

Situation Analysis of Children in Tonga

© **United Nations Children’s Fund (UNICEF), Pacific Office, Suva**

December 2017

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

The report was commissioned by UNICEF Pacific, which engaged Coram International, at Coram Children’s Legal Centre, to finalise the Tonga Situation Analysis.

The Situation Analyses were managed by a Steering Committee within UNICEF Pacific and UNICEF EAPRO, whose members included: Andrew Colin Parker; Gerda Binder (EAPRO); Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya (Vice Chair), Stephanie Kleschnitzki (EAPRO); Uma Palaniappan; Vathinee Jitjaturunt (Chair) and Waqairapoa Tikoisuva.

The contents of the report do not necessarily reflect the policies or views of UNICEF. UNICEF accepts no responsibility for error.

Any part of this publication may be freely reproduced with appropriate acknowledgement.

Suggested citation. United Nations Children’s Fund, *Situation Analysis of Children in Tonga*, UNICEF, Suva, 2017

Cover Image: © UNICEFPacific/2018/Heinrich



Situation Analysis of Children in Tonga



Table of Contents

Executive Summary	4
Acronyms	8
1. Introduction.....	10
1.1. Purpose and scope.....	10
1.2. Conceptual framework	11
1.3. Methods and limitations	13
1.4. Governance and validation	14
2. Context.....	15
2.1. Geography and demographics	16
2.2. Main disaster and climate risks.....	17
2.3. Government and political context	18
2.4. Socio-economic context	18
2.5. Legislative and policy framework.....	21
2.6. Child rights monitoring.....	22
3. Health and Nutrition	23
3.1. Child mortality	24
3.2. Child health, immunization and communicable diseases.....	25
3.3. Maternal health	27
3.4. Violence against women and girls.....	29
3.5. Adolescent health	29
3.5.1. Fertility and contraceptive use	29
3.5.2. HIV/AIDS and sexually transmitted infections.....	30
3.5.3. Substance abuse.....	31
3.5.4. Mental health.....	32
3.6. Nutrition	33
3.6.1. Child stunting and wasting.....	34
3.6.2. Anaemia.....	34
3.6.3. Low birth weight and underweight.....	35
3.6.4. Overweight and obesity.....	35
3.6.5. Breastfeeding.....	36
3.7. Key barriers and bottlenecks	37
3.7.1. Climate and disaster risks.....	37
3.7.2. Financial and human resources.....	37
3.7.3. Lifestyle and social behaviours	39
4. Water, Sanitation and Hygiene	40
4.1. Access to improved water sources.....	41

4.2. Access to improved sanitation facilities	45
4.3. Hygiene practices.....	48
4.4. WASH in schools, menstrual hygiene management and disabilities	50
4.5. Barriers and bottlenecks.....	51
4.5.1. Climate change and disaster risks.....	51
4.5.2. Equity	51
4.5.3. Data availability	51
5. Education.....	52
5.1. Context.....	54
5.2. Early childhood education.....	56
5.2.1. Access and quality	56
5.2.2. Barriers and bottlenecks.....	57
5.3. Primary and secondary education	58
5.3.1. Access	58
5.3.2. Quality.....	60
5.3.3. Barriers and bottlenecks.....	60
5.4. Tertiary and vocational education	61
5.4.1. Barriers and bottlenecks.....	62
6. Child Protection	63
6.1. Child protection risks and vulnerabilities	66
6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children...	67
6.1.2. Community knowledge, attitudes and practices	69
6.2. The child protection system	70
6.2.1. The legal and policy framework for child protection	70
6.2.2. Child protection structures, services and resourcing.....	73
6.2.3. Mechanisms for inter-agency coordination, information management and accountability	76
6.3. Other child protection Issues	76
6.3.1. Birth registration	76
6.3.2. Climate change and natural disasters	76
7. Social Protection	78
7.1. Profile of child and family poverty and vulnerability	80
7.2. Bottlenecks and barriers to ensuring an effective social protection system	84
8. Conclusions	89
8.1. Climate change and disaster risks	89
8.2. Financial and human resources.....	90
8.3. Geography.....	90
8.4. Equity	90
8.5. Gender	90
8.6. Impacts of poverty and vulnerability	91
8.7. Legal and policy framework	91
8.8. Cultural norms and approaches.....	91

Executive Summary

Introduction

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

The Kingdom of Tonga consists of some 170 islands in the Polynesian Pacific, with a total surface area of 747km². It is made up of four island groups: Tongatapu in the south, Ha'apai in the centre, Vava'u in the north, and Niuatoputapu and Niufo'ou in the north. Only 36 islands are inhabited. The total population stands at 106,170, around 37 per cent of whom are under the age of 15.

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

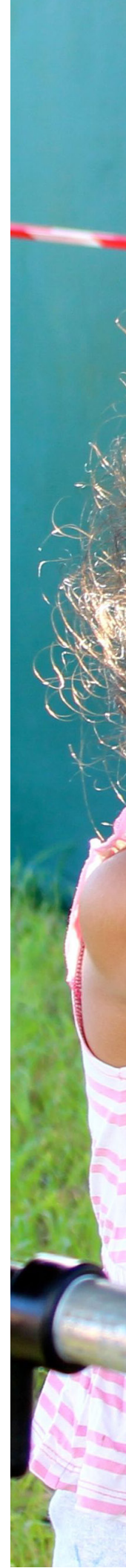
Key barriers and bottlenecks

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

Climate change and disaster risks: Tonga faces an increasing risk of extreme weather and natural disasters as well as increases in climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children and women's rights. Climate change and extreme weather, for example, affect access to and quality of education, health, WASH and other government services damaged schools, buildings and infrastructure, and diverted resources.

Financial and human resources: Tonga is a lower middle-income country, and faces some resource constraints in relation to child rights. In the health sector, for example, a key challenge is the low health workforce to population ratio.

Geography and equity: The geography of Tonga influences the realisation of the rights of women and children in all sectors. Those living on remote islands find it, on average, harder to access services, including education and health services. It is a challenge for the Government to





reach children in remote areas due to the cost and practical considerations. Resources could be distributed more equitably among the different geographic regions of Tonga. There are also gaps in the legal and policy framework in relation to protecting girls with disabilities and protecting boys from sexual offences.

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

Legal and policy framework: One of the main barriers in the child protection sector is the complete lack of a child protection legal framework and system. Children are not protected from corporal punishment at home. There are gaps in the legal framework in relation to protecting children from sexual offences. The minimum age of criminal responsibility (7) is too low. There is also a lack of specialised bodies and institutions to support child-friendly justice and child protection. Further, there is no child-friendly system of justice for children in contact with the law as victims or witnesses.

Cultural norms and approaches: Cultural attitudes and traditions in Tonga prevent or impede the realisation of children's rights in several sectors. Reliance on and preference for informal justice leads to underreporting and cases being handled within villages, where proceedings may not uphold child safeguards. Community attitudes towards violence against children and corporal punishment pose particular child protection risks.

Snapshot of outcome areas

<p>Health</p>	<p>Child mortality rates have been declining in over recent decades, and Tonga is on track to meet international child mortality reduction targets. Tonga is the only country in the PICTs region that displays an inverse relationship between gender and the under-5 mortality rate, with a higher mortality rate for girls. Gaps exist in immunization coverage in relation to all 12 universally recommended vaccines, with worrying downward coverage trends in relation to some. Tonga’s adjusted maternal mortality ratio is 124 maternal deaths per 100,000 live births, which falls significantly short of international targets and is one of the highest rates in the PICTs region. However, Tonga’s mortality rates can fluctuate heavily from one year to another due to the small numbers of vital events per year. Estimated antenatal coverage for at least one visit stands at a universal 99 per cent. Some 98 per cent of deliveries are attended by a skilled healthcare professional. Contraceptive prevalence is estimated at 34 per cent, which is just below the PIC average. Data from 2015 indicate that only 19 cases of HIV have ever been diagnosed in Tonga. However, only 14 per cent of males and 12 per cent of females have comprehensive knowledge of HIV/AIDS transmission and prevention.</p>
<p>Nutrition</p>	<p>According to 2012 data, the prevalence of stunting in children under 5 years in Tonga is 8 per cent, which compares favourably to the PIC average of 18 per cent. The estimated prevalence of wasting in under-5 children is 5 per cent, which is just above the PIC average of 4 per cent. Obesity and associated non-communicable diseases (NCDs) are a significant public health concern in Tonga. As of 2010 NCDs were the leading causes of morbidity and absorbed around 20 per cent of government healthcare expenditure. According to 2016 estimates, 17 per cent of children in Tonga were overweight. Data on childhood obesity are more limited, with a 2010 school-based survey finding that one in five surveyed students were obese. According to the most recent UN estimates, 52 per cent of children in Tonga are exclusively breastfed during their first six months, which is in line with global nutrition targets for 2025. The continued breastfeeding rate, however, stands at 30 per cent, which is the lowest rate in the PIC region.</p>
<p>WASH</p>	<p>Tonga has achieved universal coverage rates for improved water sources, while some coverage gaps in relation to sanitation remain. As of 2015, 91 per cent of households used improved sanitation facilities, with better coverage in urban areas (98 per cent) than rural areas (89 per cent). Worryingly, trend data suggest that improved sanitation coverage decreased slightly (3 percentage points) between 1990 and 2015. Information gaps exist in relation to WASH in schools, menstrual hygiene management (MHM) programmes and access to WASH for children living with disabilities and other disadvantaged groups.</p>

<p>Education</p>	<p>Early childhood education (ECE) has been compulsory in Tonga since 2013. Limited up-to-date data are available on ECE enrolment, survival and drop-out rates. Reports suggest that the quality of ECE programmes and learning materials are sub-standard and that teachers lack proper training. Access to ECE in remote and rural areas is also said to be very limited. The net enrolment rate (NER) for primary education was 90 per cent in 2015. At secondary level, the NER stood at 79 per cent (in 2014), with a significant proportion of children enrolled in secondary school falling outside the official age group. Ensuring access to quality primary education in remote areas, particularly on smaller, remote islands, poses a significant challenge. The limited numbers of secondary schools in rural areas drives low enrolment and drop-out in these areas, due to the associated high transport costs and migration of students towards urban and peri-urban areas. Underfunding of education is also an issue, especially in relation to primary education.</p>
<p>Child protection</p>	<p>Tonga has no discernible child protection system and no government agency dedicated to child welfare. The current legal framework does not protect children sufficiently from corporal punishment, exploitation, trafficking and child labour. Community attitudes towards violence against children and corporal punishment pose particular child protection risks. Up-to-date quantitative data on many child protection indicators are lacking. A 2009 report found violence against women and children to be widespread and deeply ingrained in society. A 2015 assessment report found evidence of children engaged in the worst forms of child labour, including forced domestic work. Further, as there is no child-specific law for child justice in Tonga, cases involving children in conflict and in contact with the law are processed according to general legal provisions.</p>
<p>Social protection</p>	<p>A significant proportion of Tonga's population lives in poverty, with poverty rates trending upwards since 2000. The basic needs poverty rate almost doubled between 2001 and 2009, to 22.5 per cent. Children and young people are more likely to be living in poor households than the wider population. Also of concern is the significant number of persons living just above the poverty line, where relatively small external shocks could readily push households into poverty. A recent assessment of Tonga's social protection system ranks it as one of the lowest in the region. In the context of diminishing traditional support systems, and volatility of remittances from overseas workers, the absence of a comprehensive social protection system that effectively targets those who are most in need is a significant gap.</p>

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette-Guérin
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CRIN	Child Rights International Network
CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Survey
EAPRO	East Asia and Pacific Regional Office
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education for All
FSM	Federated States of Micronesia
FY	Fiscal Year
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GSHS	Global School-based Health Survey
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
MMR	Maternal Mortality Ratio
MoET	Ministry of Education and Training
NCD	Non-communicable Disease
NER	Net Enrolment Rate
NGO	Non-governmental Organization
NMDI	National Millennium Development Indicator
ODA	Official Development Assistance
OHCHR	Office of the United Nations High Commissioner for Human Rights
PICTs	The 14 Pacific Island Countries and Territories that are the subject of the Situational Analyses
PNG	Papua New Guinea
SABER	Systems Approach for Better Education
SDG	Sustainable Development Goal
SitAn	Situational Analysis
STATS	Standard Testing for Tongan, English and Maths
SOWC	State of the World's Children
SP	Strategic Programme
SPC	Pacific Community
SPI	Social Protection Indicator

- STI** Sexually Transmitted Infection
- TB** Tuberculosis
- TESP I** Tonga Education Support Programme (2005-2010)
- TESP II** Tonga Education Support Programme (2013-2016)
- TOP** Tongan Pa'anga, the currency of Tonga
- TVET** Technical and Vocational Education and Training
- U5MR** Under-5 Mortality Rate
- UK** United Kingdom
- UN** United Nations
- UNDP** United Nations Development Programme
- UNESCAP** United Nations Economic and Social Commission for Asia and the Pacific
- UNESCO** United Nations Educational, Scientific and Cultural Organization
- 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)
- UNIFEM** United Nations Development Fund for Women
- UNISDR** United Nations International Strategy for Disaster Reduction
- US** United States
- US\$** United States Dollar
- VAWG** Violence Against Women and Girls
- WASH** Water, Sanitation and Hygiene
- WHO** World Health Organization

1.

Introduction

1.1. Purpose and scope

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

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

- To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequities, as the basis for developing recommendations for stakeholders to strengthen children's rights.
- To inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly 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.

- 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), adolescents (aged 10 to 19) and youth (aged 15 to 24).² In addition, an assessment and analysis of the situation relating to women is included, to the extent that it relates to outcomes for children (for example, regarding maternal health).

1.2. Conceptual framework

The conceptual framework is grounded in the relationship between child outcomes and the immediate, underlying and structural determinants of those outcomes, and is adapted from the conceptual framework presented in the UNICEF SitAn Procedural Manual. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this SitAn according to rights categories contained in the UN Convention on the Rights of the Child (CRC). These categories also correspond to UNICEF 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 realisation of children's rights and key international development targets, and any gaps, shortfalls and inequities in the realisation of these rights and targets. The assessment employed an equity approach, and highlighted trends and patterns in outcomes for groups of children, identifying and assessing disparities in outcomes according to key identity characteristics and background circumstances (e.g. gender, geographic location, socio-economic status, age and disability).

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

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

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

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

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

The analysis is also informed by:

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

The analysis did not engage in a comprehensive causality analysis, but immediate and underlying causes of trends, shortfalls and 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 that suffer the worst deprivations in society, have access to the resources and services necessary for their survival, growth and development.⁴ In line with this approach, the analysis included an examination of gender disparities and their causes, including a consideration of: the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

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

A rights-based framework was developed for measuring child outcomes and analysing role-patterns, barriers and bottlenecks. This incorporates the relevant rights standards and development targets (particularly the Sustainable Development Goals [SDGs]) in each of the child outcome areas (see Table 1.1).

