



Situation Analysis of Children in Tokelau



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Executive Summary

Introduction

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

Tokelau is a non-self-governing territory of New Zealand consisting of three atolls in the South Pacific Ocean: Nukunonu, Fakaofu and Atafu. The population fluctuates continuously as people temporarily leave the island. As per the 2016 census, the *de jure* resident population of Tokelau was 1,499, with approximately 38 per cent aged 0–19 years. Tokelau is heavily dependent on support from New Zealand, which accounts for approximately 60 per cent of its budget. Tokelau is vulnerable to rising sea level, cyclones, storm surges and droughts.

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

Key barriers and bottlenecks

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

Climate change and disaster risks: Tokelau faces considerable climate change and natural disaster risks in the future owing to its topography and location, including storm surges, tropical cyclones and drought. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realization of children and women's rights.

Geography: The remoteness and geography of Tokelau act as a barrier to the delivery of child rights systems and services in the country, with long distances between atolls, as well as between Tokelau and the outside world, restricting or delaying access or making it prohibitively expensive. The only transport vessel currently linking Tokelau with the outside world is the *MV Mataliki* and, in extreme emergencies, the Samoa Government Police Patrol Boat. The boat journey to Apia in Samoa (the nearest port) usually takes more than one day.

Financial and human resources: Tokelau is classed as a lower-middle-income country, and has significant resource constraints that have implications for child rights. Schools in Tokelau are not well resourced, which affects the quality of education. In the child protection sector, insufficient resources lead to a lack of services and ineffective





functioning of existing services, including lack of training for specialist professionals.

Legal and policy framework: Several legal and policy gaps exist, including around a separate system for child justice and protections for children who are victims and witnesses, as well as a low minimum age of criminal responsibility. Further, there is a shortage of important national policies and schemes, such as a national social assistance scheme, and a weak education governance framework.

Cultural norms and approaches: The strong community-led culture and social behaviours in Tokelau both enable and create barriers to child rights across areas. While the community is engaged in child protection and social protection, with traditional behaviours tending towards supporting all children within a community, traditional norms are at the same time permissive of violence against women and children and dissuade against domestic violence cases being reported to formal justice authorities.

Data availability: Up-to-date and disaggregated data are lacking in many areas, making it difficult to conduct a comprehensive situation analysis, particularly in relation to vulnerable groups, including children with disabilities, girls and children from deprived backgrounds.

Equity: The limited availability of data further restricts a comprehensive equity analysis. However, some areas of concern were identified, including that children with disabilities are forced to leave Tokelau, as they can only receive treatment and services in New Zealand. It will be essential to collect and collate more disaggregated data in order to make it possible to comprehensively examine the situation of children and women in Tokelau through an equity lens.

Snapshot of outcome areas

<p>Health</p>	<p>Data on child and maternal health outcomes in Tokelau are extremely limited. 2011 data indicate that Tokelau has already reached international development targets on child mortality. A meaningful assessment of child mortality trends is, however, prevented by random fluctuations arising as a result of Tokelau's small population and by the limited number of vital events per year. Data gaps exist in relation to immunization coverage in Tokelau, but the threat of vaccine-preventable diseases is reported to be minimal. Up-to-date data in relation to maternal mortality are lacking. However, World Health Organization estimates suggest no maternal deaths were recorded for Tokelau between 2005 and 2010. Ante-natal coverage for at least one visit stands at 100 per cent, and 100 per cent of births were attended by skilled health personnel, although the data source for these figures remains unverified. No data on contraceptive prevalence are available, but high rates of teenage fertility indicate a large unmet need for family planning among adolescents. There are no reported cases of HIV/AIDS in Tokelau and knowledge about HIV/AIDS prevention appears to be relatively high among the adolescent population, with 64 per cent of men and women having comprehensive knowledge, according to 2007 survey data. There are no data available on the overall prevalence of mental illness in Tokelau. 2014 data indicate that around 27 per cent of pupils aged 13–17 had attempted suicide during the 12 months prior to the survey – the fourth highest rate in the Pacific Island Countries and Territories (PICTs) region.</p>
<p>Nutrition</p>	<p>There are no up-to-date national estimates of child stunting and child wasting in Tokelau, which represents a significant data gap. Obesity and associated non-communicable diseases represent a major public health concern for Tokelau, with 2010 data suggesting that 74 per cent of the population over the age of 16 years and 33 per cent of children aged 0–15 years were obese. Up-to-date national estimates of exclusive breastfeeding prevalence and initiation are currently not available. However, out-dated data from 2006 suggest virtually all infants in Tokelau are breastfed for at least six months and commonly for a year or more.</p>
<p>WASH</p>	<p>Tokelau has one of the most developed WASH sectors in the PICTs region. 100 per cent of the population uses an improved drinking water source. Improved sanitation coverage is near-universal, at 95 per cent of the population, a remarkable improvement from 1990, when improved sanitation coverage stood at only 45 per cent. Open defecation is no longer practised in Tokelau, which means the country has already met this important WASH-related international development target. Qualitative evidence suggests there are significant shortcomings in relation to WASH facilities in Tokelau's three schools.</p>

<p>Education</p>	<p>2016 figures indicate near universal net enrolment ratios (NER): 95.3 per cent in early childhood education, 94.9 per cent in primary education and a significantly lower 63.7 per cent for secondary education. A 2014 study found that only one of the three schools in Tokelau was considered to be of 'satisfactory standard'. Tokelau's Parliament has recognized that there are not sufficient data to identify the specific challenges facing pupils in the education system.</p>
<p>Child protection</p>	<p>New Zealand has not extended the application of the United Nations Convention on the Rights of the Child (CRC) to Tokelau, so Tokelau's children are not currently protected by this Convention. The legal and policy framework around child protection Tokelau is limited, with specific gaps in relation to protection of children from violence in the home. Corporal punishment is widely used and entrenched in society. No legal framework exists to protect children from forced labour, child trafficking and slavery. Further, there is no separate system of justice for children in Tokelau, meaning that all provisions that apply to adults also apply to children, unless otherwise specified. There is an overall lack of data in relation to child protection, and the lack of a national system for data collection limits capacity to track cases of child abuse and prevents analysis and understanding of how the child protection system works in practice.</p>
<p>Social protection</p>	<p>According to 2015 data, there are no Tokelauans living below the basic needs poverty line. The 2016 census, however, found that 22 per cent of households did not have enough money to meet their everyday needs. Traditional community practices appear to provide security against food poverty. As New Zealand citizens, all Tokelauans have access to all of New Zealand's social security benefits; though, to access these, they must be resident in New Zealand. Tokelau does not have its own national social assistance scheme.</p>

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
CHIP	Country Health Information Profile
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DAC	Development Assistance Committee
DoE	Department of Education
EAPRO	East Asia and Pacific Regional Office
ECE	Early Childhood Education
EFA	Education For All
ERO	Education Review Office
FSM	Federated States of Micronesia
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GNI	Gross National Income
GSHS	Global School-Based Health Survey
H1N1	Influenza A/Swine Flu
HIES	Household and Income Expenditure Survey
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
JMP	UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MCV	Measles Containing Vaccine
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
NCD	Non-Communicable Disease
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization
NMDI	National Minimum Development Indicator
NZ	New Zealand
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
PICTs	The 14 Pacific Island Countries and Territories that are the subject of the Situational Analyses
PNG	Papua New Guinea
PPP	Purchasing Power Parity
SDG	Sustainable Development Goal
SitAn	Situational Analysis
SOWC	State of the World's Children
SP	Strategic Programme
SPC	Pacific Community

STEPS STEPwise Approach to Chronic Disease Risk Factor Surveillance

TB Tuberculosis

UN United Nations

UNDP United Nations Development Programme

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

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

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

UNISDR United Nations International Strategy for Disaster Reduction

US United States

US\$ United States Dollar

WASH Water Sanitation and Hygiene

WHO World Health Organization

WinS WASH in Schools

1.

Introduction

1.1. Purpose and scope

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

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

- To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequities, as the basis for developing recommendations for stakeholders to strengthen children's rights;
- To inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly with regard to universality, non-discrimination, participation and accountability;
- To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders; and

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

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10–19) and youth (aged 15–24).² In addition, it includes an assessment and analysis of the situation relating to women, to the extent that it relates to outcomes for children (e.g. regarding maternal health).

1.2. Conceptual framework

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

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

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

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

The analysis is also informed by:

- **Role-pattern analysis:** The identification of stakeholders responsible for/best placed to

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

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

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

- **Capacity analysis** – to understand the capacity constraints (e.g. knowledge; information; skills; will/motivation; authority; financial or material resources) on stakeholders who are responsible for/best placed to address the shortfalls/inequities.

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

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

A risk-informed analysis requires an analysis of disaster and climate risks (i.e., hazards; areas of exposure to the hazard; and vulnerabilities and capacities of stakeholders to reduce, mitigate or manage the impact of the hazard on the attainment of children’s rights). This is particularly relevant to the Pacific Island Countries and Territories (PICTs) where climate change and other disaster risks are present. A risk-informed analysis also includes an assessment of gender and the vulnerabilities of particular groups of children to disaster and climate risks.

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

Table 1.1: Assessment and analysis framework by outcome area

Outcome area	Assessment and analysis framework
Health and nutrition	<ul style="list-style-type: none"> - CRC (particularly the rights to life, survival and development and to health) - SDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being) - Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) - WHO’s Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)
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 target 1 (end poverty in all its forms everywhere)

1.3. Methods and limitations

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

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

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

5 These datasets were reviewed and verified by UNICEF.

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

7 The database is updated as new data become available.

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

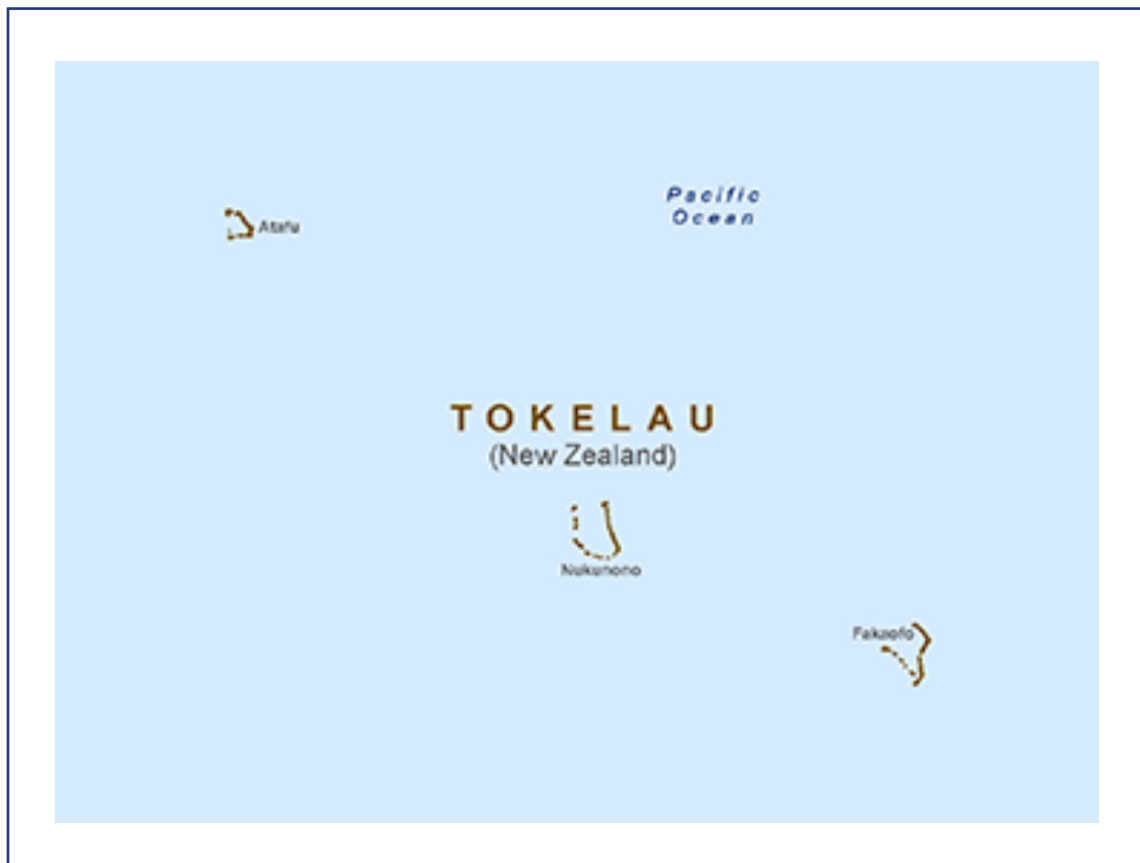
1.4. Governance and validation

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

2.

Context

Figure 2.1: Map of Tokelau



Source: Centers for Disease Control and Prevention⁸

2.1. Geography and demographics

Tokelau is a non-self-governing territory of New Zealand consisting of three atolls in the South Pacific Ocean. The largest atoll is Nukunonu at 4.7 km², followed by Fakaofu at 4 km² and Atafu at 3.5 km².⁹ The population of Tokelau fluctuates continuously, as people temporarily leave the island, for example to receive medical treatment, visit relatives or study abroad.¹⁰ For this reason, the last three censuses in Tokelau (2006, 2011, 2016) have recorded both the *de jure* (resident population) and the census night population (count of all people present on census night). According to the 2016 census, the *de jure* resident population was 1,499,¹¹ an increase of 6.2 per cent since 2011.¹²

A total of 34.6 per cent of the *de jure* population is based on Atafu, compared with 32.3 per cent on Fakaofu and 26.5 per cent on Nukunonu. The remaining 3.2 per cent of the population comprises Tokelauan civil servants based in Samoa.¹³ According to the UN Statistics Office, Tokelau has a positive average population annual growth rate of 1.9 per cent.¹⁴

The 2016 census figures for the total number of children were not available at the time of writing. However, Figure 2.2 shows the 2016 *de jure* resident population present on census night by age and gender.

In 2016, according to the census, approximately 38 per cent of the population was aged 0–19 years, with approximately 9 per cent aged 0–4.

According to the 2016 census, the vast majority of the population (81.2 per cent) is Tokelauan, with Samoan making up the second largest ethnic group (17.7 per cent); followed by Tuvaluan (13.1 per cent); other Pacific Islander (7.2 per cent); European (0.9 per cent); and other (1.1 per cent). The ethnicities of the population of under-19s follow a similar division. Approximately 84 per cent of 0–19 year olds are Tokelauan; 20 per cent Samoan; 14 per cent Tuvaluan; 1 per cent European; 8 per cent other Pacific Islander; and 1.5 per cent from other ethnic groups.

9 Government of Tokelau, 'FAQs', on <http://www.tokelau.org.nz/Tokelau+Government/Visiting+Tokelau/FAQs.html> [28.01.17].

10 Tokelau National Statistics Office, 'Final Population Counts: 2016 Tokelau Census', p. 3, on <http://www.tokelau.org.nz/site/tokelau/files/TokelauNSO/2016Census/TokelauCensusTechnicalRelease1E.pdf> [26.01.17]; see Chapter 3 on Health and Education below for further analyses; UNFPA, 'Tokelau Overview', on <http://countryoffice.unfpa.org/filemanager/files/pacific/cp14.pdf> [27.01.17].

