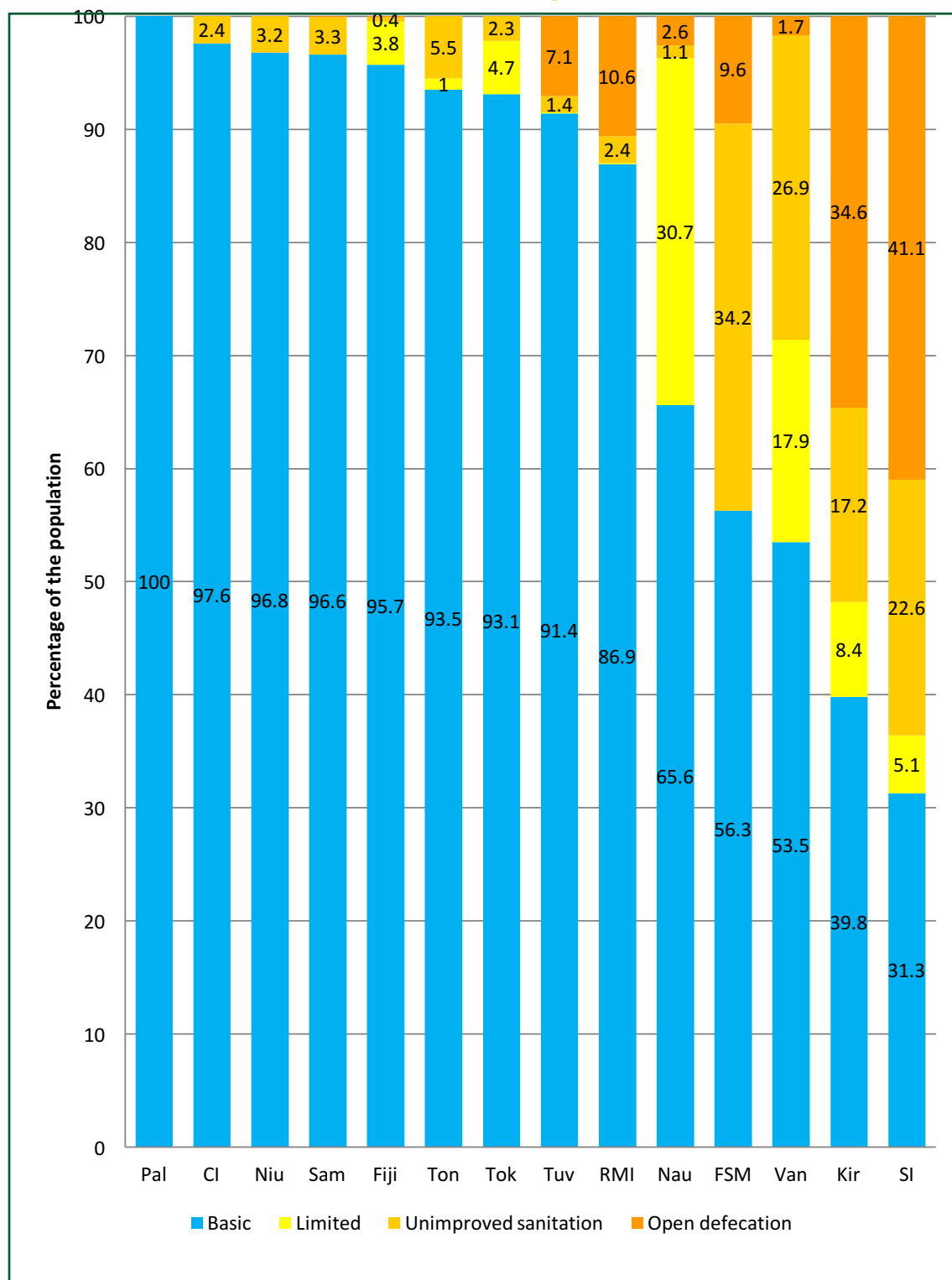
221 Ibid.

222 Ibid.

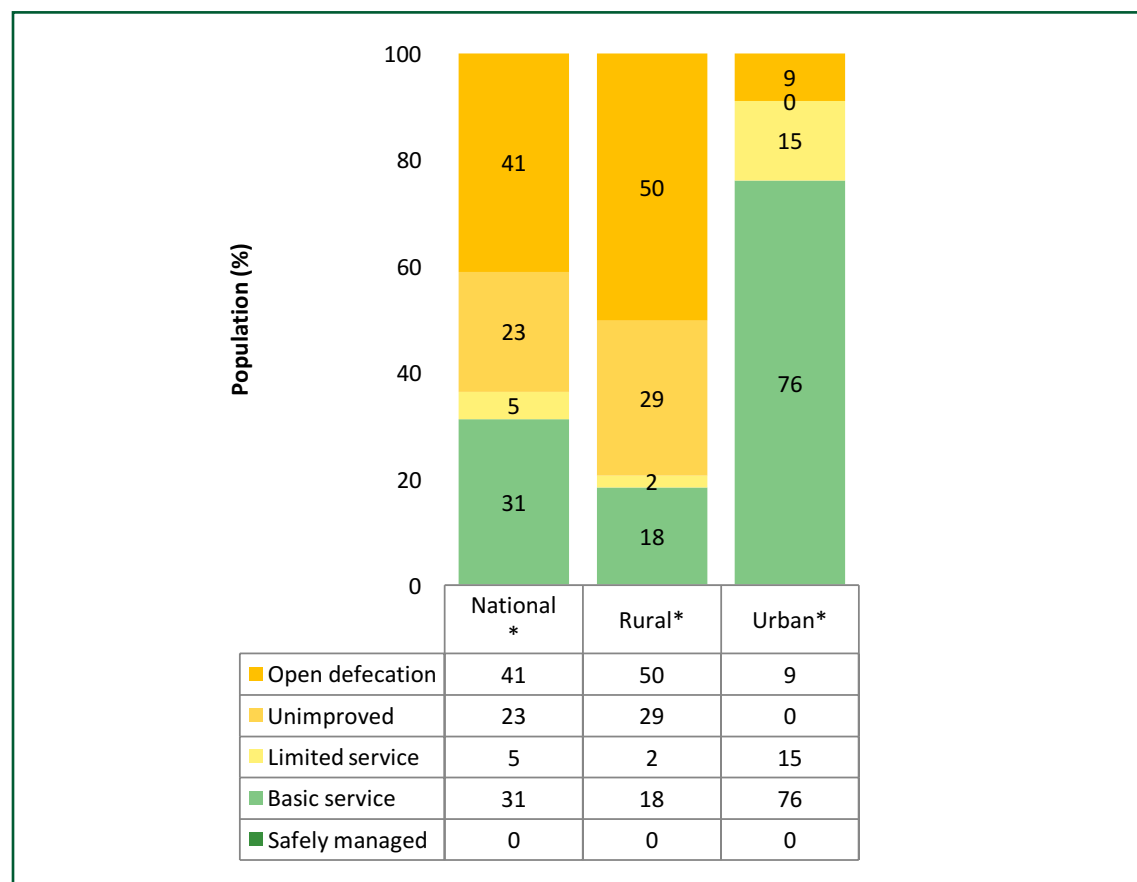
223 Ibid.

224 KII with Country Manager, Live and Learn Environmental Education, Honiara, 15 March 2017.

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



Source: JMP²²⁵

Figure 4.6: Provision of sanitation facilities in Solomon Islands, 2017 estimatesSource: JMP²²⁶**Table 4.2: Provision of sanitation facilities, 2017 estimates**

Year	Improved sanitation	Improved and not shared (basic)	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed in situ	Emptied and treated	Wastewater treated
2000	24.2	20.9	3.3	12.8	63.0	9.9	11.0	-	-	-	-
2005	26.2	22.6	3.6	14.0	59.9	10.8	11.7	-	-	-	-
2010	31.7	27.3	4.4	18.9	49.4	15.1	12.2	-	-	-	-
2015	36.4	31.3	5.1	22.6	41.1	18.6	12.7	-	-	-	-

Source: JMP²²⁷

226 Ibid.

227 JMP data for Solomon Islands. Op. cit.

Table 4.2 indicates progress over time in relation to access to improved sanitation services in Solomon Islands. According to 2017 estimates, the proportion of the population with access to basic sanitation facilities has increased by about 10 percentage points over the past 15 years.²²⁸ Even if this indicates significant progress, at this rate, Solomon Islands will still be far away from meeting SDG 1.4 in 2030.

It should be noted that the proportion of the population having access only to unimproved sanitation facilities (pit latrine without slab or platform, hanging latrines or bucket latrines) has increased by almost 10 percentage points over the past 15 years,²²⁹ a change that can be attributed to a negative trend in rural areas.²³⁰

According to SDG target 6.2, Solomon Islands should end any practice of open defecation by 2030. Most recent estimates (2017) suggest that open defecation was still practiced by 41.1 per cent of the population in 2015, which means that Solomon Islands is still a long way from achieving this important WASH-related international development target, and that it has the highest rate of open defecation practice across the PICTs.²³¹ An urban/rural divide in the practice of open defecation is apparent in Solomon Islands. In rural areas, open defecation rates were estimated to be as high as 50 per cent, compared to 9 per cent in urban areas (see figure 4.6).²³² Table 4.2, however, indicates a reduction in open defecation prevalence over the past 15 of years of almost 22 per cent, a significant improvement.²³³ In order to meet SDG target 6.2 and end open defecation by 2030 this progress must be accelerated.

4.3. Hygiene practices

According to SDG target 6.2, Solomon Islands should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea (and other diseases), which in turn affect important development outcomes such as those related to child mortality and school attendance.²³⁴

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.²³⁵ Households with such a facility will meet the criteria for a **basic** hygiene facility (SDG 1.4 and 6.2).²³⁶ Households that

228 Ibid.

229 Ibid.

230 Ibid.

231 <https://data.unicef.org/country/slb/> [27.03.17].

232 JMP data for Solomon Islands. Op. cit.

233 Ibid.

234 See e.g. UN-Water Decade Programme on Advocacy and Communication Information Brief. Available at: http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf [27.03.17].

235 Progress on drinking water, sanitation and hygiene: 2017. Op. cit. pp. 8-9.

236 Ibid.

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.²³⁷

Figure 4.7: JMP service ladder for improved hygiene services

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

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

Source: JMP²³⁸

No estimate of hygiene practice in Solomon Islands is provided in the 2017 study, so the 2011 GSHS for Solomon Islands²³⁹ represents the most important publicly available, nationally representative data source on hygiene practices amongst children.²⁴⁰ According to the 2011 GSHS data, around 24 per cent of surveyed pupils indicated cleaning or brushing their teeth less than once per day during the previous 30 days (girls 20 per cent; boys 27 per cent).²⁴¹

The GSHS data also suggest that 9 per cent of pupils never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey. This places Solomon Islands in the higher range of PICTs in relation to the prevalence of unhygienic handwashing practices amongst school children (see Figure 4.8 below).

237 Ibid.

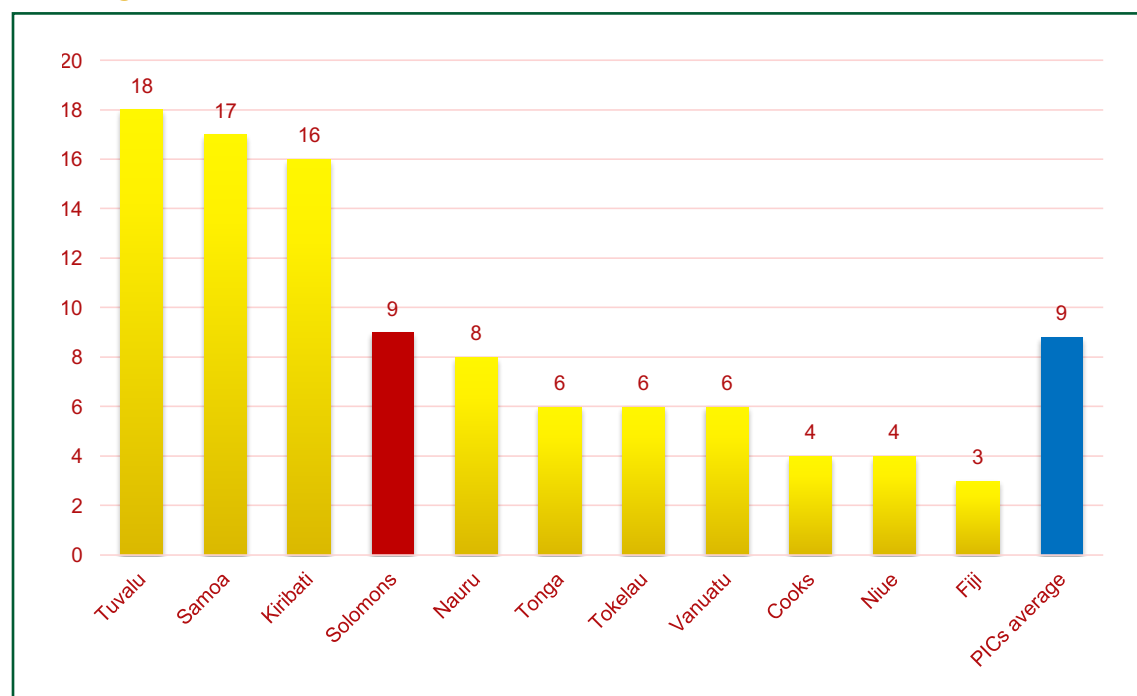
238 Progress on drinking water, sanitation and hygiene: 2017. Op. cit.

239 <https://www.cdc.gov/gshs/countries/westpacific/solomon.htm> [07.03.17].

240 Note: the Solomon Islands Rural Water, Sanitation and Hygiene Baseline data is not yet publicly available as of March 2017.

241 Reported confidence intervals overlap, suggesting that the difference is not statistically significant. However, the level of statistical significance is not reported in the GSHS 2011 factsheet.

Figure 4.8: Percentage of students aged 13-14 who report “never or rarely” washing their hands after latrine use



Source: GSHS 2010-2016²⁴²

Importantly, the GSHS data is self-reported, so it does not necessarily capture hygiene *practices*, and it is likely to overestimate the proportion of pupils washing their hands after toilet use, due to social desirability bias. The data do not reveal a statistically significant difference between boys and girls in relation to reported hand-washing practices after latrine use.²⁴³ Unfortunately, the GSHS data also only capture reported hygiene behaviour of school children aged 13 to 15 (in Grades Std 6, Forms 1 to 3), so very little is known about children in other age groups and children that do not attend school.

4.4. WASH in schools, MHM and disabilities

Schools in Solomon Islands are characterised by low WASH coverage. According to a recent baseline WASH survey, only 58 per cent of schools have drinking water available on the premises. The survey also suggests that only 42 per cent of schools have water available *continuously*.²⁴⁴ The survey also found that, in 89 per cent of all schools, students must bring in their own drinking

242 Data compiled from 11 GSHS factsheets. Available at: <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17]. GSHS data were collected from 13- to 15-year-old school children between 2010 and 2016.

243 The reported confidence intervals overlap, but level of statistical significance is not reported.

244 Continuous supply was defined as schools always having water supply, whereas non-continuous supply was defined as schools having water supply “most, some, or none of the time.”

water when water is not available from the main source (and 8 per cent of schools do not have a main drinking water source). Lastly, the baseline survey data suggest that the average ratio of students to toilets in schools is 48:1 for girls, and 64:1 for boys,²⁴⁵ even though the ideal ratio under the Ministry of Education and Human Resources Development (MEHRD) standards is 30:1 for girls and 40:1 for boys.²⁴⁶ Schools should provide sufficient latrine capacity and reduce waiting time as much as possible, as students will inevitably urinate and defecate elsewhere (contributing to the spread of diseases), and some students will even avoid going to school altogether when they know that there are inadequate latrines.²⁴⁷

Limited access to sanitary materials and a lack of appropriate WASH facilities in schools have been shown to negatively affect girls in several ways, for example, by leading to bullying or harassment, reducing girls' self-confidence, concentration and school attendance during menstruation, even resulting in drop-out.²⁴⁸ Despite the importance of addressing the issue of menstrual hygiene management (MHM), there appears to be very little information on MHM programmes for girls and young women in Solomon Islands.

A recent regional report on MHM in East Asia and Pacific examines the situation of MHM in four PICTs: Fiji, Kiribati, Solomon Islands and Vanuatu. The report suggests that only Solomon Islands has so far made good progress in terms of initiating formative research on MHM.²⁴⁹ Table 4.3 summarises the findings of the East Asia and Pacific regional study for each of the four PICTs.²⁵⁰ Note that in none of the PICTs has progress been made in relation to the provision of teaching and learning materials on MHM.²⁵¹ However, the report commends Solomon Islands for having integrated evidence-based MHM guidelines into the national *Technical Requirements for School WASH Projects*.²⁵²

The regional report notes that girls who stay in boarding school dormitories in Solomon Islands face particular challenges in relation to MHM. According to the report, these challenges result from a lack of privacy for showering or washing soiled clothes or cloths, difficulty in accessing adequate sanitary protection materials, and missing information and support from family members.²⁵³

245 Water Institute et al. 2017. Solomon Islands Rural Water, Sanitation and Hygiene Baseline Report. 2017., p. 35-36.

246 Information provided by UNICEF Pacific office.

247 WHO http://www.who.int/water_sanitation_health/monitoring/coverage/monitoring-wash-in-schools/en/ [07.06.17]; and UNICEF https://www.unicef.org/publications/files/CFS_WASH_E_web.pdf p.16.

248 See e.g. UNICEF. 2016. Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand, 2016. Available at: https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf [05.05.17].

249 UNICEF. 2016. Supporting the Rights of Girls and Women through Menstrual Hygiene Management. Op. cit. p. 14.

250 Ibid.

251 Ibid.

252 Ministry of Education and Human Resources Development, Solomon Islands Government, Water Supply, Sanitation and Hygiene for Education Facilities in the Solomon Islands: Technical requirements for school WASH projects, July 2015, Version 5. As cited in UNICEF. 2016. p. 43.

253 UNICEF 2016, p.15.

Table 4.3: Snapshot of progress on MHM in four PICTs

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

Source: Adapted from UNICEF²⁵⁴

A recent baseline survey on WASH in rural areas of Solomon Islands found that that very few water sources and toilets at schools are accessible by disabled students and that disabled patients face similar access barriers in health facilities. The report notes that many patients visiting healthcare facilities may be disabled, or have limited mobility, for example, expectant mothers.²⁵⁵

4.5. Barriers and bottlenecks

The Solomon Island Government National WASH Policy, approved by Cabinet in 2014, has a vision that “All Solomon Islanders will have easy access to sufficient quantity and quality of water, appropriate sanitation and will be living in a safe and hygienic environment by 2024.”²⁵⁶ However, there appear to be several key structural barriers and bottlenecks that, if left unaddressed, could prevent Solomon Islands from achieving further progress and allowing the Government to meet its ambitious WASH goals for 2025.

254 Adapted from UNICEF. 2016. Supporting the Rights of Girls and Women through Menstrual Hygiene Management. Op. cit. p. 14.