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) - World Health Organization (WHO) Global Nutrition Targets (child stunting; anaemia; low birthweight; obesity/overweight; and breastfeeding)

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

WASH	<ul style="list-style-type: none"> - CRC (Article 24) - SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)
Education	<ul style="list-style-type: none"> - CRC (Articles 28 and 29) - Article 13 of International Covenant on Economic, Social and Cultural Rights (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 data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys, administrative data from government ministries and non-governmental organizations (NGOs) and other published reports.⁵ Key datasets were compiled from the UNICEF Statistics database (available at: <https://data.unicef.org/>) and the Pacific Community (SPC) Minimum Development Indicators (NMDI) database (available at: <https://www.spc.int/nmdi/>).⁶ The compilation of the 2016 State of the World's Children (SOWC) report was utilised as the most reliable data (available at: <https://www.unicef.org/sowc2016/>). The SPC NMDI database also compiles data produced through national sources.⁷ Other institutional databases such as from the World Bank, UNICEF/WHO Joint Monitoring Programme, WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics were used where relevant.

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

One of the limitations of the methodology is the lack of recent, quality data in relation to some of the areas covered by the analysis. Gaps in the availability of up-to-date, quality data are noted throughout the report. Because the analysis of causes and determinants of rights shortfalls relied

5 These datasets were reviewed and verified by UNICEF.

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

7 The database is updated as new data becomes available.

heavily on existing published reports, some areas of the analysis have not been the subject of robust and recent research – again, gaps are highlighted as necessary.

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

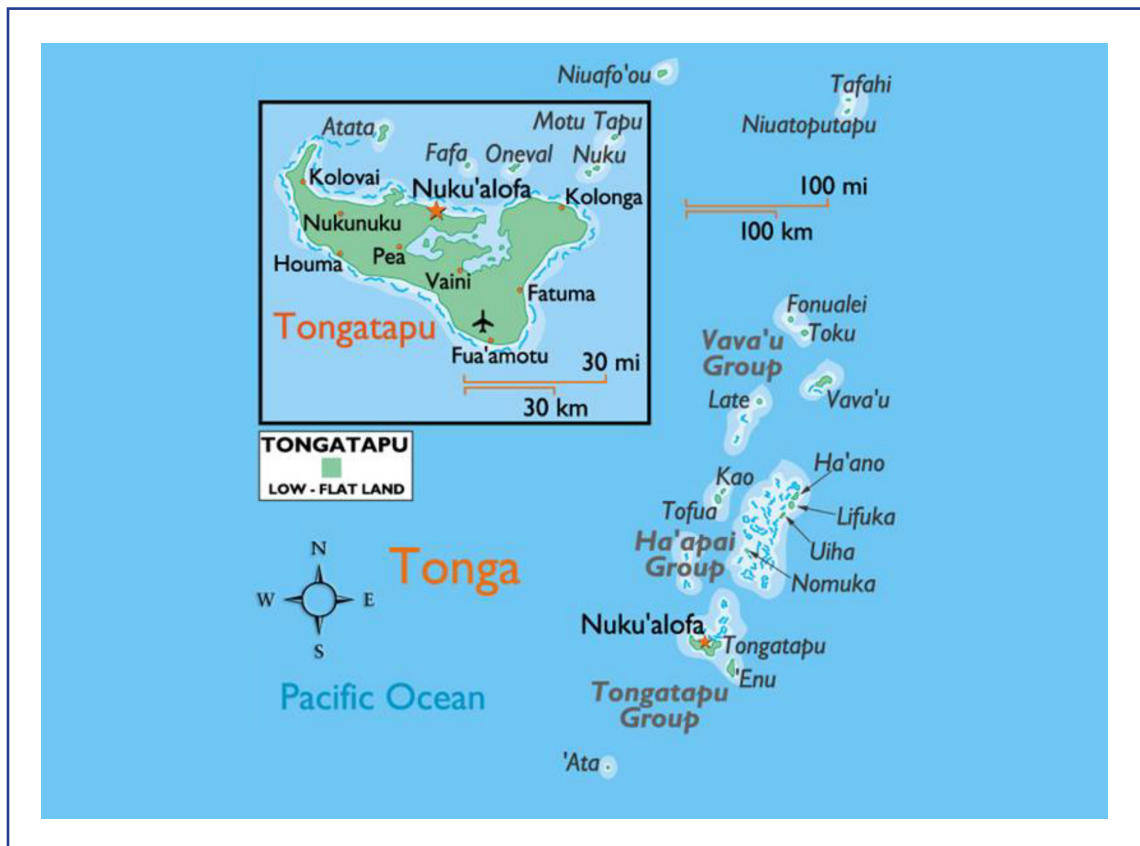
1.4. Governance and validation

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

2.

Context

Map 2.1: Map of Tonga



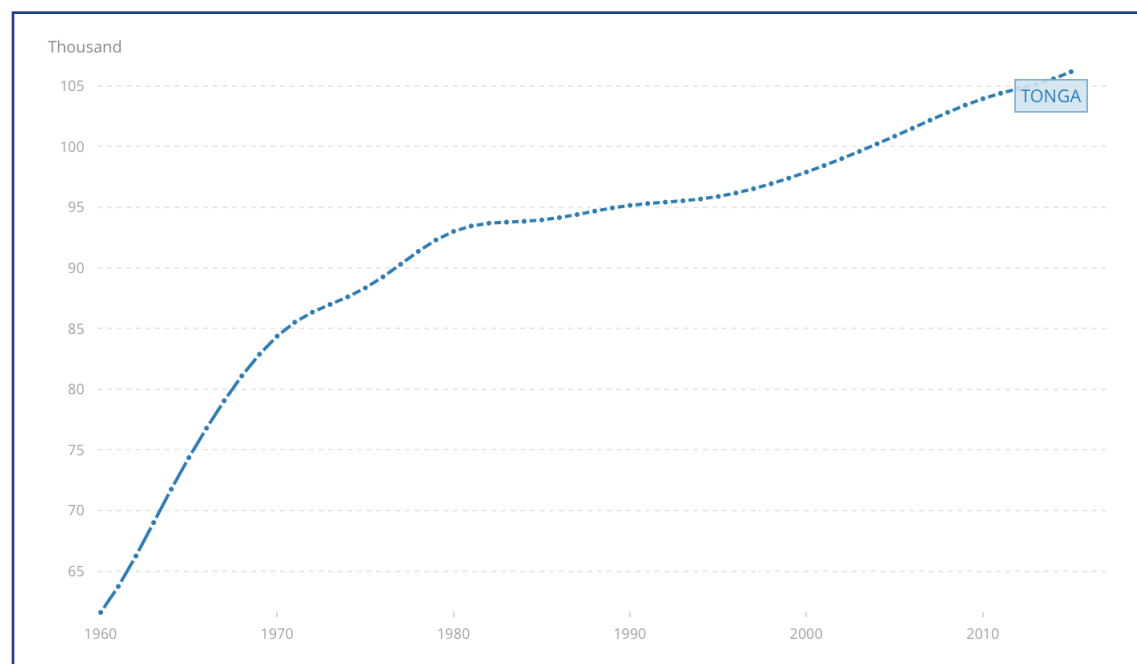
Source: World Atlas⁸

2.1. Geography and demographics

Tonga is a Polynesian Kingdom made up of over 170 islands, 36 of which are inhabited. The total area of the islands amounts to 747km², spread over an area of around 700,000 km² in the Pacific Ocean.⁹ Tonga is made up of four main island groups: Tongatapu, Vava'u, Ha'apai, and Niuatoputapu and Niuafu'ou.¹⁰ The capital is Nuku'alofa.

The most recent data from the World Bank placed the total population at 106,170 in 2016,¹¹ of which around 46,000 are under 18, and 13,000 are under 5.¹² As illustrated by Figure 2.1, there has been a steady rate of population growth since the 1960s. The population growth rate since 2006 has been slow, at 0.2 per cent.¹³

Figure 2.1: Population growth since the 1960s



Source: Tonga Department of Statistics¹⁴

The majority of Tonga's population, according to the 2011 census, live in rural areas (79,023, compared to 24,229 in urban areas).¹⁵ There is a significant trend of outward migration from Tonga,

9 Tonga. <http://www.nationsonline.org/oneWorld/tonga.htm>.

10 Tonga, OCHA. <http://www.unocha.org/pacific/country-profiles/tonga>.

11 World Bank Data. 2016. Tonga Population. <http://data.worldbank.org/indicator/SP.POP.TOTL?locations=TO>.

12 UNICEF. 2016. State of the World's Children.

13 Tonga Department of Statistics (calculated based on population census data), <http://tonga.prism.spc.int/component/advertising/?view=download&fileId=46&Itemid=301>.

14 Ibid.

15 Ibid.

particularly to New Zealand, the US and Australia. According to data from 2004, 216,000 Tongans were living abroad, and almost every household had a relative in another country (however, more recent data does not appear to be available).¹⁶

The life expectancy in Tonga is 71 years for men and 76 years for women.¹⁷ The ethnic makeup of Tonga's population is largely homogenous, with 96.6 per cent of the population being Tongan, as reported in 2006 (1.7 per cent were 'part-Tongan' and 1.7 per cent were 'other').¹⁸ The official languages are Tongan and English. The country is majority Protestant (64.9 per cent), with a significant minority of Mormons (16.8 per cent) and Roman Catholics (15.6 per cent).¹⁹

2.2. Main disaster and climate risks

Like many other Pacific Islands, Tonga is vulnerable to natural disasters, including cyclones. Cyclone Ian, a Category 5 system with winds over 200 km/h, passed over the Ha'apai and Vava'u island groups in January 2014.²⁰ The island groups declared a state of emergency the same day, and over 2,300 people sought formal and informal shelters. The cyclone caused one fatality and injured 14, with extensive damage to infrastructure and agriculture.²¹ Over 50 per cent of the estimated 1,130 buildings on Ha'apai's affected islands were destroyed.²²

Tonga is in one of the most seismically active areas of the Pacific Ocean, leaving it at risk to earthquakes, volcanic activity and tsunamis. The most recent and significant tsunami occurred in September 2009, hitting Niuatoputapu with 6- to 17-metre-high waves. Nine lives were claimed, 507 people affected and many villages destroyed.²³

In March 2015, at the Third UN World Conference on Disaster Risk Reduction, Tonga was labelled the second most at-risk country in the world due to constantly being under threat.²⁴ In 2015 a drought warning was declared because of the extremely dry weather over Tonga for nearly a year.²⁵

16 Cathy Small and David Dixon. 2004. *Tonga: Migration and the homeland*. <http://www.migrationpolicy.org/article/tonga-migration-and-homeland>.

17 WHO. *Tonga*, available at <http://www.who.int/countries/ton/en/>.

18 CIA. The World Factbook: Tonga. <https://www.cia.gov/library/publications/the-world-factbook/geos/tn.html>.

19 Ibid.

20 OCHA. Tonga: Tropical Cyclone Ian strikes tiny Pacific nation. <http://www.unocha.org/country/top-stories/all-stories/tonga-tropical-cyclone-ian-strikes-tiny-pacific-nation>.

21 Radio New Zealand, Tonga's Ha'apai a year on from Cyclone Ian. <http://www.radionz.co.nz/international/programmes/datalinepacific/audio/20163990/tonga-s-ha-apai-a-year-on-from-cyclone-ian> [30.06.17].

22 OCHA, Tonga: Tropical Cyclone Ian strikes tiny Pacific nation. Op. cit.

23 Ibid.

24 Secretariat of the Pacific Regional Environment Programme. <http://www.sprep.org/climate-change/tonga-second-most-at-risk-country-in-the-world>.

25 Tonga. OCHA. Op. cit.

Tonga's National Emergency Management Plan, prepared under the provisions of the Emergency Management Act (2007), provides the framework for responses to natural disasters. Alongside identifying the risk environment in Tonga, the Plan establishes arrangements for a coordinated response between government and regional agencies, and non-governmental bodies.²⁶

2.3. Government and political context

Tonga is a constitutional monarchy: the only monarchy in the Pacific. It is a parliamentary democracy with a unicameral Legislative Assembly consisting of 26 elected members, nine of whom are elected by and among 33 hereditary nobles, and 17 according to the public vote, on the basis of universal suffrage.²⁷ The Prime Minister is chosen by the Legislative Assembly and appointed by the monarch.²⁸

In 2010, a new Constitution was adopted, following a period of tension characterized by riots and looting during pro-democracy demonstrations. At least six people died and following the riots, 150 Australian and New Zealand troops and police came to Tonga at the Prime Minister's request.²⁹ The Constitution was developed after the establishment in 2008 of a Constitutional and Electoral Commission, which was tasked with making proposals for a more democratic system of government.³⁰ As of June 2015, there were no women Members of Parliament in Tonga.

The main effort to include young people in governance and decision-making processes is the Tonga National Youth Council, established in 1991, which is an independent body to address youth issues.³¹ It is an umbrella organization for youth groups and NGOs and delivers programmes focusing on "responsibility, good citizenship, community service and leadership." It worked on the development of the Tongan National Youth Policy in 2011 and runs an annual Youth Parliament event.³²

2.4. Socio-economic context

Tonga's most recent national development plan is the Tonga Strategic Development Framework 2015-2025. This framework seeks to achieve "a more progressive Tonga supporting a higher quality of life for all," with seven national outcomes relating to

26 Government of the Kingdom of Tonga. 2007. National Emergency Management Plan. http://pacificdisaster.net/pdnadmin/data/original/TONGA_2007_National_Emergency_mgt_plan.pdf

27 The Commonwealth, Tonga: Constitution and Politics. <http://thecommonwealth.org/our-member-countries/tonga/constitution-politics>.