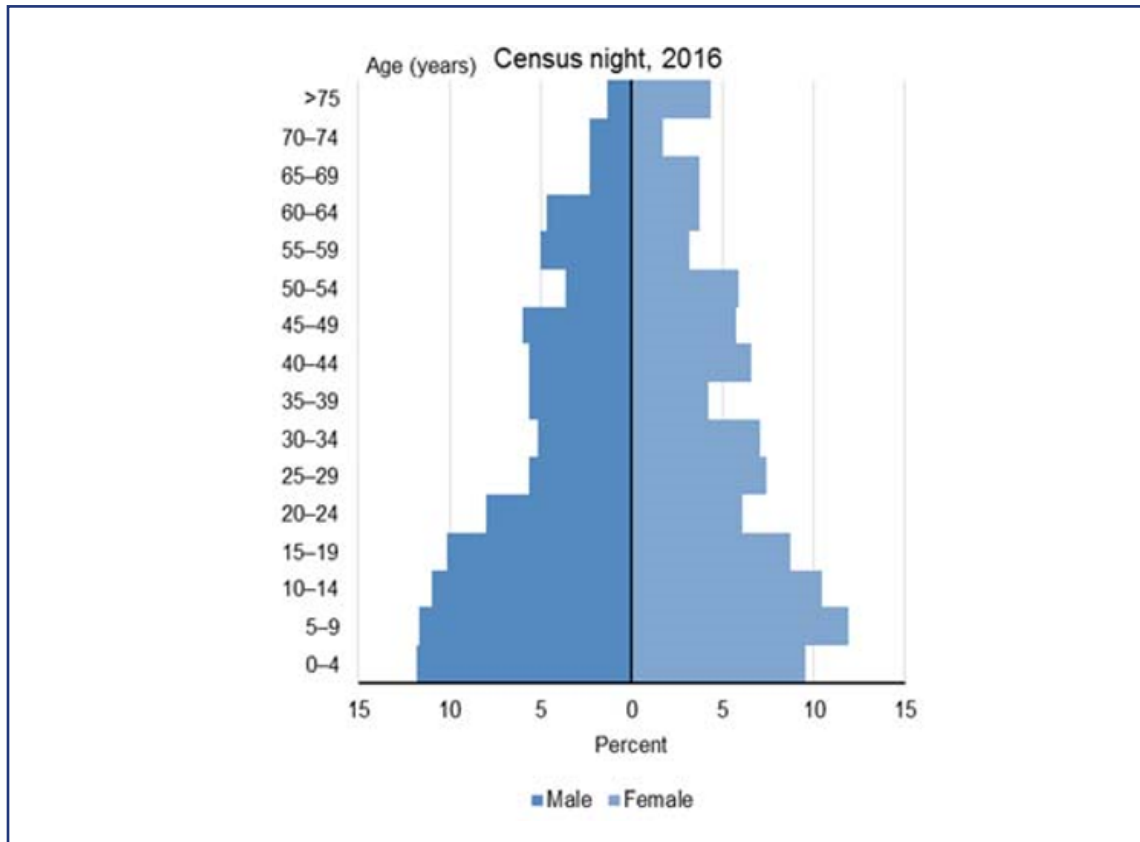
11 Note that the census night population was 1,285.

12 This number includes the 48 Tokelauan employees of the Tokelau Public Service and their immediate families based in Samoa and 254 other absentees (2016 census, p. 3).

13 2016 census, p. 4.

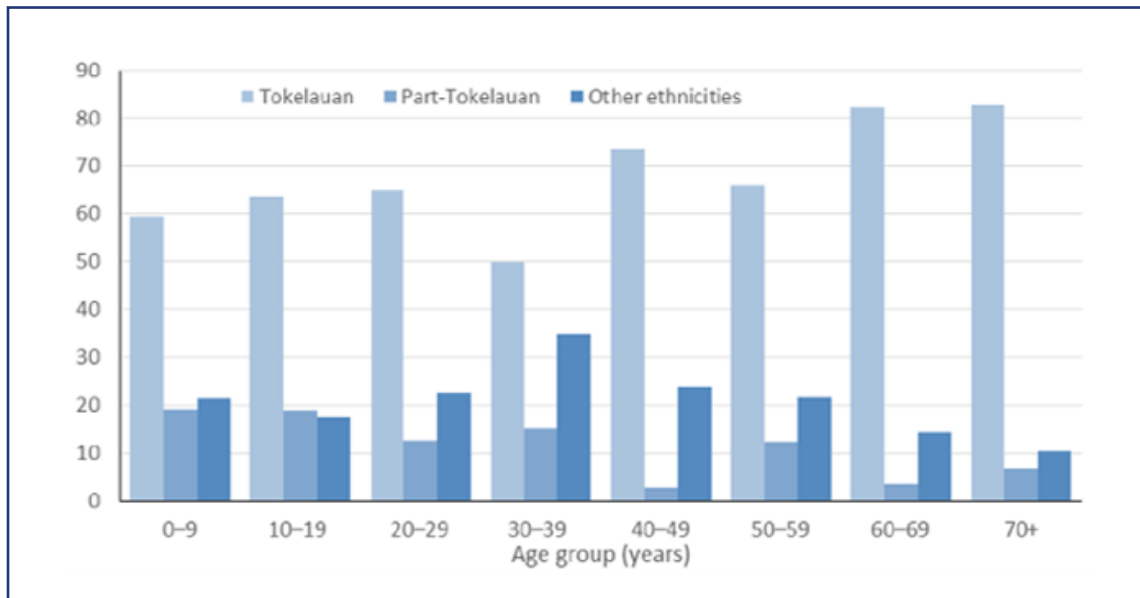
14 'Tokelau Country Profile', on <http://data.un.org/CountryProfile.aspx?crName=Tokelau#Social> [28.01.17].

Figure 2.2: Age/sex distribution in Tokelau, census night 2016



Source: 2016 census

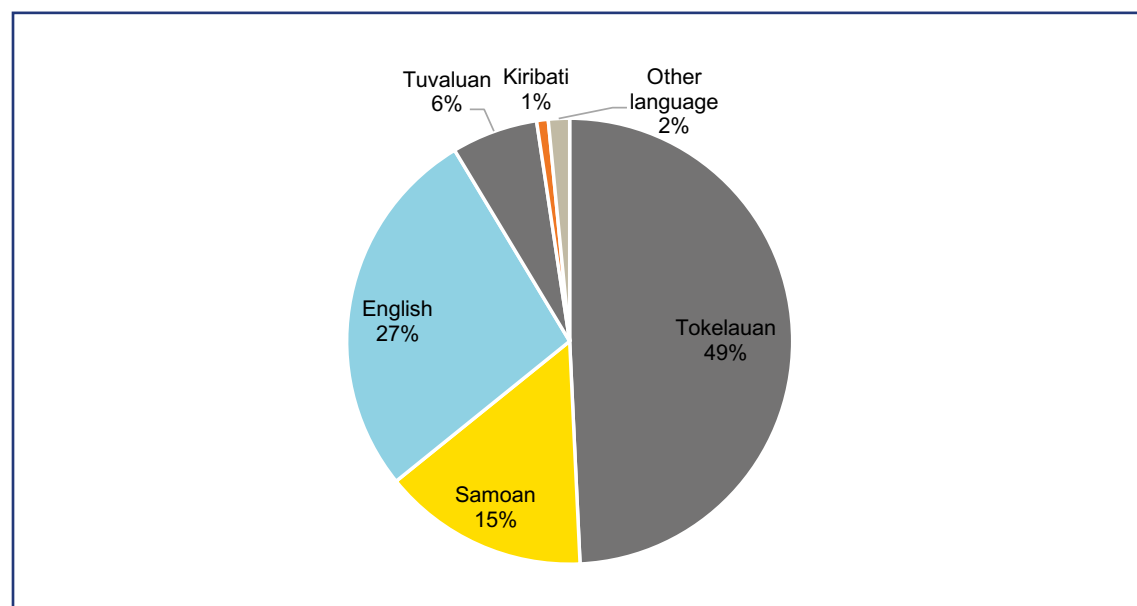
Figure 2.3: Ethnicity of Tokelau residents by age group, 2016



Source: 2016 census

A variety of languages are spoken in Tokelau. As Figure 2.4 shows, the vast majority of people (49 per cent) speak Tokelauan.

Figure 2.4: Languages spoken (total responses), 2016



Source: 2016 census

Christianity is the major religion in the atolls, with 50.3 per cent of the population identifying as Congregational Christian and 38.6 per cent as Roman Catholic, according to the 2016 census.

2.2. Main disaster and climate risks

Tokelau is very vulnerable to climate change and raising sea levels, owing to its extremely small size within a region prone to natural disasters. Tokelau is one of several PICTs that are predicted to be at greater risk for cyclones over the next decades.¹⁵ In 2004, the country was affected by Super-Cyclone Heta, and in February 2005 Tropical Cyclone Percy hit the country, damaging infrastructure and vegetation.¹⁶ The government of Tokelau has listed changes in sea level, risk to water supply, threats to fish supply and further cyclones and storm surges among the climate risks currently facing the country.¹⁷

15 Government of Tokelau, 'Department of EDNRE', on <http://www.tokelau.org.nz/Tokelau+Government/Government+Departments/Department+of+Economic+Development+Natural+Resources++Environment.html> [30.08.17].

16 OCHA, 'Tokelau', on <https://www.unocha.org/country/pacific/country-profiles/tokelau> [30.08.17]. Information on the economic and human costs of the cyclones is unavailable.

17 Government of Tokelau, 'Department of EDNRE'.

Tokelau's climate change policy is currently under review; however, the National Strategic Plan 2010–2015 has identified the country's climate change priorities as enhancing resilience to immediate and long-term threats; reducing the impact of extreme weather and climate change; and enacting laws and guidelines for using natural resources wisely.¹⁸ The country's National Disaster Risk Reduction Plan (2011) outlines the country's response to emergencies, including natural disasters. The purpose of the plan is to outline operational arrangements for the sustainable management of hazard risk, and preparedness for, response to and recovery from hazard events that threaten or have impacts on Tokelau.¹⁹

2.3. Government and political context

The Union Islands, as Tokelau was then known, was a British Protectorate between 1889 and 1926. Colonial administration of the Union Islands was passed to New Zealand on 11 February 1926. Tokelau formally became part of New Zealand on 1 January 1949, pursuant to the Tokelau Act 1948 (NZ).²⁰ Tokelauans are therefore New Zealand citizens. Tokelau's head of state is the governor-general of the realm of New Zealand, but its constitutional powers are limited.²¹

Since 1994, Tokelau has undergone a period of increasing self-governance,²² although two referenda for self-government have failed to reach the two thirds majority required. Administration in Tokelau formally rests with the administrator for Tokelau, a New Zealand government official appointed by the Minister of Foreign Affairs.²³ The executive powers have, however, been delegated and are exercised by a government (Cabinet) based on Tokelau's traditional village leadership structure.²⁴ The village council of elders for each atoll, or *taupulega*, is the highest authority under this delegated system and administers local village activities.²⁵

The village councils of elders have, in turn, delegated their executive powers to the General Fono with regard to matters of national concern. The General Fono is a unicameral body of 20 members elected by proportional representation to serve a three-year term.²⁶ The position of titular head of government, or *ulu-o-tokelau*, is rotated among the three elected ministers (*faipule*) from each atoll. When the *General Fono* is not in session, its powers are exercised by the three ministers together with three village mayors, via the Council for the Ongoing Government.²⁷

18 Pacific Climate Change, 'Tokelau', on <https://www.pacificclimatechange.net/country/tokelau> [30.08.17]; Tokelau National Strategic Plan 1 July 2010–2015, on <http://www.tokelau.org.nz/Strategic+Plan.html> [30.08.17].

19 National Disaster Risk Reduction Plan 2011 on, <http://www.tokelau.org.nz/site/tokelau/TK%20National%20DRR%20Plan%20DRAFT%20V7.pdf> [30.08.17].

20 Council for the Ongoing Government of Tokelau, 'Tokelau: A History of Government 2008', p. 23, on <http://www.tokelau.org.nz/site/tokelau/files/Tokelau%20A%20History%20of%20Government%20FINAL.pdf> [28.01.17].

21 Ibid., p. 32.

22 Ibid., pp. 27–32.

23 Ibid., pp. 33–34.

24 Ibid.

25 WHO et al., 'Human Resources for Health Country Profiles: Tokelau', p. 2, on http://www.wpro.who.int/hrh/documents/publications/wpr_hrh_county_profiles_tokelau_upload.pdf?ua=1 [28.01.17].

26 CIA, 'The World Factbook', on <https://www.cia.gov/library/publications/the-world-factbook/geos/tl.html> [30.08.17].

27 Council for the Ongoing Government of Tokelau, 'Tokelau: A History of Government 2008'.

The Tokelau Amendment Act 1996 (NZ) formally recognised the power of the General Fono to make rules relating to national matters in Tokelau, although Acts of the New Zealand Parliament and regulations of the governor-general continue to take precedence.²⁸ Veto powers of the administrator over legislative and administrative decisions of the General Fono have never been exercised.²⁹

2.4. Socio-economic context

There are limited statistical data on the economic situation in Tokelau, as indicators relating to the territory tend to be subsumed within the figures for New Zealand. Even where statistical data are available, the small and transitory nature of the population means trends are difficult to identify. This means Tokelau's progress towards achieving the SDGs will be difficult to measure using existing data.³⁰

There are no up-to-date gross domestic product (GDP) figures for Tokelau; figures published by the WHO from 2003, however, show a per capita GDP of US\$ 612.50.³¹ Tokelau is heavily dependent on foreign aid. It is classed as a lower-middle-income territory for Development Assistance Committee (DAC).³² As Figure 2.5 indicates, the net official development assistance (ODA) Tokelau received between 2010 and 2015 remained fairly steady, going from US\$ 15 million in 2010 to a high of US\$ 24.1 million in 2013, before sharply declining in 2015 to US\$ 8.7 million.³³

Over 95 per cent of ODA received by Tokelau comes from New Zealand (US\$ 13.21 million). This is followed by Australia (US \$0.42 million); WHO (US\$ 0.06 million); UNDP (US\$ 0.02 million); and Japan (US\$ 0.01 million).³⁴ In the year 2015–2016, approximately 60 per cent of Tokelau's budget was funded by aid from New Zealand, which amounted to approximately US\$ 12 million.³⁵ The vast majority (66.26 per cent) of bilateral ODA received by Tokelau between 2014 and 2015 went to programme assistance, followed by 19.89 per cent to the economic infrastructure and services sector and 8.39 per cent to education.³⁶

28 Ibid., p. 64.

29 WHO et al., 'Human Resources for Health Country Profiles: Tokelau', p. 1.

30 UNFPA, 'Tokelau Overview'.

31 WHO Country Cooperation Strategy for Tokelau 2013–2017, Table 1, on WHO Country Health Information Profiles (CHIPs), 2011, p. 11, on http://www.wpro.who.int/countries/tkl/who_pacific_tokelau.pdf [28.08.17]; according to the CIA World Fact Book, Tokelau has an estimated GDP (PPP) of US\$ 1.5 million, meaning it ranks last out of 230 countries/territories, although this figure is from 1993 and therefore extremely out-dated (<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2001rank.html#tl> [28.01.17]).

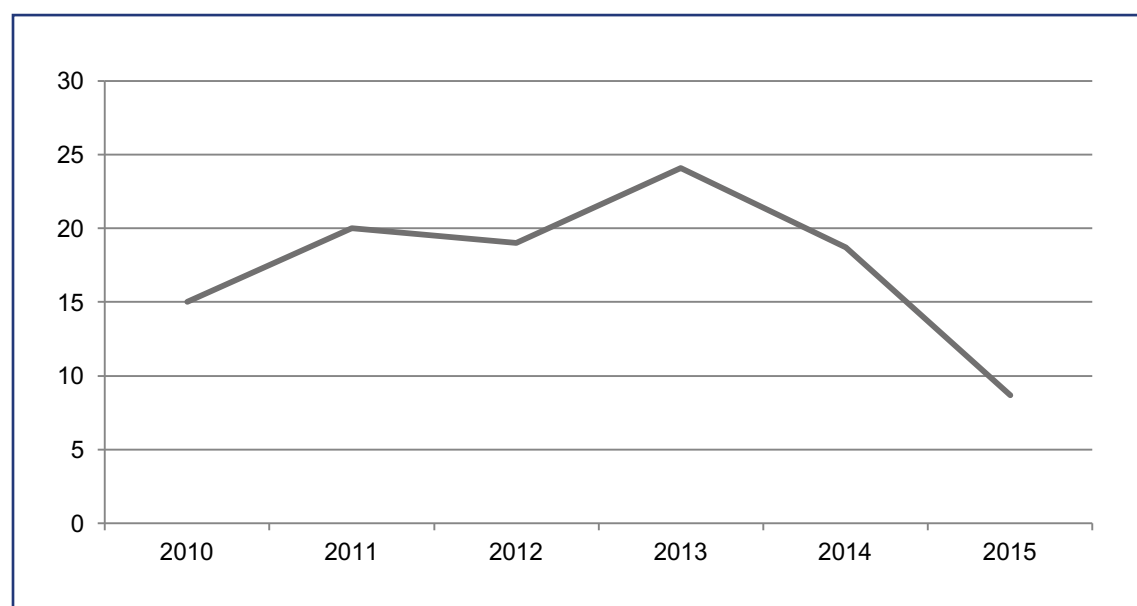
32 Per capita gross national income (GNI) US\$ 1,046–4,125 in 2013; DAC, 'List of ODA Recipients: Effective for Reporting', on www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf [30.08.17].