255 Water Institute et al. 2017. Solomon Islands Rural Water, Sanitation and Hygiene Baseline Report. 2017. p. 47.

256 Ibid.

4.5.1. Geography

As with health service provision, a major challenge facing the Solomon Islands WASH sector is the high cost and administrative difficulty of delivering services and implementing WASH programmes to a population that is dispersed across around 330 islands, many of which have very minimal infrastructure and transport links.²⁵⁷

4.5.2. Financing

Inadequate financing is also likely to be a key barrier to more rapid progress in improving access to WASH. It was not possible to secure detailed information on government allocations for WASH and, if detailed budget information is not available, this would represent a significant data gap. The Solomon Islands are not included in the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), which includes indicators for the adequacy of WASH funding in relation to unmet need, rural-urban equity and other government sectors.²⁵⁸

The Medium-term Development Strategy for 2008-2010 estimates the annual investment costs of national water and sanitation targets at US\$340,000 in 2009, doubling to US\$680,000 in 2010 and beyond.²⁵⁹ However, due to a lack of data on actual national WASH expenditure, it is not possible to ascertain to what extent these targets were met. 2011 projections suggest that MHMS would spend \$39.3 million a year (until 2015), or 6.9 per cent of its budget, on constructing new rural water and sanitation systems. However, these figures are out-dated and do not cover WASH expenditure by other Ministries.²⁶⁰ The 2015 health systems review notes that the National Rural Water Supply and Sanitation Programme has sufficient financial support to meet its aims of providing safe water supply and improved sanitation to rural communities, but the report does not specify the target or exact financial allocations.²⁶¹

Another bottleneck reported by a key informant was the lack of qualified sanitation engineers available for deployment in MHMS.²⁶²

4.5.3. Climate and disaster risks

Rising sea levels and natural disasters such as cyclones are key risks facing Solomon Islands and other PICTs. A recent WHO assessment report concluded that the key climate-sensitive health risks in Solomon Islands are dengue fever, diarrhoeal diseases, leptospirosis and typhoid fever,

257 ISF-UTS (2011) Solomon Islands Water, Sanitation and Hygiene Sector Brief, prepared for AusAID by the Institute for Sustainable Futures, University of Technology Sydney, October 2011. Available at: https://www.uts.edu.au/sites/default/files/ISF_SolomonIslandsWASH.pdf [13.03.17].

258 See http://www.who.int/water_sanitation_health/monitoring/investments/glaas/en/ [13.03.17].

259 As cited in ISF-UTS (2011) Solomon Islands Water, Sanitation and Hygiene Sector Brief. Op. cit. p. 3

260 National Health Strategic Plan 2011-2015. The Ministry of Health & Medical Services, p. 31.

261 Solomon Islands Health Systems Review. 2015. WHO & Asia Pacific Observatory on Health Systems and Policy. Available at: <http://iris.wpro.who.int/handle/10665.1/11355> [30.03.17], p. 66.

262 KII, (Acting) Director, Environmental Health. MHMS, Honiara, 14 March 2017.

many of which are water-borne or water-related.²⁶³ Water safety therefore needs to be treated as a top priority in preventing and mitigating climate-sensitive health risks. A recent WHO 'update and outlook' report also suggests that water stresses caused by climate change will primarily affect rural communities with low socio-economic status that are reliant on water resources for their livelihoods.²⁶⁴ This highlights the unequal impact of disaster and climate risks on access to safe water supplies in Solomon Islands.

An underlying reason for slow progress in WASH coverage in Solomon Islands over recent years appears to be related to the widespread damage of infrastructure that occurred during armed conflicts.²⁶⁵ Furthermore, given the recent history of conflict, external donor assistance appears to have prioritised law and justice, governance and economic development programmes, to the detriment of investment in the WASH sector.²⁶⁶

4.5.4. Land disputes

A 2011 report by the Institute for Sustainable Futures suggests that land tenure disputes are a major barrier to improving access to WASH in Solomon Islands. The report suggests that land tenure disputes have sometimes led to water and sanitation systems being deliberately vandalised or damaged. Freshwater resources are managed by the Solomon Islands Government, but mostly owned by private landlords. In Honiara, for example, landowners frequently disrupt the water supply to protest outstanding payment of water leases by the Government²⁶⁷

4.5.5. Cultural norms, knowledge and lack of demand

A recent UNICEF-supported study on MHM in schools in Honiara and Guadalcanal Province found that dominant social norms may inhibit open discussion about menstrual hygiene in schools, and that knowledge about MHM remains very limited amongst school teachers. These factors were in turn identified by the study as key barriers to girls' access to adequate hygiene and sanitation in schools, leading to absenteeism during menstruation, distraction in classrooms, embarrassment and shame.²⁶⁸

A key informant from MHMS noted that community and family investment in sanitation facilities are frequently not prioritised in Solomon Islands. Facing tight budget limitations, families and

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

264 WHO. 2015 Sanitation, Drinking-Water and Health in Pacific Island Countries. 2015 UPDATE AND FUTURE Outlook. http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf [13.03.17].

265 ISF-UTS (2011) Solomon Islands Water, Sanitation and Hygiene Sector Brief, prepared for AusAID by the Institute for Sustainable Futures, University of Technology Sydney, October 2011. Available at: https://www.uts.edu.au/sites/default/files/ISF_SolomonIslandsWASH.pdf [13.03.17].

266 Ibid.

267 Ibid.

268 UNICEF. 4th MHM Virtual Conference 22-23 October 2015. Solomon Islands. Incorporating MHM into national WASH in school policies and guidelines: MHM in WinS Study. Available at: https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [13.03.17].

communities do not necessarily view toilets as essential, and tend to prioritise other items (e.g. the house itself or mobile phones).²⁶⁹

Even when WASH facilities are available, deeply-rooted behavioural patterns may prevent people from using these facilities. These demand-side constraints were highlighted by a key informant from the Environmental Health section in MHMS: “Some people don’t use the [newly built] facilities at first – there are traditional, cultural barriers. It has to do with their priorities and also acceptance – it might be more comfortable going in the beach or rivers, as that is what they are used to do. Some schools take advantage of the toilets. But when toilets get filled up and they cannot fix them – the children resort to normal practices again. So we have to also focus on behaviour change.”²⁷⁰

269 KII, (Acting) Director, Environmental Health. Op. cit.

270 Ibid.

5.

Education

Key Education-related SDGs

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

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

4.B	By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries	Volume of official development assistance flows for scholarships by sector and type of study
4.C	By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing states	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights (CESCR), the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.²⁷¹ The right to education is also contained in the SDGs, which recognise that “quality education is the foundation to improving people’s lives and sustainable development.” Goal 4 requires States to “ensure inclusive and quality education for all (EFA) and promote lifelong learning.” The SDGs build upon the MDGs, including MDG 2 on universal primary education, and UNESCO’s EFA goals, which are referenced where relevant throughout this section.

In addition to these rights and targets, the United Nations International Strategy for Disaster Reduction (UNISDR) and Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework set out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education. These pillars should also guide the development of the education system in Solomon Islands, which is vulnerable to disaster and risk.

The Government has taken important steps to develop the education sector in line with its international obligations and goals, as indicated by its Education Strategic Framework 2016-2030,

271 UN Committee on Economic, Social and Cultural Rights, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para 6.

which is framed around the SDGs, and a succession of National Education Action Plans (NEAPs) (2007-2009; 2010-2012; 2013-2015; 2016-2020). MEHRD has recognised that the Education Act 1978 (as amended) (the 'Education Act'),²⁷² which is the principal governing law for the education system, does not reflect these policy developments or clarify the structure of the education system.²⁷³ However, a new Education Bill has been drafted which would address many of these gaps.²⁷⁴

The overarching goal of the most recent Education Strategic Framework (2016-2030) is to provide access to quality basic and secondary education for all children by 2030, and improved access to early childhood education (ECE) and technical vocational education and training (TVET). As such, the NEAP (2016-2020) states that the Government will prioritise refocusing education sector expenditure towards providing services at primary and junior secondary school level, with the aim of achieving universal completion of quality junior secondary education by 2030.²⁷⁵

The consolidated education budget increased significantly from SBD696.3 million in 2010 to SBD1,029.3 million in 2014.²⁷⁶ The majority of this budget (89 per cent) was Government-funded, with the remainder financed by sector support.²⁷⁷ As a percentage of Solomon Island's GDP, Government education spending increased from 7.6 per cent in 2010 to 12.3 per cent in 2014, although after taking into account recurrent budget spending (which was overspent by 12.9 per cent), and development budget spending (which was underspent by 16.1 per cent), education spending in 2014 as a percentage of GDP is likely to have been lower.²⁷⁸ According to the 2015-2016 Performance Assessment Report, the 2016 SIG Recurrent Budget was SBD3,123.2 million.²⁷⁹

Disaster preparedness in Solomon Island schools is governed by the National Disaster Risk Management Plan (2009). Previous natural disasters have had severe impacts on the nation's schools, with MEHRD reporting that the 2007 earthquake and tsunami affected at least 89 per cent of the enrolled students within the emergency assessment area.²⁸⁰ Furthermore, MoE reported that, of the 179 schools assessed in Western and Choiseul Provinces, 11 per cent were destroyed, 36 per cent endured major damage, 32 per cent suffered minor damage, and only 21 per cent were relatively unaffected.²⁸¹

272 For the purposes of this report, we have referred to the English version of the Education Act available from the website of the University of the South Pacific School of Law http://www.paclii.org/sb/legis/consol_act/ea104.rtf and accessed on 28 March 2017.

273 Johnson Fangalasuu and Andrea Bateman, MEHRD, *Education White Paper*, May 2015.

274 For the purposes of this report, we have referred to Version 7 of the Education Bill available from the MEHRD website <http://www.mehrd.gov.sb/documents> and accessed on 28 March 2017. For a more detailed discussion on the proposed reforms, see Johnson Fangalasuu and Andrea Bateman. Op. cit.

275 MEHRD, National Education Action Plan, 2016-2030, p. 2.

276 MEHRD, *Performance Assessment Report 2010-2014*, p. 13.

277 Ibid.

278 Ibid.

279 Ibid. p. 64.

280 Solomon Islands Earthquake and Tsunami Disaster: An evaluation of UNICEF's response in the emergency and initial recovery phases, April 2008, https://www.unicef.org/evaldatabase/files/PAC_2008_solomon_islands_earthquake.pdf, p. 11.

281 Ibid.

5.1. Early childhood education

5.1.1. Access

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

This section focuses on pre-primary early childhood education (ECE) provision. ECE is principally governed by the Provincial Government Act 1997, which empowers provincial executives in the provinces to provide education services including kindergartens,²⁸² and the National Early Childhood Education Policy Statement (ECE Policy Statement), which MEHRD and all other Education Authorities (provincial, church and private education) endorsed in 2008. The ECE Policy Statement sets out the guiding principles and values on which ECE would be built²⁸³ and targets children between the ages of 3 and 5 years, the intention being that the programme for babies and toddlers would be developed separately and then integrated into the ECE Policy Statement,²⁸⁴ although no such formal policy has been developed to date.²⁸⁵

Data available indicates that the number of kindergartens declined significantly between 2010 and 2014 from 547 to 455.²⁸⁶ In Solomon Islands, preschools are community or church-managed²⁸⁷ and kindergartens are mainly operated by local communities. In 2014, 79 per cent of kindergartens were operated by provincial executives, with the remainder governed by church bodies (20 per cent) or ‘other’ (1.1 per cent).²⁸⁸ None of the kindergartens in 2014 were governed by State bodies.²⁸⁹ In 2013, only around 50 per cent of ECE centres in Solomon Islands were formally registered with MEHRD.²⁹⁰ The lack of formalisation of universal pre-primary education is identified in the NEAP 2016-2020 as a significant shortfall, and is therefore categorised as a priority goal to be achieved by 2020.²⁹¹

Data indicates that Solomon Islands are making slow progress towards SDG 4.2 and that reinvigorated efforts to improve access to ECE are required to attain this goal. The numbers of children enrolled in ECE fluctuated between 2010 and 2014 but increased overall from 22,800 to

282 Section 33(3) and Schedule 5.

283 ECE Policy Statement, part 4.1, p. 11.

284 ECE Policy Statement, p. 2.

285 In practice, formal programmes for children between 0 and 3 years of age do not exist and formal ECE provision in Solomon Islands is limited to kindergartens and pre-schools that target children from the ages of 3 to 5.

286 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 16.

287 Communication from UNCIEF Pacific, July 2016.

288 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 16.

289 Ibid.

290 Ibid. p. 34.

291 MEHRD, National Education Action Plan, 2016-2020, p. 9.

23,992.²⁹² despite this increase, the ECE net enrolment ratio (NER) has not improved over recent years and indicates that a significant number of 3- to 5-year-olds are not enrolled in a formal ECE programme. In 2010, the ECE NER was 34.3 per cent, after which it decreased to 30.7 per cent in 2013 before returning to 34.4 per cent in 2014.²⁹³ In 2015 and 2016, the NERs were 36 and 39 per cent, respectively.²⁹⁴ These results indicate that Solomon Islands fell short of its target to increase the NER by at least 10 per cent by 2015.²⁹⁵ On the other hand, the ECE gross enrolment rate (GER) increased during this period but was noticeably higher than the NER, indicating that a sizeable proportion of children enrolled in ECE fell outside (and, mostly likely, above) the 3- to 5-year age group.²⁹⁶ In 2016, the GER was 56 per cent and the percentage of children enrolling in primary school with ECE experience was 49.44 per cent.²⁹⁷

Enrolment is significantly higher for older ECE-aged children than younger ECE-aged children and, overall, did not change significantly between 2010 and 2014. In 2010, enrolment for 3-year-olds stood at 28.1 per cent and, after decreasing to a low of 25.1 per cent in 2013, returned to 28.7 per cent in 2014.²⁹⁸ The enrolment rate for 5-year-olds, however, stood at 62.2 per cent in 2010 compared to 57.5 per cent in 2014.²⁹⁹

ECE enrolment rates reportedly do not appear to depend on geographical location (for example, rural v. urban locations).³⁰⁰ Net and gross enrolment for boys and girls have also remained even in recent years, as the Gender Parity index (GPI) for NER and GER remained at 1.00 between 2010 and 2014,³⁰¹ meeting a key goal of the NEAP 2013-2015.³⁰²

5.1.2. Quality

Solomon Islands has taken steps to improve the quality of its ECE. Under the NEAP 2013-2015, MEHRD aimed to effectively support at least 60 communities in establishing and making operational ECE centres in line with community demand and MEHRD standards by the end of 2015.³⁰³ The Policy Statement and Guidelines for School Infrastructure in Solomon Islands 2011 sets out the key principles, division of responsibilities between key stakeholders, and action plan to achieve the ultimate vision of ensuring that all children and students will be taught in quality educational facilities, including ECE facilities. By 'quality educational facilities', the policy means the provision of universal access to education "in a fit for purpose, safe and hygienic learning environment

292 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 16.

293 Ibid. p. 15.

294 MoE Education Digest; cited on the website of the Pacific Regional Information System retrieved from <https://www.spc.int/nmdi/education> on 25 June 2017.

295 MEHRD, *National Education Action Plan 2013-2015*, p. 15.

296 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 15.

297 MoE Education Digest; cited on the website of the Pacific Regional Information System. Op. cit.

298 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 15.

299 Ibid.

300 UNESCO, *Pacific Education for All 2015 Review*, p. 14.

301 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 15.

302 MEHRD, *National Education Action Plan 2013-2015*. Op. cit. p. 15.

303 In addition to improving the NER and achieving gender parity; p. 15.

that encompasses best local practice, sustainable engineering designs which meet all agreed minimum standards for schools.”³⁰⁴ MEHRD also adopted a Policy Statement and Guidelines for the Development and Implementation of the National Curriculum in Solomon Islands in 2011 to, amongst other things, ensure that all children between 3 and 18 years have equitable access to a quality curriculum.³⁰⁵ Further, the Solomon Islands National Curriculum Statement 2010 informs stakeholders about the philosophy, aims and expected outcomes of the school curriculum, and the shift to outcome-based education.³⁰⁶ However, an ECE Curriculum has not been developed to date. A pre-primary curriculum for 5-year-olds is being developed, to be used in 2018.

Despite these important initiatives, data indicates that Solomon Islands has made slow progress in developing the quality of ECE. Between 2010 and 2014, a reported 264 additional ECE teachers were recruited, increasing the number of teachers from 1,160 to 1,424.³⁰⁷ The pupil-to-teacher ratio has also improved from 19.7:1 in 2010 to 16.8:1 in 2014 compared to a recommended ratio of 15:1.³⁰⁸ Further, in 2014, 48.3 per cent of ECE teachers were *certified* to teach, a 14 per cent improvement since 2010, and 62.5 per cent of ECE teachers were *qualified* to teach.³⁰⁹ However, despite the increase in teachers, the pupil-to-teacher ratio is still high compared to the recommended international standard of 15:1,³¹⁰ and quality remains a concern: approximately half of ECE teachers remain unqualified or uncertified, highlighting a need for continued efforts to expand teacher training. Many ECE centres still lack adequate infrastructure and do not provide environments conducive to learning.³¹¹ The provision of ECE in rural areas is particularly regarded as inadequate.³¹² There is also a lack of data on teaching performance and learning resources.

5.1.3. Barriers and bottlenecks

A major barrier is the inadequate legal and policy framework governing ECE provision so as to establish an enabling environment for universal, quality ECE. Free and compulsory pre-primary education is not mandated by law, nor is it recognised within the framework of the education system set out in the Education Act 1978. There is no policy providing for ECCE for children aged between 0 and 3, which is partly due to weak coordination between MEHRD, MHMS and the Ministry of Women, Youths and Children Affairs (MWYCFA) at national, provincial and service delivery levels.³¹³ In addition, private ECE centres are not required to register with MEHRD, which creates a gap in the accountability framework. Formal recognition of ECE within the national education framework would facilitate the development of national standards on the establishment,

304 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 9.

305 Ibid. Part 6.2

306 Ibid. p. 8.

307 Ibid. p.19.

308 MEHRD, National Education Action Plan 2013-2015. Op. cit. p. 19; World Bank Group, SABER ECD Report for Solomon Islands 2013, p. 19.

309 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. pp. 8 and 19.

310 World Bank Group and UNICEF, SABER ECD Report. Op. cit. 2013, p. 19.

311 UNESCO, *Pacific Education for All 2015 Review*. Op. cit. p. 16.

312 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. pp. 3-4; World Bank Group and UNICEF, SABER ECD Report 2013. Op. cit. p. 5.

313 World Bank Group and UNICEF, SABER ECD Report 2013. Ibid. pp. 7-8.

operation and management of ECE centres and their supervision.³¹⁴ It is partly for these reasons that the UNICEF-World Bank Group's 'Systems Approach for Better Education Results for Early Childhood Development Report 2013' ('SABER ECD Report 2013') gave Solomon Islands a "latent" rating for establishing an "enabling environment" for early childhood development.

MEHRD's 2014 expenditure on ECE is low compared to its expenditure on primary (37 per cent), secondary (25.2 per cent) and tertiary (27.3 per cent) education, although it increased by 2.1 per cent to 5.2 per cent between 2010 and 2014.³¹⁵ However, the World Bank Group 2013 ECD Report highlights that most of this funding is allocated towards national-level activities.