28 Ibid.

29 Ibid.

30 Ibid.

31 Pacific Youth Council, Tongan National Youth Council. <http://www.pacificyouthcouncil.org/tonga.php>.

32 Youth Policy, Tonga. 2014. <http://www.youthpolicy.org/factsheets/country/tonga/>.

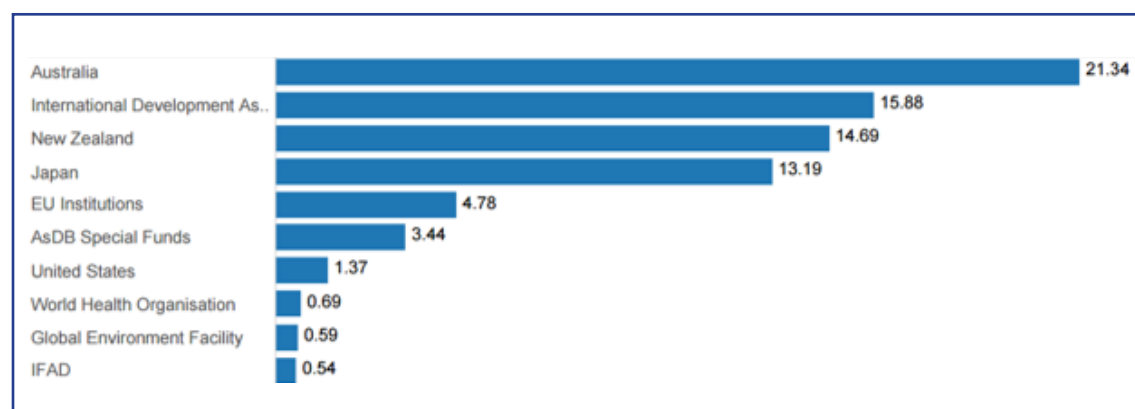
*inclusivity and sustainability in relation to the economy, development, gender equality, good governance, technology and infrastructure, land administration, security and sovereignty.*³³

Tonga is classified as a lower middle-income country by the World Bank and had a Gross Domestic Product (GDP) of just over US\$435 million in 2016: a drop from 2012 (from around US\$472.5 million).³⁴ The Gross National Income per capita in 2011, was US\$5,284.³⁵ Tonga has a human development index of 0.721 and is ranked 101 out of 188 countries, which places it in the 'high human development' category.³⁶

Economic growth has been slow in Tonga. Vulnerability to natural disasters, along with the global recession, has impacted negatively on growth. Tonga's economic resources and sources of revenue are extremely limited, partly owing to its size. The economy is characterised by large volumes of subsistence agriculture and it is heavily reliant on financial aid and remittances.³⁷

In 2014/2015, Tonga received over US\$76.4 million in Official Development Assistance (ODA). Figure 2.2 shows that Australia was the leading donor (US\$21.34 million). Significant contributions were also made by the International Development Association (US\$15.88 million), New Zealand (US\$14.69 million) and Japan (US\$13.19 million).

Figure 2.2: Top ten donors of gross ODA for Tonga (2014-2015 average) (US\$ million)



Source: ODA Charts at a glance³⁸

33 Government of Tonga. Tonga Strategic Development Framework 2015-2025. http://www.finance.gov.to/sites/default/files/TSDf%20II_English_printed%20to%20LA%20on%2019May2015_0.pdf [4.8.17].

34 World Bank Data: Tonga. <http://data.worldbank.org/country/tonga>; World Bank list of Economies March 2017. <http://databank.worldbank.org/data/download/site-content/CLASS.xls>.

35 World Bank Data: Tonga. Op. cit.

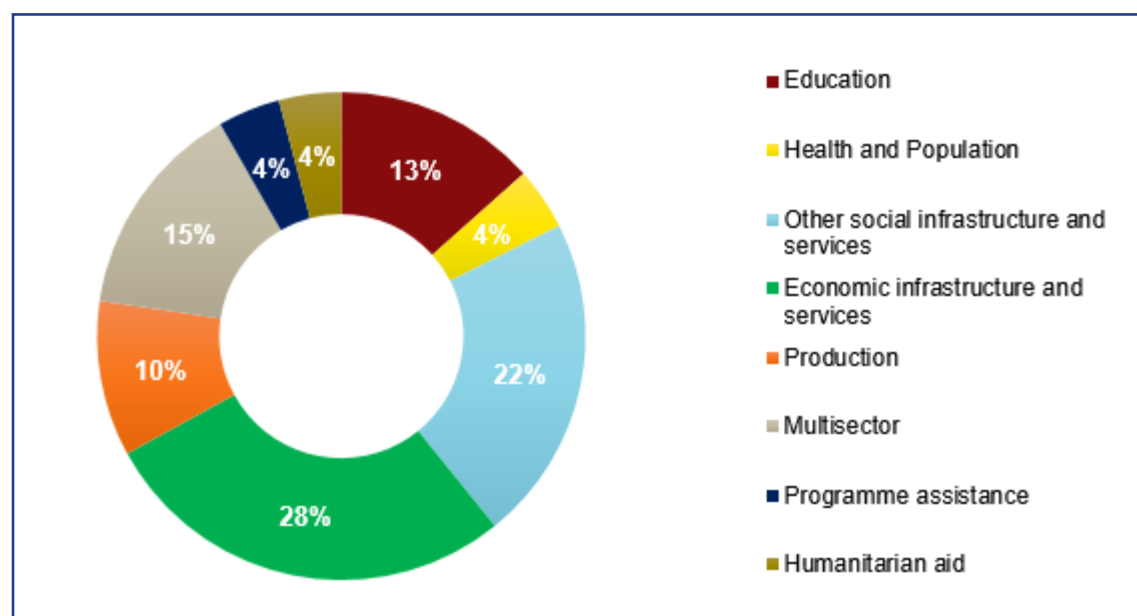
36 Ibid.

37 The Commonwealth, Tonga: Economy. <http://thecommonwealth.org/our-member-countries/tonga/economy>.

38 OECD. ODA Charts at a Glance, Tonga. <http://www.oecd.org/countries/tonga/aid-at-a-glance.htm>.

Figure 2.3 shows that bilateral aid was allocated mainly to economic infrastructure development (28 per cent) and social infrastructure services (22 per cent). Thirteen per cent was spent on education services.³⁹

Figure 2.3: Bilateral ODA received by sector for Tonga (2014-2014 average)



Source: OECD, ODA Charts at a glance, Tonga⁴⁰

Tonga's economy is heavily dependent on remittances, with the majority transferred to family members remaining on the island.⁴¹ A 2008 study found that 90 per cent of households relied on remittances,⁴² which were equivalent to 48 per cent of GDP in 2002.⁴³

A significant proportion of Tonga's population are living in poverty and rates of poverty appear to have increased since 2000. The 2009 Household Income and Expenditure Survey (HIES) found that 22.5 per cent of the population were living below the basic needs poverty line: a rise from 12.2 per cent in 2001.⁴⁴ Concern has also been expressed about the significant number of persons who are living just above the poverty line.⁴⁵

39 Ibid.

40 Ibid.

41 IMF Working Paper. 2010. Determinants of Remittances: Evidence from Tonga. <http://www.imf.org/external/pubs/ft/wp/2011/wp1118.pdf>.

42 Brown. 2008, in AusAID. 2010. *Social protection in the Pacific: A review of its adequacy and role in addressing poverty*.

43 World Bank. 2015. *Hardship and vulnerability in Pacific Island Countries*, p. 64.

44 The results of the 2016 HIES have not yet been published.

45 Matthew Morris, Australian National University 2001. *Measuring poverty in the Pacific: discussion paper no. 7* (2001), p. 13. https://devpolicy.anu.edu.au/pdf/papers/DP_9_-_Measuring_Poverty_in_the_Pacific.pdf

Children appear to be disproportionately vulnerable to poverty. The 2009 HIES found that children aged 0 to 14 were more likely to be living in poor households. Around 29 per cent of children were living below that basic needs poverty line, compared to 22.5 per cent of the wider population.⁴⁶

Inequality appears to be moderate compared to other PICTs, as measured by Gini coefficient.⁴⁷ The Gini coefficient in Tonga was 0.24 according to the 2009 HIES: a slight rise from 0.23 in 2001. A comparison between the proportion of expenditure by the lowest and highest quintiles is another measure of inequality. In Tonga, according to the 2009 HIES, the poorest quintile was responsible for 10 per cent of total household consumption.⁴⁸ Geographically disaggregated data shows no significant difference in poverty levels in rural and urban areas, or between different geographical regions.⁴⁹

2.5. Legislative and policy framework

Tonga's Judiciary is composed of the Court of Appeal, the Supreme Court, the Land Court and the Magistrates' Court.⁵⁰ The judiciary also has a body, the Privy Council, which is responsible for advising the monarch on legal issues, including hereditary estates and titles.⁵¹ The Act of Constitution (Amendment No. 3) of 2010 guarantees the independence of the judiciary.⁵²

Tonga's Constitution protects many rights and freedoms including: the right to live in freedom; freedom to own and dispose property; freedom from slavery; and equality of application of laws to all, regardless of gender, class, ethnicity or any classification.

Tonga does not have a policy or comprehensive law relating to children and children's rights. Crucially, this means that offences committed against children are extremely hard to prosecute in the absence of comprehensive legal guidelines. UN Women has noted that there is also no comprehensive domestic violence, sexual harassment, human trafficking, sex tourism or family legislation in place. The law also contains limited definitions of rape and other sexual offences.⁵³

46 Tonga Statistics Department, Household Income and Expenditure Survey 2009 Report, retrieved from: <http://catalog.ihnsn.org/index.php/catalog/3201>.

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

48 Tonga Statistics Department. Op. cit.

49 HIES, 2001 and 2009.

50 Regional Rights Resource Team. 2016. 'Human Rights in the Pacific: A situational analysis', 2016. http://rrrt.spc.int/publications-media/publications/item/download/313_3uva695645ff8e36dd9b8c5ff8b2fd05c31.

51 Ibid.

52 Ibid.

53 <http://asiapacific.unwomen.org/en/countries/fiji/co/tonga#sthash.WJdoDSDp.pdf>.

2.6. Child rights monitoring

Tonga has acceded to the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) and to the CRC, but it is not a party to any other core international human rights treaty. It has signed but not yet acceded to the Convention on the Rights of Persons with Disabilities (CRPD).

Tonga has undergone two Universal Periodic Reviews (2008 and 2012), but is well behind schedule on its reporting obligations to the relevant UN Treaty bodies (see Table 2.1).⁵⁴

Table 2.1: Tonga's treaty reporting obligations

Treaty	Date of accession	Declaration/ reservation	Latest report submitted	Reporting status as of February 2016	Treaties yet to be ratified
CRC	6 November 1995	None	None	Initial and second report overdue since 1997 and 2002	<ul style="list-style-type: none"> • International Covenant on Civil and Political Rights • ICESCR • Convention Against Torture • Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families • Convention for the Protection of All Persons from Enforced Disappearance • Convention on the Elimination of All Forms of Discrimination Against Women
CERD	16 February 1972	Arts 5(d) and (v); 6, 15 and 20	17 March 1999	15 th to 20 th Reports overdue since 2001	
CRPD	15 November 2007 (signed)	-	-	-	
Universal Period Review	1 st cycle: 14 May 2008; 2 nd cycle: 21 January 2013; next cycle; 2018				

3.

Health and Nutrition

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

Key health and nutrition-related SDGs

SDG	Target	Indicator
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting (height for age <-2 standard deviation from the median of the 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 of causes of shortcomings and bottlenecks in relation to child and maternal health 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.”⁵⁵ 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.⁵⁶ The analysis of the underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition takes these building blocks into account. Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH) are made where necessary, because the causes of shortcomings in health systems are often multifaceted and interlinked with other areas.

3.1. Child mortality

Neonatal mortality (0 to 28 days), infant mortality (under 1 year), and under-5 mortality have been declining in Tonga since the early 1990s. According to the 2016 SOWC dataset, the under-5 child mortality rate (U5MR) in Tonga was 17 deaths per 1,000 live births as of 2015: a 23 per cent reduction since 1990,⁵⁷ and better than the SDG 3.2 target on under-5 child mortality (at least 25/1,000 by 2030).

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

56 Ibid.

57 SOWC 2016. Op. cit.

Tonga is the only PIC with an inverse relationship between gender and the U5MR, with a higher rate for girls than boys (18/1,000 and 15/1,000, respectively).⁵⁸ While there are no differences between overall rural and urban child mortality rates, differences emerge when rural areas are disaggregated. According to the 2012 Demographic and Health Survey (DHS), rural Tongatapu has the highest rates for all childhood mortality indicators (U5MR, infant, and neonatal), while the lowest rates for all childhood mortality indicators are in the Outer Islands.⁵⁹ The DHS report explains these rural-urban disparities with reference to the migration of 'higher risk' families to rural Tongatapu, where services and employment are available, but housing is less expensive than in urban Tongatapu.⁶⁰ DHS data also suggest that children growing up in households in the highest wealth quintile have lower neonatal, infant and under-5 mortality rates than those in the lowest wealth quintiles.

The infant and neonatal mortality rates are already defined on previous page. was estimated at 14 deaths per 1,000 live births as of 2015: a reduction from 19/1,000 in 1990.⁶¹ The SDGs and MDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 and neonatal mortality. The neonatal mortality rate is estimated to be 7/1,000,⁶² meaning that Tonga has already met the SDG 3.2 target of 12/1,000 by 2030.

According to a 2015 WHO report, the main causes of child mortality, particularly in infants, are prematurity, sepsis, pneumonia, gastroenteritis and meningitis. The leading causes of neonatal mortality are preterm delivery (40 per cent), congenital abnormalities (20 per cent), infection (15 per cent) and asphyxia (15 per cent).⁶³

3.2. Child health, immunization and communicable diseases

There is a lack of quantitative data on some of the key child health indicators for Tonga. For example, the 2016 SOWC dataset does not report the percentage of under-5 children in Tonga with suspected pneumonia who are taken to a health provider.⁶⁴ There are also data gaps in relation to the treatment of diarrhoea with oral rehydration salts, children sleeping under malaria nets and households with access to these nets.⁶⁵ The SOWC 2016 dataset shows that care is sought for 64 per cent of children who exhibit signs of a fever, which is an indicator related to treatment of potential malaria cases.⁶⁶ The gaps in the data for malaria may not be problematic though, as

58 Ibid.

59 Tonga DHS 2012 report, p. 104. http://prism.spc.int/images/documents/DHS/2012_Tonga_DHS_Report_Final.pdf [15.07.17].

60 Ibid.

61 SOWC 2016. Op. cit.

62 Ibid.

63 Asia Pacific Observatory on Health Systems and Policies. 2015. The Kingdom of Tonga Health System Review. http://www.wpro.who.int/asia_pacific_observatory/hits/series/tonga_health_systems_review.pdf?ua=1, [15.07.17], p. 18.