33 OECD, 'Tokelau: Aid At a Glance', on <http://www.oecd.org/countries/tokelau/> [28.01.17].

34 OECD, 'Tokelau: Aid At a Glance: Underlying Data for 2013-2015, Gross ODA for Tokelau - 2014-2015 average', on <http://www.oecd.org/countries/tokelau/aid-at-a-glance.htm> [28.01.17].

35 Reported on the New Zealand Foreign Affairs and Trade Department website as NZ\$ 16.3 million: 'Aid Partnership with Tokelau', on <https://www.mfat.govt.nz/en/aid-and-development/our-work-in-the-pacific/tokelau/> [28.01.17].

36 OECD, 'Tokelau: Aid At a Glance: Underlying Data for 2013-2015'.

Figure 2.5: Net ODA received between 2010 and 2015 in US\$ million

Source: OECD 2010–2015³⁷

Up-to-date data on the extent of poverty in Tokelau is unavailable.³⁸ A 2016 government report on the country's performance in relation to the Millennium Development Goals (MDGs) reports that none of the population lives below the international poverty line (US\$ 1.25 per day).³⁹ However, according to the most recent census, a significant portion of respondents reported that they 'do not have enough money' to meet their everyday needs.

The recent Household Income and Expenditure Survey (HIES) (2015–2016) also demonstrates a moderate level of income inequality across the country: the Gini coefficient was calculated to be 0.31.⁴⁰ However, the data also demonstrate that the poorest 50 per cent of the population accounts for only 28 per cent of total household income, while the top 25 per cent accounts for almost 45 per cent of total expenditure.

Geographically disaggregated data from the 2016 census show that the proportion of households that reported having 'not enough money' to meet everyday needs was higher than the national average in Atafu (27.6 per cent, compared with 22.4 per cent) and Nukunonu (28.0 per cent, compared with 22.4 per cent), and significantly lower in Fakaofu (11.8 per cent, compared with 22.4 per cent).

37 <http://www.oecd.org/countries/tokelau/> [28.01.17].

38 A Household Income and Expenditure Survey (HIES) was recently carried out; however, the report from this had not been published at the time of writing.

39 Government of Tokelau, 'Consolidated Sector Report for the Period to 30 June 2015'.

40 This measurement is generally through to represent a reasonable level of inequality (with 0.30–0.35 generally accepted as being 'reasonable'): UNDP, 'State of Human Development in the Pacific: A Report on Vulnerability and Exclusion at a Time of Rapid Change', 2014.

2.5. Legislative and policy framework

Tokelau is a non-self-governing New Zealand territory and thus is not independently a party to the CRC. New Zealand in turn has not extended the application of the CRC to Tokelau, but has stated that it seeks to ensure its application to children in Tokelau.⁴¹ The Committee on the Rights of the Child highlighted this issue in the 2016 periodic reporting of New Zealand, including in its list of issues the status of the CRC in Tokelau, stating that this should be clarified.

41 'Concluding Observations: New Zealand, 2016', para. 5.; Office of the Minister for Social Development, 'Note on United Nations Convention on the Rights of the Child Work Programme', n.d.

3.

Health and Nutrition

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

Key Health and Nutrition-related SDGs

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

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

The analysis here takes a ‘health systems approach’. A country’s health system includes ‘all organisations, people and actions whose primary intent is to promote, restore or maintain health’.⁴² 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.⁴³ The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Fiji takes these building blocks of the health system into account (where relevant). Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH) are made where necessary, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas covered in the SitAn.

3.1. Child mortality

As a result of Tokelau’s small population of about 1,500 individuals and its transitory population patterns, either data on key development and population indicators are not available or random fluctuations prevent a meaningful assessment of trends.⁴⁴

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

43 Ibid.

44 UNFPA, ‘Tokelau Overview’.

For Tokelau, the 2016 dataset does not provide estimates of neonatal mortality (0–28 days), infant mortality (under one year) and under-five mortality. However, the NMDI database suggests that, in 2011, there were no neonatal deaths, no infant deaths and no under-five deaths in Tokelau, or a mortality rate of zero.⁴⁵ In this respect, it is important to note that child mortality rates are unsteady in very small populations such as Tokelau's, where one or two deaths per year can lead to misleadingly big jumps in the mortality rate.⁴⁶ Based on the NMDI data from 2011, it appears that Tokelau has already reached SDG 3.2 targets on child mortality: the reduction of the under-five mortality rate to at least 25/1,000 by 2030 and of neonatal mortality to 12/1,000 by 2030.

There are no data on child mortality disaggregated by household wealth, gender or location in Tokelau. There are also very few data on the immediate and underlying causes of child mortality in Tokelau, which may be related to the very small overall number of child deaths in the country.⁴⁷

According to WHO, the leading causes of mortality in Tokelau's adult population are cardiovascular diseases, old age, neoplasms and accidental deaths (trauma). The 2009 leading causes of morbidity were diseases of the upper and lower respiratory tracts; diseases of the digestive system; and diseases of the circulatory system.⁴⁸ However, it is, again, important to note that the small demographic figures in Tokelau, including the small overall number of deaths, make it difficult to report cause-specific mortality and morbidity rates for Tokelau's adult population, as a few cases can significantly alter the causes of death/morbidity 'hierarchy'.

3.2. Child health, immunization and communicable diseases

There is a lack of quantitative data on some of the key child health indicators for Tokelau. For example, there are no national estimates of the proportion of under-five year old children with suspected pneumonia taken to a health provider or receiving antibiotics. Furthermore, there are no quantitative data on the proportion of children under five with diarrhoea who receive oral rehydration salts. There are also no quantitative data on the proportion of children with fever receiving antimalarial treatment, the availability of insecticide-treated nets or the proportion of children sleeping under nets in Tokelau. The gaps in the data in relation to malaria may not be too problematic, given that there is currently no risk of malaria transmission in Tokelau.⁴⁹

There are data gaps in relation to immunization coverage in the Tokelau, and WHO's Global Health Observatory does not provide coverage estimates for any of the 12 universally recommended vaccines.⁵⁰ However, the limited information available suggests immunization coverage is universal and the threat of vaccine-preventable diseases is minimal in Tokelau. For example, WHO's Country

45 NMDI data, on https://www.spc.int/nmdi/vital_statistics [18.04.17].

46 UNFPA, 'Tokelau Overview'.

47 There are no UN estimates for causes of death in under-five children in Tokelau: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [10.04.17].

48 WHO CHIP.

49 US Centers for Disease Control, on <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country/tokelau> [18.04.17].

50 See <http://apps.who.int/gho/data/node.wrapper.immunization-cov> [30.08.17].

Cooperation Strategy for 2013–2017 states that coverage for child immunization stands at 100 per cent, and it also provides separate estimates for measles (MCV) immunization coverage among one year olds, which stood at 100 per cent as of 2011. The WHO Country Cooperation Strategy also suggests that the 2009 H1N1 influenza pandemic did not affect Tokelau, and attributes this resilience in part to the country’s strong immunization programme and good preparedness.

SDG target 3.3 encourages all countries to eradicate TB by 2030. According to the NMDI database, Tokelau has a TB prevalence and incidence rate of zero, which suggests TB transmission is not an issue in the country.⁵¹ This is a positive finding, but must be consolidated through appropriate public health strategic planning and immunization.

3.3. Maternal health

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio to less than 70 per 100,000 live births. The World Bank and UN Population Division do not report a ratio for Tokelau.⁵² The SOWC 2016 dataset also does not contain any estimates on the ratio in Tokelau. WHO provides estimates that suggest Tokelau recorded no maternal deaths between 2005 and 2010.⁵³ This indicates it has already reached SDG target 3.1 in relation to maternal mortality.

Under Article 24(2)(d) of the CRC and CRC General Comment No. 15 paras 51–57, all signatory countries (including New Zealand) should ensure appropriate pre- and post-natal health care for mothers.⁵⁴ The SOWC 2016 dataset does not contain information on pre- and post-natal health coverage in Tokelau, and data are also lacking for the frequency (or proportion) of Caesarean sections carried out in the country. Also missing are data on disparities between urban and rural areas in relation pre- and post-natal health care, as well as data on births attended by a skilled health professional and institutional delivery.

The WHO Country Cooperation Strategy for Tokelau 2013–2017 suggests that pre-natal coverage for at least one visit stood at 100 per cent as of 2011, and that 100 per cent of births in Tokelau that year were attended by skilled health personnel. While the data source for these figures remains unclear,⁵⁵ the 100 per cent coverage figures would suggest Tokelau is performing in line with Article 24(2)(d) of the CRC and CRC General Comment No. 15 paras 51–57.

51 NMDI data, on https://www.spc.int/nmdi/communicable_diseases [10.04.17].

52 See <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. The World Bank and the UN Population Division produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, and are therefore preferable. Note that these UN estimates do not necessarily match with the maternal mortality ratio recorded in the SOWC 2016, which is based on data reported by national authorities.

53 WHO CHIP.

54 Note that the Committee on the Rights of the Child Concluding Observations 1997 (No. 8) and 2003 (No. 7b) raised concerns that the CRC does not apply to Tokelau and New Zealand should continue its discussions with Tokelau for its application to that country.

55 The data on pre-natal coverage and birth attendance could be from the Whole of Population Screening conducted in 2010.

The WHO Country Cooperation Strategy also argues that the achievement of zero maternal and child deaths in Tokelau is the direct result of early referral to skilled health professionals. This is confirmed by Tokelau's MDG Progress Report, which states that good results in maternal health have arisen because pregnant mothers who are diagnosed with complications are immediately transferred to Samoa or New Zealand for the duration of their pregnancy.⁵⁶

3.4. Violence against women and girls

Violence against women and girls is a key public health concern. However, there is little to no reliable data on this in Tokelau.⁵⁷ Tokelau's National Policy for Women 2010–2015 also highlighted this gap.⁵⁸ A more detailed discussion can be found in Chapter 6 on 'Child Protection', below.

3.5. Adolescent health

According to the latest official census data, from 2016, under-24 year olds make up approximately half of the total population of Tokelau (746 out of 1,499 usually resident individuals are under 24). The adolescent population (ages 15–24) in Tokelau is 271, according to the 2016 census, which amounts to roughly 18 per cent of the total population.

3.5.1. Fertility and contraceptive use

There are no available estimates of the adolescent fertility rate (for ages 15–19) in Tokelau.⁵⁹ However, a UNFPA report from 2014 suggests teenage fertility in Tokelau was a stable 41 births per 1,000 'teenage' women between 1997 and 2001.⁶⁰ The NMDI database also records an adolescent fertility rate in Tokelau of 30 per 1,000 (women aged 15–19), which is significantly higher than the East Asia and Pacific regional average of 22/1,000 for this age group.⁶¹ The UNFPA report suggests overall fertility rates are 'high' in Tokelau, with an estimated 4.5 children born per woman (if she lives to the end of her child-bearing years).⁶²

56 Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', p. 25.

57 See UNICEF, 'Violence against Children in East Asia and the Pacific: A Regional Review and Synthesis of Findings, 2014', p. 5, on https://www.unicef.org/eapro/Violence_against_Children_East_Asia_and_Pacific.pdf [11.04.17]; UN Women, 'Tokelau', on <http://asiapacific.unwomen.org/en/countries/fiji/co/tokelau> [18.04.17].

58 National Policy for Women of Tokelau 2010–2015, on http://www.tokelau.org.nz/site/tokelau/files/TOKELAU%20AFFAIRS_National%20Policy+Plan%20of%20Action%20for%20Women-ENGLISH%20VERSION.pdf [18.04.17].

59 See <https://data.worldbank.org/indicator/SP.ADO.TFRT> [10.04.17].

60 It is not clear which age bracket is captured by the 'teenage fertility' rate (UNFPA, 'Tokelau').

61 World Bank data, on <https://data.worldbank.org/indicator/SP.ADO.TFRT> [07.03.17].

62 UNFPA, 'Tokelau'.

There are no data on contraceptive prevalence⁶³ in Tokelau,⁶⁴ but the high rates of teenage fertility (and overall fertility) indicate there may be a large unmet need for family planning among the adolescent population. A relatively out-dated situation analysis on youth in Tokelau suggests condoms are not sold through retail outlets and can be obtained only from the hospital, which, in a small community like Tokelau, can be perceived as a public declaration of the intention to have sex, which may act as a barrier to access for those that do not wish to make this statement. The SitAn suggests that, because of the lack of confidentiality, adolescents ‘never come’ to the hospital to obtain condoms, even though they are available.⁶⁵

3.5.2. HIV/AIDS and sexually transmitted infections

There are no reported cases of HIV/AIDS in Tokelau.⁶⁶ Knowledge about HIV/AIDS prevention appears to be relatively high within Tokelau’s adolescent population, with 64 per cent of men and women aged 15–24 answering all questions about HIV prevention correctly, according to 2007 survey data presented in the NMDI database. In the PICTs group, only Niue (70 per cent) and Palau (78 per cent) have a higher rate of knowledge about HIV/AIDS prevention among their adolescent populations. Note, however, that indicators such as these can fluctuate significantly over several years, given the very small number of individuals that make up the adolescent population in Tokelau. Data on the prevalence of sexually transmitted infections (such as chlamydia and gonorrhoea) are not available for Tokelau.⁶⁷

3.5.3. Substance abuse

According to SDG target 3.5, Tokelau should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There are limited quantitative data on substance abuse among adolescents in Tokelau. The most important data source in this respect is the Global School-Based Health Survey (GSHS), which was implemented in Tokelau in 2014, using a nationally representative sample of 140 pupils aged 13–17 (in Years 7–13).⁶⁸

The 2014 GSHS data suggest alcohol consumption is very common among Tokelau’s under-age (under-18) population: two in three pupils (60 per cent) aged 13–17 reported having consumed alcohol before the age of 14 years. A total of 51 per cent of surveyed pupils aged 13–17 indicated that they had consumed alcohol on at least one day during the 30 days before the survey was implemented, which gives an estimate of current alcohol consumption in this age group. Note, however, that these figures are likely to underestimate the true prevalence of alcohol consumption

63 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 15–49. See e.g. <http://indicators.report/indicators/i-29/> [21.03.17].

64 See also NMDI data, on https://www.spc.int/nmdi/maternal_health [30.01.17].

65 Government of Tokelau, with UNICEF, ‘Tokelau Situation Analysis of Children, Women and Youth’, 2016, on https://www.unicef.org/pacificislands/about_15926.html [18.04.17].

66 See NMDI data, which refer to 2011, and Government of Tokelau and UNDP, Tokelau Millennium Development Report 2012.

67 NMDI data, on https://www.spc.int/nmdi/sexual_health [18.04.17].

68 <http://www.who.int/chp/gshs/2014-GSHS-Tokelau-fact-sheet.pdf> [18.04.17].

among under-age respondents, as some respondents will have been reluctant to report alcohol consumption. Current alcohol consumption appears to be somewhat higher among girls (65 per cent) than boys (47 per cent), according to the GSHS data. However, the reported 95 per cent confidence intervals overlap, so the difference between genders is not statistically significant.⁶⁹

Existing evidence also suggests alcohol consumption is very prevalent among Tokelau's adult population. WHO estimates that 97 per cent of males and 90 per cent of females consume alcohol, and 37 per cent of men and 20 per cent of women 'binge drink' (five or more drinks on one day for males or four or more drinks a day for females).⁷⁰ This has implications for children in so much as it reflects social norms and behaviours around alcohol consumption among the wider population.

As with alcohol consumption, tobacco use is common within the Tokelau youth population. Around 55 per cent of pupils aged 13–17 surveyed in the 2014 GSHS indicated that they had used tobacco products on at least one day during the past 30, with boys more likely to report having used tobacco (60 per cent) than girls (49 per cent).⁷¹ Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs)⁷² and exacerbates nearly all of them.⁷³

According to the GSHS data, 8.5 per cent of surveyed pupils indicated that they had previously consumed marijuana, with boys (again) somewhat more likely to report consuming marijuana (10 per cent) than girls (7 per cent).⁷⁴ Low levels of marijuana use are not surprising, as substances such as cannabis, amphetamines, inhalants and injectable drugs are almost unavailable in Tokelau. According to a 2012 study by WHO, petrol sniffing was briefly a problem for some youth, but the *taupulega* became aware of this issue and the concerned individuals received counselling from one of the elders.⁷⁵ This shows that the community network of support can be a useful and important tool in ensuring children maintain healthy behaviours.