In light of the lack of Government ECE expenditure and a community-driven management model, ECCE centres rely on parental fees to secure their operations. This acts as a further barrier to accessing quality ECE and to creating demands for ECE services,³¹⁶ particularly amongst children from disadvantaged families. The barrier is particularly problematic for unregistered ECE centres, which are ineligible for MEHRD grants.³¹⁷ In addition to teacher salary fees, other 'contributions' levied on parents include assessment fees, 'desk fees', indirect 'optional' costs for the child's uniform, meals, and transport costs.³¹⁸ Children in rural areas face the added challenge of having to travel long distances to the nearest ECE centre,³¹⁹ further contributing to low enrolment rates.

The absence of a strong monitoring and quality assistance framework for ECE centres is a significant barrier that has led to a lack of data on ECE provision (including disaggregated survival and attendance rates, the availability of resources, early learning development indicators and outcomes and details of the eligibility for MEHRD grants, awardees and expenditure), resulting in challenges in assessing and analysing participation in and quality of ECE. This barrier is driven by weak monitoring, quality assurance and stakeholder coordination mechanisms at local level, although minimum quality standards for teachers, infrastructure and service delivery do exist.³²⁰ However, the NEAP 2016-2020 aims to establish National Standards for ECE centres, and for 45 per cent of existing ECE centres to successfully apply these standards in community programmes.³²¹ The absence of a harmonised system to measure the quality of ECE is also an area of concern highlighted in the NEAP, which aims for 10 per cent of 5-year-olds in ECE to be reaching minimum curriculum standards by 2020.³²²

MEHRD does not have any formal mechanisms to monitor compliance by ECCE centres with quality standards after initial inspection for the purposes of registration,³²³ and provincial

314 Johnson Fangalasuu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. p. 34.

315 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 22.

316 Johnson Fangalasuu and Andrea Bateman, MEHRD, Op. cit. p. 35; World Bank Group and UNICEF, SABER ECD Report. Op. cit.

317 MEHRD, *Updated Policy Statement and Guidelines for Grants to Schools in Solomon Islands, 2012*; Johnson Fangalasuu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. p. 35.

318 World Bank Group and UNICEF, SABER ECD Report. Op. cit. p. 5.

319 Draft National EFA Report 2013.

320 World Bank Group and UNICEF, SABER ECD Report. Op. cit.

321 MEHRD, National Education Action Plan, 2016-2020. Op. cit. p. 9.

322 Ibid.

323 World Bank Group and UNICEF, SABER ECD Report. Op. cit.

personnel lack capacity to carry out their role (in terms of both numbers of staff and their skills in management and child development).³²⁴ MEHRD also makes no specific budget provision for developing this framework, so monitoring is infrequent, and only occurs when budget is available.³²⁵ There are no formal arrangements between MEHRD and local communities to place pre-school management committees on a formal footing and support them in ensuring compliance with quality standards.³²⁶ These reasons contributed to Solomon Islands' "latent" rating for monitoring and quality assurance in early childhood development.³²⁷

Of particular concern is the absence of data on ECCE-aged children with disabilities. There is a reported missing link between the ECCE Policy Statement and the Inclusive Education Policy focusing on the inclusion of children with disabilities, as the ECCE Policy Statement does not sufficiently emphasise the implementation of inclusion of children with disabilities within ECCE.³²⁸ How this is affecting young children with disabilities in practice is unclear.

Teacher salaries are low, which may be a barrier to attracting and keeping quality teachers in the profession. Only teacher positions that have been approved via the annual government budgeting process are salaried by the Teaching Service Office of the Teaching Service Commission, which depends on (limited) government funding.³²⁹ Salaries of 'unapproved' teacher positions are the responsibility of the relevant provincial, church or other private education authority, which rely on fees from parents. ECCE centres, particularly those in disadvantaged communities, therefore struggle to pay competitive salaries if at all, with teachers in rural areas sometimes being given an allowance or payment in-kind instead.³³⁰

In-service teacher training is irregular due to insufficient and irregular funding in this area.³³¹ Teacher training is not comprehensive, and lacks scope, including training on the ECCE curriculum (to the extent it has been developed), mother tongue language and literacy, strengthening parental involvement and emergency and disaster and risk reduction.³³²

5.2. Participation in primary and secondary education

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

324 Ibid. pp. 21, 27 and 32.

325 Ibid.

326 Ibid. pp. 21-22.

327 Ibid.

328 Ibid. p. 16.

329 MEHRD, *Solomon Islands Teaching Service Handbook*, December 2011.

330 World Bank Group and UNICEF, *SABER ECD Report*. Op. cit. p. 9.

331 Ibid. p. 27.

332 Ibid. p. 27.

ethnic minority children have access to, and complete, free and compulsory primary education of good quality.

5.2.1. Access

Primary education in Solomon Islands consists of Years 1 to 6, with some policy documents including Year 0 or prep level.³³³ Primary school therefore starts at 6 years (or 5 for prep level) and ends at 12.³³⁴ Secondary education is divided into junior secondary (Forms 1-3) and senior secondary (Forms 4-7).³³⁵ Basic education consists of primary and junior secondary school.

MEHRD has taken significant steps to implement its international obligation to ensure universal compulsory, free primary education. In 2009, it introduced the Fee Free Basic Education Policy in a drive to meet EFA Goal 2 and MDG 2.A, under which it pledged to free students of the need to pay school fees for nine years of basic education through the provision of annual grants to schools calculated per capita.³³⁶ MEHRD's current priority is to achieve universal completion up to junior secondary school by 2030, so it plans to continue focusing its education sector expenditure on primary and junior secondary levels.³³⁷

Data suggests that Solomon Islands has not met EFA Goal 2 or MDG 2.A and is making slow progress towards SDG 4.1. Since 2010, the primary NER has remained between 89 and 92 per cent (2016 figure),³³⁸ achieving its NER target for 2020 as outlined in the NEAP 2016-2020.³³⁹ The Net Intake Rate for Year 1 in 2014 was particularly low, at 27.6 per cent.³⁴⁰ A significant proportion of pupils (68.6 per cent) enrolled in primary school are overage (2014 figures).³⁴¹ The GER was high in 2016 at 117 per cent,³⁴² indicating that a significant proportion of enrolled children fall outside the official age group. The NEAP for 2016 to 2020 aims to increase GER further, to 124 per cent by 2020.³⁴³ The gross intake rate for Year 1 in 2014 was 112.9 per cent, which was significantly lower than the Net Intake Rate in the same year.³⁴⁴ Although the primary repetition rate has dropped, the survival rate to Year 6 (those pupils who reach Year 6 without repeating a year or dropping out) was 63 per cent (2013 data),³⁴⁵ indicating that a significant proportion of primary school pupils are not completing primary education either on time or at all.

333 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 4.

334 Ibid.

335 Ibid. p. 15.

336 See Johnson Fangalasu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. part 6.3.2 for a more comprehensive discussion.

337 MEHRD, National Education Action Plan 2016-2020. Op. cit. p. 2.

338 MoE Education Digest; cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> on 14 June 2017 although this figure has not been verified against its original source.

339 MEHRD, National Education Action Plan, 2016-2020. Op. cit. pp. 12-13.

340 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 5.

341 Ibid.

342 Ibid.

343 MEHRD, National Education Action Plan, 2016-2020. Op. cit. p. 12.

344 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 4.

345 Ibid. p. 5.

Encouragingly, the proportion of secondary-aged children enrolled in secondary school increased between 2010 and 2014. The junior secondary NER remained steady at 39 per cent or 40 per cent between 2010 and 2016 (when it was 40 per cent), indicating that over half of children from aged 13 to 15 are not enrolled in junior secondary school.³⁴⁶ The NER for senior secondary is significantly lower, although it has increased steadily from 23 per cent in 2010 to 29 per cent in 2016,³⁴⁷ indicating that over 70 per cent of adolescents aged from 16 to 19 are not enrolled in senior secondary school.

There is a significant difference between the NER and GER for junior secondary school, indicating that a large proportion of children enrolled in junior secondary fall outside the official age group of 13 to 15 years. Between 2010 and 2016, the junior secondary GER has fluctuated between 72 per cent and 76 per cent, ending up at 75 per cent in 2016.³⁴⁸ The NEAP (2016-2020) aims to increase the GER for junior secondary education to over 81 per cent by 2020.³⁴⁹ The GER for senior secondary is significantly lower and, after jumping from 28 per cent in 2010, has remained between 35 per cent and 37 per cent between 2011 and 2016, where it ended at 36 per cent.³⁵⁰ On the other hand, there is little difference between the NER and GER for senior secondary, indicating that enrolment at this level of education overall is low, and there is a notable proportion of children enrolled who fall outside the official age-group of 16 to 19.³⁵¹ As such, the NEAP (2016-2020) aims to increase GER and NER in senior secondary schools to 42.75 per cent and 35.75 per cent, respectively, by 2020.³⁵²

Solomon Islands cannot be said to have reached EFA Goal 5 as there is unequal enrolment between boys and girls at primary and secondary level. According to the 2015-2016 Performance Assessment Report, the GPI for NER is 0.98 for primary and 1.01 for junior secondary education, while the GPI for GER was 0.99 for primary and 1.09 for junior secondary education.³⁵³ This means that there are relatively fewer girls in primary school, but relatively more girls in secondary school. One possible reason for this is that more boys repeat a school year than girls.

5.2.2. Quality

MEHRD recognises that student performance remains very concerning and has made this a priority area in the NEAP 2016-2020.³⁵⁴ In 2015, 75.6 per cent of pupils were achieving at and above expected curriculum standards in English Literacy at the end of Year 4, and 61.5 per cent of pupils were achieving at and above expected curriculum standards in English Literacy at the end

346 Source: MoE Education Digest; cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> on 14 June 2017 although this figure has not been verified against its original source.

347 Ibid.

348 Ibid.

349 MEHRD, *National Education Action Plan, 2016-2020*. Op. cit. p. 12.

350 Source: MoE Education Digest. Op. cit.

351 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 15.

352 MEHRD, *National Education Action Plan, 2016-2020*. Op. cit. p. 15.

353 MEHRD, *Performance Assessment Report 2015-2016*. Op. cit. p. 12-13.

354 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 11.

of Year 6.³⁵⁵ In Numeracy, 76.3 per cent of pupils were achieving at and above expected curriculum standards at the end of Year 4 compared to 90.5 per cent at the end of Year 6.³⁵⁶ However, 15.2 per cent of pupils were achieving at and above expected curriculum standards in writing at the end of Year 4, compared to 31 per cent of pupils at the end of Year 6.³⁵⁷

The 2015 PILNA results on Numeracy in Solomon Islands show that students performed better than the regional average in years 7 and 8, and from years 5 onwards in Literacy.³⁵⁸ A 2013 study into the results of the Solomon Islands Standardised Tests of Achievement indicates that the writing results of children in Year 4 are very poor and, although there is significant improvement between Years 4 and 6, the results of children in Year 6 are still well below the expected level.³⁵⁹ The study also found significant growth in performance between children in Years 4 and 6 in Mathematics, although children in urban areas outperformed children in rural areas.³⁶⁰ The rural-urban disparity was particularly pronounced in literacy levels.³⁶¹ The performance of students from schools in Honiara province was significantly better than the mean results of schools in the other provinces in both Years 4 and 6, although the growth observed between these years was significantly less in Honiara province than in each of the other provinces.³⁶² Because of the poor Literacy and Numeracy levels, the NEAP (2016-2020) aims to train 100 per cent of teachers in early and middle year Literacy and Numeracy, and for 85 per cent of pupils by Years 4 and 6, to achieve the minimum proficiency for Literacy, Numeracy and Science as defined in the curricula.³⁶³ However, the NEAP sets out targets to improve achievement levels. By 2020, MEHRD aims to increase the number of students in Year 9 achieving the minimum proficiency of Literacy and Numeracy by 15 per cent by 2020.³⁶⁴

Figures on the exposure of students to skills-oriented teaching is unavailable, although the NEAP (2016-2020) aims to increase the number of children achieving learning and work-related skills in secondary school by 10 per cent, by 2020.³⁶⁵

There are reportedly very limited in-service training opportunities for teachers, including teachers wishing to obtain a qualification.³⁶⁶ Despite this, between 2010 and 2014, the percentage of certified teachers increased from 58.7 per cent in 2010 to 64.4 per cent in 2014.³⁶⁷ Between 2010 and 2014, the primary pupil-to-teacher ratio remained fairly steady at 23.2:1.³⁶⁸ However, the pupil-to-*qualified* teacher and pupil-*certified* teacher ratios are significantly higher and

355 Ibid. p. 44.

356 Ibid. pp. 44-45.

357 Ibid.

358 MEHRD, *Performance Assessment Report 2015-2016*. Op. cit. p. 40-42.

359 MEHRD and ACER, *SISTA Report 1 – Main Study 2013*, p. 12.

360 Ibid.

361 Ibid.

362 Ibid. p. 13.

363 MEHRD, *National Education Action Plan, 2016-2020*. Op. cit. p. 45.

364 Ibid.

365 Ibid. p. 47.

366 MEHRD, *National Education Action Plan 2016-2020*. Op. cit.

367 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 9.

368 Ibid.

decreased between 2010 and 2014 (P:QT was 42.8:1 in 2010 and 38.8:1 in 2014; P:CT was 40.1:1 in 2010 and 36.5:1 in 2014).³⁶⁹ These ratios suggest that Solomon Islands is successfully developing a more qualified teaching workforce,³⁷⁰ yet a significant number of unqualified or uncertified teachers remain. Without any disaggregated pupil-to-teacher ratios, it is not possible to determine whether the development has been consistent across the country, although the NEAP 2016-2020 indicates that overstaffing, understaffing and high absenteeism (estimated at around 20 per cent: substantially higher than the internationally recognised standard of 2 per cent to 3 per cent) are issues.³⁷¹

The average pupil-to-teacher ratio at primary level in 2014 (23.8) roughly corresponded to the average classroom size that year. However, disaggregated figures per province indicate that classroom sizes vary considerably across the country, with a low of 13.9 in Rennell and Bellona and a very high 60.4 in Honiara.³⁷²

The quality and quantity of teaching resources at primary level does not seem to have improved over recent years. In 2014, there were 2.5 textbooks for each child, suggesting that there were an insufficient number of textbooks per child in all subjects.³⁷³ The shortage of learning materials is particularly concerning in Honiara, where there were over 32.7 pupils per textbook at primary level. In addition, although the majority of head teachers (64.7 per cent) in 2014 rated the quality of learning materials as 'good', this percentage has only improved by around 1 per cent since 2010, suggesting that the quality of materials has not improved. In the same vein, the percentage of head teachers who rated the materials as 'poor' increased from 2.5 per cent to 5.7 per cent during this period (the remainder of head teachers rated the materials as 'fair'),³⁷⁴ further indicating that learning materials require quality development.

Encouragingly, repetition rates at primary level almost halved between 2013 and 2014,³⁷⁵ although this does not necessarily reflect improvements in teaching quality, particularly in light of the significant numbers of children who drop out of school. Notably, repetition rates have generally been fractionally higher for boys than girls between 2010 and 2014. In 2014, the repetition rate for boys was a high of 4.7 per cent in Year 1 (compared to 3.9 per cent for girls), and 4.4 per cent for girls in prep level (compared to 4.6 per cent for boys).³⁷⁶

MEHRD considers that the system at secondary level is sufficient, because the 2014 pupil-to-teacher ratio (20.2:1), pupil-to-qualified teacher ratio (28.3:1) and pupil-to-certified teacher ratio (30.7:1), are less than its stated target of 40:1. It is not clear how this target was reached or whether other contributing factors, such as academic needs and learning outcomes of children have been accounted for in this analysis. However, data suggests that Solomon Islands has been

369 Ibid.

370 Ibid.

371 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 18.

372 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 21.

373 Ibid. p. 10.

374 Ibid.

375 Ibid. p. 22.

376 Ibid. p. 22.

developing a more qualified workforce over recent years. There was an overall decrease in the pupil-to-certified teacher ratio (30.1:1 vs. 28.3:1) and pupil-to-qualified teacher ratio (35.7:1 vs. 30.7:1) between 2010 and 2014. The percentage of certified teachers at secondary level also increased from 68.7 in 2010 to 77.1 per cent in 2014.³⁷⁷ However, the ratios fluctuated in the intervening years, such that it is not clear whether the decrease in the pupil-to-certified teacher ratio and increase in certification levels is an emerging trend,³⁷⁸ and without disaggregated data on teacher certification and qualification across the provinces, it is not possible to reach firm conclusions on this topic.

The average classroom size at secondary level is a high 39.6 (2014 figure),³⁷⁹ suggesting that classrooms are overcrowded and not conducive to learning. Rates fluctuate between provinces with Honiara having the highest average classroom size of 60.4 pupils in 2014 compared to Rennell and Bellona, which had the lowest classroom size of 21.9.³⁸⁰

Like primary level, secondary schools are poorly resourced with many learning and teaching resources being out-of-date and/or in short supply.³⁸¹ In 2014, there were a reported 2.1 textbooks per pupil.³⁸² However, unlike primary level, the percentage of head teachers that rated learning materials as 'good' approximately doubled from 25 per cent in 2010 to 46 per cent in 2014, whereas the percentage of teachers rating the learning materials as 'fair' or 'poor' decreased significantly during the same period (from 55 per cent to 47 per cent and 20 per cent to 6 per cent, respectively).³⁸³

Repetition rates have generally been lower at secondary level than primary level (2010 to 2014 figures), and in 2014 were no more than 1.1 per cent in any given Form.³⁸⁴

5.2.3. Barriers and bottlenecks

The gaps and inconsistencies in the domestic legal and policy framework around the provision of primary and secondary education³⁸⁵ are key barriers to Solomon Islands meeting its international education obligations and targets. The concept and structure of primary and secondary education (including years of entry and exit) are not specified in the Education Act 1978, which is the principal law outlining the structure of the education system. This results in inconsistencies in how the content and structure of the education system are interpreted and applied (for example, inconsistent practise in registering schools providing various levels of education).³⁸⁶ Further, education is not made compulsory by law. Solomon Islands has not

377 Ibid. pp. 11-12.

378 Ibid. p. 12.

379 Ibid.

380 Ibid. pp. 12 and 22.

381 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 14.

382 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 12.

383 Ibid.

384 Ibid. p. 22.

385 Johnson Fangalasu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. p. 21.

386 Ibid.

revoked its reservation to Article 13(2)(a) of the ICESCR, under which it maintains a right to postpone the application of the obligation to provide free and compulsory universal primary education. Revoking this reservation would reflect a firm commitment by Solomon Islands to realise this right and may lend fresh impetus to updating the legal framework in line with international standards.

There has been partial or non-implementation of many reform initiatives and policies to improve access to and quality of primary and secondary schooling. The many reasons for this can broadly be grouped into three categories: financial restrictions; limited capacity; and systematic management bottlenecks.³⁸⁷ These include: setting unrealistic timeframes or goals in reform initiatives that do not sufficiently take human capacity and resources into account; inadequate communication of the reform initiatives to community stakeholders; non-systematic monitoring of implementation; reliance on external capacity rather than building the internal capacity of MEHRD to research and evaluate progress; limited management capacity of MEHRD and schools, including of teachers (a particular issue in light of teacher absenteeism); lack of coordination between MEHRD and communities, provincial governments and other key stakeholders on the efficient use of resources; limited technical capacity to implement reforms, including in curriculum design and monitoring, and quality and efficiency of teacher training; financial limitations; and insufficient analysis of financial implications of the reforms before policies were approved, including an inefficient and very expensive system of distributing learning resources to schools.³⁸⁸ NEAP 2016-2020 aims to address these bottlenecks.