64 SOWC 2016. Op. cit.

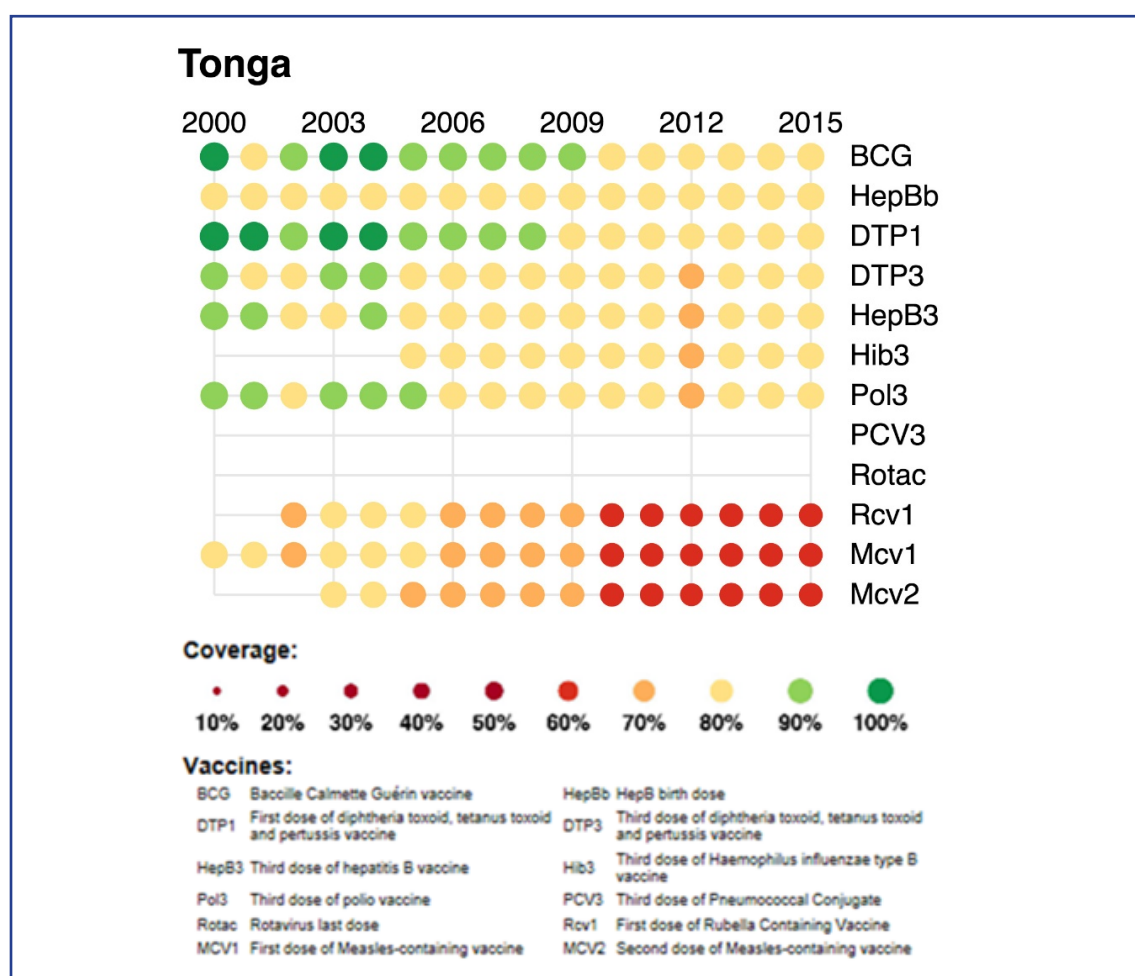
65 Ibid.

66 Ibid.

there is no risk of malaria transmission in Tonga.⁶⁷ However, other vector-borne diseases, such as Chikungunya and ZIKA virus, are health risks in Tonga.⁶⁸

WHO Global Health Observatory data show gaps in immunization coverage for all 12 universally recommended vaccines in Tonga.⁶⁹ The data also reveal a downward trend in immunization rates (at least for vaccines such as Bacillus Calmette-Guérin [BCG], the first dose of diphtheria, tetanus and pertussis [DTP1], and Pol3), which could reflect either a reduction in uptake, or access issues. In 2000, for example, WHO recorded 100 per cent rates for BCG, DTP1 and several other high rates.⁷⁰ According to the latest WHO figures, all rates have now dropped to below 90 per cent (see Figure 3.1).⁷¹

Figure 3.1: Immunization coverage in Tonga (percentage of target population)



Source: WHO, 2017

67 NHS Fit for Travel <http://www.fitfortravel.nhs.uk/destinations/australasia-pacific/tonga.aspx#malaria>.

68 Ibid.

69 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States as well as data reported in the published and grey literature. The WHO immunization coverage data are reviewed and the estimates updated annually. <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=TON> [02.03.17].

70 WHO immunization coverage data are reviewed and the estimates updated annually.

71 Ibid.

From a methodological perspective, it is difficult to determine the accuracy of reported immunization coverage. Recent DHS surveys in the PICTs suggest lower immunization coverage than the WHO Global Health Observatory estimates.⁷² The differences are largely due to diverse survey methodologies. It is also unclear what the reduction in rates means – for example, is there a problem with uptake by parents, or does this reflect a growing accessibility problem?

SDG target 3.3 requires all countries to eradicate TB by 2030.⁷³ The total number of TB cases in Tonga is estimated at 14, as of 2015.⁷⁴ NMDI data estimates a TB prevalence rate in Tonga of 22 per 100,000, as of 2013. Among the PICTs (including Papua New Guinea), only Niue, the Cook Islands and Tokelau have lower rates.⁷⁵

3.3. Maternal health

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. According to the latest UN-validated and adjusted estimates (2015), Tonga's MMR is 124 maternal deaths per 100,000 live births, which is significantly above the SDG target, and the highest 'adjusted' MMR in the whole PICTs region (see Figure 3.2).⁷⁶ Note, however, that given the small population of Tonga, the MMR can fluctuate heavily from year to year, as the result of a small number of vital events. Note, too, that the MMR of 36/1,000 reported by national authorities as of 2015 is significantly lower than the 'adjusted' UN estimates (the largest discrepancy in MMR estimates in the whole PICTs region. See Figure 3.2 below).⁷⁷ It was not possible to obtain data on the causes of maternal death in Tonga.

According to CRC Article 24(2)(d), countries have an obligation to ensure appropriate ante- and post-natal health care for mothers. Estimated antenatal coverage for at least one visit is 99 per cent in Tonga, as of 2015, which is near-universal and among the highest of the PICTs.⁷⁸ Antenatal care for at least four visits is estimated at 70 per cent, which is just above the PICTs average of 69 per cent (see Figure 3.3).⁷⁹

72 Tyson, S. and Clements, J. 2016. *Strengthening Development Partner Support to Immunisation Programs* in the Pacific - Strategic Review. Mott MacDonald. p. 7.

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

74 WHO. Tuberculosis country profile for Tonga. <http://www.who.int/tb/country/data/profiles/en/> [10.04.17].

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

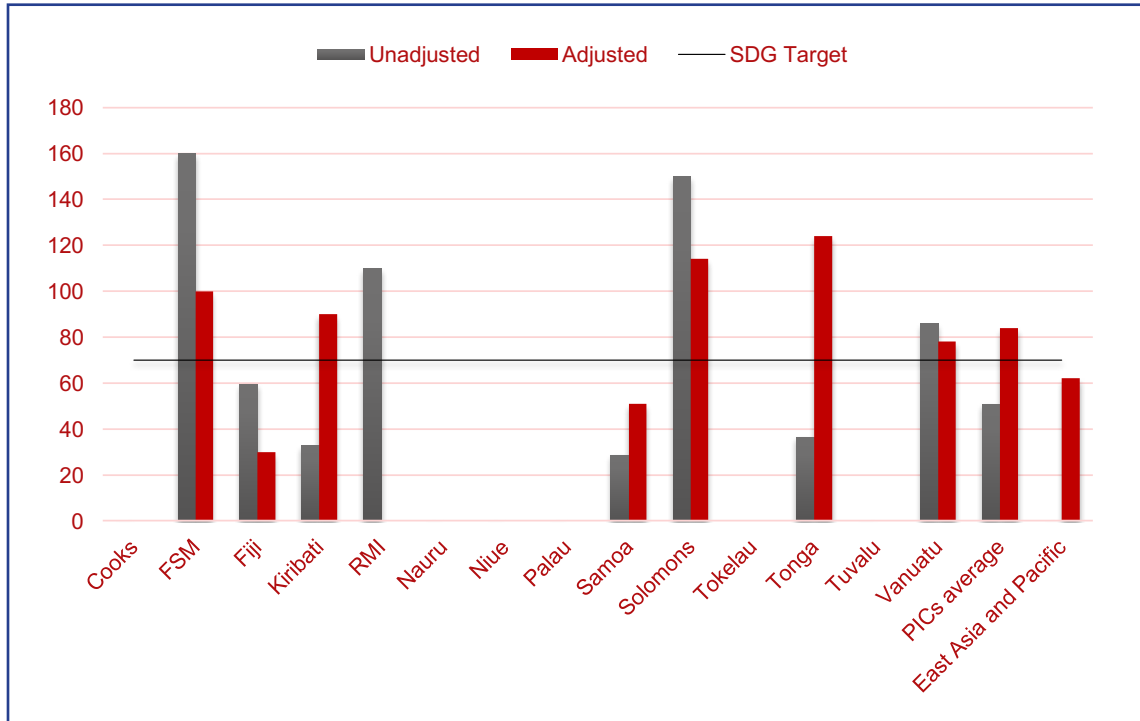
76 <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [03.03.17]. Note that these UN estimates do not necessarily match with the MRR recorded in the SOWC 2016, which is based on data reported by national authorities. The World Bank and the United Nations Population Division produce internationally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

77 SOWC 2016. Op. cit.

78 Ibid.

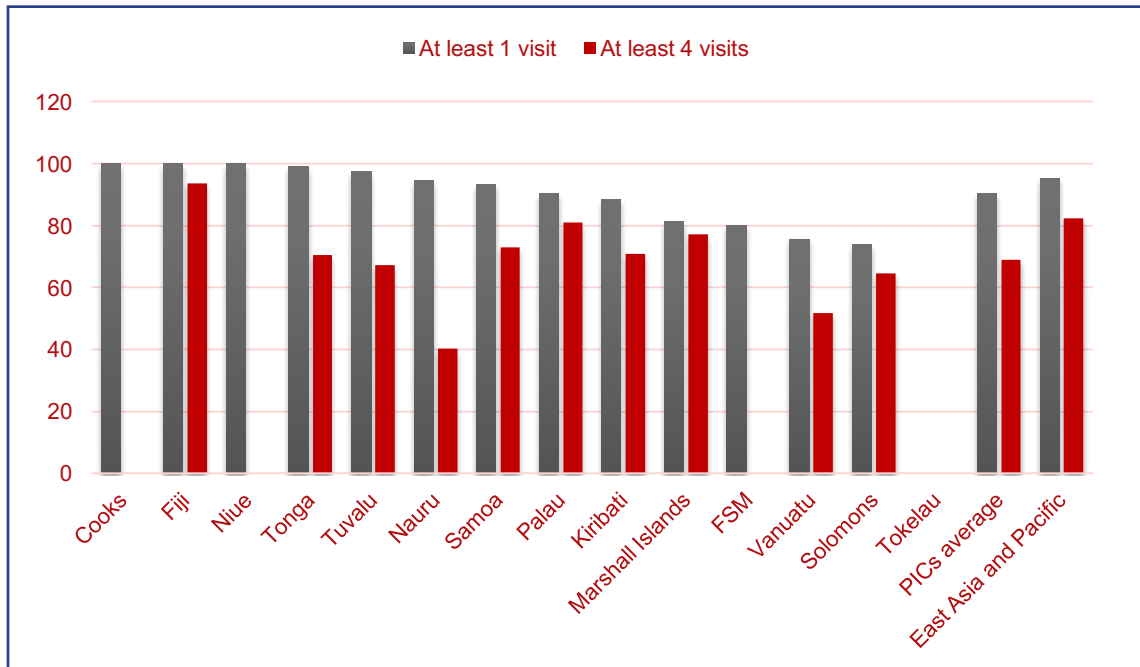
79 Ibid.

Figure 3.2: Adjusted and unadjusted maternal mortality ratios (deaths per 100,000 live births) in 2015



Source: SOWC, 2016

Figure 3.3: Ante-natal coverage (per cent) for at least one and four visits



Source: SOWC, 2016

The SOWC 2016 dataset also reflects high levels of health care during delivery, with labour attended by a skilled healthcare attendant in 98 per cent of cases and delivery taking place in a healthcare institution in 98 per cent of cases.⁸⁰ According to available data, Caesarean sections are carried out in 17 per cent of births, which is a very high rate for the region and significantly above the PICTs average of 9 per cent.⁸¹

Access to ante- and post-natal care appears to be equitable across the population. Some 99 per cent of rural births and 96 per cent of urban births are attended by a skilled healthcare provider. Neither are there discrepancies between attendance at the highest and lowest wealth quintiles, with 97 per cent coverage within the lowest and 99 per cent coverage in the highest.⁸²

3.4. Violence against women and girls

Violence against women and girls (VAWG) is a key public health concern, and data suggest that it is a significant problem in Tonga. According to a 2015 UNICEF/United Nations Population Fund (UNFPA) report, 40 per cent of ever-married women had experienced physical and/or sexual violence at the hands of an intimate partner (see Chapter 6).⁸³

3.5. Adolescent health

Adolescents aged 10 to 19 make up 23 per cent of the total population, which, according to 2016 SOWC data, is in line with the PICT average of 22 per cent and significantly higher than the East Asia and Pacific average of 13 per cent.⁸⁴

3.5.1. Fertility and contraceptive use

According to the 2016 SOWC dataset, the adolescent birth rate in Tonga is 30 (births per 1,000 women aged 15 to 19), which is below the PICT average of 50/1,000, but higher than the East Asia and Pacific average of 22/1,000.⁸⁵ The 2012 DHS report for Tonga notes that fertility rates increase dramatically at 18, which may be linked to the legal age for marriage, and cultural norms.⁸⁶

80 Ibid.

81 Ibid.

82 Ibid.

83 UNICEF and UNFPA. 2015. Harmful Connections: Examining the relationship between violence against women and violence against children in the South Pacific. p. 18.

84 SOWC 2016. Op. cit.

85 Ibid. Note that the adolescent fertility rate reported by the World Bank for Tonga as of 2015 is significantly lower than the SOWC 2016 estimates, at 15 births per 1,000 women aged 15 to 19 years. See World bank data <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=TO> [07.03.17].

86 2012 DHS Tonga, p. 55.