3.5.4. Mental health

There are no data available on the overall prevalence of mental illness in Tokelau.⁷⁶ However, the 2014 GSHS collected some limited information about adolescent mental health. For example, the data indicate that around 27 per cent of all pupils aged 13–17 had attempted suicide during the 12 months before the survey was implemented. Besides the GSHS, there appear to be few quantitative data on the mental health of adolescents and children in Tokelau. As a result, little is known about the mental health of those outside ages 13–17 or out-of-school youth.

69 Ibid.

70 WHO proMIND: 'Tokelau', 2012, on http://apps.who.int/iris/bitstream/10665/85306/1/9789241504188_eng.pdf [18.04.17].

71 Note that 95 per cent confidence intervals overlap.

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

73 World Bank, 'Pacific Possible'.

74 Note that 95 per cent confidence intervals overlap.

75 WHO proMIND: 'Tokelau'.

76 Ibid.

A 2012 WHO report on mental health in Tokelau suggests there are no trained specialist mental health staff in Tokelau, and that mental health is not included in the regular training of Tokelau's physicians and other health workers.⁷⁷ However, the report also notes that Tokelau's Health Department can immediately access mental health specialists remotely in New Zealand should the need arise (e.g. in cases of acute severe mental illness).⁷⁸

3.6. Nutrition

According to WHO's Global Nutrition Targets, Tokelau should, by 2025, aim to, achieve results in relation to stunting, anaemia, low birthweight, childhood overweight, exclusive breastfeeding in the first six months and childhood wasting.⁷⁹

WHO Global Nutrition Targets

	Target	Indicator
1	By 2025, achieve a 40 per cent reduction in the number of children under 5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
2	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15–49 years of age) with anaemia
3	By 2025, achieve a 30 per cent reduction in low birthweight	Percentage of infants born with low birthweight (< 2,500 g)
4	By 2025, ensure there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
5	By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent	Percentage of infants less than 6 months of age who are exclusively breastfed
6	By 2025, reduce and maintain childhood wasting to less than 5 per cent	Prevalence of wasting (low weight-for-height) in children under 5 years of age

3.6.1. Child stunting and wasting

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

77 Ibid.

78 Ibid., p. 22.

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

3.6.2. Anaemia

There are also no data on anaemia prevalence among women of reproductive age and anaemia rates in children. Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,⁸⁰ increasing the risk of blood loss at delivery and post-partum haemorrhage.⁸¹ The nutritional status of the mother during pregnancy and lactation can also affect the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birthweight babies, who also have an increased risk of dying.⁸² De-worming and iron supplementation can be effective in reducing anaemia in pregnant women as well as children.⁸³

3.6.3. Low birthweight and underweight

There are no up-to-date estimates of low birthweight and underweight prevalence in children in Tokelau, which represents a significant data gap. However, the limited existing data indicate that underweight is not an issue for Tokelau's children. NMDI data from 2011 suggest that Tokelau's under-five child underweight prevalence was 0 per cent and low birthweight prevalence also stood at 0 per cent.

3.6.4. Obesity

The disease burden of NCDs represents a major public health concern for Tokelau, with cerebrovascular and cardiovascular diseases representing the leading causes of death.⁸⁴

The key underlying risk factors behind many of the NCDs affecting Tokelau are related to obesity. According to the 2005 STEPwise Approach to Chronic Disease Risk Factor Surveillance (STEPS) survey, 86 per cent of adults aged 25–64 years were overweight or obese (with 63 per cent being classed as obese), 36 per cent had high cholesterol and 34 per cent had diabetes. More up-to-date figures from the 2010 Whole of Population Screening suggest that 74 per cent of the adult population over the age of 16 years and 33 per cent of children from 0 to 15 years were obese.⁸⁵

Health problems related to obesity appear to be the result of poor nutrition and changing dietary patterns among the Tokelauan population. For example, a 2012 WHO study suggests Tokelauans are increasingly relying on imported and processed foods such as frozen or canned meats, fruits and vegetables and biscuits and sweets. The study further notes that deep-frying is becoming

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

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

82 Ibid.

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

84 WHO CHIP.

85 As cited in WHO proMIND, 'Tokelau', p. 15.

increasingly popular as a method of food preparation in Tokelau. These qualitative findings on unhealthy dietary behaviours are also confirmed by the quantitative STEPS survey, which suggests 92 per cent of Tokelau's population consumes less than five combined servings of fruit and vegetables per day.⁸⁶

While NCDs are the leading causes of death and morbidity overall, the 2012 WHO report also highlights interesting differences between Tokelau's three atolls in relation to the main health risks (for the adult population). On Fakaofu, the report suggests chronic diseases are the primary health problem; on Atafu the report identifies hyperthyroid, chordoma and breast cancer as the main health issues; and on Nukunonu, mental health and alcoholism were identified as the major health concerns.⁸⁷

3.6.5. Breastfeeding

WHO recommends infants are exclusively breastfed for the first six months of life to achieve optimal growth, development and health.⁸⁸ Up-to-date national estimates of exclusive breastfeeding prevalence and initiation are currently not available.

Also unavailable are up-to-date figures on children's introduction to solid, semi-solid or soft foods within six to eight months of birth. However, a somewhat out-dated SitAn from 2006 suggests virtually all infants in Tokelau are breastfed for at least six months and commonly for a year or more, even though supplements of water and coconut juice are often given after about three months.

3.7. Key barriers and bottlenecks

Tokelau's health profile is largely favourable, with available data indicating adequate health coverage for children, adolescents and women across the three atolls, and sufficient resources to meet the needs of Tokelau's population.⁸⁹ However, there are several important barriers and bottlenecks, which are described below.

3.7.1. Climate and disaster risks

Climate change and extreme weather increase the threat of communicable and non-communicable diseases, exacerbate existing bottlenecks and create additional barriers for Tokelauans wanting to access health care.⁹⁰ WHO suggests Tokelau is vulnerable to storm surges, coastal erosion, dry

86 WHO proMIND, 'Tokelau', p. 16.

87 Ibid.

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

89 WHO Country Cooperation Strategy for Tokelau 2013–2017, p. 38.

90 WHO Country Cooperation Strategy for Tokelau 2013–2017.

spells and droughts, all of which can have a significant impact on fresh water supplies and food security.⁹¹ According to a recent WHO assessment report, Tokelau is particularly susceptible to water insecurity from climate change, as it is heavily dependent on rainwater. The report suggests that sea level rise-induced salinization of safe drinking water sources will have substantial implications for health, including the prospect of increasing or exacerbating hypertension.⁹²

The WHO's Country Cooperation Strategy for Tokelau 2013–2017 anticipates that climate-related health problems will be borne disproportionately by certain vulnerable sectors of the population – the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs) and individuals in certain occupations (e.g. farmers, fishers and outdoor workers).⁹³

3.7.2. Transportation

Another challenge facing Tokelau's health system relates to the remoteness of the three atolls and the difficulties associated with transferring patients in need of specialized health care overseas. The boat journey to Apia in Samoa (the nearest port) usually takes more than a day.⁹⁴ The only transport vessel currently linking Tokelau with the outside world is the *MV Mataliki* (which replaced the *MV Tokelau* in 2016), and, in extreme emergencies, the Samoa Government Police Patrol Boat.⁹⁵ There are plans to purchase two helicopters, which would reduce travel time, but negotiations are still underway as of March 2017.⁹⁶ These limited transportation links to the outside world present a significant risk for patients in need of urgent access to medical care, which may not be available on Tokelau, especially in the event of medical emergencies.⁹⁷

3.7.3. Health financing

Overall, health financing in Tokelau is adequate and per capita spending is above the regional average for the PICTS group.⁹⁸ However, growing health care costs associated with NCDs, climate-related health burdens and necessary workforce development (see below) represent significant bottlenecks in relation to Tokelau's health financing.

According WHO, health financing in Tokelau is made up of locally generated resources and a grant from New Zealand as part of its constitutional responsibility for the country. Other assistance

91 WHO CHIP.

92 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], p. 29.

93 P. 12.

94 See e.g. <http://www.tokelau.org.nz/Tokelau+Government/Government+Departments/Department+of+Transport++Support+Services.html> [10.04.17].

95 See e.g. Radio New Zealand, 'Tokelau Receives New Ferry from NZ Government', 25 February 2016, on <http://www.radionz.co.nz/international/pacific-news/297446/tokelau-receives-new-ferry-from-nz-govt> [12.04.17]; WHO CHIP.

96 See e.g. Radio New Zealand, 'Tokelau Furious Over Helicopter Buy', 21 March 2017, on <http://www.radionz.co.nz/international/programmes/datelinepacific/audio/201837331/tokelau-furious-over-helicopter-buy> [10.04.17].

97 WHO CHIP.

98 NMDI data, on https://www.spc.int/nmdi/health_systems [12.04.17].

for health expenditure comes from UN agencies as well as Australia.⁹⁹ Data on total expenditure on health as a percentage of GDP are not available. Estimates from 2011 suggest government spending on health amounts to roughly 10 per cent of total government spending, which places Tokelau in the middle of the range of relative government health expenditure compared with other countries in the region. The latest NMDI regional data suggest Tokelau's per capita expenditure on health (about US\$ 800 in 2010–2011) is above the average per capita health expenditure in the PICTs group (note that Tokelau's overall population is declining), with only Niue and Palau spending more on health per capita.¹⁰⁰

While funding levels for health care in Tokelau appear to be adequate overall, WHO estimates that additional costs for health programmes related to the growing disease burden of NCDs, climate change-related health burdens and workforce development will put significant strain on Tokelau's health budget.¹⁰¹

3.7.4. Health workforce

Health workforce coverage in Tokelau is generally adequate and above the regional PICTs average. Each of the three atoll hospitals is manned by a medical officer, four to five staff nurses, one dental therapist (in Nukunonu and Atafu atolls only), one dentist (in Nukunonu only), four to five nurse's aides and a porter.¹⁰²

According to NMDI data from 2010, Tokelau has 8.2 nurses per 1,000 individuals, compared with the PICTs regional average (including Papua New Guinea, PNG) of 3.6 nurses per 1,000 individuals. Tokelau also has 2.7 physicians per 1,000 individuals, which is above the PICTs average (including PNG) of 0.9 physicians per 1,000 individuals, and 2.7 midwives per 1,000, which is the highest ratio in the PICTs group.¹⁰³

Overall, then, Tokelau appears to have adequate health worker coverage. However, according to WHO, Tokelau's health system is vulnerable as a result of the small overall number of health workers and budget constraints that limit health training opportunities. In particular, it appears that Tokelau's health system is vulnerable to unrestricted migration to New Zealand, which draws many skilled workers from the country, resulting in a brain drain.¹⁰⁴ The geographical isolation and small overall number of health staff also make it difficult for health workers in Tokelau to take time off to receive further training or on-going professional development.¹⁰⁵ Lastly, WHO suggests the changing burden of disease from communicable to non-communicable diseases

99 WHO CHIP.

100 NMDI data, on https://www.spc.int/nmdi/health_systems [12.04.17].

101 WHO Country Cooperation Strategy for Tokelau 2013–2017.

102 WHO CHIP.

103 NMDI data, on https://www.spc.int/nmdi/health_systems [12.04.17].

104 WHO, 'Human Resources for Health Country Profiles: Tokelau', 2013, on www.wpro.who.int/hrh/documents/publications/wpr_hrh_county_profiles_tokelau_upload.pdf?ua=1 [31.08.17].

105 WHO 'proMIND: Tokelau', p. 16.

will require additional training of Tokelau's existing health workforce, which is hampered by budget constraints.¹⁰⁶

A national health workforce plan for Tokelau is not yet in place, but is being drafted.¹⁰⁷

3.7.5. Decentralisation

WHO suggests that devolution (or decentralization) has affected Tokelau's ability to strengthen and streamline its health system. The decentralized approach to health care provision adopted in Tokelau in 2004 means all health staff on the three atolls are employed by the *taupulega* and all health programmes and projects have to be presented to each *taupulega*.¹⁰⁸

3.7.6. Service delivery

Despite the scattered, low-density, nature of the population and the archipelago geography of Tokelau, public health services are accessible to most people. As of 2013, health services in Tokelau were delivered through one hospital on each of the three atolls, each with a medical officer, a mix of nursing staff, midwives and hospital aids.¹⁰⁹ Furthermore, all Tokelauan citizens are eligible for treatment in New Zealand through its publicly funded health care system.

While health service delivery in Tokelau is generally adequate, there appear to be a number of bottlenecks related to medicine supplies, medical equipment and access to specialized care. For example, a recent assessment of the mental health system in Tokelau notes that individuals repatriated from overseas who are taking newer psychiatric medications may be required to temporarily switch treatment if their supply is exhausted.¹¹⁰ WHO also notes that there are no X-ray and laboratory facilities in Tokelau's three hospitals, which limits health professionals' ability to make informed diagnoses.¹¹¹

106 WHO, 'Human Resources for Health Country Profiles: Tokelau'.

107 WHO Country Cooperation Strategy for Tokelau 2013–2017, p. 39.

108 WHO CHIP.

109 WHO Country Cooperation Strategy for Tokelau 2013–2017, p. 38.

110 WHO 'proMIND: Tokelau', p. 16.

111 WHO CHIP; see also Government of Tokelau, with UNICEF, Tokelau Situation Analysis 2006, p. 22.

4.

Water, Sanitation and Hygiene

Ensuring all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial to achieving a whole range of development goals related to health and nutrition as well as education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-five child mortality in the Pacific region.¹¹² Existing evidence also suggests that poor WASH access is linked to growth stunting.¹¹³ 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.¹¹⁴ This chapter assesses and analyses the situation in Tokelau regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as set out in the below table as benchmarks.

The WHO/UNICEF JMP has produced estimates of global progress (WASH) since 1990.¹¹⁵ The JMP was previously responsible for tracking progress towards MDG 7c on WASH and now tracks progress towards the SDGs' WASH targets.¹¹⁶ The JMP uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladders representing progress towards the SDG targets.¹¹⁷ The sub-sections below utilize the relevant service ladders to assess Tokelau's progress towards meeting the SDG targets.

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

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

114 Ibid.

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

116 Ibid.

117 Ibid., p. 2, p. 7.

Key WASH-related SDGs

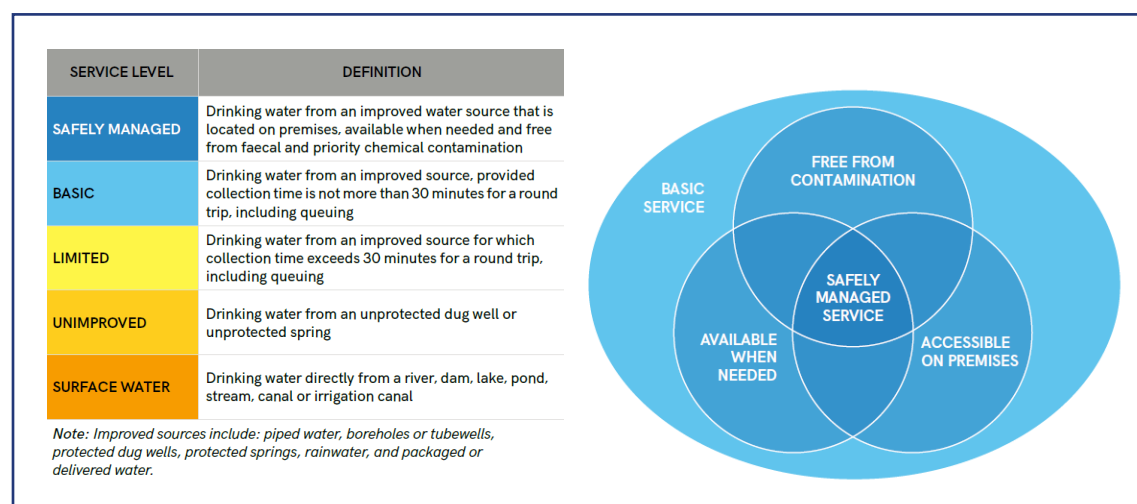
WASH sector goal ⁱⁱ	SDG global target	SDG indicator
Achieving universal access to basic services	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services	1.4.1 Population living in households with access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

4.1. Access to improved water sources

In order for a country to meet the criteria for a safely managed drinking water service, SDG 6.1, the population should use an improved water source fulfilling three criteria: it should be accessible on premises; water should be available when needed; and the water supplied should be free from contamination. If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a basic drinking water service (SDG 1.4). If water collection from an improved source takes longer than 30 minutes, the source is categorized as giving a limited service.¹¹⁸ The immediate priority in many countries is to ensure universal access to at least a basic level of service.¹¹⁹

118 Ibid., p. 8.

119 Ibid., p. 10.

Figure 4.1: JMP service ladder for improved water sources

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

No estimate of the proportion of population using safely managed drinking water services is available for Tokelau as data are not available in relation to the proportion of the population using an improved source that is accessible when needed and the proportion using an improved source that is free from contamination.¹²⁰ According to 2017 JMP estimates, as of 2015 access to basic drinking water services in Tokelau is almost universal (99.5 per cent)¹²¹ and, as set out in Figure 4.2, is among the highest in the PICTs. Thus, Tokelau has met SDG target 1.4 in relation to drinking water.