The high birth rate places continuous strain on the education system in accommodating all children:³⁸⁹ a bottleneck exacerbated by late enrolment. The lack of schools, particularly secondary schools, and varying standards of school infrastructure, has meant that children have to travel long distances to the nearest functioning school, which discourages enrolment and drives school drop-out.³⁹⁰ However, NEAP 2016-2020 indicates that the expansion of the number of secondary schools (notably 223 community high schools and 16 provincial secondary schools between 2007 and 2015) has contributed to the accommodation of increasing proportions of children enrolling in secondary school.³⁹¹

In light of the increasing proportion of secondary school enrolment and expansion of secondary school placement, MEHRD is considering abolishing the Year 6 examination, which it had previously used to allocate limited numbers of secondary school placements to the highest achieving pupils.³⁹² This is a positive move, as external exam performance (notably the Secondary Entrance Examination and the Form 3 Examination) has been identified as a driver of drop-out and repetition.³⁹³

387 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 4.

388 Ibid. pp. 2 and 5.

389 Ibid. p. 10.

390 MEHRD, *Barriers to Education Study 2011*, p 4; Johnson Fangalasuu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. p. 38.

391 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 10.

392 Ibid.

393 Australian Aid and Save the Children, *A Situational Analysis of Children in the Solomon Islands, July 2015*, p 14; MEHRD, *Barriers to Education Study 2011*, p. 2.

Despite the Fee Free Education Policy, the charging of school fees and indirect costs of schooling (such as transport and uniform) are significant barriers to access to primary and secondary education.³⁹⁴ Schools continue to charge fees as the amounts of the grants under the Fee Free Education Policy do not meet operational needs.³⁹⁵ This is despite the fact that Section 40(2) of the Education Act 1978 requires education authorities to obtain the prior approval of the Minister of Education before it charges school fees, a provision which has reportedly not been observed by education authorities and other partners, or enforced by MEHRD.³⁹⁶ There is also limited data on how student grants are spent and whether they alleviate this financial burden and facilitate access.³⁹⁷ A MEHRD study into the barriers to education indicates that household size has a negative impact on enrolment, and that households with all children enrolled have the smallest average household size (2.3 children) whilst households with the lowest number of enrolled children had a high average household size (6.5 children), which may be due to the fees associated with education.³⁹⁸ Further, reports suggest that where fees are charged, parents prioritise boys, as education is perceived to be less useful for girls,³⁹⁹ which may be contributing to the gender disparity in favour of boys in terms of primary net enrolment and secondary GERs.

There are several socio-economic and cultural barriers to access to education. MEHRD found that lack of awareness amongst families of the importance of school and disinterest amongst children are drivers of non-enrolment.⁴⁰⁰ These attitudes appear to be driven by perceptions of the low quality of education, including poor, and limited resources, and poor quality of teaching.⁴⁰¹ Particular concerns raised by children and families include teacher absenteeism, lateness, intoxication and even physical and verbal abuse to discipline students.⁴⁰²

Children with disabilities face particular barriers to accessing education, with reports indicating that they may drop out of school due to bullying and teachers' inability to cope with their needs, if they are enrolled at all.⁴⁰³ This in turn is connected to the need to improve the quality of teacher training.

Food security is a wider issue that appears to be limiting access to and quality of education. A MEHRD study found that lack of food in the morning and hunger were reported as reasons that prevent children from attending school and from performing well at school,⁴⁰⁴ due to either lack of availability (for example in Rennell and offshore islands in North Malaita) or parents not preparing food for their children.⁴⁰⁵

394 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 14.

395 Johnson Fangalasu and Andrea Bateman, MEHRD, *Education White Paper*. Op. cit. p. 41.

396 Ibid., p. 42.

397 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 14.

398 MEHRD, *Barriers to Education Study 2011*. Op. cit. pp. 2-3.

399 Australian Aid and Save the Children. Op. cit. p. 24.

400 MEHRD, *Barriers to Education Study 2011*. Op. cit. pp. 2-3.

401 Ibid.

402 Ibid. p. 3.

403 Ibid. pp. 2-3.

404 Ibid. pp. 3-4.

405 Ibid.

Disaster and climate risk factors are significant barriers to equal access to and of quality education. Flooding has disrupted school attendance for thousands of children who are either directly affected by the flooding or whose schools are closed for use as emergency evacuation shelters.⁴⁰⁶ The NEAPs of 2007-2009, 2010-2012, and 2013-2015, and Education Strategic Framework 2007-2015 did not pay particular attention to disaster and climate risk barriers to education. However, MEHRD has developed standalone policies to address these risks, most notably its 2011 Policy Statement and Guidelines for Disaster Preparedness and Education in Emergency Situations in Solomon Islands, which set out guidelines for all stakeholders to ensure that children have continued access to quality education in emergency situations through adequate risk reduction, preparedness, response, recovery and rehabilitation measures. NEAP 2016-2020 incorporates disaster and climate risk factors into its framework. For example, MEHRD proposes using the school curriculum to introduce awareness of climate, environmental, disaster, social cohesion and social protection risk management to promote adaptation, sustainability, resilience, inclusion and equity.⁴⁰⁷

5.3. Tertiary and vocational education

According to SDG 4.3, by 2030, all women and men should have access to affordable and quality technical, vocational and tertiary education, including university.

Tertiary education in Solomon Islands effectively refers to post-secondary higher education and is defined by MEHRD as any “post-secondary, third stage or higher level tertiary education and training” excluding TVET.⁴⁰⁸ TVETs fall under the banner of ‘vocational training’ together with rural training centres. TVET refers to education to develop practical skills, especially those involving use of the hands and specialised tools and machinery, and education to learn skills and knowledge of direct use in everyday living, including employment and self-employment.⁴⁰⁹

There is no provision for tertiary or vocational training in the Education Act 1978, and therefore it does not have formal legal recognition as a key component of the formal education system. The provision of tertiary and vocational education is, instead, regulated through a series of laws and policies, including the College of Higher Education Act 1984, MEHRD’s *Policy Statement and Guidelines for Tertiary Education in Solomon Islands 2010* (‘Tertiary Education Policy’), the National TVET Action Plan 2010-2015, NEAPs and the Education Strategic Framework 2007-2015. The lack of a formalised governance system for TVET is identified as an area of concern in the NEAP (2016-2020). As such, the NEAP sets out the intention to develop a costed strategic plan to establish the Solomon Islands Qualification Authority and the Solomon Islands National Qualifications Framework by 2017, to be implemented from 2018 onwards.⁴¹⁰

406 See for example, Save the Children, *Solomon Islands: Thousands of children miss out on education*, 9 April 2014, retrieved from <https://www.savethechildren.net/article/solomon-islands-thousands-children-miss-out-education> on 30 March 2017.

407 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 12.

408 MEHRD, *Policy Statement and Guidelines for Tertiary Education in Solomon Islands, February 2010*, p. 4.

409 Ibid.

410 MEHRD, *National Education Action Plan, 2016-2020*. Op. cit. p. 18.

These governing documents reflect a commitment by the Government to achieve equitable access to quality tertiary and vocational education.⁴¹¹ The Education Strategic Framework 2007-2015 set out numerous goals for the development of tertiary and higher education, to “provide access to community, technical, vocational and tertiary education that will meet individual, regional and national needs for a knowledgeable, skilled, competent and complete people.”⁴¹² These reforms aim to develop a coordinated approach to tertiary and vocational education through the development of an integrated legal, policy and regulatory framework and strategy, including: coordinated national tertiary education policy; a strategic plan for post-secondary education and training; the identification of priority areas in which training should be focused; closing the gap between development need and technical capacity available in the workforce; assisting students and adults to develop a range of skills and aptitudes; and providing equal opportunity and support in alternative pathways. In doing so, it recognised that the provision of TVET is weak and the need to integrate TVET into the formal education system, rather than leaving it to informal centres.⁴¹³

NEAP 2010-2012 aimed to, amongst other things, provide “improved access to relevant and demand oriented community, technical, vocational, and tertiary education and training,”⁴¹⁴ although less emphasis was placed on developing this level of education in NEAP 2013-2015. Positively, NEAP 2016-2020 places the development of tertiary and vocational education firmly back on the MEHRD agenda and aims to consolidate the establishment of a comprehensive, integrated system of tertiary education that provides quality education and relevant skills for employment, decent jobs and entrepreneurship, and to ensure improved access to TVET.⁴¹⁵ Importantly, to achieve SDG 4.3, it aims to focus on developing the quality and relevance of TVET and university education, reduce gender disparity in TVET and university and increase access for underrepresented target groups.⁴¹⁶

Some of these reform initiatives have been realised in practice. The Solomon Islands National University Act 2012 replaced the Solomon Islands College of Higher Education with the establishment of the Solomon Islands National University, which offers academic degrees and TVET in a range of sectors, including teaching certificate and pre-service and in-service teaching diplomas.⁴¹⁷ The upgrading of its status means that the University is required to strengthen its quality, infrastructure and management to ensure it meets international standards, resulting in the Government reportedly allocating funds towards this purpose.⁴¹⁸ The University of the Pacific and University of Papua New Guinea also have a campus in the Solomon Islands.

411 For example, the Tertiary Education Policy sets three key goals: to provide high quality tertiary education meeting individual, national and regional needs and a cohesive and sustainable society; provide equitable access to high quality tertiary education and to close the opportunity gap in tertiary participation for marginalised groups; and to manage resources in an efficient, effective, sustainable and transparent manner; MEHRD, *Policy Statement and Guidelines for Tertiary Education in Solomon Islands*, February 2010, p. 10.

412 MEHRD, *Education Strategic Framework 2007-2015*, p. 12.

413 *Ibid.* pp. 45-53.

414 MEHRD, *National Education Action Plan 2010-2012*. *Op. cit.* p. 9.

415 *Ibid.* pp. 2-3.

416 *Ibid.* p. 3.

417 *Ibid.* p. 16.

418 *Ibid.* p. 17.

The Government has plans to restructure the education governance system to promote the development of quality tertiary and vocational education, as well as partnerships with the private sector and labour organizations. This plan includes the establishment of the Solomon Islands Tertiary Education Commission, which would manage TVET and tertiary education, and the Solomon Islands Quality Qualifications Authority, which would assure quality in tertiary and vocational training.⁴¹⁹ The Education Bill would give legal basis to these bodies.⁴²⁰

There is very little data on participation in tertiary and vocational education, although NEAP 2016-2020 highlights that reform initiatives in this area have not been fully implemented. TVET spaces are still limited, as is the scope of TVET content, which has not been updated to meet market demands.⁴²¹ MEHRD's Performance and Assessment Report 2014 states that 2,345 students of all ages are enrolled in TVETs and rural training centres, with 7 per cent of students aged 18, 2 per cent aged 17 years, 1 per cent aged 16 years, 1 per cent aged 15 years, none aged 14 years of age, and 1 per cent aged less than 14.⁴²² However, this data classifies special development centres for children with disabilities as a form of TVET,⁴²³ and so cannot be considered to be an accurate reflection of the proportion of children who are undertaking vocational training, as opposed to needs-based education for children with disabilities. Further, it is not clear to what year this data relates.

The limited data available indicates that TVET is heavily male-oriented, with only 26 per cent of students being female.⁴²⁴ Again, it is not clear to what year this data relates.

A goal of NEAP (2016-2020) is to develop a new scholarship plan for the TVET sub-sector. The NEAP seeks to develop and implement a new Annual Scholarship Plan by 2018.⁴²⁵

5.3.1. Barriers and bottlenecks

Without any up-to-date disaggregated data and an incomplete assessment of the situation of children in tertiary and vocational education, it is not possible to provide a comprehensive analysis of barriers and bottlenecks. There is therefore a pressing need for MEHRD to collect accurate, disaggregated data in this area.

The legislative, policy and regulatory framework for tertiary and vocational training remains fragmented, resulting in inconsistencies in its provision and fragmentation in the system in practice.⁴²⁶ Neither tertiary nor vocational training are formally recognised in Education Act 1978. To get around this gap, TVET institutions have been established through interpreting the word 'school'

419 Ibid. p 16; Johnson Fangalasu and Andrea Bateman, MEHRD. Op. cit. p. 48.

420 MEHRD, National Education Action Plan 2016-2020. Op. cit. p. 16.

421 Ibid. pp. 15-16.

422 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 18.

423 Ibid.

424 Ibid.

425 MEHRD, National Education Action Plan, 2016-2020. Op. cit. pp. 17-18.

426 Johnson Fangalasu and Andrea Bateman, MEHRD. Op. cit. p. 22.

in the Education Act 1978.⁴²⁷ The provision of tertiary and vocational education also straddles the formal and informal education system. A formal link between TVET and tertiary education is needed to facilitate transition from technical and vocational training to higher education.⁴²⁸

NEAP 2016-2020 highlights that several reform initiatives, particularly in the field of TVET, have not been implemented due to lack of resources in MEHRD (noting that MEHRD continues to allocate only a small percentage of its budget⁴²⁹ towards developing TVET), and limited internal management capacity to respond adequately to the reform goals and fill the gap in technical skills.⁴³⁰ These barriers also partly stem from an over-reliance on externally funded projects in the field of TVET, most notably, European Union-led TVET programmes, which have not continued following their conclusion.⁴³¹ Therefore, the absence of a coherent and coordinated institutional and governance framework to support developments in this area, and to synergise policy in line with labour demands, remains a challenge.⁴³² In particular, there remains a need to expand TVET provision.⁴³³

427 Ibid.

428 Ibid.

429 In 2014, MEHRD spent 3% of its expenditure on TVET, compared to 27.3% to tertiary education, 25.2% towards secondary education, 37% towards primary education, 5.2% towards ECE, and 2.3% towards management and HR; MEHRD, *Performance Assessment Report 2010-2014*, p. 22.

430 MEHRD, *National Education Action Plan 2016-2020*. Op. cit. p. 15.

431 Ibid.

432 Ibid. p. 17.

433 MEHRD, *Performance Assessment Report 2010-2014*. Op. cit. p. 18.

6.

Child Protection

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

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

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

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

Article 32 – The right to protection from economic exploitation

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

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

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

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

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

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

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

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

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

Key child protection-related SDGs

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

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

UNICEF’s global Child Protection Strategy calls for creating a protective environment ‘where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience’.⁴³⁴ The UNICEF East Asia and Pacific Region

Child Protection Programme Strategy 2007 similarly emphasises that child protection requires a holistic approach, identifying and addressing community attitudes, practices, behaviours and other causes underpinning children’s vulnerability, engaging those within children’s immediate environment (children themselves, family and community), and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. “Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.”⁴³⁵ The main elements of a child protection system are:

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

Source: Adapted from UNICEF Child Protection Resource Pack 2015

6.1. Child protection risks and vulnerabilities

This section provides an overview of available information on: the nature and extent of violence, abuse, neglect and exploitation of children in Solomon Islands; 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

Solomon Islands lacks comprehensive data on violence, abuse, neglect and exploitation of children. However, available information indicates that children are vulnerable to various forms of abuse in their homes, schools and communities

6.1.1.1. Violence in the home

Violence against children is common in Solomon Islands homes. The 2015 Solomon Islands Demographic Health Survey found that the vast majority of Solomon Islands children (86 per cent) had received some form of violent discipline in the month prior to the survey, with 22 per cent reporting 'severe physical punishment'. Similarly, in the 2009 Child Protection Baseline Survey, 72 per cent of parents reported having used violent or physical discipline against children in their households in past month.⁴³⁶ This figure is slightly lower than the average prevalence rate of 77 per cent across PICTs for which data is available.⁴³⁷ Smacking and hitting were the most common forms of child abuse reported in homes, reported by 78 per cent of adults and 66 per cent of children. Close to one in five child respondents (17 per cent) reported having been physically hurt by an adult in the household within the past month. The main reason given for this violence was 'discipline' or 'education', and it consisted mostly of smacking children, using a stick, open hand or closed fist.⁴³⁸

Available data also suggests that a significant number of children are exposed to family violence in their homes. The 2009 Solomon Islands Family Health and Safety Study found that nearly 2 in 3 (65 per cent) of all ever-partnered women have experienced physical and/or sexual violence by an intimate partner.⁴³⁹ This is higher than the PIC regional average of 48 per cent among those with available data,⁴⁴⁰ and higher than the global average of 30 per cent.⁴⁴¹ Of women who had ever been pregnant, 11 per cent reported being beaten during pregnancy.⁴⁴² In addition, 59 per cent of women reported that their child(ren) had seen or heard at least one incident of partner violence, with 26 per cent reporting that their children had witnessed violence once or twice, 23 per cent several times, and 10 per cent reported that their children had witnessed many such incidents. Women who had experienced partner violence were significantly more likely to report that their child had nightmares, sucked their thumb or fingers, was very timid or withdrawn, was aggressive, or had run away from home.⁴⁴³

436 UNICEF Pacific. 2009. Protect me with Love and Care: Child Protection Baseline Report, p.141.

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

438 UNICEF Pacific. Protect me with Love and Care. Op cit., p. 141.

439 Ministry of Women, Youth and Children's Affairs. 2009. Solomon Islands Family Health and Safety Study, p. 61.

440 Palau, Cook Islands, FSM, Tonga, Samoa, Marshall Islands, Nauru, Vanuatu, Solomon Islands, Fiji, Kiribati.

441 Women's Crisis Centre, Fiji. Somebody's Life, Everybody's Business! 2013. p. 3.

442 Family Health and Safety Study, Op. cit., p. 8.

443 Ibid., p. 96.

6.1.1.2. Violence in schools

Solomon Islands children also experience physical harm and verbal insults from both teachers and other children at school. The vast majority (70 per cent) of key informants interviewed as part of the Child Protection Baseline Survey acknowledged that ‘teachers in this school hit, smack, pinch, kick, dong or pull or twist children’s ears’, and 7 per cent of school-going child respondents stated they had been physically hurt by a teacher in the past month. The most common forms of violence used by teachers were smacking, hitting or hurting ears. In addition, 16 per cent of school-going child respondents reported having been called an inappropriate name by a teacher within the past month, mostly personal insults and names related to school performance (stupid, lazy, idiot etc.). ‘Hitting’ is mostly done with an open hand or a stick, and the three most common areas on the body where children were hurt are the face, buttocks and back. ‘Teachers hit children’ featured in both children’s and adults’ responses as things which make children not feel safe in schools.⁴⁴⁴

The 2011 Global School-based Health Survey also revealed high levels of bullying and fighting in Solomon Islands schools. The proportion of children aged 13 to 15 years who experienced physical fights within the previous 12 months (52.7 per cent) is above the average across the PICTs, for which there is comparable data, where average prevalence is 49.5 per cent. The proportion of 13- to 15-year-olds who had experienced bullying in the previous 30 days (67 per cent) is far above the PIC average of 45.4 per cent, and is lower only than Samoa, which stands at 74 per cent.⁴⁴⁵

Table 6.1: Violence and unintentional injury rates in 2011

Description	Students aged 13 to 15 years		
	Total	Male	Female
Percentage of students who were in a physical fight one or more times during the 12 months before the survey	52.7	53.5	50.7
Percentage of students who were seriously injured one or more times during the 12 months before the survey	68.4	67.7	68.6
Percentage of students who were bullied on one or more days during the 30 days before the survey	66.5	64.1	67.7

Source: WHO⁴⁴⁶

444 UNICEF Pacific. Protect me with Love and Care. Op. cit., p. 161.

445 Ibid.

446 WHO. Global school-based student health survey, Solomon Islands. 2011 Fact Sheet. Available at: http://www.who.int/chp/gshs/2011_GSHS_FS_Solomon_Islands.pdf?ua=1 [13.06.17]

6.1.1.3. Sexual Abuse

Childhood sexual abuse has also been found to be relatively common in Solomon Islands. The 2009 Family Health and Safety Study found that 37 per cent of women aged 15–49 had been sexually abused before the age of 15, with rates of child sexual abuse being higher in Honiara than in the provinces.⁴⁴⁷ Levels of child sexual abuse in Solomon Islands are the highest of the PICTs for which information is available, and significantly higher than the regional average of 17 per cent.⁴⁴⁸ In addition, of the women whose first sexual experience was before the age of 15, 42 per cent reported that it was forced and only 41 per cent said it was fully voluntary. Of women who had their first sexual experience between the ages of 15 and 17, 24 per cent reported that it was forced. Of the women who reported child sexual abuse, 47 per cent reported that the abuse had happened once or twice, while 53 per cent reported that such incidents had occurred three or more times. Approximately two-thirds of women who had been sexually abused as a child said that they had been abused by someone they knew (family member, friend of the family, boyfriend or acquaintance); 24 per cent reported that they had been abused by a stranger; and 2 per cent by a militant or police officer. The most commonly identified perpetrator of the abuse was a boyfriend. The report notes that findings on sexual abuse are probably conservative due to the stigma and shame associated with it.⁴⁴⁹ No similar information was available on sexual abuse of boys.