Contraceptive prevalence⁸⁷ in Tonga is an estimated 34 per cent of the population, which is just below the PICT average of 35 per cent and just over half of the East Asia and Pacific average of 64 per cent.⁸⁸ Data from the 2012 Tonga DHS show that women with more children are more likely to use contraception. Furthermore, it appears that the use of both modern and traditional contraception is more common in rural than in urban areas.⁸⁹ The 2012 DHS data also suggest that use of modern contraception is negatively associated with household wealth: among currently married women in the lowest wealth quintile, contraceptive use was 36 per cent, compared to 28 per cent in the highest wealth quintile.⁹⁰

2012 DHS data indicate that 25.2 per cent of currently married Tongan women have an unmet need for family planning, rising to 29 per cent among urban women, compared with 24 per cent of rural women.⁹¹ A lack of knowledge about contraception, lack of access, cost, and religious objections all appear to play a very minor role in suppressing demand for family planning services in Tonga. According to the 2012 DHS, the most commonly cited reason amongst women (currently not using contraception) for not intending to use contraception was health concerns (22 per cent).⁹² Other reasons given included fear of side effects (16 per cent), respondents being opposed (15 per cent), religious prohibitions (11 per cent), wanting as many children as possible (9 per cent), sub-fecund or infecund (8 per cent), and infrequent sex or hysterectomy (2 per cent). Only very small proportions of women cited a lack of knowledge of methods, lack of access or cost as the main reason they did not intend to use family planning.⁹³

3.5.2. HIV/AIDS and sexually transmitted infections

The Tonga Global AIDS Response Progress Report for 2016 (reporting on data from 2015), indicates that only 19 people have ever been diagnosed with HIV in Tonga, with the main form of transmission being heterosexual contact.⁹⁴ It has not been possible to find data on HIV prevalence amongst children and young people (aged 15 to 24) in Tonga. Knowledge about HIV/AIDS appears to be low, with only 14 per cent of males and 12 per cent of females having comprehensive knowledge of HIV/AIDS transmission and prevention.⁹⁵ The Global AIDS Response Progress Report notes that treatment of people with HIV/AIDS in Tonga is a challenge and that negative attitudes and stigma lead to barriers to receiving treatment and accepting people living with HIV/AIDS in the community.⁹⁶

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

88 SOWC 2016, Op. cit.; the wider regional average excludes China.

89 Tonga 2012 DHS, p. 65.

90 Ibid.

91 Ibid. p. 94.

92 Ibid. p. 71.

93 Ibid.

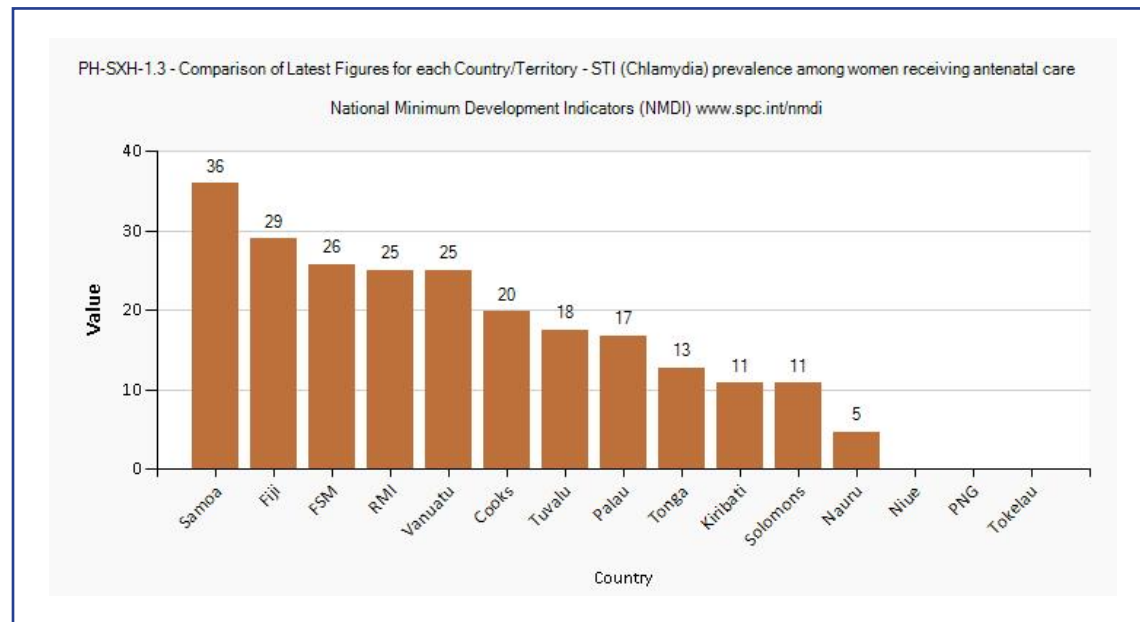
94 Tonga, Global Fund and UNAIDS. 2016. Tonga, Global AIDS Response Progress Report: 2015 http://www.unaids.org/sites/default/files/country/documents/TON_narrative_report_2016.pdf, p. 7.

95 SOWC 2016.

96 Global Fund and UNAIDS. 2016. Tonga, Global AIDS Response Progress Report: 2015. Op. cit. p. 8.

Sexually transmitted infection (STI) rates are considered high in Tonga.⁹⁷ However, Tonga's chlamydia prevalence rate of around 13 per cent (as of 2008) is in the lower range amongst PICTs (see Figure 3.4).⁹⁸

Figure 3.4: Chlamydia prevalence amongst women receiving ante-natal care



Source: NMDI database⁹⁹

Nevertheless, the Chlamydia prevalence rate of 13 per cent raises concerns about potential future increases in HIV cases, as they indicate significant underlying behavioural risks for HIV transmission.

3.5.3. Substance abuse

According to SDG target 3.5, Tonga should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, including amongst adolescents. The most important data source on substance abuse amongst adolescents in Tonga is the Global School-based Health Survey (GSHS), implemented in 2010. The GSHS surveyed a nationally representative sample of 2,211 school children in Forms 2 to 4, mostly aged 13 to 15.¹⁰⁰ The GSHS data suggest that substance abuse amongst school children in Tonga is a concern (see Table 3.1):

97 Ibid.

98 NMDI data set, https://www.spc.int/nmdi/sexual_health [15.06.17].

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

100 2010 GSHS Tonga Report. http://www.who.int/chp/gshs/GSHS_Tonga_2010_Report.pdf [15.06.17]. Note that 121 respondents were 12 years old or younger, and that 243 respondents were 16 or older.

Table 3.1: Summary of findings on substance abuse amongst school children aged 13 to 15

Indicators	Male (%)	Female (%)	Total (%)
Alcohol use: Among students who ever had a drink of alcohol, those who had their first drink of alcohol before age 14 years	64.5	62.0	63.4
Alcohol use: Drank at least one drink containing alcohol on one or more of the past 30 days	17.8	18.9	18.4
Alcohol use: Drank so much alcohol that they were really drunk one or more times during their life	16.0	16.1	16.1
Drug use: Among students who ever used drugs, those who first used drugs before age 14 years	70.5	64.0	67.5
Drug use: Used marijuana one or more times during their life	6.1	8.7	7.5
Drug use: Used marijuana one or more times during the past 30 days	6.5	7.0	6.8
Drug use: Used amphetamines or methamphetamines one or more times during their life	6.1	6.4	6.4
Tobacco use: Among students who ever smoked cigarettes, those who first tried a cigarette before age 14 years	76.3	76.3	76.1
Tobacco use: Used any tobacco on one or more days during the past 30 days	24.3	28.0	26.3
Tobacco use: Reported people smoked in their presence on one or more days during the past seven days	67.1	66.2	66.6

Tonga GSHS 2010¹⁰¹

The 2010 GSHS data show that the vast majority of children who abuse alcohol, drugs and tobacco start doing so *before the age of 14*. It also shows that over one in four students aged 13 to 15 use tobacco, which is concerning as tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs),¹⁰² and is particularly important to address because it exacerbates virtually all other NCDs.¹⁰³

3.5.4. Mental health

Data about mental health can be found in the 2010 GSHS Tonga dataset, which indicate that around one in three students (35.7 per cent) had attempted suicide during the 12 months

101 Ibid.

102 The four main NCDs are: Diabetes, Cardiovascular disease, Cancer, Chronic respiratory disease. See World Bank and Pacific Possible. 2016. Health & non-communicable diseases. <http://pubdocs.worldbank.org/en/942781466064200339/pacific-possible-health.pdf> [21.03.17].

103 Ibid.

before the survey was implemented. This appears to be the second-highest attempted suicide rate amongst PICTs that implemented the GSHS (only Samoa has a higher rate), and suicide prevention should therefore be addressed urgently.¹⁰⁴ The attempted suicide rates for males and females are approximately the same.¹⁰⁵ It is important to note that this rate relates only to children in school who are in Forms 2 to 4. Quantitative data on children who are not in school and on older or younger children is unavailable.

The WHO Country Cooperation Strategy for Tonga 2013-2017 notes that there has been limited progress in mental health care in the Pacific during the last decade, while substance abuse, addictive behaviour, depression and suicide were increasing.¹⁰⁶ The strategy paper also suggests that one of the main barriers preventing the successful implementation of mental health programmes relates to the social stigmatization of mental illness in the region.¹⁰⁷

3.6. Nutrition

According to the WHO Global Nutrition Targets, Tonga should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under 5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.¹⁰⁸

WHO Global Nutrition Targets

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

104 The GSHS collected data on attempted suicides amongst school children aged 13-15 in 11 of the 14 PICTs.

105 2010 GSHS Tonga Report. Op. cit.

106 WHO Country Cooperation Strategy for Tonga 2013-2017.

107 Ibid.

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

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

3.6.1. Child stunting and wasting

According to the most recent UN validated data, stunting (short height for age or 'chronic malnutrition') in children aged under 5 in Tonga stands at 8 per cent.¹⁰⁹ This compares favourably with the PICTs average of 18 per cent and the East Asia and Pacific average of 11 per cent, as of 2015.¹¹⁰ The estimated prevalence of wasting (low weight for height or 'acute malnutrition') in under-5 children is 5 per cent, which is just above the PICT and East Asia and Pacific averages, both of which stood at 4 per cent, as of 2015.¹¹¹

3.6.2. Anaemia

Globally, an estimated 20 per cent of maternal deaths are caused by anaemia (low levels of functioning red blood cells),¹¹² which increases the risk of blood loss at delivery and postpartum haemorrhage.¹¹³ The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth-weight babies, who also have an increased risk of dying.¹¹⁴ De-worming and iron supplementation effectively reduce anaemia in pregnant women and children.¹¹⁵

In Tonga, anaemia prevalence among children aged under 5 is 28 per cent, 34 per cent among pregnant women and 22 per cent among non-pregnant women of reproductive age (15 to 49).¹¹⁶ These figures suggest that anaemia is a significant public health concern in Tonga. To place

109 UNICEF Statistics: <https://data.unicef.org/country/ton/> [20.04.17].

110 SOWC 2016. Op. cit.

111 Ibid.

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

113 See e.g. K4Health. Anaemia Prevalence, Causes, and Consequences. <https://www.k4health.org/toolkits/anaemia-prevention/anaemia-causes-prevalence-impact> [15.07.17].

114 Ibid.

115 Ibid.

116 FAO Food and Nutrition Security Profile, Tonga. http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Tonga_280714.pdf [15.07.17].

Tonga's prevalence rates into perspective, anaemia prevalence amongst *non*-pregnant women of reproductive age in the Oceania region was an estimated 19.5 per cent as of 2011, compared to the global average of 29 per cent. Anaemia in pre-school children aged 6 to 59 months in the Oceania region was estimated at 26 per cent as of 2011, compared to the global average of 42.6 per cent.¹¹⁷

3.6.3. Low birth weight and underweight

Low birthweight is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and inhibited cognitive development, as well as chronic diseases later in life.¹¹⁸ There are no up-to-date data on the prevalence of low birthweight in Tonga, which represents a significant data gap.¹¹⁹ Underweight appears to affect a very small proportion of children aged under 5 years, estimated by the UN at 2 per cent: one of the lowest rates in the PIC region.¹²⁰

3.6.4. Overweight and obesity

According to the 2016 SOWC dataset, 17 per cent of children in Tonga are overweight.¹²¹ There are very limited data on the prevalence of obesity among children in Tonga, although the 2010 GSHS survey found that one in five of the students surveyed were obese, and three in five were overweight.¹²² Obesity among the wider population is a major public health concern that receives worldwide media attention, as 90 per cent of the adult population is considered overweight and 67.6 per cent are obese.¹²³ This has already had dramatic public health consequences, including a prevalence rate of 40 per cent for adult Type II diabetes.¹²⁴ As of 2010, NCDs accounted for four of the five leading causes of death in Tonga. NCDs were the leading causes of morbidity, responsible for 10 per cent of hospital admissions, and absorbed around 20 per cent of government healthcare expenditure, according to the 2012 WHO Tonga Health Service Delivery Profile.¹²⁵

117 Ibid. p. 17.

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

119 SOWC 2016. Op. cit.

120 Ibid.

121 Ibid.

122 2010 GSHS Tonga Report. Op. cit.

123 <https://www.spc.int/nmdi/ncds> [15.07.17].

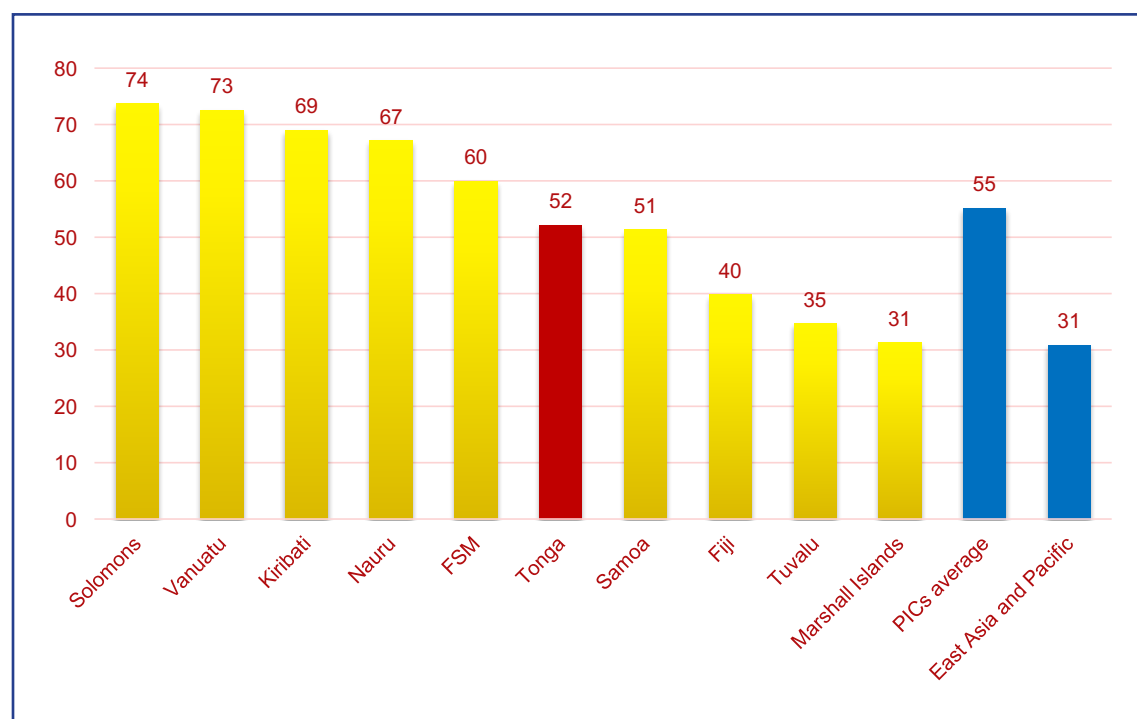
124 BBC News, "How mutton flaps are killing Tonga" 18 January 2016. <http://www.bbc.co.uk/news/magazine-35346493> [15.07.17]

125 WHO. 2012. *Tonga Health Service Delivery Profile* http://www.wpro.who.int/health_services/service_delivery_profile_tonga.pdf?ua=1 [13.04.17].