According to estimates from 2015, of all Tokelauans with access to an improved drinking water source, 94.1 per cent have access to a piped improved water source, with 91.4 per cent having access on premises.¹²²

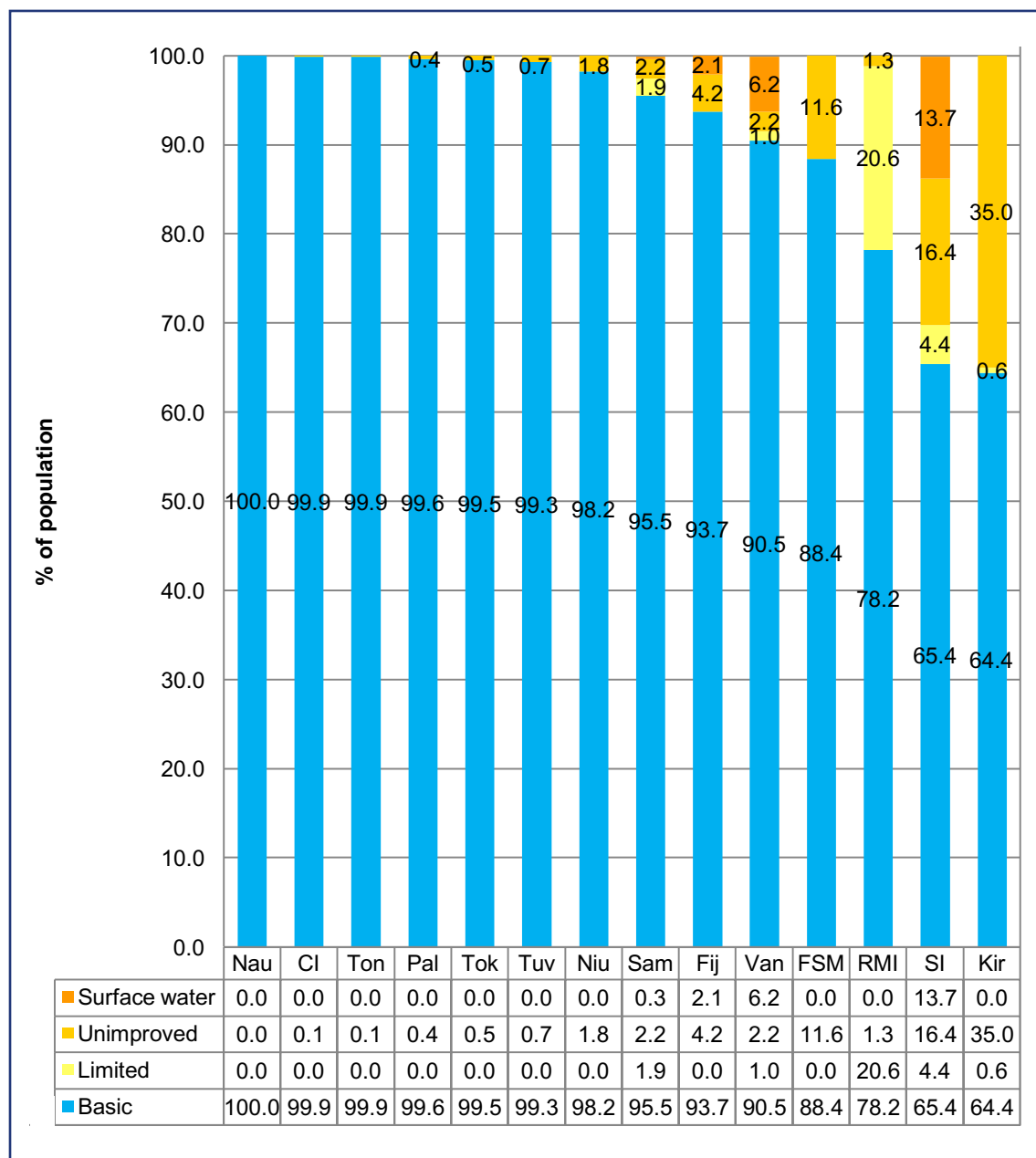
An overview of estimates from 2000 from JMP suggests Tokelau has had a high rate of access to basic drinking water services over the past 10 years, but the country was able to increase access on premises from 74.1 per cent in 2000 to 91.1 per cent in 2015. With women and girls responsible for water collection in eight out of 10 households with water off premises, this increase is likely to have a gender impact.

120 JMP data for Tokelau, on <https://washdata.org/data#!/tkl> [02.08.17].

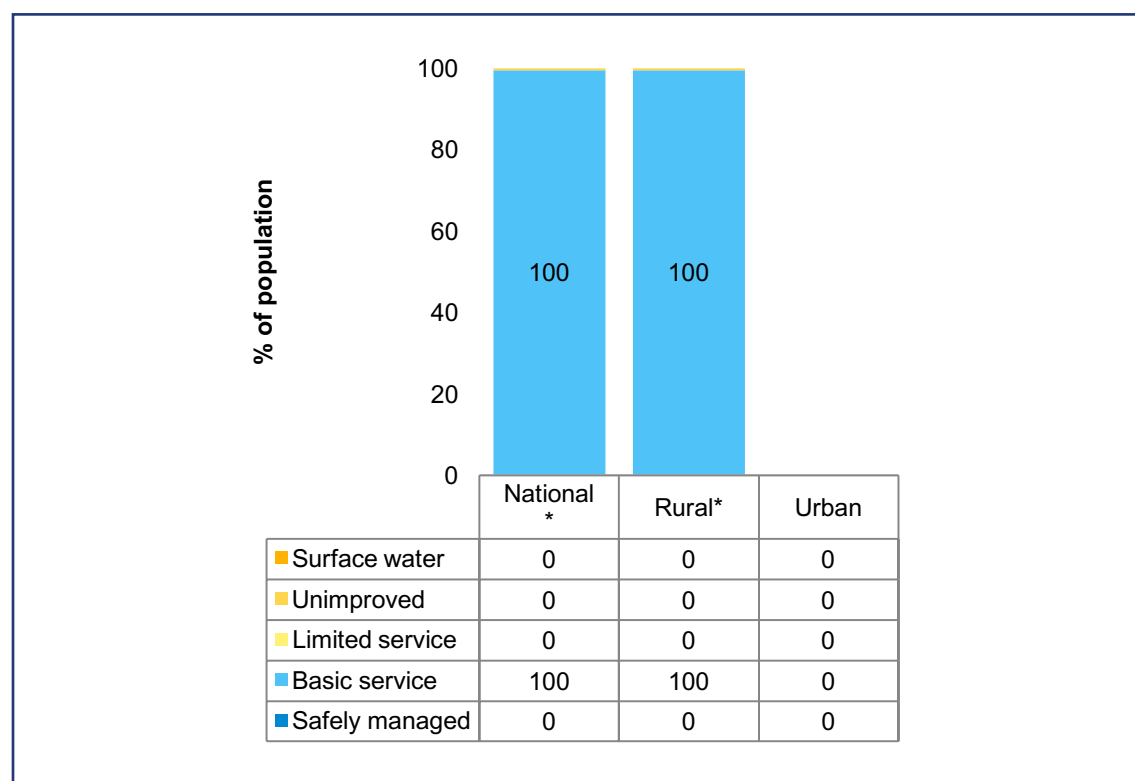
121 Ibid.

122 Ibid.

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



Source: JMP data¹²³

Figure 4.3: Provision of drinking water services in Tokelau, 2017 estimatesSource: JMP data¹²⁴**Table 4.1: Provision of drinking water services in Tokelau, 2017 estimates**

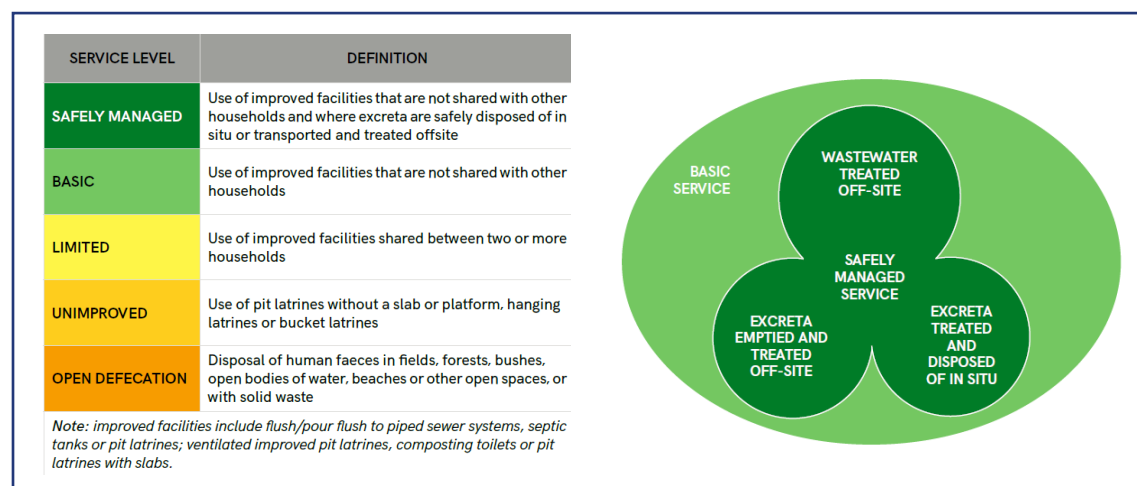
Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources that are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	98.5	98.5	-	1.5	0.0	-	-	74.1	-	-
2005	98.6	98.6	-	1.4	0.0	-	-	75.7	-	-
2010	99.1	99.1	-	0.9	0.0	-	-	83.3	-	-
2015	99.5	99.5	-	0.5	0.0	94.1	5.4	91.1	-	-

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

4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 in relation to safely managed sanitation services, Tokelau's population should have access to improved sanitation facilities that are not shared with other households, and the excreta produced should be either treated and disposed of *in situ*, stored temporarily and then emptied, transported and treated off-site or transported through a sewer with wastewater and then treated off-site.¹²⁵ If excreta from improved sanitation facilities are not safely managed, people using those facilities will be classed as having access to a basic sanitation service (SDG 1.4); if they are using improved facilities that are shared with other households, this will be classified as a limited service.¹²⁶ Under SDG target 6.2, a specific focus is also put on ending the practice of open defecation. While this target aims to progressively raise standard sanitation services for all, the immediate priority for many countries will be to ensure universal access to at least a basic level of service.¹²⁷

Figure 4.4: JMP service ladder for improved sanitation facilities



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

No estimate of the proportion of the population with access to safely managed sanitation service is available for Tokelau, as data on excreta disposal are unavailable. As of 2015, estimates suggest 97 per cent of the Tokelau population had access to improved sanitation facilities.¹²⁸ Of these, 93.1 per cent used improved and not shared facilities (basic services) and 4.7 per cent improved and shared facilities (limited services); 2.3 per cent had access only to unimproved sanitation facilities. This places Tokelau just in the top half of all PICTs in terms of sanitation facility performance, but means the country still has some way to go to ensure that all of its population has access to basic services and to meet SDG target 4.1 in relation to sanitation.

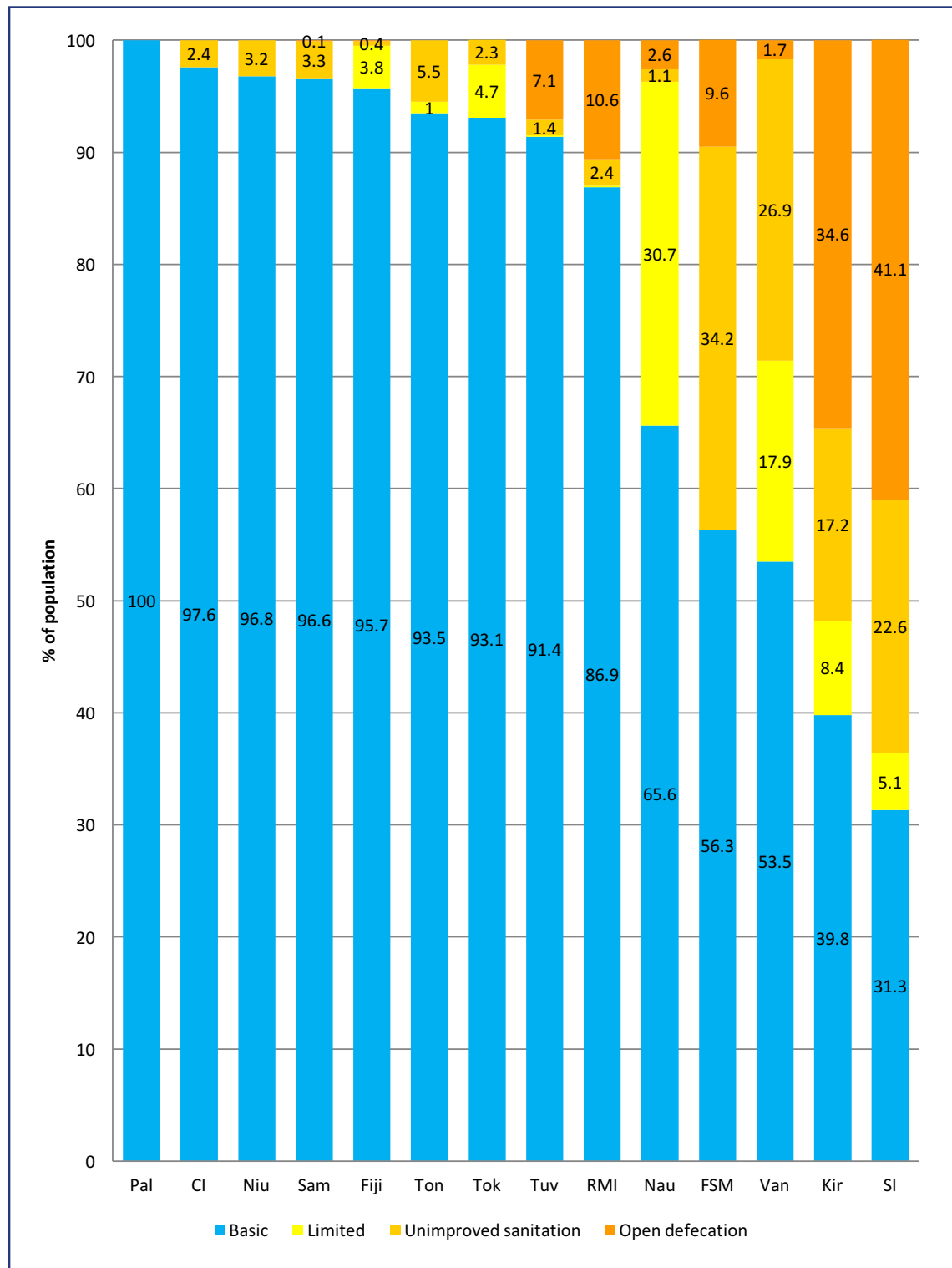
125 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', p. 8.