The Child Protection Baseline Survey similarly identified significant rates of inappropriate touching of boys and girls. Of the children aged 15 to 17 interviewed as part of the survey, 32 per cent reported being touched in a way that made them feel uncomfortable within the past month. This included 107 separate incidents of inappropriate touching in the past month involving 88 children (45 boys and 43 girls). In addition, 23 adult respondents stated that a child in their household had told them about being touched in a way that made them feel uncomfortable within the past month. These incidents were mostly perpetrated by other children (82 per cent), although adult perpetrators included two teachers. The majority of incidents took place at school (58 per cent) followed by 'on the way home' and 'in the community' (13 per cent each) and then at home (10 per cent). The most common place on the body where children were touched (29 per cent) was the breasts (girls only), followed by the genital area (24 per cent - especially for boys) and the stomach area (10 per cent).⁴⁵⁰

The National Policy to Eliminate Violence Against Women and Girls for Solomon Islands notes that incidences of violence against women and girls increase during and after conflict and natural disasters and Solomon Islands is highly prone to natural disasters.⁴⁵¹

447 Family Health and Safety Study. Op. cit., p. 88.

448 Palau, Cook Islands, FSM, Tonga, Samoa, Marshall Islands, Nauru, Vanuatu, Solomon Islands, Fiji, Kiribati.

449 Family Health and Safety Study. Op. cit., pp. 89-91.

450 UNICEF Pacific. Protect Me With Love and Care. Op. cit., p. 182.

451 National Policy to Eliminate Violence Against Women And Girls 2016 to 2020. 2014. p. 13. Citing UN Women. Climate Change, Disasters and Gender Based Violence in the Pacific, Suva Fiji. Available at: <http://www.unclearn.org/sites/default/files/inventory/unwomen701.pdf> [13.06.17].

6.1.1.4. Trafficking in and commercial sexual exploitation of children

Solomon Islands children are subjected to sex trafficking and forced labour within the country, sometimes in exchange for money or goods, particularly near foreign logging camps, on foreign and local commercial shipping vessels, and at hotels and entertainment establishments. Girls and young women are recruited to travel to logging camps for domestic work and some are subsequently exploited in prostitution.⁴⁵²

Girls are particularly vulnerable to sexual exploitation.⁴⁵³ Save the Children has described child marriage as a form of child trafficking in Solomon Islands, whereby a girl under the age of 18 is married to an adult foreign or local man. This is connected to the extensive logging industry.⁴⁵⁴ Foreign workers in the logging industry reportedly provide financial support to a local girl's family, who may then consider that 'bride price' has been paid and that a marriage has occurred. However, it is reported that "this understanding is seldom shared by foreign loggers. Having typically already married in their own country, loggers see de facto wives at logging communities as temporary mistresses that they can use to satisfy domestic and sexual needs."⁴⁵⁵ The CEDAW Committee and the UPR Working Group have both noted concerns and recommendations around early marriage, bride price and marriages of girls to foreign workers.⁴⁵⁶

Sexual exploitation of girls is not limited to the logging industry and there are reports that, in Honiara, girls are exploited through sex work by visiting fishing vessels around town.⁴⁵⁷ Perceptions around the sexual exploitation of children in association with foreign workers are complex and not always sympathetic, as communities may consider engagement in sexual transactions or sexual exploitation with foreign workers as voluntary or by choice.⁴⁵⁸

Local boys and girls are reportedly also put up for 'informal adoption' by their families to pay off debts; some are subjected to forced labor as domestic servants or sexual servitude by the adopted family or guardians. Boys are forced to work as domestic servants and cooks in logging camps.⁴⁵⁹

6.1.1.5. Child labour

Solomon Islands children are involved in a range of different forms of work, including working on buses and selling food at markets,⁴⁶⁰ and the prime areas where the exploitation of children

452 US State Department. Trafficking in Persons Report 2017, p. 362.

453 Ibid.

454 There are reported to be over 150 logging companies in Solomon Islands at present. Interview with Dale Keehne, Director and two colleagues. Save the Children. March 2017.

455 Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. Op. cit. p. 45.

456 CEDAW Committee Concluding Observations: Solomon Islands. 2014. para. 22; Working Group Report on Universal Periodic Review, Solomon Islands. 2016. Recommendations 100.59 and 100.60.

457 Interview with Pauline McNeil. United Nations Population Fund. March 2017.

458 Ibid. p. 34.

459 US State Department. Trafficking in Persons Report 2017, p. 362.

460 Interview with Director, Child Development, MWYCFA, Honiara, March 2017.

is visible are agriculture, fishing, forestry, mining, construction, domestic work, scavenging, and street crime.⁴⁶¹ Child labour connected to logging companies includes sexual exploitation and selling goods.⁴⁶² Girls may attend logging camps to work as cooks or perform other household services for the workers. These children are reportedly particularly vulnerable to sexual abuse and exploitation.⁴⁶³

The 2015 Solomon Islands Demographic Health survey found that more than 3 out of 5 children aged 5–11 (62 per cent) are engaged in child labour activities, i.e. engaged in some form of economic activity outside the house or doing household chores for 28 hours per week or more. Child labour is more common among children aged 5–11 residing in rural areas, and is more common among girls than boys. Among children aged 12–14 in Solomon Islands, 12 per cent were found to be engaged in child labour, i.e. 14 hours of economic work or 28 hours of domestic work per week. The most common labour activities for children in this older age group were working for a family business (85 per cent), doing household chores for less than 28 hours per week (75 per cent), and doing some other type of economic activity for less than 14 hours per week. As with the younger children, child labour in the older age group is more common among girls, children living in rural areas, and children whose mother has no education.⁴⁶⁴

6.1.1.6. Child marriage

According to quantitative data from the 2015 Solomon Islands DHS, proportion of women aged 15–49 married before age 15 and 18 was 5.6 percent and 21.3 per cent respectively.⁴⁶⁵

6.1.1.7. Children in conflict with the law

Solomon Islands does not maintain comprehensive statistics on the number of children in conflict with the law. Anecdotal evidence suggests that the most common crimes for which children are formally charged are minor offences such as drinking alcohol in public places and public nuisance, drug cases (possession), and stealing.⁴⁶⁶

6.1.2. Community Knowledge, Attitudes and Practices

Culture, traditions and communal ties remain strong in Solomon Islands, and extended families play a vital role in raising children. Traditionally, children are raised in an extended family environment, with everyone sharing responsibility for helping them to grow and develop. This acts as an important social safety net for children and helps keep them safe from abuse and neglect.

461 Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. 2015. p. 34.

462 Ibid. p. 55.

463 Ibid.

464 Solomon Islands Demographic and Health Survey. 2015. p.293-295.

465 Ibid., p. 64.

466 Interview with Representative, Royal Solomon Islands Police Force. Honiara. 15th March 2017.

However, extended family ties and traditions are eroding in some areas and not affording the same level of protection to children as they once did.⁴⁶⁷

The Child Protection Baseline Survey found relatively high levels of awareness of positive discipline techniques and proactive ways to show children that they are loved and cared for. When asked about the best ways to discipline children, the top three answers given by adult respondents were: speak wisely to them/teach right from wrong; explain the rules; and show a good example. Only 8 per cent of respondents cited corporal punishment as an effective parenting technique. Despite this, corporal punishment remains widely accepted as a form of disciplining children.⁴⁶⁸

Customary adoption and the practice of children being sent to live with relatives is common in Solomon Islands. Of the parents who participated in the Child Protection Baseline Study, 17 per cent had biological children under the age of 18 living outside their households, with the majority being between the ages of 11 and 18 and most living with other relatives.⁴⁶⁹ This may be for a variety of reasons, including to access education, parental abuse or neglect, divorce or separation of parents, economic problems in the family, and ‘adventure seeking’ by the child.⁴⁷⁰ The 2015 Demographic Health Survey similarly found that 17 per cent of Solomon Islands children do not live with a biological parent, which is more common among children in the 15–17 age group, and among children living in the highest wealth households.⁴⁷¹

Bride price payment is still culturally practised in Solomon Islands, whereby girls are sometimes married at a very young age to an older husband. Recent studies identified potential child protection issues in this traditional practice, including that the patriarchal family assumes “ownership” of the children by virtue of the bride price.⁴⁷²

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

Studies have highlighted a number of social norms and community practices that impact on child protection in Solomon Island. In particular, the general acceptance of corporal punishment against children, the normalization of violence as a corrective and disciplining tool, and the belief that child abuse is an accepted cultural practice is one of the major barriers to addressing violence against children.⁴⁷³ The normalisation of violence also prevents help seeking, thus perpetuating the cycle of abuse. For example, the Family Health and Safety Study found that, among female survey respondents who reported that their children had sustained injuries from abuse, 71 per cent reported that one of the reasons for not seeking medical care for their injured child was that the ‘violence was normal or not serious’. It also appears that when people witness children being harmed and neglected, they do not necessarily intervene to protect

467 UNICEF Pacific. *Protect Me with Love and Care*. Op. cit., p. 130

468 Ibid., p. 150.

469 P. 132.

470 State Party Report. Op. cit., paras 145-147.

471 2015 DHS. Op. cit., p. 29.

472 I State Party Report, Op. Cit., para 124, 146.

473 Family Health and Safety study, Op. Cit., p. 30.

them because disciplining of children through the infliction of violence was widely regarded a private, family concern.⁴⁷⁴ The attitude and approach of the police are also a concern, with one research participant noting that “a lot of the time, the police will say ‘it’s just family business, go and resolve it yourselves.’”⁴⁷⁵

Another key driver of violence against children is their in the family and community, as well as social norms and hierarchies that accord girls and women lower value and associate masculinity with physical strength and control over women. Although children are often referred to as ‘precious’ and ‘gifts from god’, the reality is that Solomon Island children have little status in either the family or the community, and their participation in decision-making is rarely sought. In addition, most communities in Solomon Islands are patriarchal, with men as the decision-makers who govern and uphold the traditional system. These attitudes are strengthened by traditions such as bride price, a practice that supports the norm that it is acceptable for men to have control over women and to use physical force to exert that control.⁴⁷⁶

Children’s limited bodily autonomy and lack of empowerment to protect themselves and seek help is also a contributing factor to violence and exploitation. The Child Protection Baseline Study found that, although most child respondents aged 15 to 17 years had satisfactory levels of understanding about inappropriate touching, some did not fully understand what constitutes acceptable and unacceptable touching and when they should speak out, thus rendering them vulnerable to sexual abuse.⁴⁷⁷ The culture of silence associated with taboo topics such as child sexual abuse and exploitation and the ‘culture of shaming’ of victims of sexual assault also contribute to under-reporting.⁴⁷⁸

Urbanisation and the breakdown in extended family networks have also been identified as contributing to children’s vulnerability to abuse and neglect. The Family Health and Safety Study notes that, in Honiara, both parents often work and children are left unsupervised at home for long periods of time, leaving them vulnerable to abuse. Alcohol and drug-related problems are higher in Honiara than in the provinces, which may lead to situations in both homes and communities where children are at increased risk of abuse. The Study found that rates of intimate partner violence were higher in Honiara, and concluded that, given the strong evidence for co-occurrence of different forms of violence and intergenerational transmission of violence, children in Honiara may be more at risk within their home environments.⁴⁷⁹

The common practice of sending children from the provinces to Honiara and other centers has also been highlighted as contributing to children’s vulnerability to abuse, neglect, and commercial sexual exploitation. Children staying with extended family are reportedly particularly vulnerable to abuse because they do not have the protection of their immediate family.⁴⁸⁰ In addition, adopted

474 Ibid., p. 100.

475 Interview with Representative, UN Women. March 2017.

476 Ibid., p. 30.

477 P. 181.

478 Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. Op. cit. p., 64.

479 Family Health and Safety Study. Op. cit., p. 101.

480 Ibid.

children often have lesser status than other children and are at risk of being neglected or exploited, or having reduced access to education and other services.⁴⁸¹ Young girls may be exploited when required to work as house girls in the homes of relatives.⁴⁸²

Bride price has also been identified as both a positive safeguard for women and children, as well as a factor underpinning child protection concerns.⁴⁸³ Concerns have been raised that bride price is perceived to confer ownership of the wife to her husband, and also contribute to early marriage and sexual exploitation of girls.⁴⁸⁴ A Save the Children Report on Child Sexual Exploitation in Solomon Islands identified payment of bride price to the wife's family, including by foreign workers, as a factor contributing to early marriage and sexual exploitation of girls.⁴⁸⁵ Bride price also encourages parents to resort to early child marriage as a coping mechanism, particularly when they are supporting a large number of dependents.⁴⁸⁶ Anecdotal evidence suggests that, in communities close to logging camps operated by foreign loggers, the customary practice of bride price was exploited by parents to effectively sell young girls to foreign loggers.⁴⁸⁷

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

6.2. The child protection system

The Solomon Islands Government has made significant progress in strengthening the national child protection system. However, some gaps and challenges remain.

6.2.1. The legal and policy framework for child protection

Solomon Islands has developed a comprehensive Child and Family Welfare System Policy to guide national efforts to strengthen the child protection system and has also introduced a Child and Family Welfare Act 2017. The Government has also developed a number of other policies that contribute to child protection, including the National Children's Policy (encompassing five pillars: protection, development, survival, participation and planning), the National Policy to Eliminate Violence Against Women and Girls 2016-2020 and the 'National Action Plan Against Human Trafficking and People Smuggling 2015-2020'.

481 State Party Report. Op. cit., paras 145-147.

482 Ibid., para 288.

483 Ibid.

484 Ibid.

485 Save the Children. Dynamics of Child Trafficking and Commercial Sexual Exploitation of Children in Solomon Islands. Op. cit. p., 44.

486 Interview with Director, Child Development. MWYCFA. 14th March 2017.

487 State Party Report, Op. cit., para 297, 301.

Children's right to care and protection has also been addressed under a variety of national laws:

Key Child Protection Laws

Child care and protection	Child and Family Welfare System Policy; Child and Family Welfare Act 2017.
Child custody and maintenance	Affiliation, Separation and Maintenance Act
Adoption	Adoption Act 2017
Child marriage	Islanders Marriage Act
Birth registration	Births and Deaths (Registration) Act
Child labour	Labour Act
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Penal Code 1963
Child victims and witnesses in criminal proceedings	Criminal Procedure Code 1964
Violence in schools	None
Children in conflict with the law	Juvenile Offenders Act 1972; Correctional Services Act 2007
Children with disabilities	National Disability Inclusive Development Policy and Plan of Action
Child protection in emergencies	National Disaster Management Plan

A number of minimum age provisions have also been legislated to protect children from various forms of violence, abuse, neglect and exploitation:

Legal Definition of the Child under Solomon Islands Law

Definition of a child under child welfare law	18
Minimum age for marriage	15 ^{IV}
Minimum age for employment	12
Minimum age for engaging in hazardous work	15
Age for consent to sexual activity under criminal laws	15
Minimum age of criminal responsibility	8
Maximum age for juvenile justice protections	18

6.2.1.1. Legal framework for child and family welfare services

The Solomon Islands Child and Family Welfare System Policy and Child and Family Welfare Act 2017 outline the legal and policy basis for a child protection system that builds on and strengthens traditional and community caring practices, whilst at the same time strengthening formal services to support children and their families. The Act outlines parents' responsibilities towards their children, acknowledges the State's obligation to support parents and protect children, and obligates the Social Welfare Department to lead and coordinate prevention, early intervention and response services for children and their families, in collaboration with other government agencies, civil society and communities. The Act also outlines procedures for reporting, assessment and referral of concerns about a child's welfare. It emphasises family strengthening, family preservation and consensus-based decision-making, with active participation of the child, his/her parents, extended family and community leaders in care and protection planning through 'family meetings'. Provision is also made for social welfare officers and police to intervene, on an emergency basis, to remove a child who is at risk of immediate harm, and, where necessary to apply to the court for a care and protection order. In addition, the Family Protection Act 2017 makes provision for interim protection orders and final protection orders to prohibit perpetrators of domestic violence from having contact with the victim, including a child.

Solomon Islands has also recently amended its Adoption Act to better comply with international standards and best practices. The Act introduces new restrictions on inter-country adoptions and requires that a social work assessment be undertaken and a report submitted to the court to better ensure that adoption decisions are grounded in the best interest of the child. Solomon Islands is not a member of The Hague Convention on the Protection of Children and Cooperation in respect of Inter-Country Adoption.

6.2.1.2. Legal framework for justice for children

The Solomon Islands Penal Code criminalises a range of offences against children, including: assault; incest; rape; compelled sexual intercourse; sexual intercourse or indecent with a child under 15 (regardless of consent); sexual intercourse or indecent with a child under 18 by a person in a position of trust; persistent sexual abuse of a child; procuring a child; commercial sexual exploitation of a child, and possession, production, selling and distribution of child exploitation material; and trafficking in persons. The Penal Code sexual offences were amended in 2016 to provide equal protection to both boys and girls, to prohibit the full range of penetrative and non-penetrative acts and to comply with the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography. However, the definition of trafficking in children not in line with the Trafficking Protocol, and corporal punishment of children is explicitly permitted under a provision giving parents, teachers or other person having the control of a child the right to administer reasonable punishment to the child.⁴⁸⁸

The Evidence Act 2009 includes some provisions designed to facilitate children's evidence and reduce the trauma of testifying in criminal proceedings. A court may, at its discretion, allow a

488 Section 233 (4).

witness to give evidence from outside the courtroom via audio-video link and has broad powers to limit inappropriate cross-examination.⁴⁸⁹ However, no provision has been made for a child witness to be accompanied by a support person, prohibit direct cross-examination by the accused, or require that the court be closed to the public during the child's testimony.