3.6.5. Breastfeeding

WHO recommends that infants are exclusively breastfed for the first six months of life to achieve optimal growth, development and health.¹²⁶ According to the most recent UN estimates, 52 per cent of children in Tonga receive exclusive breastfeeding for the first six months after their birth, which is already above the 50 per cent target set out in the WHO 2025 Global Nutrition Targets, and in the middle range within the PICT group (see Figure 3.5).¹²⁷

Figure 3.5: Exclusive breastfeeding prevalence (%)



Source: SOWC, 2016

The most recent SOWC dataset suggests that in 79 per cent of births in Tonga, breastfeeding is initiated within one hour (the third-highest rate in the PICTs region).¹²⁸ The continued breastfeeding rate (for the first 2 years after birth) is 30 per cent: the lowest of the PICTs.¹²⁹

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

127 SOWC 2016. Op. cit.

128 Ibid.

129 Ibid.

3.7. Key barriers and bottlenecks

3.7.1. Climate and disaster risks

The 2015 WHO Human Health and Climate Change in Pacific Island Countries report sets out the following climate-related health risks for Tonga:

- Water safety/security and diarrhoeal diseases.
- Food safety/security.
- Vector-borne diseases, specifically dengue fever.
- Nutrition and its links with NCDs.
- Injuries, deaths and damage to infrastructure from extreme weather events (tropical storms, floods and other climate-related disasters).¹³⁰

Climate change is clearly a concern for future health outcomes that will place a burden upon Tonga's health system. The WHO Country Cooperation Strategy for Tonga 2013-2017 also anticipates that climate-related health problems in the region will be borne disproportionately by certain vulnerable sectors of the population – the very poor, young children, the elderly, people with disabilities, people with pre-existing illnesses (e.g. NCDs) and individuals in certain occupations (e.g., farmers, fishermen and outdoor workers).¹³¹

3.7.2. Financial and human resources

Healthcare services in Tonga are provided free of charge and decentralised.¹³² The Government covered approximately 69 per cent of the total expenditure on health services in the 2009/2010 financial year.¹³³ The remainder was sourced through donors.¹³⁴ Expenditure on health as a percentage of GDP was 2.9 per cent in 2011, the latest year for which estimates are available, which is lowest of the PICTs (data for Tokelau is not available) (see Figure 3.6).¹³⁵

Health expenditure stood at 12.8 per cent of total government expenditure as of 2011, the most recent year included in the NMDI database.¹³⁶ This puts Tonga in the middle of the range of government health expenditure compared to other PICTs.¹³⁷

130 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].

131 WHO Country Cooperation Strategy for Tonga 2013-2017, p. 12.

132 WHO. 2012. Tonga Health Service Delivery Profile. Op. cit.

133 Ibid. p. 4.

134 Ibid.

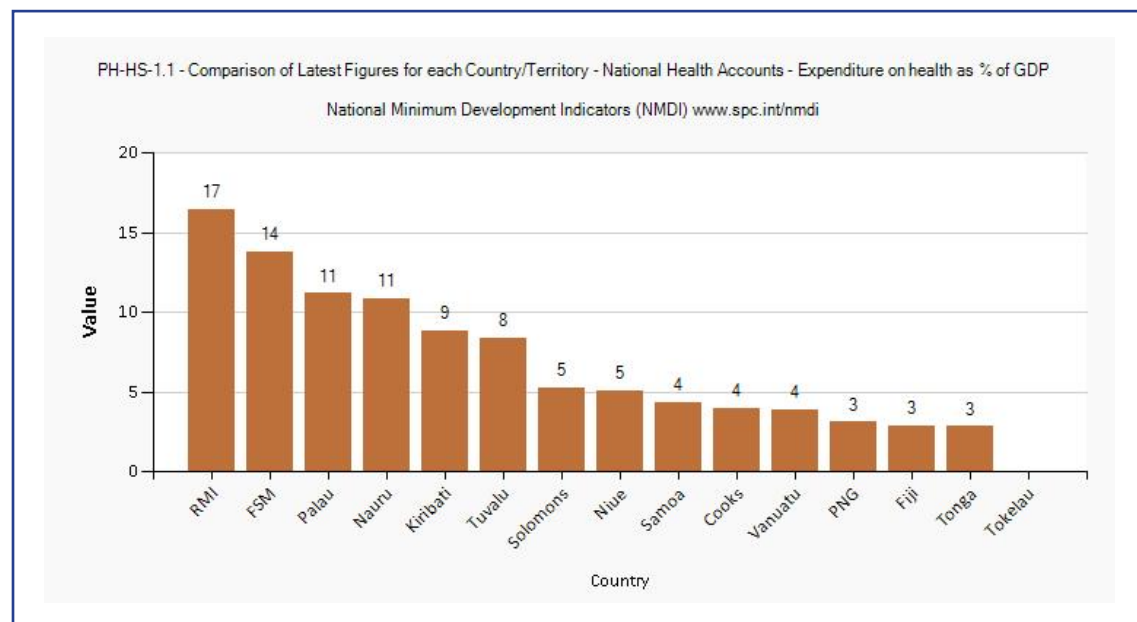
135 WHO. Global Health Expenditure Database. <http://apps.who.int/nha/database/ViewData/Indicators/en> [21.03.17].

136 Ibid.

137 Ibid.

Data from the 2012 WHO Health Service Delivery Profile for Tonga and the NMDI database suggest that health workforce coverage in Tonga is a challenge (see Table 3.2).¹³⁸

Figure 3.6: Health expenditure as percentage of GDP



Source: NMDI, 2016¹³⁹

Table 3.2: Health workforce coverage in Tonga

Health worker type	Total number ⁱ	Number per 1000 population ⁱⁱⁱ	PIC Rank (including Papua New Guinea (PNG)) ^{iv}
Physicians	62	0.6	9 th (out of 15)
Dentists	37	0.2	6 th (out of 15)
Nurses	357	3.7	5 th (out of 15)
Midwives	21	0.2	11 th (out of 15)

Source: WHO and NMDI

Given the potential major public health burden of climate change-related health risks and NCDs in Tonga, sufficient human and financial resources must be invested in health care.

138 WHO. 2012. Tonga Health Service Delivery Profile. Op. cit. p.5

.139 NMDI data: https://www.spc.int/nmdi/health_systems [13.04.17].

3.7.3. Lifestyle and social behaviours

Lifestyles and social behaviours are having a major impact upon health and nutrition in Tonga. A combination of high rates of alcohol and tobacco use and high obesity rates has led to an NCD epidemic. The fact that students in the GSHS show high levels of obesity is concerning – it shows that the adult behaviours that lead to high adult obesity rates are also affecting children. It will be important to understand the social behavioural reasons behind these lifestyle choices and actions in order to address this underlying barrier.

4.

Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water and adequate sanitation and hygiene are crucial for achieving a range of development goals related to health, nutrition and education. For example, a lack of basic sanitation, hygiene and safe drinking-water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-5 child mortality in the Pacific region.¹⁴⁰ Evidence also suggests that poor WASH access is linked to stunting.¹⁴¹ 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.¹⁴² This chapter assesses and analyses the situation in Tonga regarding children's access to improved water sources and sanitation facilities, as well as their hygiene practices, using SDGs 6.1, 6.2 and 1.4.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress (WASH) since 1990.¹⁴³ The JMP was previously responsible for tracking progress towards MDG 7c on WASH and, now tracks progress towards the SDG WASH targets.¹⁴⁴ The JMP uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladder representing progress towards the SDG targets.¹⁴⁵ The sections of this chapter utilise the relevant service ladders to assess Tonga's progress towards the SDG targets.

140 WHO. 2016. Sanitation, drinking-water and health in Pacific island countries. 2015 Update and Future Outlook.

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

142 Ibid.

143 WHO and UNICEF. 2017. Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Geneva. p. 6.

144 Ibid.

145 Ibid. p. 2, 7.

Key WASH-related SDGs

WASH sector goal ^v	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	

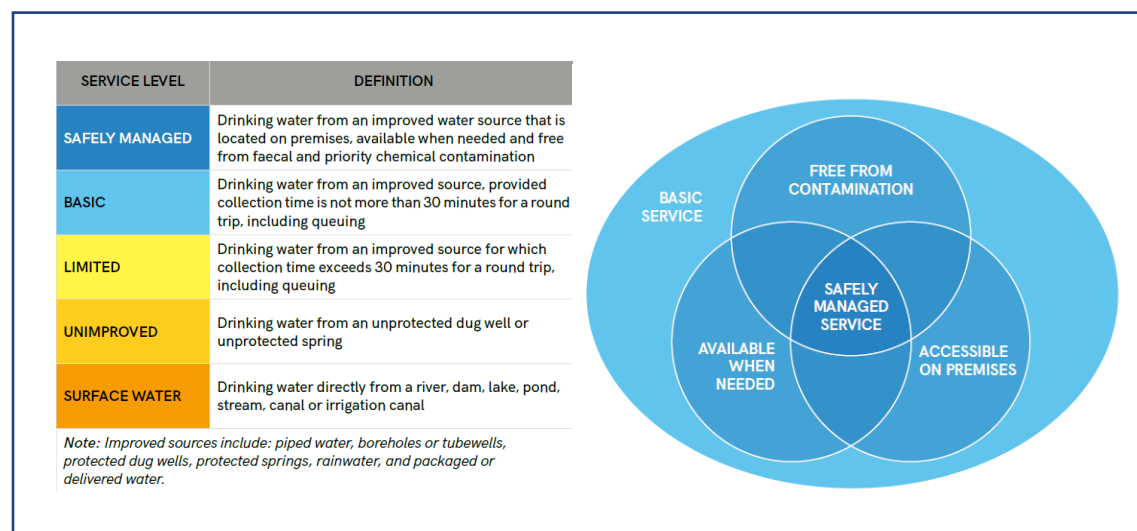
4.1. Access to improved water sources

For a country to meet the criteria for a **safely managed drinking water service (SDG 6.1)**, the population should have access to an improved water source fulfilling three criteria: it should be accessible on the premises; water should be available when needed; and the water supplied should be free from contamination.¹⁴⁶ If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service (SDG 1.4)**, and if water collection from an improved source exceeds 30 minutes, it is categorized as a **limited service**.¹⁴⁷ The immediate priority in many countries will be to first ensure universal access to at least a basic level of service.¹⁴⁸

¹⁴⁶ Ibid. p. 8.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid. p. 10.

Figure 4.1: JMP service ladder for improved water sources

Source: JMP¹⁴⁹

No estimate of the proportion of the population using safely managed drinking water services is available for Tonga, as data are not available in relation to the proportion of the population using an improved source that is free from contamination, or on the proportion of the population having access to an improved source when needed.¹⁵⁰ According to 2017 JMP estimates, as of 2015, Tonga had achieved universal access to basic drinking water services (access to improved water services within a 30-minute round trip) and thereby met SDG target 1.4.¹⁵¹ These figures also place it within the top three of all PICTs in relation to this target (see Figure 4.2). The JMP also estimates that 94.2 per cent of the population have access to improved water through a piped source, while 5.7 per cent have access through non-piped sources, with 71.5 per cent of the population having access on their premises.¹⁵² However, despite universal coverage, some challenges in access to water remain because of changing rainfall patterns and drought due to climate change, which may impact upon future coverage.¹⁵³

149 Ibid.

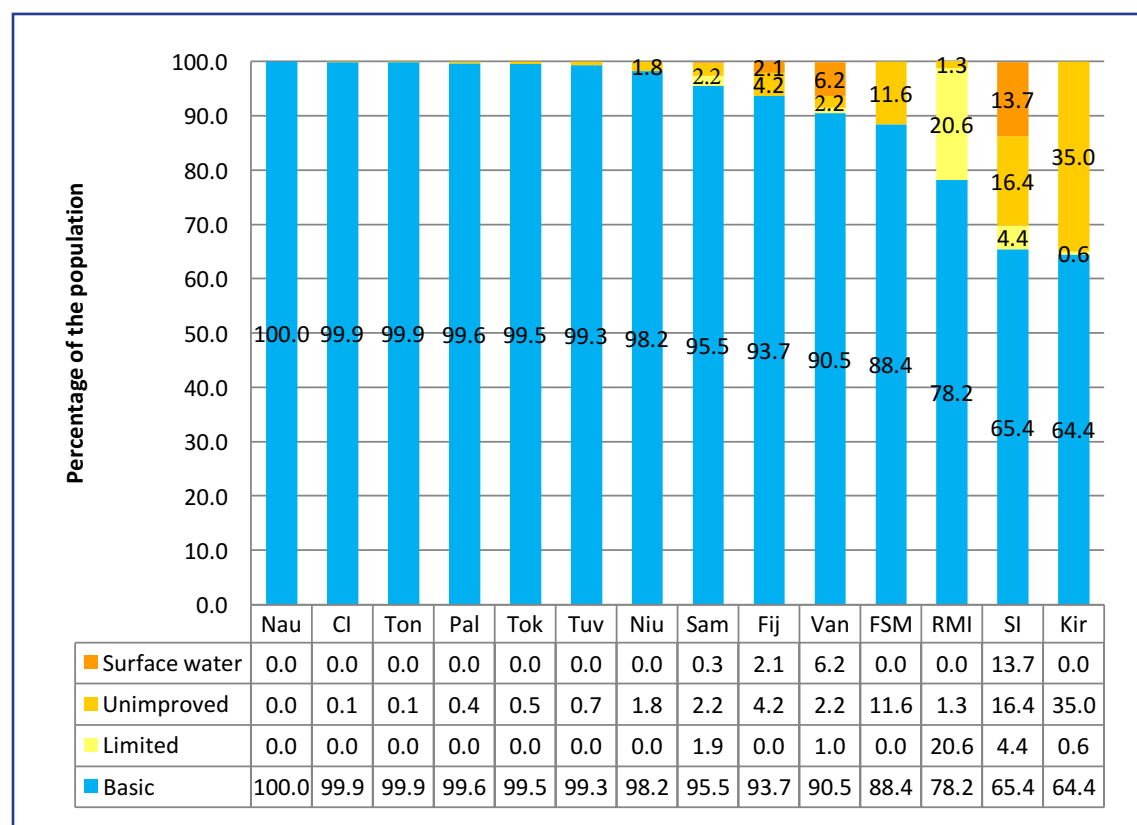
150 JMP data for Tonga available from <https://washdata.org/data#/ton> [06.08.17].