126 Ibid., pp. 8–9.

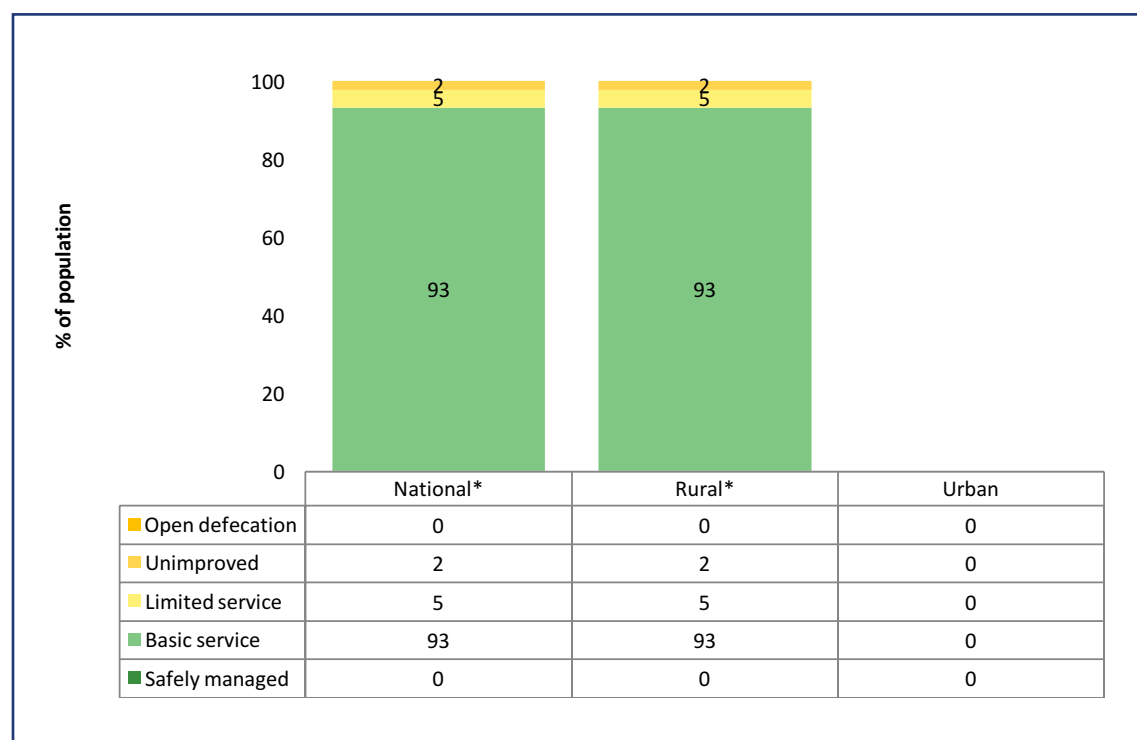
127 Ibid., p. 10.

128 <https://washdata.org/data#!/tkl> [02.08.17].

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



Source: JMP data¹²⁹

Figure 4.6: Provision of sanitation facilities, 2017 estimates

Source: JMP data¹³⁰

Considering estimates over time, Tokelau has showed very strong improvements in relation to expanded access to basic sanitation facilities over the past 15 years. As Table 4.2 shows, basic sanitation coverage is estimated to have increased from 77.1 per cent in 2000 to 93.1 per cent in 2015 – 16 percentage points. In the same period, the proportion of the population with access to unimproved sources only also decreased, from 19.1 per cent to 2.3.¹³¹

JMP data estimates up until 2015 drew on 1,982 sources, while the 2017 JMP database has more than doubled to include 4,710 data inputs, 3,408 of which are used to produce estimates. As a result, 2015 and 2017 data are not directly comparable. However, as estimates from 2017 are provided only from 2000, considering the older dataset can provide an indication of longer-term trends. The old dataset cannot be used to estimate coverage according to the service ladder, as data for certain criteria are unavailable, but it does provide data on the proportion of the population with access to an improved sanitation service. According to estimates from 1990, improved sanitation coverage for Tokelau in 1990 stood only at 45 per cent, indicating remarkable progress over the past 25 years.¹³²

130 <https://washdata.org/data#!/tkl> [02.08.17].

131 *Ibid.*

132 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', p. 72.

Table 4.2: Provision of sanitation facilities, 2017 estimates

Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed <i>in situ</i>	Emptied and treated	Wastewater treated
2000	80.9	77.1	3.9	19.1	0.0	-	-	-	-	-	-
2005	82.4	78.5	3.9	17.6	0.0	-	-	-	-	-	-
2011	91.6	87.2	4.4	8.4	0.0	-	-	-	-	-	-
2015	97.7	93.1	4.7	2.3	0.0	-	-	-	-	-	-

Source: JMP data¹³³

According to SDG target 6.2, Tokelau should aim to end any practice of open defecation by 2030. Most recent estimates suggest open defecation is no longer practised in Tokelau (see Table 4.2), which means the country has already met this important WASH-related international development target.¹³⁴

4.3. Hygiene practices

According to SDG target 6.2, Tokelau should, by 2030, also provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea (and other diseases). This in turn affects important development outcomes such as those related to child mortality or school attendance.¹³⁵

The presence of a hand-washing facility with soap and water on premises has been identified as the priority indicator for the global monitoring of hygiene under the SDGs. Households that have a hand-washing facility with soap and water available on premises will meet the criteria for a basic hygiene

133 <https://washdata.org/data#!/tkl> [02.08.17].

134 Ibid.

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

facility (SDGs 1.4 and 6.2). Households that have a facility but lack water or soap will be classified as having a limited facility, and distinguished from households that have no facility at all.¹³⁶

Figure 4.7: JMP service ladder for improved hygiene services

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

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

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

No data on hygiene practice are available from the JMP 2017 study, and thus other sources have been used to provide insight to the situation in Tokelau. The 2014 GSHS for Tokelau represents the most important representative data source on hygiene practices among children in the country. According to its 2015 data, only around 15 per cent of surveyed pupils indicated that they had cleaned or brushed their teeth *less than one time per day* during the previous 30 days, with girls (12 per cent) somewhat less likely to report not brushing their teeth at least once a day than boys (18 per cent).¹³⁷

The GSHS data also suggest only 4.8 per cent of pupils never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey. Importantly, these data are self-reported, so do not necessarily capture hygiene *practices* and are likely to overestimate the proportion of pupils washing their hands after toilet use, owing to social desirability bias. The data suggest a difference between boys and girls, with girls appearing to be more likely to report hand-washing after latrine use.¹³⁸ It is not clear whether these gender differentials are caused by demand-side constraints (e.g. social norms), supply-side constraints (e.g. lack of hand-washing facilities for boys) or reporting bias.

Unfortunately, the 2014 GSHS data capture reported hygiene behaviour only for school children aged 13–17, so very little is known about children in other age groups and children who do not attend school (i.e. out-of-school youth).

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

137 Reported 95 per cent confidence intervals overlap, suggesting the difference is not statistically significant.

138 Ibid.

4.4. WASH in schools, MHM and disabilities

No quantitative data were obtainable on the situation of WASH in schools (WinS) in Tokelau. This important data gap was highlighted in a recent UNICEF publication on WinS in the Pacific region.¹³⁹ Qualitative evidence suggests there are significant shortcomings in relation to WinS facilities in Tokelau. For example, the New Zealand Education Review Office (ERO) found the infrastructure and physical environments of all three schools in Tokelau to be inadequate, particularly with regard to toilet facilities and hygiene. The infrastructure in Matiti School and Matauala School was even considered a health and safety risk.¹⁴⁰

There also appears to be no information on menstrual hygiene management (MHM) programmes in Tokelau. Furthermore, data are lacking on access to WASH for persons living with disabilities and other disadvantaged groups in Tokelau.

4.5. Barriers and bottlenecks

Even though data on WASH in Tokelau are very limited, the existing evidence suggests there are key structural barriers and bottlenecks, which are set out below.

4.5.1. Climate and disaster risks

Despite the good overall performance of Tokelau in relation to access to improved water sources, climate change and natural disasters pose significant risks to Tokelauans' access to safe drinking water. In particular, Tokelau's safe water supply is highly vulnerable to climate change-induced sea level rises and flooding, as well as the occurrence of regular droughts. For example, in 2011 Tokelau's residents ran out of fresh water supplies as a result of a six-month dry spell and the salination of underground water supplies (owing to rising sea levels), which meant that a seven-day supply of bottled water shipped from Samoa was the only source of fresh water for Tokelauans.¹⁴¹

4.5.2. Financing

Inadequate financing is likely to be a key barrier to more rapid progress in relation to improving access to WASH in Tokelau. Unfortunately, it was not possible to obtain information on government

139 UNICEF, 'Solomon Islands: Incorporating MHM into National WASH in Schools Policies and Guidelines', p. 3, footnote, 3, on https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [13.04.17].

140 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', February 2014, pp. 14–15, on <http://www.tokelau.org.nz/site/tokelau/ERO%20National%20Evaluation%20of%20Education%20%20Provision%20in%20Tokelau%20-%20Confirmed%20February%202014.pdf> [31.08.17].

141 See e.g. *The Guardian*, 'South Pacific Islands Face Water Crisis after Six Months of Low Rainfall', 4 October, on <https://www.theguardian.com/environment/2011/oct/04/south-pacific-water-crisis-rainfall> [19.04.17].

allocations for WASH in Tokelau. The 2014 SPC country report suggests Tokelau was able to secure Australian funding to 'strengthen the capacity of Tokelau to effectively manage freshwater resources for enhanced water security'. However, it is not clear until when this funding will be provided, and how the sustainability of WASH funding in Tokelau will be ensured.¹⁴²

142 SPC, 'Tokelau Programme Report', 2014, on <http://www.spc.int/wp-content/uploads/2017/01/Tokelau-2014.pdf> [19.04.2017].

5.

Education

Key Education-related SDGs

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

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

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

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). According to the United Nations Committee on Economic, Social and Cultural Rights, the right to education encompasses the following ‘interrelated and essential features’: availability; accessibility; acceptability; and adaptability.¹⁴³ The right to education is also contained in the SDGs, which recognize that, ‘Quality education is the foundation to improving people’s lives and sustainable development’. SDG 4 requires states to ‘ensure inclusive and quality education for all and promote lifelong learning’. The SDGs build on the MDGs, including MDG 2 on universal primary education, and UNESCO’s Education for All (EFA) goals, which this chapter references throughout where relevant.

In addition to these rights and targets, the UNISDR and the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework sets out three essential and interlinking pillars for effective disaster and risk 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 Tokelau, particularly as natural disasters and climate risks are some of Tokelau’s greatest

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

development challenges.¹⁴⁴ Unfortunately, data on the impact of natural disasters over the past decade on school infrastructure and school attendance are unavailable.

As part of the 2004 devolution arrangements between Tokelau and New Zealand, responsibility for the management, governance and resourcing of education in Tokelau was devolved to the *taupulega* on each atoll.¹⁴⁵ The Department of Education (DoE), the stated mission of which is 'to raise educational achievement, promote equality of opportunity and outcomes for all students and to improve the quality of education services delivery', acts as lead advisor to the Tokelau government on the education system.¹⁴⁶ Its role involves setting national standards and establishing monitoring systems to evaluate the achievement of these; providing national planning and administrative support; managing and operating the government of Tokelau Scholarships Scheme; coordinating national education policy and activities; and liaising with and managing relationships with New Zealand and international organizations and donors concerning the education sector.¹⁴⁷

New Zealand plays a key role in Tokelau's education system: the Tokelau–New Zealand Joint Commitment for Development 2011 affirms New Zealand's partnership with Tokelau in improving quality of education at all levels through strengthened structures, systems and operations.

Education in Tokelau comprises early childhood education (ECE), free and compulsory education for children aged five to 15 (Years 1–11) and optional free transition and foundation courses linked to the University of South Pacific in Years 12 and 13.¹⁴⁸ There are three schools in Tokelau, one on each atoll: Tialeniu School on Fakaofu; Matiti School on Nukunonu; and Matauala School on Atafu, which provide education for a total of approximately 400 students.¹⁴⁹ All three schools offer education from ECE level (more details on which are provided in the subsequent sub-section) to Year 13.¹⁵⁰

In March 2017, the Tokelau government revised its education budget for 2016–2017 from NZ\$ 2.6 million to NZ\$ 3.1 million. The government put in NZ\$ 40,000 as additional funding for its Scholarship Scheme. After incorporating its 2016 balances for education into its recurrent budget for 2017, the government also added NZ\$ 420,000 to its Education Incentivization Fund for teacher salary increases and other expenses, and NZ\$ 10,340 to the Office of the Minister of Education.¹⁵¹ The National Strategic Plan 2010–2015 and Tokelau Education Sector Strategic Plan 2008–2013 have guided the direction of education reforms in Tokelau over recent years. The General Fono recently approved the Tokelau Education Plan 2016–2022, which aims to continue the process of reforms and address the outcomes of recent assessments of the education system in Tokelau, including

144 Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', pp. 3–4.

145 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 1.

146 Government of Tokelau, 'Department of Education', on <http://www.tokelau.org.nz/Tokelau+Government/Government+Departments/Department+of+Education.html> [08.04.17].

147 Ibid.; New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 1;

148 Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', pp. 15–16; Government of Tokelau, 'Department of Education'; New Zealand ERO, 'National Evaluation of Education Provision in Tokelau'.

149 Government of Tokelau, 'Department of Education'; New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 1.

150 Government of Tokelau, 'Department of Education'.

151 Tokelau General Fono, Decisions 6–10 March 2017, pp. 10, 12–13.

an evaluation by the New Zealand ERO in 2013 of school-based ECE, primary and secondary education (see below).¹⁵² However, the Plan provides only a brief overview of the general direction of the reforms. (It is not known whether the *taupulega* and DoE aim to elaborate the Plan with an implementation plan containing concrete activities, outputs, outcomes and indicators to measure progress.)

In 2013, the General Fono and DoE permitted the New Zealand ERO to evaluate the effectiveness of the education system in providing high-quality education to children in Tokelau from ECE to Year 11. The study culminated in the report, 'National Evaluation of Education Provision in Tokelau' in February 2014. The study found that participants aspired for an education system of the standard of the New Zealand education system, to enable students in Tokelau to transition to education in New Zealand or Australia and to effectively prepare them for future training, qualifications and employment. However, it found that education provision in Tokelau did not meet these aspirations or the rights of Tokelauan children, as New Zealand citizens, to high-quality education. In particular, the study found that only one of the three schools in Tokelau (Tialeniu School in Fakaofu) was of 'satisfactory standard'; the remaining two were rated 'poor' (Matiti School needed 'significant improvement' and Matauala School 'significant and urgent improvement').¹⁵³ The provision of education for children in Years 12–13, however, was generally highlighted as being of very good quality, most likely because of the support of the University of South Pacific. The provision of secondary education is discussed in more detail in sub-section 5.2 below.

5.1. Early childhood education

According to the SDGs, by 2030 states are required to ensure that 'all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'. EFA Goal 1 also requires the expansion and improvement of comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The New Zealand ERO report found ECE was underdeveloped across all three atolls. This was partly because of incomplete implementation of the National Curriculum Policy Framework 2006–2010 ('Curriculum Framework'), stemming from the absence of curriculum statements for ECE teachers to guide implementation; limited resources in the areas of mathematics, science, art activities, music and exploratory and outdoor play; and the use of pedagogical and assessment approaches that were unsuitable for ECE-aged children, driven by the lack of specialist teacher training opportunities for ECE level.¹⁵⁴

ECE is voluntary in Tokelau.¹⁵⁵ The net enrolment ratio (NER) in 2016 was 95.3 per cent, indicating near universal enrolment in ECE. However, the disaggregated NERs indicate that enrolment of children of official ECE age was significantly higher for boys (104.5 per cent) than girls (85.7 per cent). Further, the gross enrolment ratios (GERs), which were 127.3 per cent for boys and 114.3 per

152 Ibid., pp. 7 and 22.

153 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 2.

154 Ibid., p. 12.

155 Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', p. 16.

cent for girls in 2016, indicate that a significant proportion of children, particularly boys, enrolled in ECE are older than the official ECE age.¹⁵⁶ Without any further up-to-date statistical data on ECE participation and learning outcomes, it is not possible to provide a comprehensive assessment of access to and quality of ECE participation in Tokelau.