The handling of children in conflict with the law is governed mainly by the Juvenile Offenders Act 1972. The minimum age of criminal responsibility in Solomon Islands is 8 years, with a rebuttable presumption that children between the ages of 8 and 12 are presumed not to be criminally liable unless it can be shown that they knew the act or omission in question was wrong at the time of the alleged offence.⁴⁹⁰ The Juvenile Offenders Act creates a presumption in favour of bail for children, and requires that court proceedings against children be heard separately from adults, closed to the public and with the participation of the child's parents. It also requires "so far as circumstances permit," that children be protected from having contact with adults whilst being conveyed to or from court, whilst waiting before or after their attendance in court, and in detention. Prior to sentencing a child, the court may request a social background report, and must not impose a sentence of imprisonment "if he can be suitably dealt with in any other way." However, it also allows for adult sentences of imprisonment to be imposed on children who commit grave crimes. The Act provides for a range of non-custodial sentencing options, including: dismissal; discharge with recognizance; probation; payment of fine, damages or costs; committing the child to a parent or 'fit person'; and requiring the parent to give security for good behaviour. However, the Act does not provide for diversion, does not include any provision guiding arrest and investigation or restricting use of force and restraint against children, and does not address rehabilitation and reintegration support.

6.2.2. Child Protection structures, services and resourcing

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

6.2.2.1. Child and family welfare services

Primary responsibility for child and family welfare services in the Solomon Islands rests with the Department of Social Welfare (DSW) under the Ministry of Health and Medical Services. The DSW is led by the Director of Social Welfare and has six social welfare officers in the national capital, as well as seven social welfare officers in the provinces. Some officers have been trained on child protection, but most do not have qualifications in social work.

Solomon Islands is in the process of designing a new system for the delivery of child and family welfare services, as envisioned in the Child and Family Welfare System Policy and new Act. In

489 Sections 51, 66.

490 Penal Code, section 14.

light of the limited human and financial resources within the DSW and geographical constraints, it is anticipated that prevention and response services will be delivered through a partnership approach, engaging civil society organisations and community leaders.⁴⁹¹ However, ultimate responsibility for organization of the child welfare system, including monitoring and quality control, remains with the Director of Social Welfare. The Government, with the support of UNICEF, has reportedly allocated resources for capacity support and training of social welfare officers and other stakeholders on their responsibilities under the Act, and the DSW is supporting two provinces in piloting the implementation of child and family welfare services, with a focus on establishing linkages at the community level.⁴⁹²

Inter-agency procedures for identification, reporting and referral of children who have been or are at risk of harm have primarily been developed within the broader context of family violence. A 'SAFENET' referral network has been established to manage cases of family and gender-based violence, including violence against children. SAFENET establishes a referral pathway between the Social Welfare Department, police, Public Solicitor's Office, and NGO service providers such as the Family Support Centre and Christian Care Centre. A Memorandum of Understanding has been signed between these organisations, and members meet on a quarterly basis to share information and develop more efficient referral systems. However, staff of these organisations have limited training on handling cases involving children.⁴⁹³ SAFENET operates mainly in Honiara, but discussions are ongoing to expand to the provinces.⁴⁹⁴

Social welfare services for children and their families are currently quite limited. In its State Party Report to the UN Committee on the Rights of the Child, the Government acknowledged that there are no formal counselling, rehabilitation and reintegration services for children, and that resource constraints impede the DSW's ability to provide children and families with the help that they need.⁴⁹⁵ Local CSOs such as the Family Support Centre and Christian Care Centre provide some temporary shelter and counselling services, but Solomon Islands has a limited number of trained counsellors and social workers, and no formal foster care programme to provide alternative care for children who cannot safely return to or remain with their families.⁴⁹⁶ The use of informal adoption and informal guardianship through family members is reported to be a child protection concern, particularly where it involves movement of children from rural to urban areas, where they may live with extended family in makeshift or informal settlements, making them vulnerable to harm, including violence and exploitation.⁴⁹⁷

The geography of the Solomon Islands acts as a significant barrier to accessing services for children and families in rural areas. Most services are located in Honiara or provincial capitals, and geography and topography, combined with poverty, make travel difficult or impossible for large parts of the population. The DSW has limited resources for its officers to travel out to

491 Child and Family Welfare System Policy.

492 Addendum to the State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 1.

493 State Party Report. Op. cit., para 118.

494 Addendum to the State Party Report. Op. cit., para 13.

495 State Party Report. Op. cit., para 136.

496 Interview with (Acting) Director, Social Welfare. Ministry of Health and Medical Services. March 2017.

497 Interview with Director, Child Development. MWYCFA. Op. cit.

communities. This is a driving force behind the use of informal, local services, and indeed a rationale for supporting strengthening and developing informal mechanisms in line with child rights standards.⁴⁹⁸

6.2.2.2. Access to child-friendly justice

Solomon Islands has taken some steps to promote specialised and more child-friendly handling of children involved in criminal proceedings as victims, witnesses and offenders. The Royal Solomon Islands Police Force (RSIPF) has established a specialised Family Violence Unit and Sexual Assault Unit to handle cases involving child and adult victims. The Sexual Assault Unit is only in Honiara, but the Family Violence Units have been established in all provinces.⁴⁹⁹ Training on child protection issues is part of the induction for all new police recruits, provided via the Police Academy.⁵⁰⁰ However, concerns have been expressed that police practices in handling cases involving child victims require improvement, and in particular that children are not always treated sensitively and with respect.⁵⁰¹ Underreporting of violence against women and girls is also an issue, with one report estimating that “Police data collected over 2010 indicates that only 1–2 per cent of all family violence incidents attended to by police across the country took place outside Guadalcanal province.” This is reported to be due to stigma, fear or reprisals, shame, cultural taboos, lack of adequate training and lack of appropriate attitudes by justice professionals.⁵⁰²

There are no specially designated police officers to handle cases involving children in conflict with the law, and the Government acknowledged in its State Party Report to the UN Committee on the Rights of the Child that “There is anecdotal evidence that police officers have treated juvenile offenders in violation of their human rights during arrests.”⁵⁰³ At police stations, children are not always kept in cells separate from adults, often because of a lack of resources and infrastructure, particularly in the provinces. In addition, contacting parents/guardians at the time of arrest is not standard practice and is dependent on the officer making the arrest.⁵⁰⁴

Some measures have been taken to facilitate children’s access to courts and improve the effectiveness of prosecutions involving crimes against children. Solomon Islands does not have a structured victim/witness support programme, but the Office of the Director of Public Prosecutions and police prosecutors sometimes facilitate court familiarisation for child victims/witnesses.⁵⁰⁵ Some ad hoc training has been provided to judges and magistrates,⁵⁰⁶ and the Department for Public Prosecutions has lawyers specially trained to work with child victims.⁵⁰⁷ However, there are

498 Ibid.

499 State Party Report. Op. cit., para 312; UNICEF Pacific. 2104. Child Protection Systems Governance Review, p. 25.

500 UNICEF Pacific. 2104. Child Protection Systems Governance Review, p. 40.

501 Interview with Country Programme Coordinator, UN Women. Op. cit.

502 ICAAD Submission to Universal Periodic Review: Solomon Islands. Available at: <https://www.upr-info.org/en/review/Solomon-Islands/Session-24—January-2016/Civil-society-and-other-submissions#top>

503 State Party Report. Op. cit., para 132.

504 Ibid., para 322.

505 Ibid., para 307.

506 Ibid., para 333.

507 Interview with Director, Police Prosecutions, RSIPF. Op. cit.

no facilities to implement the Evidence Act provisions on alternative arrangements for children to give evidence, such as videotaped evidence and closed circuit television. Screens are sometimes provided but are generally not available in the provincial circuit courts due to lack of appropriate facilities.⁵⁰⁸ One magistrate reportedly uses a blanket to protect child victims from contact with the perpetrator during testimony.⁵⁰⁹

The Child Protection Baseline Survey noted that the numbers of children in conflict with the law appearing before the courts is low, suggesting high rates of pre-charge diversion through a combination of non-reporting to the police and police diversion practices.⁵¹⁰ However, no data are kept on this practice, and there are no guidelines or SOPS governing the exercise of police diversionary discretion to ensure consistency and respect for children's rights. In its State Party Report, the Government advised that anecdotal evidence suggests police pre-charge diversion practices generally involve police referring matters to traditional processes, applying informal corporal punishment or giving a warning.⁵¹¹ There is a lack of formal diversion options and support services for children, such as drug and alcohol counselling, vocational skill development, and life skills training, for police to use as an alternative to charging.⁵¹² Police also lack human and financial resources to play a more proactive role in community policing and youth crime prevention.⁵¹³

In Honiara, a Children's Court has been established and is presided over by a Magistrate who has been trained in juvenile justice issues.⁵¹⁴ However, beyond Honiara, there are no specialist Magistrates for children. In some provinces there is no resident Magistrate and matters must therefore wait for a provincial court circuit tour to be conducted. This causes significant delays in cases involving both children in conflict with the law and child victims and witnesses.⁵¹⁵ Social inquiry reports are required by the Court and supported by SWOs in Honiara, but not in other rural areas.⁵¹⁶

In its State Party Report, the Government acknowledged that, although the Juvenile Offenders Act encourages minimum use of imprisonment, anecdotal evidence suggests that it is often given in circumstances where alternative sentences could and should be imposed. This is in part due to the lack of probation programmes and other services to implement the non-custodial options available under the Act.⁵¹⁷ There are no formal community-based programmes for juveniles available as either options for diversion or as sentencing options.⁵¹⁸ Concerns have also been raised about the over-use of remand for children, and that children are often held on remand for up to six months or more.⁵¹⁹

508 State Party Report. Op. cit., para 314.

509 Interview with Director, Police Prosecutions, RSIPF. Op. cit.

510 UNICEF. Protection me with Love and Care. Op. cit., p. 75.

511 State Party Report. Op. cit., para 313.

512 UNICEF. Protection me with Love and Care. Op. cit., p. 75

513 Ibid.

514 State Party Report. Op. cit. para 311-312.

515 Ibid., para 114.

516 Internal UNICEF EAPRO Report. Ingrid Van Welzenis. 2016. Op. cit. p. 137-38.

517 State Party Report. Op. cit., para 318-319, 321.

518 Ibid., para 325.

519 Interview with (Acting) Director, Social Welfare. Ministry of Health and Medical Services. Op. cit.

Solomon Islands has a separate juvenile facility within the Rove Correctional Centre in Honiara, established in 2006, to ensure that boys under the age of 18 are separated from adult prisoners. There are also new correctional centres in Malaita Province and Western Province that have a separate facility for juveniles. There is no designated separate detention facility for girls, but to date there has never been a girl child detained in prison. The juvenile facilities for boys are contained within the adult prison, and as such shares facilities such as the health clinic, library and recreational and sports areas. This reportedly affects the ability to create a separate culture within the juvenile facility. There is an Operations Manual that outlines special treatment for juveniles, and staff who are in daily contact with juveniles have received specialised training. However, the juvenile facility is sometimes staffed by correctional officers who do not have juvenile training, and as a result the Operations Manual is not always fully implemented.⁵²⁰ There are no formal education programmes available for children in prison, and limited support for rehabilitation and reintegration. Save the Children reportedly provides some support to assist juvenile reintegration through a mentoring and counselling programme.⁵²¹

Informal justice resolutions are widely used in Solomon Islands to resolve offences committed by children. It is estimated that 80 per cent to 90 per cent of cases involving children in conflict with the law are dealt with through informal justice mechanisms, which are led by village chiefs or church leaders and commonly focus on compensation and reconciliation.⁵²² Awareness-raising on juvenile justice and child-friendly processes has been conducted for chiefs, but traditional systems are reportedly unregulated and inconsistent.⁵²³ Concerns have also been raised that the impartiality of chiefs can be compromised, especially where a *wantok* or family member is involved.⁵²⁴

Informal justice is also commonly used to resolve crimes against children. However, the focus of these resolutions is reportedly reconciliation, restoration of peace and prevention of retaliation, and victims are not a priority.⁵²⁵ Children involved in a focus group discussion for this analysis at a squatter settlement illustrated the operation of this informal system:

“We have a traditional system to resolve e.g. rape, attempted rape, sexual harassment... The community has a chief and village executive. They deal with the case, but if they can’t resolve it, they will go to the police. The chief will call the complainant to come and identify the culprit. The chief will ask for compensation to be paid and this will be e.g. traditional food or clothes.”⁵²⁶

The Special Rapporteur on violence against women noted that the practice of customary reconciliation and compensation is of special concern in cases involving women victims of violence, particularly in the light of the patriarchal nature of traditional systems, which rarely

520 State Party Report. Op. cit., para 319.

521 Ibid., para 331-332.

522 Internal UNICEF EAPRO Report. Ingrid Van Welzenis. 2016. Op. cit. pp.134-135.

523 State Party Report. Op. cit., para 306.

524 State Party Report. Op. cit., para 306.

525 Interview with Country Programme Coordinator, UN Women. Op. cit.

526 Focus Group Discussion with eight young people from an informal settlement in Honiara, from Malaita. March 2017.

provided real justice to women victims.”⁵²⁷ The Child Protection Baseline Survey further noted that it is unclear to what extent the views of the children themselves are being listened to – as opposed to adult family members making decisions for them.⁵²⁸ The reliance upon informal justice in relation to cases involving children is a pragmatic approach in a system that is beset with resource, geographical and logistical constraints. However, there are notable and important concerns around the extent to which the informal justice systems deliver child-friendly justice, particularly for victims of sexual offences and other forms of violence.

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

The Solomon Islands education sector does not have a comprehensive policy on child protection. Corporal punishment in schools is prohibited by the teaching service handbook, but is still used in practice.⁵²⁹ The National Education Plan contains no programmes or activities related to ensuring child safety and protection in educational institutions.⁵³⁰

The health sector has made some progress in addressing violence against women and children. Under the Family Protection Act 2014, health care providers are required to send a report to a social welfare officer or the police whenever a child is identified as a victim of family violence.⁵³¹ The Ministry of Health issued gender-based violence clinical guidelines in 2017 outlining detailed guidance on identification, treatment and referral of victims, including children, and also provides referral forms in all health facilities to facilitate referral of child abuse cases to the police or DSW.⁵³²

The labour sector has taken limited steps to address child labour. Under Section 46 of the Labour Act, the minimum age for work in Solomon Islands is 12, while, under Section 47 of the Act, the minimum age for hazardous work is 15. Under the Child and Family Welfare Act, a child engaged in hazardous or exploitive labour is considered to be in need of care and protection.⁵³³ The Commissioner of Labour is responsible for enforcing anti-child labour laws, but the department does not have trained Labour Officers to enforce the law or to investigate reports of child labour violations.⁵³⁴

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

Solomon Islands has established an inter-agency National Advisory Action Committee to Children (NAACC) to monitor the situation of children, coordinate CRC implementation and advise the Government on children’s issues. MWYCFA serves as the secretariat to NAACC, and has a children’s division with seven staff.⁵³⁵ The NAACC has a child protection working group that led

527 Cited in United Nations Compilation of Submissions to Universal Periodic Review.

528 UNICEF. Protection me with Love and Care, Op. Cit. p. 78.

529 State Party Report. Op. cit. para 128.

530 UNICEF Child Protection Governance Review. Op. cit., p. 33.

531 Section 46.

532 Addendum to the State Party Report. Op. cit., para 13.

533 Labour Act 1996, section 5(1)(d).

534 State Party Report. Op. cit., para 281.

535 Ibid., para 19.

the process of developing the Child and Family Welfare System Policy and the Child and Family Welfare Act.

Effective planning, policy development and monitoring of Solomon Islands' child protection system is hampered by the lack of a centralised child protection information management system and limited data on most child protection issues. Administrative data collected by the relevant ministries is not consolidated into an integrated database that could be used to develop child protection policies and support monitoring. Each agency operates its own management information system according to its individual policy, including the development of data collection templates and data exchange protocols. Datasets are not reconciled in terms of concepts, definitions and disaggregation criteria, and are not actively used in planning for child protection.⁵³⁶

6.3. Other Child Protection Issues

6.3.1. Birth registration

Solomon Islands has made significant progress in improving its rate of birth registration, with 88 per cent of the births of children under the age of 5 registered. However, only 26 per cent of registered children have a birth certificate.⁵³⁷ The geography, weak infrastructure and cultural diversity⁵³⁸ of Solomon Islands are reportedly challenges to birth registration, particularly for those in the most remote areas.

Birth registration is managed by the Civil Registry Office under the Ministry of Home Affairs, which has actively sought to improve birth registration rates in partnership with MHMS, WHO and UNICEF. In 2014, the Government launched a new child registration database to replace the outdated paper-based system. The new system provides a much more secure, reliable and transparent national system for storing and maintaining records of all births in the Solomon Islands. The Child Registration (CR) database was also designed to enable remote operation, which means that birth registration data can be entered from anywhere in the country (assuming Internet access) by a qualified and authorized entry clerk, and linked up to the ICT network. As such, the database will support decentralization of registry functions to satellite service centers or other locations as deemed appropriate in the future. The CR database is also compatible with the mobile registration systems and will allow for collecting and sending birth notifications through compatible mobile phones. The CR database has been designed to enable use of mobile technology when ICT conditions in Solomon Islands properly support use of this technology. As a result of this initiative, 35,000 were birth registered by June 2014, compared to 20 in all of 2007,⁵³⁹ and as of November 2017, 44 per cent of children under the age of 5 have their births registered in the CRI birth registration system.⁵⁴⁰

536 UNICEF Pacific Child Protection Governance Review. Op. cit., p. 45-46.

537 2015 DHS Report

538 UNICEF. Case Study on Narrowing the Gaps in Birth Registration: Born Identity Project Solomon Islands. Available at: https://www.unicef.org/pacificislands/Solomon_Islands_Birth_Registration_.pdf [13.06.17].