151 Ibid.

152 Ibid.

153 SPREP. Undated. Pacific Adaptation to Climate Change, Improving the water supply system in Hihifo district (Case Study) <https://www.sprep.org/pacc/tonga> [15.06.17].

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



Source: JMP¹⁵⁴

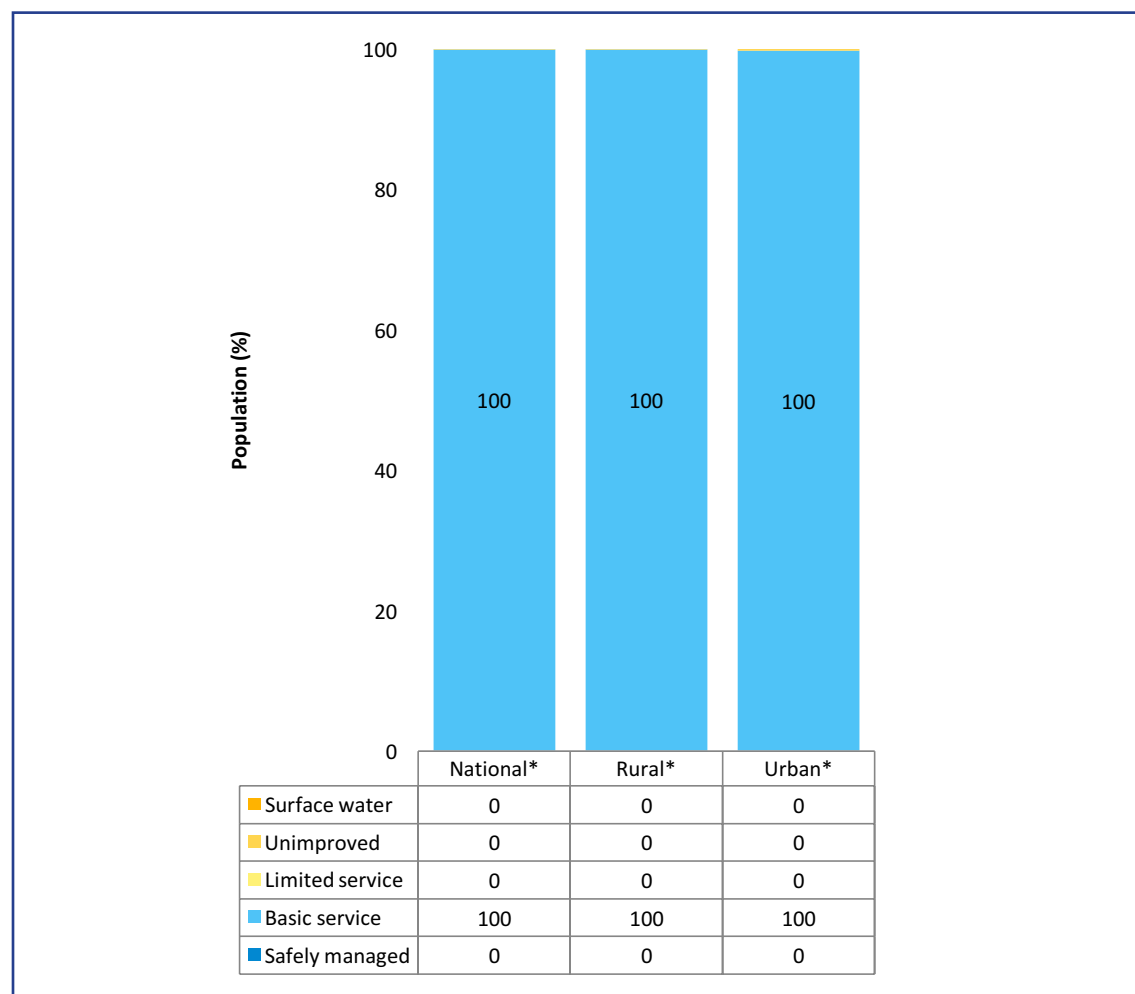
Table 4.1: Provision of drinking water services, 2017 estimates (%)

Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources which are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	98.5	98.5		1.5	0.0	96.4	2.1	98.5		
2005	98.6	98.6		1.4	0.0	96.2	2.5	98.5		
2010	99.3	99.3		0.7	0.0	95.1	4.3	84.0		
2015	99.9	99.9		0.1	0.0	94.2	5.7	71.5		

Source: JMP¹⁵⁵

154 JMP data. Op. cit.

155 Ibid.

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

Source: JMP¹⁵⁶

Table 4.1 shows trends over the past 15 years in the provision of improved water supply in Tonga. It shows that coverage levels of basic water services have been close to universal since 2000 (the first year for which data from JMP was available).¹⁵⁷ The table also indicates that the proportion of the population with access to an improved source on premises decreased by about 27 percentage points between 2000 and 2015.¹⁵⁸ Disaggregated data for rural and urban areas indicates that this decrease has occurred across both rural and urban areas, but that a greater decrease has been seen in rural areas.¹⁵⁹ Disaggregated data further indicates that urban areas have seen a decrease in improved water provided through a piped source. While the proportion of the urban population with access to a piped source in 2000 was estimated at 94.3 per cent, in 2015 it had decreased to 86.2 per cent.¹⁶⁰ The same trend was not observed in rural areas.¹⁶¹

156 JMP data for Tonga. Op. cit.

157 Ibid.

158 Ibid.

159 Ibid.

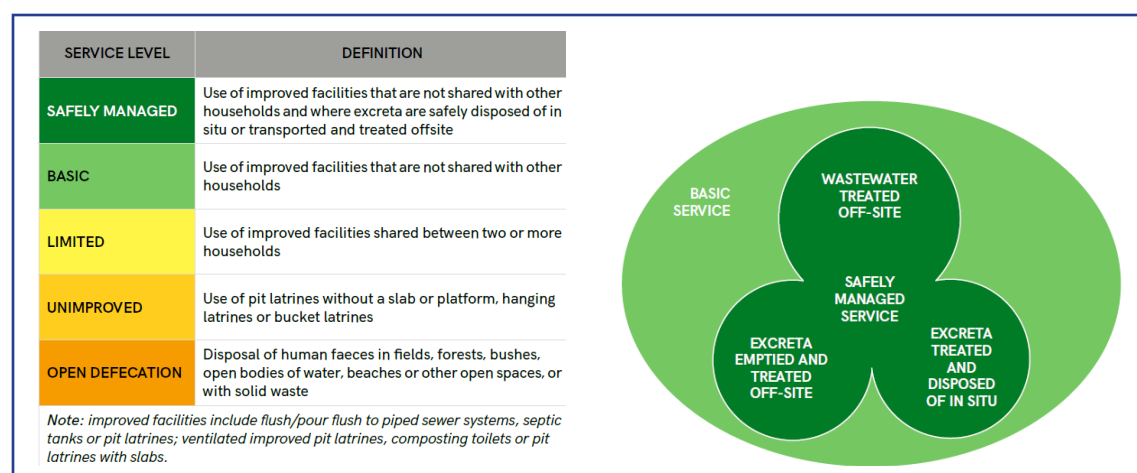
160 Ibid.

161 Ibid.

4.2. Access to improved sanitation facilities

To meet SDG 6.2 in relation to safely managed sanitation service, people should use improved sanitation facilities that are not shared with other households, and the excreta produced should either be treated and disposed of in situ, stored temporarily and then emptied, transported and treated off-site, or transported through a sewer with wastewater and then treated off-site.¹⁶² If excreta from improved sanitation facilities are not safely managed, people using those facilities will be classed as having access to basic sanitation service (SDG 1.4), and using improved facilities that are shared with other households will be classified as having a limited service.¹⁶³ Under SDG target 6.2, a specific focus is also put on ending open defecation.¹⁶⁴ While SDG target 6.2 aims to raise the standard sanitation services for all progressively, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.¹⁶⁵

Figure 4.4: JMP service ladder for improved sanitation facilities



Source: JMP¹⁶⁶

No estimate of the proportion of the population with access to safely managed sanitation services is available for Tonga, as data on excreta disposal is unavailable.¹⁶⁷ According to JMP data, the provision of improved sanitation coverage in Tonga is somewhat lower than the provision of basic drinking water services (an estimated 93 per cent in 2015).¹⁶⁸ Thus, Tonga ranks sixth out of 14 PICTs in the provision of basic sanitation services (see Figure 4.5), and is still some way from meeting SDG 1.4.

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

163 Ibid. pp. 8-9.

164 Ibid.

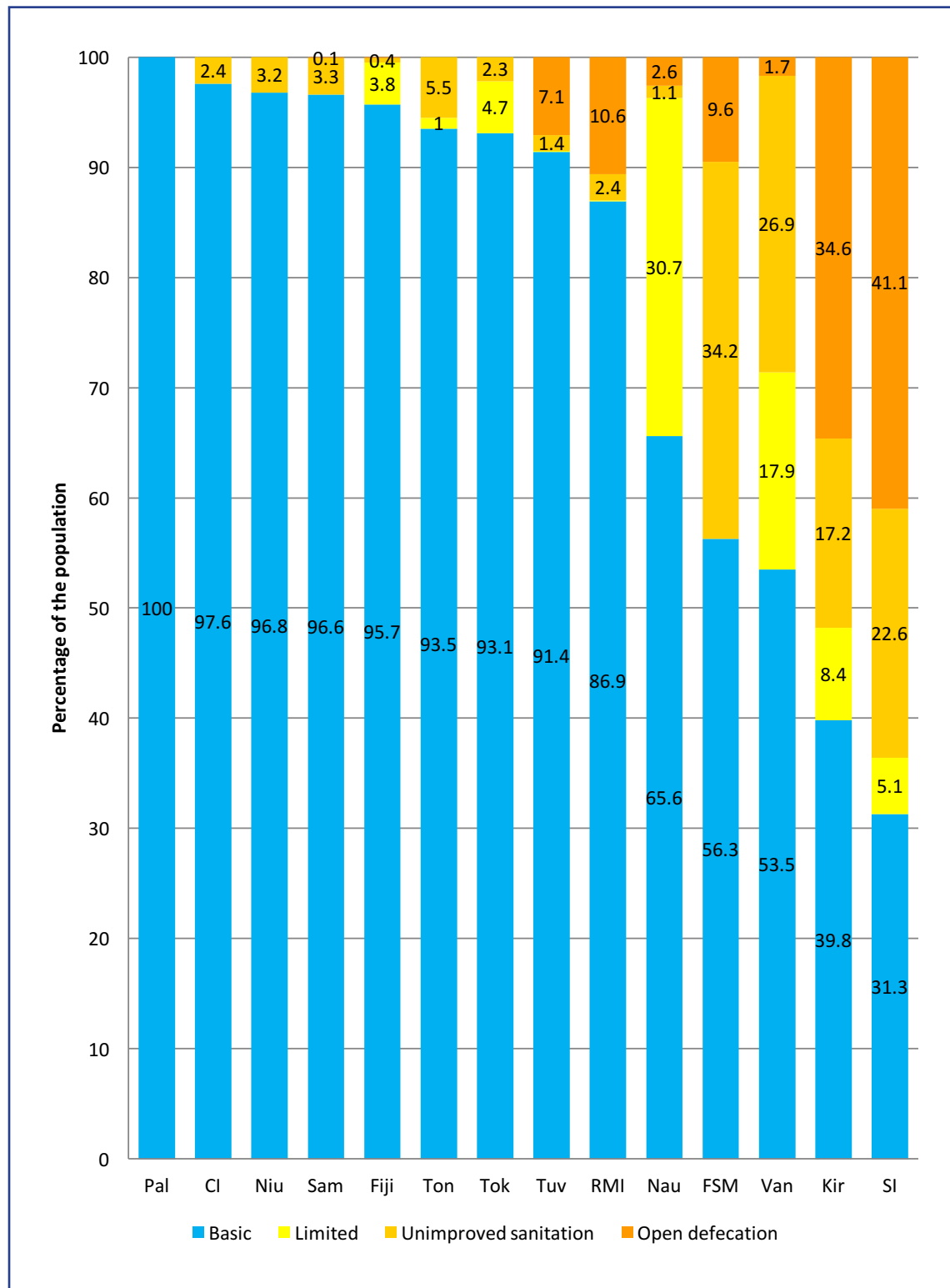
165 Ibid. p. 10.