5.2. Primary and secondary education

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

The Tokelau Millennium Development Report 2012 states that primary school consists of 11 years (Years 1–11) for children from the age of five to 15, and is free and compulsory.¹⁵⁷ It further states that the NER in 2012 was 105.9 per cent.¹⁵⁸ However, more recent figures refer to Years 1–6 as primary education and Years 7–13 as secondary education. According to these figures, in 2016 the primary NER was 94.9 per cent, falling short of universal primary enrolment. The primary GER in 2016 was 101.7 per cent, indicating that a small proportion of children enrolled in primary school fall outside the official age group. The secondary NER was significantly lower than the primary NER in 2016, at 63.7 per cent. The secondary GER in 2016 was 70.1 per cent, indicating that a notable proportion of pupils enrolled in secondary education fall outside the official age group.¹⁵⁹

The Curriculum Framework applies up to Year 11, after which schools in Tokelau receive support from the University of South Pacific to provide ‘foundation’ and ‘transition’ courses for those in Years 12 and 13.¹⁶⁰ Children can enrol on the foundation course only if they meet the pre-requisite criteria in Year 11.¹⁶¹ Students who do not meet the criteria in Year 11 can enrol on the transition course as a stepping-stone to the foundation course. All students who pass these courses are reportedly subsequently enrolled on their selected courses for tertiary education under the government of Tokelau Scholarship Scheme.¹⁶² Disaggregated enrolment and attendance figures for Years 5 to 15 are not available.

156 Government of Tokelau Statistics Advisor, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12.06.17], although these figures have not been verified by the authors.

157 Government of Tokelau and UNDP, ‘Tokelau Millennium Development Report 2012’, p. 16.

158 *Ibid.*, p. 15.

159 Government of Tokelau Statistics Advisor, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12.06.17], although these figures have not been verified by the authors.

160 Government of Tokelau, ‘Department of Education’; New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 12.

161 Government of Tokelau and UNDP, ‘Tokelau Millennium Development Report 2012’, p. 15.

162 *Ibid.*, pp. 15–16.

The Millennium Development Report 2012 indicates that there is gender parity in education at primary, secondary and tertiary levels in Tokelau. However, data from 2016 indicate that male enrolment is significantly higher than female enrolment at primary level, the NER being 103.3 per cent for males and 88.1 per cent for females. Similarly, the GER is 107.7 per cent for males and 95.2 per cent for females. However, this disparity narrows at secondary level: in 2016, the NER was 63.1 per cent for males and 63.6 per cent for females, and the GER was 68.9 per cent for males and 70.7 per cent for females.¹⁶³

The Millennium Development Report states that the literacy rate for the 15–24-year-old group in Tokelau is close to 100 per cent.¹⁶⁴ There are no updated literacy rate figures.

Outcomes in Tokelauan and English are monitored through the Tokelau Achievement and Progress Assessments at Years 4 and 6.¹⁶⁵ According to the New Zealand ERO, Year 4 levels of achievement in Tokelauan and English in 2012 show that many students are at risk of not achieving adequate reading and writing levels in either language, and urgent action is required to improve teaching and learning in Tokelauan. It further indicated that a failure to address this issue will have long-term consequences for the identity, language and culture of the Tokelauan people as well as their future outcomes.¹⁶⁶

On the other hand, the New Zealand ERO found provision of education to Years 12 and 13 was very good: there is a range of course options available to pupils; contract teachers have the requisite specialist knowledge and expertise; student–teacher ratios are low (although figures were not provided); and there is access to quality resources, including information technology. Nevertheless, there are very few alternatives, such as vocational training courses, for pupils who do not wish to pursue tertiary study at university or who have dropped out of school.¹⁶⁷ This is particularly problematic in light of the low percentage of pupils who pass Year 11 exams (2012 figures).¹⁶⁸

5.3. Barriers and bottlenecks

The New Zealand ERO and Tokelau policy documents highlight several barriers and bottlenecks that have contributed to the varying quality of education throughout the islands. Schools in Tokelau are reportedly not well resourced, which is a general barrier to ensuring quality education throughout the PICTs.¹⁶⁹

163 Government of Tokelau Statistics Advisor, cited on the website of the Pacific Regional Information System, on <https://www.spc.int/nmdi/education> [12.06.17], although these figures have not been verified by the authors.

164 P. 17.

165 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 8.

166 *Ibid.*, pp. 8–9.

167 *Ibid.*, pp. 12–13.

168 The Education Sector Report 2012 reportedly states that, across the three schools in Tokelau, 27 per cent of students passed mathematics, 37 per cent passed Tokelauan and 40 per cent passed English; cited in New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 13.

169 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 3; Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', p. 17.

The New Zealand ERO also found that the infrastructure and physical environments of all three schools in Tokelau were inadequate, particularly with regard to toilet facilities and hygiene.¹⁷⁰ The infrastructure in Matiti School and Matauala School were even considered health and safety risks.¹⁷¹ New school buildings were reportedly being built on Fakaofu and Atafu; the ERO recommended that these should be completed as a priority. It is not known whether this has been achieved, whether they have resulted in improvements to the quality of education in these schools and whether they are in line with Pillar 1 (safe learning facilities) of the Comprehensive School Safety Framework. The ERO also recommended that ‘urgent consideration’ be given to replacing the third school, Matiti School on Nukunonu,¹⁷² although, again, it is not known whether the Tokelau government has taken steps to do this.

The long distances between atolls and the need for regular transport between Tokelau and Samoa raise particular challenges to education development.¹⁷³ Children face safety risks when travelling to/from school, particularly on Fakaofu, where pupils travel by boat.¹⁷⁴ In addition, the long distances, costs and time needed to transport teachers between atolls to attend in-service training is a particular barrier to teacher development.¹⁷⁵ Internet connectivity issues present an additional barrier to the development of online/remote training alternatives. For this reason, the Tokelau Education Plan 2016–2022 states that it provides two costing alternatives: one involving workshops in Tokelau and requiring transport between the atolls, and the other based in Samoa.¹⁷⁶

The New Zealand ERO found there was a need to strengthen the education governance framework in Tokelau by developing clear divisions of responsibilities between key actors, as well as lines of decision-making and accountability; to improve coordination for strategic planning (particularly between the DoE and *taupulega*); and to introduce periodic reviews and reporting mechanisms between schools and government lines.¹⁷⁷ In particular, the ERO highlighted a need to develop coherent coordination at all levels between key education actors, including the DoE, the *taupulega* and school principals, with increased support from New Zealand by way of training, shared expertise and education materials.¹⁷⁸ Training and support to the *taupulega* had reportedly been insufficient, resulting in education not being reflected as a priority in *taupulega* decision-making. These bottlenecks reinforced the need to strengthen the skills capacity of the *taupulega*. Ambiguity over the roles and responsibilities of the *taupulega* and parent–teacher associations had also resulted in the blurring of boundaries between these entities, leading to poor communication, unclear lines of decision-making and, ultimately, issues concerning conflict of interest, influence and inappropriate uses of power.¹⁷⁹ Clarity of functions and improved communication and coordination were needed particularly between schools, the DoE and the *taupulega* in Nukunonu and Atafu, to enable stakeholders to align village development plans with school plans.¹⁸⁰

170 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, pp. 3 and 14–15.

171 Ibid., p. 15.

172 Ibid., p. 3.

173 Tokelau Education Plan 2016–2022, appended to Tokelau General Fono, Decisions 10–11 March 2016, p. 22.

174 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 15.

175 Government of Tokelau and UNDP, ‘Tokelau Millennium Development Report 2012’, p. 17.

176 P. 22.

177 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 5.

178 Ibid., p. 3.

179 Ibid., p. 4.

180 Ibid., pp. 5 and 15–17.

School leadership has been an influential factor in terms of the quality of education in Tokelau. Tialeniu School in Fakaofu has been identified as an example of effective school leadership, with the principal having led the development of a sustainable management system for the school, including a clearly articulated vision; a comprehensive strategic plan that aligned with the education goals in the village plan; clear guidelines, policies and procedures for teaching and learning; shared and agreed expectations for staff; the establishment of performance appraisal processes to support teacher development; a monitoring framework whereby the principal monitors and provides feedback on teaching plans; a focus on building positive relationships with parents; establishment of a homework centre; and a collaborative relationship with the *taupulega* and DoE.¹⁸¹

Leadership of the other two schools lacked ‘the necessary expertise, experience and professionalism’ to establish a school environment conducive to teaching and learning. This points to a need to develop and support a strong leadership governance framework both within these schools and between them and the DOE and *taupulega*, as well as individuals’ skills capacities in these schools.¹⁸²

The curriculum in Tokelau is governed by the Curriculum Framework, which covers ECE to Year 11.¹⁸³ Subject-specific ‘curriculum statements’ elaborate learning objectives and teaching approaches to facilitate its implementation.¹⁸⁴ The New Zealand ERO found the Framework provided ‘a sound basis for education provision in Tokelauan schools’.¹⁸⁵ Importantly, resonating with Pillar 3 (risk reduction and resilience education) of the Comprehensive School Safety Framework, the Framework recognizes the importance of sustainable development and mitigation of natural disasters and climate risks, by emphasizing the need to ‘develop environmentally, economically and socially sustainable practices that value and sustain biodiversity and life-supporting ecological processes’.¹⁸⁶ In particular, it aims to develop pupils’ skills and understanding to address these environmental risks and make informed choices that sustain the environment.¹⁸⁷

However, at the time of the ERO’s review, curriculum statements had not been developed in all subjects (namely, health and physical education; visual and performing arts; technology; and environmental science), which was a barrier to the provision of consistent quality teaching across the three schools. The general lack of deep knowledge in the curriculum, lack of teaching expertise and limited availability of and access to teaching support (discussed further above and below) exacerbate this barrier, as does the gap in the governance framework, particularly in the provision of support by the *taupulega* to schools in the implementation of the Curriculum Framework, and limited coordination between these entities in developing evidence-based responses to implementation challenges.¹⁸⁸

181 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 5.

182 Ibid.

183 DoE, ‘National Curriculum Policy Framework’, 19 September 2006.

184 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 7.

185 Ibid., p. 6.

186 P. 8.

187 P. 11.

188 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, pp. 6–7.

There are no disaggregated numerical data on the proportion of teachers at each tier of education who have attained formal qualifications and/or specialist training. The Millennium Development Report 2012, however, highlighted that pre-service teacher training was sourced from outside Tokelau.¹⁸⁹ Although reports highlight examples of very good teaching practices and professional development opportunities (e.g. teacher training courses at the University of South Pacific),¹⁹⁰ the overall quality of teaching is considered to be in need of significant development, with examples of poor and very poor teaching practices arising in all schools, but particularly in Matauala School.¹⁹¹ For instance, the quality of language teaching varies, with some teachers lacking the knowledge and expertise to teach Tokelauan or English,¹⁹² which are necessary skills in light of the Tokelauan–English bilingual education goals enshrined in the Curriculum Framework. Inappropriate behaviour management strategies, including verbal humiliation and corporal punishment, are of particular concern (see Chapter 6 on ‘Child Protection’ for further details).¹⁹³

The ERO highlighted several methods for strengthening teachers’ knowledge and skills capacities, including developing clear expectations of profession standards; reducing the high turnover and numbers of untrained teachers; improving the teacher recruitment, selection and appointment process; resolving tensions such as salary scale issues between local and contract teachers; strengthening access to high-quality in-service professional development opportunities; and strengthening the governance framework (see above).¹⁹⁴

The barriers above have been the key drivers of non-implementation of the assessment framework set out in the Curriculum Framework, particularly in Matiti School and Matauala School.¹⁹⁵ This has resulted in teachers either over-emphasizing ‘teaching to test’ and student ranking, on the one hand, or not holding assessments to gauge progress at all on the other, as opposed to using assessments across all subject areas to inform adaptation of the curriculum and teaching approaches to meet student need.¹⁹⁶

In the absence of systematic data collection on education indicators in Tokelau, and without any up-to-date studies or research in this area, it is not possible to conduct a comprehensive assessment of education in Tokelau or determine the exact extent to which barriers and bottlenecks have changed since 2013. In March 2017, the General Fono highlighted that challenges in education remained, although, apart from on the shortage of teachers on Fakaofu, very little detail is provided on the nature of these issues and challenges. However, the General Fono recognized that it did not have sufficient data to identify the specific challenges faced by pupils in the education system,¹⁹⁷ which is a significant gap that should be addressed to ensure education provision in Tokelau is in line with international child rights standards and on course to meet SDG targets.

189 Government of Tokelau and UNDP, ‘Tokelau Millennium Development Report 2012’, p. 17.

190 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 12.

191 *Ibid.*, pp. 11–12; Government of Tokelau and UNDP, ‘Tokelau Millennium Development Report 2012’, p. 17.

192 New Zealand ERO, ‘National Evaluation of Education Provision in Tokelau’, p. 8.

193 *Ibid.*, p. 12.

194 *Ibid.*

195 *Ibid.*, p. 9.

196 *Ibid.*

197 Tokelau General Fono, Decisions 6–10 March 2017, p. 38.

6.

Child Protection

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

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

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

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

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

Article 32 – The right to protection from economic exploitation

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

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

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

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

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

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

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

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

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

Key child protection-related SDGs

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

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

UNICEF’s global Child Protection Strategy calls for creating a protective environment ‘where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk

factors, and strengthen children’s own resilience’.¹⁹⁸ The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasizes that child protection requires a holistic approach, identifying and addressing community attitudes, practices, behaviours and other causes underpinning children’s vulnerability, engaging those within children’s immediate environment (children themselves, family and community), and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. ‘Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.’¹⁹⁹ The main elements of a child protection system are:

Main elements of a child protection system

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

Source: Adapted from UNICEF Child Protection Resource Pack 2015

6.1. Child protection risks and vulnerabilities

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

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

199 Ibid.

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

Tokelau has limited data on violence, abuse, neglect and exploitation of children. However, available information suggests that children experience violence in their homes, schools and community.

The 2006 Situation Analysis of Women, Children and Youth in Tokelau by the government of Tokelau and UNICEF noted that corporal punishment was widely used and ‘entrenched’ in society. The SitAn also raised questions around child abuse, including cultural approaches that might fail to recognize actions as abusive, that discourage reporting or that leave children vulnerable to abuse through over-trust of community leaders.²⁰⁰

The 2014 Global School-Based Health Survey (GSHS) suggests that Tokelau children are exposed to relatively high rates of bullying and fighting in schools. The proportion of children aged 13–15 years who had experienced physical fights within the previous 12 months (75 per cent) is highest across the PICTs for which there are comparable data, for which the average prevalence is 49.5 per cent. The proportion of 13–15 year olds who had experienced bullying in the previous 30 days was, however, below the PICTs average of 45.4 per cent, standing at 40 per cent.

Table 6.1: Violence and unintentional injury rates in 2014

	Students 13–15 years			Students 16–17 years			Students 13–17 years		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
% of students in a physical fight one or more times in the 12 months before the survey	75.1	88.4	60.1	13.1	-	-	57.3	66.6	46.2
% of students seriously injured one or more times in the 12 months before the survey	61.7	66.7	55.1	26.7	-	-	51.6	55.6	46.3
% of students bullied on one or more days in the 30 days before the survey	40.5	38.6	38.9	15.9	-	-	33.3	30.0	33.9

Source: GSHS 2014

According to the US Department of Labor’s 2016 report on the worst forms of child labour in Tokelau, there is ‘no child labor, including in its worst forms’ in the country. No data were available on children’s exposure to family violence, corporal punishment in schools, child sexual abuse, commercial sexual exploitation of children, trafficking in children, child marriage or children in conflict with the law.

6.1.2. Community knowledge, attitudes and practices

The community plays a central role in child protection in Tokelau, with communal responsibility for caring for and watching over children. Informal fostering, kinship care, adoption and sending children to relatives overseas are also common.²⁰¹ These practices provide an important social safety net for children, particularly where their parents are unable to meet their needs. However, community influence can lead to secrecy, which may place children at risk of violence, abuse, neglect or exploitation without appropriate remedy.²⁰² Most people in Tokelau are reportedly reluctant to seek assistance with personal problems owing to confidentiality issues that arise as a result of living in small communities.²⁰³

Violence against children is culturally acceptable as a form of discipline in Tokelau, and in some cases, is habitual, rather than being a result of affirmative ‘parenting’ decisions.²⁰⁴ However, there are some indications that community approaches are changing, such that younger community members are resistant to the use of corporal punishment.²⁰⁵

6.2. The child protection system

The Tokelau government has made limited progress in establishing a national child protection system.

6.2.1. The legal and policy framework for child protection

Tokelau lacks a national child protection policy or plan of action. Some aspects of children’s right to care and protection have been addressed under national laws.