539 UNICEF. Case Study on Narrowing the Gaps in Birth Registration. Op. cit.

540 Interview with UNICEF Pacific staff, 07.12.17.

6.3.2. Children with disabilities

Solomon Islands has signed but not yet ratified the Convention on the Rights of Persons with Disabilities and has yet to introduce national legislation guaranteeing the rights of people with disabilities. A National Disability Inclusive Development Policy and Plan of Action has been developed to promote effective service delivery to people with disabilities and to promote a society that is inclusive, barrier-free and rights-based for all people. In addition, the MEHRD has drafted a National Disability and Inclusive Education Policy, and awareness raising has been undertaken in communities to encourage parents to send disabled children to school. MEHRD has also corresponded with Solomon Islands National University to integrate courses/curriculums for children with special needs through its teacher training programmes. The Ministry of Infrastructure Development has developed plans to promote universal access for people with special needs and participation of women and children on planned infrastructure projects.⁵⁴¹

MHMS has a Community Based Rehabilitation (CBR) programme to provide disability-related services, including home-based rehabilitation and disability support services for children. It has 18 CBR workers across the country who conduct exercise therapy, issue mobility devices, assist families with disabled children and raise community awareness around disability. However, it is constrained by lack of resources and does not extend throughout the country, and in general there is an acute lack of specialised services for children with disabilities.⁵⁴²

Solomon Islands children with disabilities reportedly face significant barriers to accessing services, including long distances and physical barriers to access schools, clinics and transport. Government and private infrastructure and services are characterised by a lack of resourcing, together with a failure to adequately plan for the unique needs of children with disabilities. Discrimination and community attitudes also act as key access barriers, often linked with 'cultural' attitudes or beliefs and a general lack of public information about disability.⁵⁴³ A 2004/2005 national disability survey found that persons with disabilities in Solomon Islands are very marginalised and face discrimination in many forms, including not being respected, being denied their rights to food, clean water and clothing, decent housing, education, employment and health, as well as their right to take part in community activities. The perception that having a child with disabilities is a punishment or a curse is still strong in Solomon Islands. Most children with disabilities reportedly do not attend school, as many people believe that such children are incapable and do not encourage them to seek education or learn independent living skills. Parents of children with disabilities often keep their children out of school to protect them from ridicule or teasing.⁵⁴⁴ There are reportedly no coordinated, government-led efforts to counter such discrimination.⁵⁴⁵

541 Addendum to the State Party Report. Op. cit., para 16.

542 Save the Children. NGO Alternative Report to the UN Committee on the Rights of the Child. 2017, para 58 -59.

543 Ibid., para 51-54.

544 UNICEF. 2011. Children in Solomon Islands: An Atlas of Social Indicators, p. 48

545 Save the Children. Op. cit, para 51-54.

6.3.3. Climate change and natural disasters

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

The Solomon Islands National Disaster Risk Management Plan 2009 establishes the National Disaster Council and sets out the Government's strategies for disaster risk management, emergency preparedness, and recovery and rehabilitation. The plan acknowledges that children are a particularly vulnerable group in times of emergencies and integrates child protection into disaster preparedness and response plans. It also establishes a Protection Committee chaired by MWYCFA, which is responsible for ensuring that child protection is integrated into emergency preparedness, response and recovery. The Ministry of Education also published a Policy Statement and Guidelines in 2011 for Disaster Preparedness and Education in Emergency Situations.

In its State Party Report to the UN Committee on the Rights of the Child, Solomon Islands noted that the tsunamis in 2007 and 2012 in Western Province and Temotu Province, respectively, resulted in internal displacement of children. The Government advises that, since the 2007 tsunami, the response system has become more formalised under the leadership of the Displaced People and Welfare Cluster. In response to the 2014 floods, UNICEF led a sub-cluster of IDPWC to coordinate the disaster response on child protection in emergency, together with World Vision, Save the Children, relevant Government agencies and other NGOs. They identified children separated from their parents and created child-friendly spaces.⁵⁴⁶ Training on child protection in emergencies has also been conducted at the national and subnational levels.⁵⁴⁷

⁵⁴⁶ State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 271.

⁵⁴⁷ Interview with UNICEF Pacific staff, 29.11.17.

7

Social Protection

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

According to UNICEF, social protection is “the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities⁵⁴⁸ to poverty and deprivation, and mitigating their effects.”⁵⁴⁹ Social protection systems are essential to ensuring that the rights of children to social security⁵⁵⁰ and a standard of living adequate for their physical, mental, spiritual, moral and social development⁵⁵¹ are realised. According to the CRC, States are required to “take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”⁵⁵² Effective social protection measures are also essential to achieving SDG 1 (to eradicate extreme poverty, currently measured as people living on less than US\$1.25 a day) for all people everywhere by 2030, and to reduce at least by half, the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

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

549 UNICEF, *Social Protection Strategic Framework* (2012), p. 24.

550 CRC, article 26.

551 CRC, article 27.

552 CRC, article 27(2).

To achieve this, SDG 1.3 requires the implementation of “nationally appropriate social protection systems and measures for all, including [social protection] floors.” A social protection floor consists of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in-kind, paid to the poor and vulnerable).⁵⁵³

Key social protection-related SDGs

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

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection, it is necessary to develop an integrated and functional social protection system. This means developing *structures and mechanisms* to coordinate interventions and policies to effectively address multiple economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, water and sanitation, and child protection.⁵⁵⁴

553 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. Available at: <http://www.un.org/ga/second/64/socialprotection.pdf>

554 UNICEF, Social Protection Strategic Framework. Op. cit. p. 31.

7.1. Profile of child and family poverty and vulnerability

According to the latest Household and Income Expenditure Survey carried out in Solomon Islands (2012-13), the proportion of individuals living below the poverty line was 12.7 per cent, representing a drop from 23 per cent in the previous Survey.⁵⁵⁵ However, caution should be exercised in comparing the results from the two Surveys, as changes were made before the most recent one was completed. Rates of food poverty are quite low: 4.4 per cent of the population were found to be living below the food poverty line in 2012/13.⁵⁵⁶

Poverty has been found to particularly affect children and young people: in an analysis of the 2005/06 HIES by UNDP, 32 per cent of all children aged up to 15 years were found to be living in households in the lowest three expenditure deciles (girls accounted for 33.5 per cent of these households, and boys for 32.4 per cent).⁵⁵⁷ The impacts of poverty are more significant for children, and there is growing evidence that children experience poverty more acutely than adults: the negative impacts of poverty on their development can have profound and irreversible effects into adulthood.

Like most countries, the national poverty averages in Solomon Islands mask inequalities within the country. Rates of poverty also vary throughout the country. The incidence of poverty is highest in Makira and Guadalcanal provinces, where almost one third and one fifth of the population are poor, respectively, according to the 2012/13 HIES. Notably, the poverty rate in Honiara is 15 per cent: higher than the national average. The UNDP analysis based on the 2005/06 Survey found that Choiseul, Malaita, Makira and Temotu are over-represented in the lowest three deciles relative to their share of the rural population.⁵⁵⁸

The 2012/13 HIES found steep income disparity between urban and rural households and between the richest and the poorest households. Urban households earn six times more than rural households in terms of annual cash payments and salaries. Rural areas are characterized by subsistence farming, and hardship is marked by a lack of electricity, inadequate access to basic services, including schools and health clinics, and a lack of infrastructure and market resources.⁵⁵⁹ In addition, “communities in sinking low-lying islands are highly vulnerable as sea-level rises destroy sites, homes and livelihoods.”⁵⁶⁰

Rates of poverty appear to be higher in rural areas: 13.6 per cent, compared to 9.1 per cent in urban areas, according to the 2012/13 HIES, and the disparity in rates of food poverty is particularly pronounced (see Figure 7.1).

555 The basic national poverty line represents the level of income required to meet a minimum standard of living in a country. It measures the population that does not have sufficient cash income or access to subsistence production to meet the minimum dietary requirement.

556 Solomon Islands National Statistics Office and World Bank, *Solomon Islands Poverty Profile based on the 2012/13 House hold Income and Expenditure Survey* (2015).

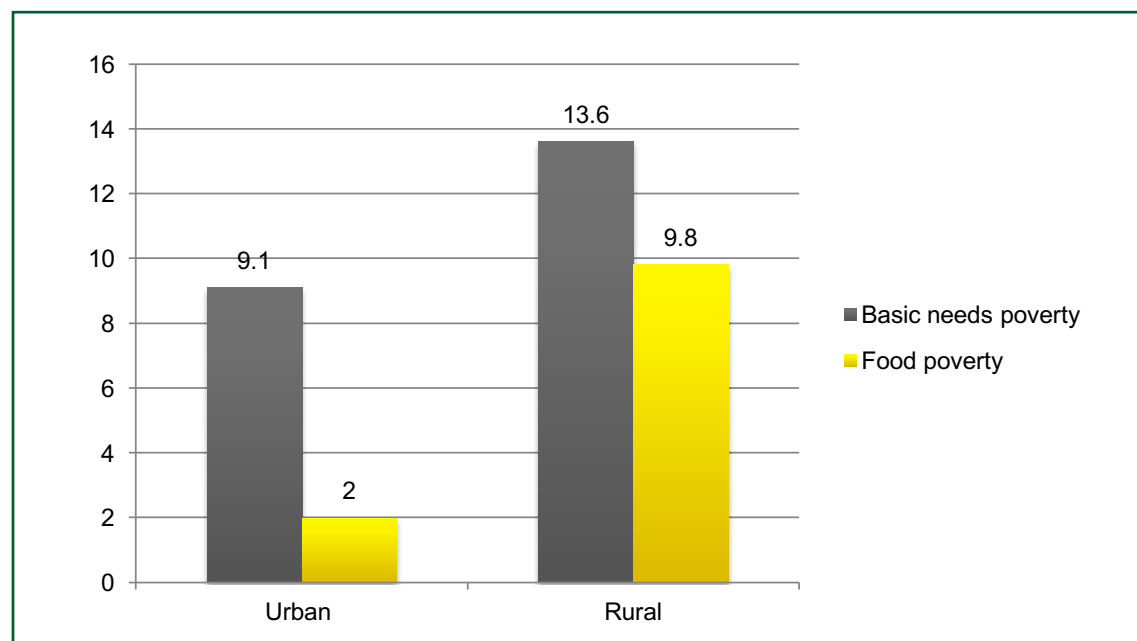
557 UNDP, *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey* (2008), para, 109.

558 Ibid. para, 98.

559 Asian Development Bank, *Solomon Islands: Updating and improving the social protection index* (2012). Available at <https://www.adb.org/sites/default/files/project-document/76080/44152-012-reg-tacr-24.pdf>, para. 19.

560 Ibid. para. 20.

Figure 7.1: Proportion of the population living under the basic needs poverty line and food poverty line in urban and rural areas, 2012/13



Source: Data extrapolated from Solomon Islands National Statistics Office and World Bank, Solomon Islands Poverty Profile based on the 2012/13 Household Income and Expenditure Survey (2015).

Rural areas also account for the vast proportion of total persons living in poverty, as illustrated in figure 7.2. However, it should be noted that, according to the UNDP analysis, children in Honiara are more likely to be living in the poorest households than in other parts of the country. In Honiara, 38.7 per cent of children were found to be living in households in the three lowest expenditure deciles, compared to 34.3 per cent of those in provincial urban households and 33.6 per cent in rural households.⁵⁶¹

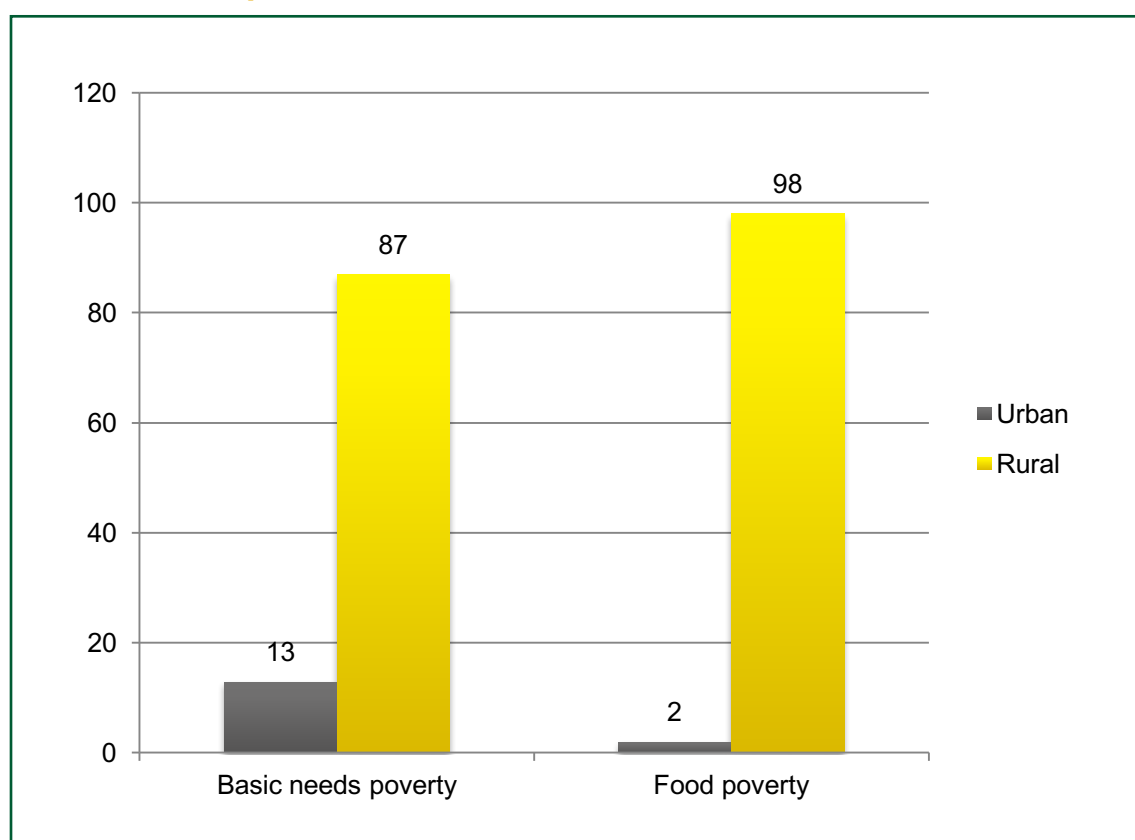
Poverty and deprivation have been particularly noted in the informal squatter settlements (collections of buildings on land where the residents have no legal title) in greater Honiara. A 2006 survey found that squatter settlements were growing at a rate of 26 per cent per annum. Many of these settlements are located in and around Honiara, and contain persons who have migrated from rural provinces into the city, particularly following the conflict, which displaced many people. The draw to Honiara is attributed to increased economic opportunities and the concentration of social services in the city.⁵⁶² Conditions in squatter settlements are generally very poor. They are characterised by poor quality, overcrowded housing without access to improved water sources,

561 UNDP, *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey* (2008). Op. cit. para, 108.

562 Jack Maebuta and Heather Ester Maebuta, 'Household livelihoods in Solomon Islands squatter settlements and its implications for education and development in post-conflict contexts', paper presented to the Australian Association for Research in Education International Education Research Conference (2009). Available at: <http://www.aare.edu.au/data/publications/2009/mae091005.pdf>

sanitation and other basic services.⁵⁶³ Poor housing conditions have negative impacts for children, including poor health and, relatedly, poor educational attainment.⁵⁶⁴ This likely perpetuates a cycle of poverty, exclusion and deprivation for children living in these settlements. Adults are often working, if at all, in casual and uncertain work (though it has been noted that casual, informal work does not necessarily equate with poor income).⁵⁶⁵ With rising living costs (food and fuel), those in urban squatter settlements have become increasingly dependent on remittances from rural areas, “reversing the flow of remittances that was originally intended.”⁵⁶⁶

Figure 7.2: Proportion of the total population living below the food poverty line and basic needs poverty line in urban and rural locations



Source: Data extrapolated from Solomon Islands National Statistics Office and World Bank, Solomon Islands Poverty Profile based on the 2012/13 House hold Income and Expenditure Survey (2015).

However, it should be noted that, according to UNDP analysis, children in Honiara are more Children living in single female-headed households have been found to be at higher risk of living in poverty, than other children: 41 per cent of children living in female-headed households in rural

563 World Bank, *Hardship and Vulnerability in the Pacific Island Countries* (2014).

564 Ibid.

565 AusAID, *Poverty, vulnerability and social protection in the Pacific: The role of social transfers* (2012)

566 Oxfam Australia, *Household vulnerability and resistance to shocks: Findings from the Solomon Islands and Vanuatu* (2013), p. 9.

areas were living in the lowest three expenditure deciles, according to UNDP analysis of the 2005/06 Survey, compared to 33.6 per cent overall.⁵⁶⁷ It is noted that women do not appear to have equal access to the job market. The Household and Income Expenditure Survey (2012/13) revealed that there are more than twice as many men in paid employment (19.8 per cent compared to 8.4 per cent of women), which may be associated with the lower poverty rates of female-headed households.

UNDP analysis of the 2005/06 HIES also demonstrates the importance of being in some form of work as a basis of not being poor. Households with unemployed heads were found to be more likely to be in the bottom three deciles nationally than those with employed household heads (23.7 per cent compared to 10.8 per cent).⁵⁶⁸

Education level is also strongly linked to poverty. Households with no or only primary level education have been found to be more likely to be living below the poverty line. Some 48.5 per cent of households in the top three deciles in urban areas had achieved a level of post-primary education, compared to only 14.6 per cent of those in the poorest three deciles.⁵⁶⁹ In rural areas, the poorest households were found to be only half as likely to have gone beyond primary school compared with the average for all households.⁵⁷⁰

One of the groups of children most affected by poverty is those with a disability. Unfortunately, most household surveys do not collect data on disability. However, it has been suggested that children with disabilities are vulnerable to poverty, and face challenges to accessing basic services and social exclusion. Disability has been recognized by Pacific Islanders as one of the primary causes of poverty and vulnerability.⁵⁷¹

The causes of child and family poverty in the Solomon Islands are complex, interconnected and open to fluctuation. As a small island economy, the Solomon Islands faces the general challenges confronting PICTs, including: distance from global markets; limited and fragile resource bases; inability to achieve economies of scale; vulnerability to changes in the global economy; and vulnerability to natural disasters, which cause economic shocks.⁵⁷²

Slow economic growth and exposure of the economy to shocks have led to a poverty of opportunity in PICTs, including the Solomon Islands, which has a high and growing unemployment rate, particularly among young people. Across the Pacific, economies are unable to generate sufficient jobs for the number of job-seekers. The large number of young people with inadequate skills contributes to the high unemployment rate.⁵⁷³

567 UNDP, *Solomon Islands: Analysis of the 2005/6 Household Income and Expenditure Survey*. Op. cit. para. 110.

568 Ibid.

569 Ibid. para. 121.

570 Ibid. para. 122.

571 Asian Development Bank, 'Participatory assessment of hardship', in UNDP, *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change* (2014), p. 96.

572 AusAID, *Poverty, vulnerability and social protection in the Pacific: The role of social transfers* (2012), p. 4.

573 Ibid.

In particular, while subsistence farming in the Solomon Islands dominates the economy, it provides very limited job opportunities for youth.⁵⁷⁴ The youth unemployment rate is high in Solomon Islands. In 2012, it was 45.8 for young men and 46.1 for young women (15- to 24-year-olds).⁵⁷⁵ There is reported to be “increasing community concern about the number of youth who leave school without ‘work ready’ skills; the limited availability of youth vocational training opportunities; and the rise of delinquency and alcohol and drug related problems.”⁵⁷⁶ Youth employment also tends to be informal and precarious, resulting in insecure livelihoods. Across the PICTs, “few young people find employment in the formal sector, and most Pacific youth work in the informal economy, such as subsistence production and other cash earning activities”; jobs that are often linked with ‘lower wages, poor working conditions and limited career prospects.’⁵⁷⁷

Urban drift, particularly among young people, has led to higher unemployment rates in urban areas and a growing number of people living in squatter settlements, characterized by poor living conditions and poor education attainment and health.