Tokelau lacks a legal framework for child and family welfare services. There is no law setting out the state’s responsibility to support parents and to ensure the care and protection of children; no designated authority responsible for prevention, early intervention and response services for children and families; and no clear authority or procedures for a government agency to step in and protect a child who has experienced or is at risk of harm, or who is without parental care.

201 Government of Tokelau, with UNICEF, Tokelau Situation Analysis 2006, p. 36.

202 Ibid., p. 36.

203 UN Women, Tokelau.

204 Ibid., p. 35.

205 Government of Tokelau, with UNICEF, Tokelau Situation Analysis 2006, p. 36.

Key child protection laws

Child care and protection	None
Child custody and maintenance	None
Adoption	Adoption Regulations 1966
Birth registration	Births and Deaths Registration Regulations 1969
Child labour	Schedule of Transtok Tokelau Corporation Rules
Penalization of physical abuse, sexual abuse and sexual exploitation	Crimes, Procedure and Evidence Rules 2003
Child victims and witnesses in criminal proceedings	Crimes, Procedure and Evidence Rules 2003
Violence in schools	National Curriculum Policy Framework
Children in conflict with the law	Crimes, Procedure and Evidence Rules 2003
Children with disabilities	None
Child protection in emergencies	None

Legal definition of the child under Tokelau law

Definition of a child under child welfare law	None
Minimum age for marriage	16 for girls, 18 for boys ⁱⁱⁱ
Minimum age for employment	None
Minimum age for engaging in hazardous work	18
Age for consent to sexual activity under criminal laws	16 for girls, none for boys
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	16

Tokelau's domestic laws provides some protection for children from some forms of violence. The Crimes, Procedure and Evidence Rules 2003 prohibits assault, abduction, 'carnal knowledge' of a girl under the age of 16, indecent assault, and ill-treatment and neglect of children under 16 by parents, guardians and carers. However, these provisions are framed in outdated language and do not afford equal protection to boys and girls or to children over the age of 16, and the penalties for some offences are quite light with regard to the gravity of the crime. In addition, the Rules justify the use of corporal punishment by parents, carers and all others looking after children who are voluntarily in their tutelage 'if the force used is reasonable in the circumstances'.²⁰⁶ No

206 Section 15(3).

provision has been made to penalize child pornography, commercial sexual exploitation of children, trafficking in children or hazardous or exploitive child labour.

The minimum age of criminal responsibility in Tokelau is 10 years old,²⁰⁷ with a rebuttable presumption that children aged between 10 and 14 may not be convicted of committing an offence unless it can be shown that the child 'knew that the act or omission was wrong or that it was contrary to law'.²⁰⁸ The minimum age of 10 is lower than the 'absolute minimum' of 12 recommended by the UN Committee on the Rights of the Child, and the use of dual ages with a rebuttable presumptions is also contrary to the Committee's recommendations.²⁰⁹

There are no special measures or procedural protection for child victims and witnesses under Tokelau law, and limited special protections for children in conflict with the law. The Crime, Procedure and Evidence Rules 2003 state that prison sentences may not be imposed on persons under 16 years of age,²¹⁰ but otherwise makes no special provision for children. As such, children are subject to the same procedures and same sentencing options as adults. The non-custodial sentences that are set out within the Rules are the same for children and adults: community service, reprimands, orders to repair or compensate the victim and suspended sentences.²¹¹ Under the Rules, there is no right to legal assistance.

6.2.2. Child protection structures, services and resourcing

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

There are no child and family welfare services in Tokelau. There is a lack of basic support services such as counselling and social work for victims of domestic abuse, with the only sources of assistance currently available being the clergy, health professionals and teachers.²¹²

There is no information about the number of children coming before the courts as victims, witnesses or offenders, or on the extent to which measures have been taken to promote specialization and child-sensitive handling of children at all stages of the process. According to reports, most criminal cases in Tokelau, including those involving children in conflict with the law and children who are victims and witnesses, are handled within the community, through the informal justice system.²¹³ This is potentially a positive measure that allows for community-based restorative justice and community-based alternatives to the formal court procedures, but it can also lead to lack of justice if safeguards are not followed.

207 Section 114(1), Crimes, Procedures and Evidence Rules 2003.

208 Section 114(2), Crimes, Procedures and Evidence Rules 2003.

209 UN Committee on the Rights of the Child, General Comment No. 10, 2007, para. 30.

210 Section 136(3).

211 Sections 136(2), (4)(i)-(iii) and 138.

212 UN Women website, Tokelau.

213 Van Welzenis, I., 'Country-Level Summaries of Diversion and Other Alternative Measures for Children in Conflict with the Law in East Asian and Pacific Island Countries', Internal UNICEF EAPRO Report, 2016, p. 152.

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

Tokelau's education sector lacks a comprehensive child protection policy; however, corporal punishment in schools has been prohibited by Section 4.16 of the National Curriculum Policy Framework, which states that 'no child or student shall be subjected to any form of physical ill treatment, corporate [sic] punishment, or verbal abuse'. However, the extent to which this is implemented in practice is not known. The health sector similarly lacks a policy, protocol or procedures on addressing violence against children and identifying and responding to suspected child abuse and neglect.

Tokelau's labour sector has taken some legislative steps to address child labour. There is no minimum age for working; however, the minimum age for hazardous work has been set at 18 under Rules 52 and 53 of the Schedule of Transtok Tokelau Corporation Rules. As the US Department of Labor's report noted, under the Schedule of Transtok Tokelau Corporation Rules, children between the ages of 16 and 18 may work on ships with parental consent; this could be considered hazardous employment. There is no legal framework to protect children from 'forced labor, including debt bondage, child trafficking, and slavery'.²¹⁴

Birth registration in Tokelau is governed by the Tokelau Islands Births and Deaths Registration Regulations 1969. The low overall population estimates for Tokelau suggest there is a relatively small number of births each year. Despite UNICEF reporting in 2006 that 'No births occur without community knowledge' and 'All births are thus registered by the police on each atoll',²¹⁵ birth registration in Tokelau reportedly remains a challenge, with the small population and limited resources acting as a barrier to registration: 'Because numbers are so small [there is] no regular practice by officials.' In addition, flooding in 2012 led to the loss of paper records.²¹⁶ In 2012, Tokelau introduced efforts to improve civil (birth and death) registration, including a National Registration Day on 1 December 2014.²¹⁷ In 2016, it was reported that registration within Tokelau was at approximately 60 per cent of the population, and that 'Practically all new births in Tokelau are now recorded'.²¹⁸

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

Tokelau has no inter-agency coordination body or mechanism for children, and no lead agency responsible for strategic planning and policy development in relation to child protection. Effective policy development and planning for child protection is also hampered by the lack of data or research on most child protection issues, and the general lack of information on the risks children face in the home, school and community.

214 US Department of Labor, 'Findings on the Worst Forms of Child Labor in 2015 – Tokelau', 2015, on <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Tokelau.pdf> [16.06.17].

215 Government of Tokelau, with UNICEF, Tokelau Situation Analysis 2006.

216 Fuimano, R., Toloa, R. and Jasperse, I., 'Tokelau – Civil Registration & Vital Statistics', Pacific Islands Meeting on CRVS, February 2016.

217 Brisbane Accord Group, 'Developing a Civil Registration System for Tokelau', n.d. (post-2012).

218 Government of Tokelau, 'Tokelau's CRVS System in Pacific Spotlight', February 2016 on <http://www.tokelau.org.nz/Bulletin/February+2016/Tokelau+CRVS.html> [16.06.17].



Social Protection

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

According to UNICEF, social protection is ‘the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities²¹⁹ to poverty and deprivation, and mitigating their effects’.²²⁰ Social protection systems are essential to ensuring realization of the rights of children to social security (CRC Article 26) and a standard of living adequate for their physical, mental, spiritual, moral and social development (CRC Article 27). According to Article 27(2) of the CRC, State Parties are required to ‘take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing’.

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

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

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

In order to achieve this, SDG 1.3 requires the implementation of ‘nationally appropriate social protection systems and measures for all, including [social protection] floors’. A social protection floors consist of two main elements: essential services (access to WASH, health, education and social welfare); and social transfers (a basic set of essential social transfers in cash or in kind, paid to the poor and vulnerable).²²¹

Key Social Protection-related SDGs

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

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection it is necessary to develop an integrated and functional social protection system. This means developing structures

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

and mechanisms to coordinate interventions and policies to effectively address multiple economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, WASH and child protection.²²²

7.1. Profile of child and family poverty and vulnerability

There are no recent data on the extent of poverty in Tokelau.²²³ However, according to the government's own 2015 report on Tokelau's performance in relation to the Millennium Development Goals, 0 per cent of the population lives below the basic needs poverty line (US\$ 1.25 a day); 'Extreme poverty and hunger does not exist in Tokelau.'²²⁴

However, in the 2016 census, a significant proportion of households identified that they 'do not have enough money' to meet their everyday needs. Twenty-two per cent of households in Tokelau reported not having enough money and 39 per cent having 'just enough money' to meet everyday needs.

According to census data, levels of economic well-being vary across the three atolls of Tokelau. The proportion of households that reported having 'not enough money' to meet everyday needs was higher than the national average in Atafu (27.6 per cent, compared with 22.4 per cent) and Nukunonu (28 per cent, compared with 22.4 per cent), and significantly lower in Fakaofu (11.8 per cent, compared with 22.4 per cent).²²⁵

There do not appear to be any data available to enable an analysis of the variation in poverty rates among different types of households (number of dependants, single-headed, etc.) or by identity characteristics (gender, disability, etc.). This represents a significant gap and limits the extent to which measures to address poverty can be effectively targeted.

As a small island nation, Tokelau faces many of the challenges of PICTs more generally, 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.²²⁶ It also faces challenges relating to 'human resource capacity, adequate and functional infrastructure to be able to deliver good quality public services, very limited means to generate national income and total reliance on its shipping service from Apia as the only means of transport for people and cargo'.²²⁷ However, its political affiliation and 'free association' with New Zealand has resulted in a degree of social and economic protection from

222 UNICEF Social Protection Strategic Framework, p. 31.

223 An HIES was recently carried out; however, the report from the survey had not been published at the time of writing.

224 Government of Tokelau, 'Consolidated Sector Report for the Period to 30 June 2015'.

225 Census data extrapolated from reports of profiles of each atoll.

226 AusAID, 'Poverty, Vulnerability and Social Protection in the Pacific: The role of Social Transfers', 2012, p. 4.

227 Government of Tokelau, 'Consolidated Sector Report for the Period to 30 June 2015'.

these challenges.²²⁸ New Zealand support also represents 80 per cent of the Tokelau government's recurring budget.²²⁹

Tokelau has a mixed subsistence and cash economy, and there is very little unemployment. According to a recent government report, the country's 200 government jobs are funded by the national budget; these jobs represent the major source of income for Tokelauan households. Other sources of income are the sale of livestock, fish and handicrafts. However, food security is a challenge, on account of the low fertility of the soil and very small landmass. The effects of climate change will likely compound these food security issues: the biggest source of food supply is currently marine resources; climate change will result in 'the deteriorating quality of marine life as well as migration of fish'.²³⁰

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

Social protection encompasses many different types of systems and programmes, including social insurance (e.g. contributory schemes to provide security against for risk, such as unemployment, illness, disability, etc.); social assistance (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly or children); and social care (child protection prevention and response services, detailed in Chapter 6). There has been growing acceptance in recent times that social security, in particular the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.²³¹ Cash transfers provide households with additional income that enables them to invest in children's well-being and human development.²³²

Tokelau does not have its own national social assistance scheme. As New Zealand citizens, persons from Tokelau have access to all of New Zealand's social security benefits, although to be able to gain such access they must be resident in New Zealand. However, Tokelau citizens residing in Tokelau now have access to New Zealand's superannuation and veteran pension schemes.²³³ As noted above (Chapter 3), all Tokelauan citizens are eligible for treatment in New Zealand through its publicly funded health care system.

In addition, traditional community practices in Tokelau appear to provide security against food poverty. According to a 2015 government report, the *Inati* system ensures resources are distributed equitably among community members (e.g. the activity of communal fishing means catches are spread throughout the village).²³⁴

228 UNESCAP, 'Income Support Schemes in Pacific Island Countries', n.d., on <http://www.unescapsdd.org/files/documents/Income%20support%20schemes%20in%20Pacific%20island%20countries.pdf>, p. 15.

229 Government of Tokelau, 'Consolidated Sector Report for the Period to 30 June 2015'.

230 Ibid.

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

232 UNICEF, Social Protection Strategic Framework 2012.

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

234 Government of Tokelau, 'Consolidated Sector Report for the Period to 30 June 2015', p. 12.



Conclusions

8.1. Key findings

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

8.2. Climate change and disaster risks

Tokelau faces considerable climate change risks in the future owing to its topography and location. These include storm surges, tropical cyclones and drought. Climate change and extreme weather increase risks to all child rights sectors, including:

- **Health** – by increasing the risks of communicable and non-communicable diseases and exacerbating existing bottlenecks and barriers by affecting access, supply routes and infrastructure;
- **WASH** – by damaging and disrupting WASH infrastructure and increasing the risk of food- and water-borne diseases;
- **Education** – by affecting access to and quality of services owing to damaged schools, challenges in access and diverted resources;
- **Child protection** – by exacerbating the risk of violence against children, uprooting families and leaving children living in difficult and unsafe conditions.

8.3. Geography

The remoteness and geography of Tokelau act as a barrier to the delivery of child rights systems and services in the country. The long distances between atolls can make access to services almost impossible, or heavily delayed and prohibitively expensive.

8.4. Financial and human resources

Tokelau is classed as a lower-middle-income country and has significant resources constraints, which manifest in relation to child rights as follows:

- **Health:** There are growing costs associated with NCDs, climate-related health burdens and necessary workforce development; the small number of health workers limits training opportunities.
- **WASH:** Inadequate financing will impede progress in relation to improving access to WASH.
- **Education:** Schools in Tokelau are reportedly not well resourced, which affects the quality of education;²³⁵ lack of resources has led to a lack of training resources and skills.
- **Child and social protection:** Lack of resources leads to lack of services and ineffective functioning of existing services, including lack of training for specialist professionals in, for example, the justice sector.

8.5. Legal and policy framework

The SitAn found several important legal and policy gaps, including around a separate system for child justice and protections for children who are victims and witnesses, as well as a minimum age of criminal responsibility that is too low, for example. In addition, the report has highlighted a lack of important national policies and schemes, such as a national social assistance scheme, and a weak education governance framework.

235 New Zealand ERO, 'National Evaluation of Education Provision in Tokelau', p. 3; Government of Tokelau and UNDP, 'Tokelau Millennium Development Report 2012', p. 17.

8.6. Cultural norms and approaches

The strong community-led culture and social behaviours in Tokelau both enable and create barriers to child rights in all areas:

- Cultural behaviours have a large impact on **health**. Social stigmas around sexual activity can discourage children and young people from accessing sexual reproductive health services. As social norms around food and activity shift, these can also lead to health barriers in the form of NCDs, obesity and alcohol and tobacco use. On the other hand, this analysis noted that some children had been counselled against petrol-sniffing by a community elder, which is an example of the protective community network.
- The community is also engaged in **child protection** and **social protection**, with traditional behaviours tending towards supporting all children within a community and with community networking protecting children from food poverty. However, it has also been suggested that traditional norms are accepting or permissive of violence against women and children and dissuade against taking cases involving these matters to formal justice processes.
- In the justice system, the use of informal, traditional mechanisms is a potential enabler for child rights but also threatens them where appropriate safeguards are not in place.

8.7. Absence of data

Without further data in relation to child rights in Tokelau, it is not possible to conduct a comprehensive situation analysis, particularly in relation to vulnerable groups, including children with disabilities, girls and children from deprived backgrounds.

8.8. Equity

Limited data in this SitAn meant that it was not possible to conduct a comprehensive equity analysis, but some areas are important to note, including the finding that children with disabilities are effectively exiled from Tokelau as they can only receive treatment and services in New Zealand. It will be essential to collect and collate more disaggregated data in order to understand the full picture for children and women in Tokelau through an equity lens.

8.9. Gender

Limited data in this SitAn make it difficult to generate firm gender-related conclusions, though it is important to note that reports suggest violence against women is treated as a private matter and often underreported.

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 Table reproduced from *ibid.*, p. 2.
- III Parental consent is required for girls to marry under the age of 18, and for boys under the age of 21.

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