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

Social protection encompasses many different types of systems and programmes, including: social insurance programmes (e.g. contributory schemes to provide security against risk, such as unemployment, illness, disability); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly and children); and social care services (see section 6). There has been a growing recent acceptance that social security, particularly the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.⁵⁷⁸ Cash transfers provide households with additional income that enables them to invest in children’s wellbeing and human development.⁵⁷⁹

The comprehensiveness and impact of Solomon Island’s ‘formal’ social protection system appears quite weak. The Asian Development Bank’s Social Protection Indicator (formerly Index) assesses social protection systems against a number of indicators to generate a ratio, which is expressed as a percentage of GDP per capita. In 2016, the Social Protection Indicator for Solomon Islands was 1.3. This is below the Pacific regional average (including Papua New Guinea) of 1.9 (see Figure 7.3)⁵⁸⁰

574 Dianne McDonald and Damian Kyloh (for DfAT), Evaluation of the Youth@Work Programme, Solomon Islands (2015), available at <http://dfat.gov.au/about-us/publications/Documents/solomon-islands-evaluation-youth-at-work-program.pdf>

575 ILO, Key Labour Force Indicators: Solomon Islands (2012).

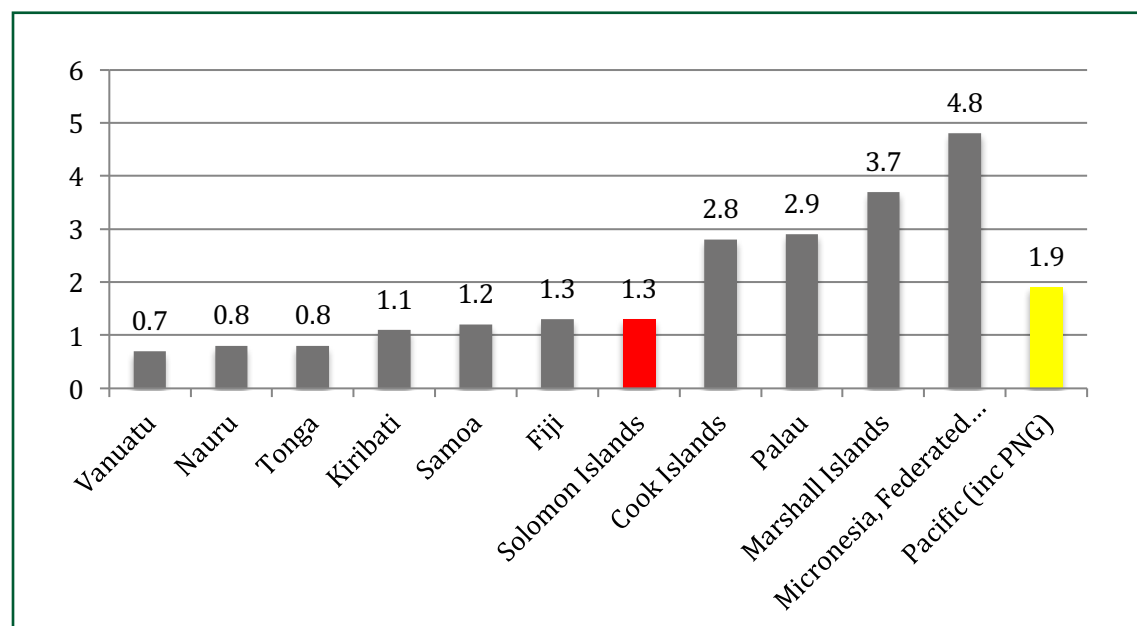
576 Dianne McDonald and Damian Kyloh (for DfAT). Op. cit.

577 ILO, *Youth employment brief: Pacific Island Countries* (2013), available at: http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf

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

579 UNICEF, *Social Protection Strategic Framework* (2012).

580 Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 16.

Figure 7.3: Social Protection Indicator by country⁵⁸¹

Source: Asian Development Bank⁵⁸²

The data also indicates that the vast majority of social protection expenditure is for social insurance measures (contributory schemes) (see Table 7.1). The expenditure for social assistance measures is very low (0.001).

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

Programme	Social Protection Indicator (%)
Overall	1.3
Social Assistance	0.001
Labour Market Programmes	0.1
Social Insurance	1.2

Source: Asian Development Bank⁵⁸³

Solomon Islands, like most other PICTs, has a contributory social protection system (the National Providence Fund). However, this is limited to formal sector workers, and excludes the majority of workers who operate in the informal economy – it is therefore not targeted at the poorest members of society. Contributory schemes involving formal sector workers also tend to have a

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

582 Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific*. Op. cit. p. 16.

583 Ibid.

gender bias, as the majority of formal sector workers are men.⁵⁸⁴ Women's participation in the formal labour market is limited. This is likely linked to a lack of employable skills and socio-cultural norms that relegate women to domestic work.⁵⁸⁵ Young women commonly find work in low paid sectors in the informal economy.⁵⁸⁶

Social assistance programmes in Solomon Islands are very limited and include predominantly disability benefit and disaster assistance, which accounts for almost one-fifth of social protection expenditure, and constitutes the majority of social assistance programmes.⁵⁸⁷ The disability benefit is mainly limited to in-kind assistance aimed at improving living standards, mainly for children with physical disabilities (e.g., provision of services for the blind, assisting school children with low vision, housing projects for persons with leprosy).⁵⁸⁸

Solomon Islands also has a small social assistance programme, administered through the Department of Social Welfare. However, this programme is ad hoc and does not appear to provide regular cash payments to families based on strict vulnerability criteria (e.g. to those households with a head who is 'bed ridden' or who has died, or in the event of a disaster such as a house being destroyed by fire or a natural disaster).⁵⁸⁹ The budget for these social assistance programmes is reportedly very low (for 2017: 10,000 SI Dollars, the equivalent of around US\$1,200).⁵⁹⁰

Another component of social protection systems is activities to generate and improve access to employment opportunities among young people. These activities have been very limited in Solomon Islands and focused only on skills training (rather than, for example, cash payments for work or training).⁵⁹¹ These programmes appear to take the form of empowerment programmes for women (e.g. skills training and assistance to start income generating activities). While MWCYFA has a small budget for these programmes (which it allocates based on requests), most of these programmes appear to be provided through NGOs and CSOs.⁵⁹²

The ADB data indicates the limited impact of social protection programmes in Solomon Islands, in terms of the level of benefits and the targeting of beneficiaries. The social protection indicator for the depth of benefits in Solomon Islands (the average benefits received by actual beneficiaries) was relatively high in comparison to other PICTs, as illustrated in Table 7.4.

584 UNDP, *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change* (2014); Simon Feeny, 'Vulnerability and resilience in Melanesia: A role for formal social protection policies?' in Simon Feeny (ed.), *Household vulnerability and resilience to economic shocks: Findings from Melanesia* (2016).

585 ILO, *Youth employment brief: Pacific Island Countries* (2013), available at: http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf.

586 Ibid.

587 Asian Development Bank, *Solomon Islands: Updating and improving the social protection index*. Op. cit. para. 31.

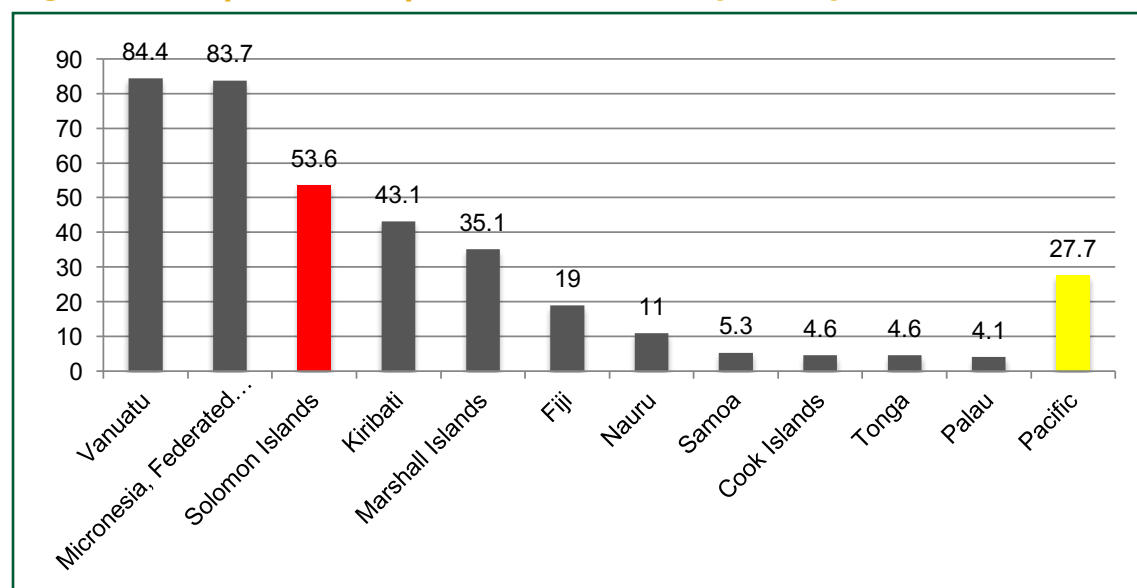
588 Ibid. para. 35.

589 KII with (Acting) Director of Social Welfare, MHMS, Honiara. Op. cit.

590 Ibid.

591 Asian Development Bank, *The social protection index: assessing results for Asia and the Pacific* (2013), available at <https://www.adb.org/sites/default/files/publication/30293/social-protection-index.pdf>, p. 59.

592 KII with Director of Women's Development, MWCYFA, Honiara, 14 March 2017.

Figure 7.4: Depth of social protection indicator, by country⁵⁹³

Source: Asian Development Bank⁵⁹⁴

This indicates that benefits are relatively generous; however, the depth indicator is primarily driven by the high level of benefits received by a small group of persons: those in formal employment who have access to social insurance schemes. The depth indicator is very low for social assistance schemes (which target more vulnerable persons).

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

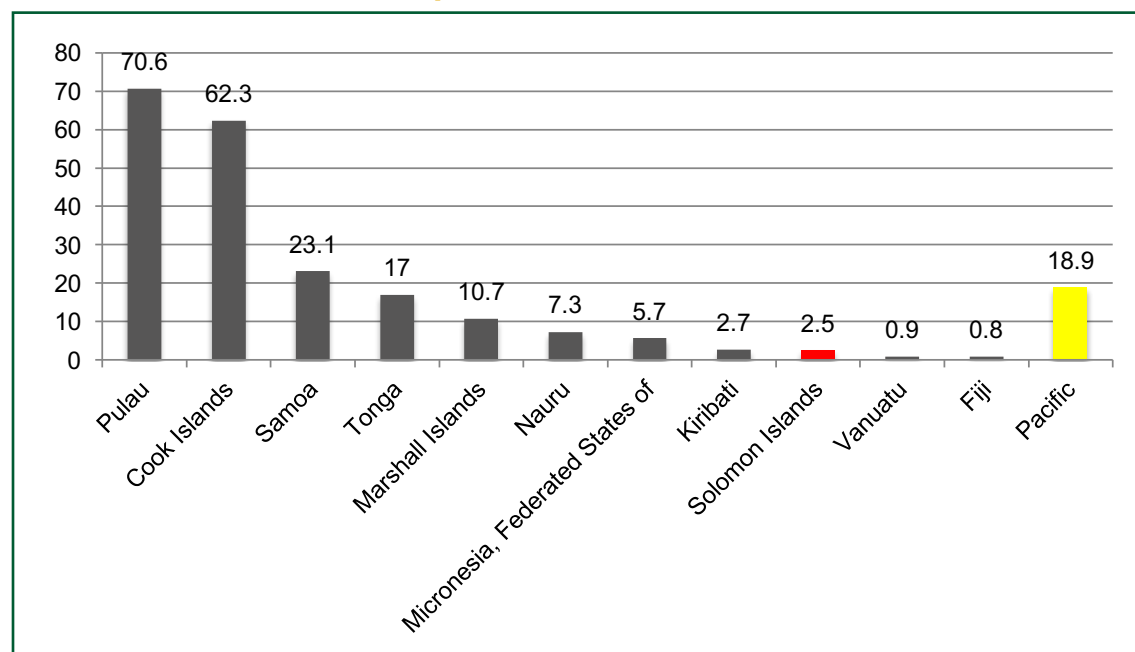
Programme	SPIC Depth Indicator (% of per-capita GDP)
Overall	53.6
Labour Market	243.7
Social Assistance	2.6
Social Insurance	6.4

Source: Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016)

Breadth indicators represent the proportion of potential beneficiaries (those who could qualify for benefits) who actually receive social protection benefits. According to the Asian Development Bank assessment, Solomon Islands received a low breadth indicator, as illustrated in Figure 7.5.

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

594 Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 16.

Figure 7.5: Breadth of social protection indicator, by country⁵⁹⁵

Source: Asian Development Bank⁵⁹⁶

The breadth indicator was highest for social assistance programmes (0.5), compared to social insurance (0.03) and labour market programmes (2.0). This indicates that only a very small proportion of the population benefits from the higher level of payments under social insurance schemes. Only a tiny proportion of the population receive social assistance benefits (Table 7.3).

Table 7.3: SPI breadth indicator, by type of programme

Programme	SPIC Depth breadth (%)
Overall	2.8
Social Assistance	0.5
Labour Market	2.0
Social Insurance	0.3

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 37.

The data for the Pacific also indicates that social protection schemes are not well targeted. When the SPI is disaggregated between the poor and non-poor, the non-poor are found to be the main

⁵⁹⁵ Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

⁵⁹⁶ Data extracted from Asian Development Bank, *The social protection indicator: assessing results for the Pacific*. Op. cit. p. 16.

beneficiaries of social protection programmes (the aggregate SPI for the poor in PICTs is only 0.2 per cent of GDP per capita, while the SPI for the non-poor is 1.7 per cent of GDP per capita). This is due to the dominance of social insurance programmes.⁵⁹⁷

The targeting of social protection programmes also appears to have a gender dimension. The social protection indicator for women in the Pacific was 0.8 per cent of GDP per capita compared to 1.1 per cent of GDP per capita for men.⁵⁹⁸ This is attributed to the different access of women and men to social insurance measures.⁵⁹⁹ Social insurance measures have a gender bias, as access is generally restricted to formal sector workers, who are predominantly male.

It is noted that traditional social safety nets have an important role in Solomon Islands. *Wantok*,⁶⁰⁰ religious organizations, NGOs and community-based organizations, remain relatively strong and assist persons when required. However, they are not always able to cope with the challenges Solomon Islanders face (e.g. aggregate shocks that affect whole communities and limit the ability of community members to provide support to others). Moreover, increasing modernisation, out-migration and increasing urbanisation have seen a gradual weakening of traditional support systems.⁶⁰¹

The lack of a comprehensive social protection system in Solomon Islands is a significant gap; the lack of a social assistance programme with wide coverage that provides cash transfers to those living in poverty and vulnerability impairs the ability of the country to lift its people out of poverty and create improved conditions for economic growth.

597 Ibid.

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

599 Ibid.

600 *Wantok* translates as 'one talk' and means those that speak the same language including family and community ties.

601 Asian Development Bank, *The social protection index: assessing results for Asia and the Pacific*. Op. cit. p. 23.

8

Conclusions

In addition to the specific bottlenecks and barriers identified under each chapter above, the following key findings can be drawn from the wider situation analysis of women and children in Solomon Islands, which are not listed in any order of priority.

8.1. Climate change and disaster risks

Solomon Islands faces an increasing risk of extreme weather and natural disasters, as well as increases in climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children and women's rights.

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

8.2. Financial and human resources

Solomon Islands is one of the world's poorest countries. This leads to a lack of available resources across all government departments and a resultant lack of financial resources for delivery of services and systems for children. It also seems to be linked to a lack in human resources (training and expertise) in several sectors.

- Even where budgetary allocations are significant, ministerial capacity to absorb and spend budgets is lacking (e.g. in the health sector), meaning that finances do not flow down to the provision of services to the population.
- Lack of financial resources translates to lack of appropriate equipment, in the **health** and **WASH** sectors in particular, but also in **justice** and **child protection**, where professionals lack access to basic items such as cars and petrol.
- The SitAn has revealed a lack of trained professionals in all sectors, including **health**, **WASH**, **education**, **child protection** and **justice**, particularly in more remote areas.

8.3. Geography

The Geography of Solomon Islands plays a living role in the realisation of the rights of women and children.

- Those living in rural and remote areas largely experience worse outcomes than those in urban areas, although there are concerns about the realisation of rights, and around safety and security within urban informal settlements. Geography poses primary access challenges to, for example, hospitals and healthcare centres, courts, police stations, schools and other government (or NGO-led) facilities.
- Increase in drift from rural to urban areas is placing children at risk, particularly because overcrowded urban settlements lack services and infrastructure.

8.4. Equity

The analyses of WASH, health and education revealed discrepancies between the enjoyment of rights in rural and urban areas and across the wealth divide. Access to basic services (health and education) is linked to equity patterns., in terms of access to basic services (health and education).

8.5. Gender

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

- Traditional gender roles support and facilitate **violence against women and girls and discourage reporting of such cases, because such violence is accepted, and because it is considered a private matter.**
- Girls are vulnerable to child marriage as a form of 'resolution' to sexual assault.
- The attachment of bride price to marriage, including commercial marriage practices, is perceived to confer 'ownership' over women and girls who are married, increasing their risk of violence.
- Gender norms and hierarchies have resulted in disparities in access and outcomes for boys and girls.

8.6. Cultural norms and approaches

Cultural attitudes and traditions were found to act as a barrier to the realisation of children's rights in several sectors.

- Reliance and preference for informal justice led to underreporting of cases involving child sexual abuse, violence against children and other crimes against children, and to cases handled within villages. Informal justice practices in **child justice** may also contribute to the realisation of children's rights as they represent an informal 'diversion' option, and working with informal practices to support child-friendly justice should be explored.
- Though financial concerns are a barrier to enrolment in **schools**, cultural barriers also play a significant role, with concerns that parents do not value education, particularly for girls.
- Finally, traditional gender roles support and facilitate **violence** against women and girls, and marginalised groups, including **children with disabilities**.

8.7. Impacts of poverty and vulnerability

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

- The lack of social protection and other social welfare services is a significant gap and limits the ability of the Government to lift vulnerable persons out of poverty and support economic growth.
- The lack of opportunities for adolescents and young people perpetuate cycles of poverty and has led to unhealthy behaviours, such as drug and alcohol abuse and mental health issues.

8.8. Absence of data

There are useful data sources in some sectors in Solomon Islands. However, this analysis has revealed several data gaps, and the absence of this data is, in itself, a key finding.

- There is a lack of data around children in contact with the law, and about child protection matters. Further, there is lack of data around implementation of the child justice and child protection systems.
- There is extremely limited data around children with disabilities, gender disparities and other vulnerable groups.

Footnotes in tables

- I UNISDR and GADRRRES, 'A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools', January 2017, on http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17].
- II MHMS. 2016. Nation Health Strategic Plan 2016-2020. Available at: <http://daisi.com.au/wp-content/uploads/2016/09/Strategic-Plan-for-Solomon-Islands-2016-2010.pdf> [06.06.17]
- III Table reproduced from Progress on drinking water, sanitation and hygiene: 2017. Op. cit. p. 2.
- IV Parental consent is required for boys and girls under the age of 18.

For every child
Whoever she is.
Wherever he lives.
Every child deserves a childhood.
A future.
A fair chance.
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And never give up.



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