166 Ibid.

167 JMP data for Tonga. Op. cit.

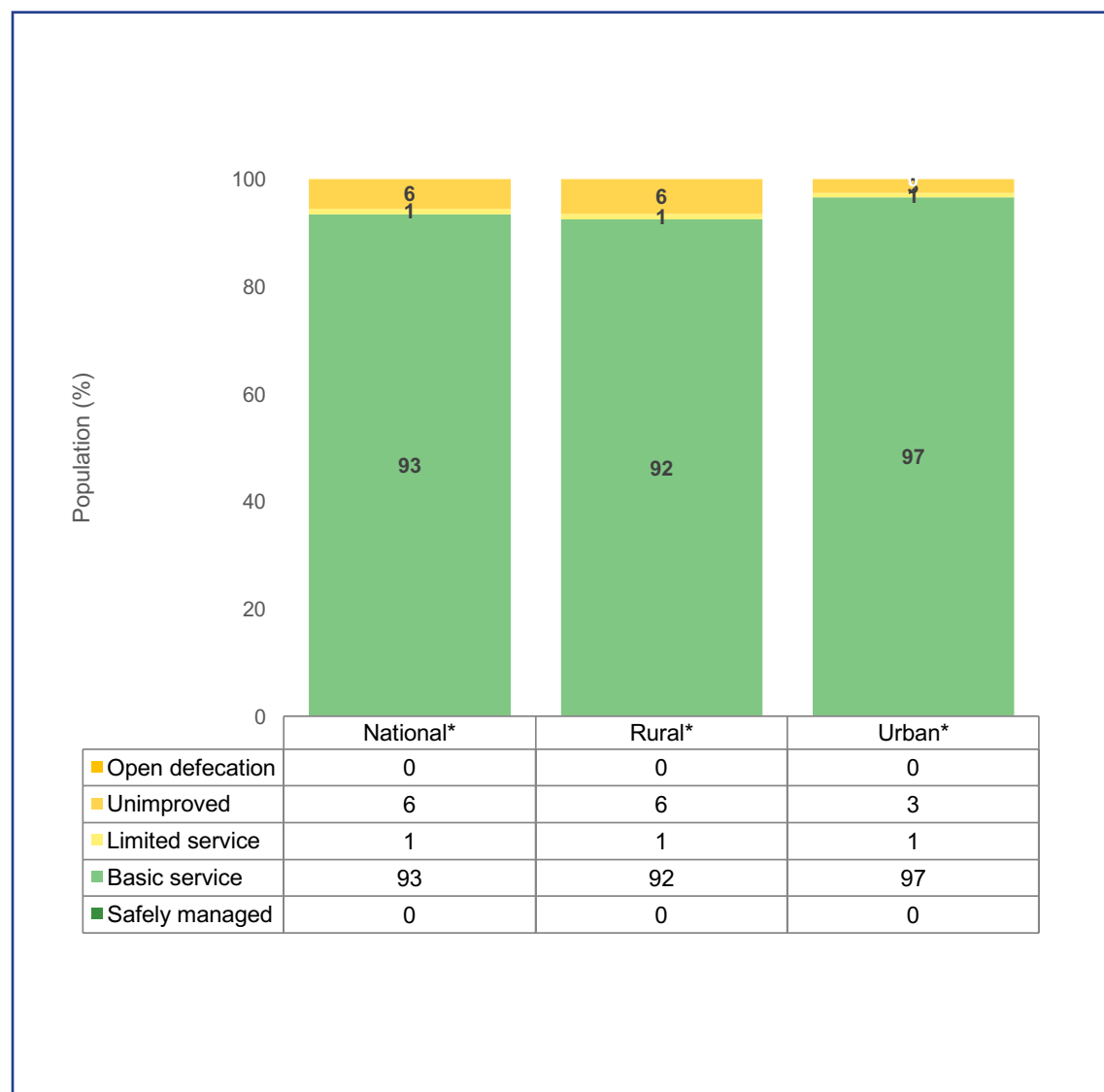
168 Ibid.

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



Source: JMP¹⁶⁹

169 JMP data available from <https://washdata.org/data#!> [01.08.17].

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

Source: JMP¹⁷⁰

Data disaggregated by rural and urban areas suggest a slight disparity in access to basic services, with coverage levels of 97 per cent and 92 per cent in 2015 for urban and rural areas, respectively. This indicates the need for further efforts to prioritise rural areas.¹⁷¹

170 Ibid.

171 Ibid.

Table 4.2: Provision of sanitation facilities, 2017 estimates (%)

Year	Improved sanitation	Improved and not shared (basic)	Improved and shared (limited)	Unimproved sanitation	Open defecation	Latrines and other	Septic tank	Sewer connection
2000	89.7	88.7	1.0	10.3	0.0	9.0	79.8	0.0
2005	90.2	89.2	1.0	9.8	0.0	9.4	79.8	0.0
2010	92.6	91.6	1.0	7.4	0.0	11.8	79.8	0.0
2015	94.5	93.5	1.0	5.5	0.0	13.6	79.9	0.0

Source: JMP¹⁷²

Table 4.2, indicates that Tonga made steady, slow, progress in expanding the provision of basic sanitation services between 2000 and 2015, increasing coverage of basic services by almost 5 percentage points. To ensure that Tonga meets SDG 1.4 in 2030, this rate of progress must be increased. Regrettably, disaggregated data for rural and urban areas also indicates that access to basic sanitation services (services that are improved and not shared) has decreased in urban areas,¹⁷³ with access to basic sanitation services in urban areas estimated at 98.9 per cent in 2000, and 96.6 per cent in 2015. This trend should be investigated further to confirm whether it is statistically significant and monitored in the near future.

Table 4.2 shows that open defecation is not practiced in Tonga and thus the country has already reached SDG target 6.2.

4.3. Hygiene practices

According to SDG target 6.2, Tonga should, by 2030, seek to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces) is an effective way to prevent diarrhoea (and other diseases), which in turn affects important development outcomes such as those related to child mortality and school attendance.¹⁷⁴

172 Ibid.

173 Ibid.

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

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.¹⁷⁵ Households that have a handwashing facility with soap and water available on the premises meet the criteria for a **basic** hygiene facility (SDG 1.4 and 6.2).¹⁷⁶ Households that have a facility but lack water or soap are classified as having a **limited** facility, and distinguished from households with no facility at all.¹⁷⁷

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: JMP¹⁷⁸

No data on hygiene practice are available from the 2017 JMP study, so the 2010 GSHS for Tonga¹⁷⁹ is the most important representative data source on children's hygiene practices. According to 2010 GSHS data, 9.6 per cent of pupils indicated that they cleaned or brushed their teeth *less* than once per day during the 30 days prior to the survey, with girls (7 per cent) more likely to report brushing their teeth at least once a day compared to boys (11.7 per cent).¹⁸⁰ GSHS data also suggest that 11.9 per cent of pupils never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey, with no significant difference between boys and girls.¹⁸¹ An analysis of comparative GSHS data (from respondents aged 13 to 15) suggests that Tonga is in the middle range of the PICT group in relation to hand-washing practices amongst school children (see Figure 4.8).

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

176 Ibid.

177 Ibid.

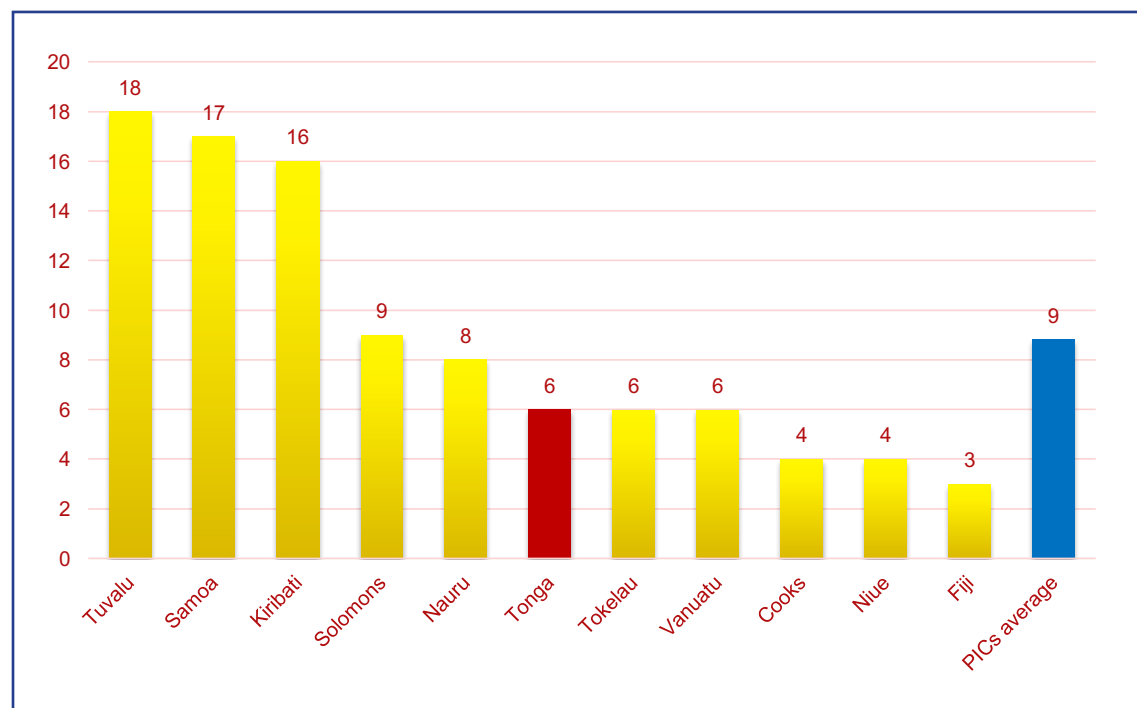
178 Ibid.

179 2010 GSHS Tonga Report. http://www.who.int/chp/gshs/GSHS_Tonga_2010_Report.pdf [27.03.17].

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

181 There appears to be a mismatch between handwashing rates reported in the 2010 GSHS Tonga Report and the 2010 GSHS Tonga Factsheet. Note however that the factsheet only reports responses from students aged 13-15, whereas the Final Report also reports responses from 243 students aged 16 or older and 121 students aged 12 or younger (see http://www.who.int/chp/gshs/2010_GSHS_FS_Tonga.pdf?ua=1 and http://www.who.int/chp/gshs/GSHS_Tonga_2010_Report.pdf [27.03.17]).

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



Source GSHS: 2010-2016¹⁸²

Unfortunately, the GSHS data only capture reported hygiene behaviour of school children in Forms 2 to 4, so very little is known about children in other age groups and children that do not attend school.

4.4. WASH in schools, menstrual hygiene management and disabilities

A recent UNICEF publication on WASH in Schools in the Pacific region noted the lack of on WASH in schools in Tonga.¹⁸³ A recent WHO report on health and climate change in the Pacific noted, however, that most schools rely on rainwater catchments for their water supply, which leaves them vulnerable to weather extremes such as droughts.¹⁸⁴ For Tonga, there is an information gap in relation to menstrual hygiene management (MHM) programmes and access to WASH for children living with disabilities and other disadvantaged groups.

¹⁸² The GSHS was not implemented in FSM, RMI and Palau.

¹⁸³ See page 3. https://www.unicef.org/wash/schools/files/Solomon_Islands_-_Incorporating_MHM_into_national_WASH_in_schools_policies_and_guidelines.pdf [13.04.17].

¹⁸⁴ WHO 2016. 2015 Sanitation, Drinking-Water and Health in Pacific Island Countries. 2015 Update and Future Outlook. http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf [13.03.17].

4.5. Barriers and bottlenecks

Data on WASH in Tonga are limited. However, the assessment points to some structural barriers and bottlenecks that could prevent children from full access to their rights to WASH under international standards.

4.5.1. Climate change and disaster risks

Natural disasters such as tropical cyclones and climate change impacts such as changing rainfall patterns and droughts are a considerable threat to the delivery of WASH services in Tonga. Of the climate-related health risks for Tonga set out in the 2015 WHO report, several relate to WASH systems: water safety/security and diarrhoeal diseases; food safety/security; vector-borne diseases (specifically dengue fever); and damage to infrastructure from extreme weather events (tropical storms, floods and other climate-related disasters).¹⁸⁵ It is essential to design WASH interventions to strengthen the resilience of Tonga's WASH infrastructure against climate change and disaster risks.

4.5.2. Equity

The lack of data about MHM and WASH for children with disabilities prevents an assessment of equity concerns in Tonga's WASH sector. Data is essential to support development of programmes for children from vulnerable groups, including menstruating girls, who may miss out on education due to poor MHM, and children with disabilities, who may be unable to use facilities without additional support or accommodation.¹⁸⁶

4.5.3. Data availability

Data gaps highlighted throughout this chapter are a further barrier to the implementation of WASH rights for children. Without data, it is not possible to determine trends and patterns, or to understand underlying causes or concerns, threats and opportunities.

185 2015 WHO Human health and climate change in Pacific island countries. Op. cit.

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

5.

Education

Key Education-related SDGs

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

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

4.C	By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country
-----	---	--

5.1. Context

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.¹⁸⁷ The right to education is also contained in the SDGs, where it is recognised that “quality education is the foundation to improving people’s lives and sustainable development.” Goal 4 requires States to “ensure inclusive and quality education for all and promote lifelong learning.” The SDGs build upon the MDGs, including MDG 2 on universal primary education, and the UNESCO Education for All (EFA) goals.

In addition to these rights and targets, the United Nations International Strategy for Disaster Reduction (UNISDR) and Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework 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.¹⁸⁸ These pillars should also guide the development of the education system in Tonga, which is vulnerable to disaster and risk. Unfortunately, quantitative data on the impact of disasters on school infrastructure and children attending school is unavailable.

The Ministry of Education and Training (MoET) is responsible for the education system. The Education Act 2013 is the principal law governing education provision and sets out the responsibilities of the Ministry. MoET’s mandate includes: improving equitable access to and quality of universal basic education for all children aged 4 to 18; improving access to quality post-basic education and training; providing pre-service and in-service training to teachers as well as their registration and certification; inspecting and appraising staff; developing national education standards, minimum service standards for the health and safety of children, the curriculum and instruction materials; and monitoring and evaluating education boards and school authorities.¹⁸⁹ The Act also renders

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

188 UNISDR and GADRRRES. 2017. *A global framework in support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and The Worldwide Initiative for Safe Schools*. http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17].

189 A full list of the responsibilities of MoET is set out in section 5 of the Education Act 2013 (Tonga).

education compulsory for all children from 4 to (and including) 18 years of age or, if earlier, when the child has completed 12 years of education.¹⁹⁰ However, this requirement is subject to exceptions, including cases where the Government's Chief Executive Officer for education and training exempts a child of 'employable age' who is being trained in an apprenticeship or is employed.¹⁹¹

The Tonga Education Policy Framework 2004-2009 ('Education Policy Framework') and Tonga Education Lakalaka Policy Framework 2012-17 ('Education Lakalaka Framework')¹⁹² have been the guiding documents for recent education reforms. The Education Policy Framework set out the conceptual and strategic framework for achieving the Government's mission to provide and sustain lifelong relevant and quality education for the development of Tonga and her people.¹⁹³ It aimed to achieve this by improving equitable access to and quality of universal basic education up to Year 8. The Education Policy Framework has broad coverage, encompassing all tiers of education (early childhood education, primary and secondary schools, tertiary education and non-formal education).¹⁹⁴

To implement its vision for education reform, the Government launched the Tonga Education Support Programme 2005-2010 (TESP I), which was funded by World Bank and the New Zealand Ministry of Foreign Affairs and Trade, and its successor programme, the Tonga Education Support Programme II 2013-2016 (TESP II), also funded by the New Zealand Ministry of Foreign Affairs and Trade, together with the Australian Department of Foreign Affairs and Trade. A series of notable developments were made under TESP I and II, including: the establishment of the minimum service standards, a school-based management system, and school grants scheme; and curriculum development.¹⁹⁵

Despite these reform initiatives, and although Government spending on the education sector increased from \$26.8 million in Fiscal Year (FY) 2010/11 to \$38.5 million in 2014/15, it has decreased from 17 per cent of the total Government budget to 16 per cent.¹⁹⁶ Tonga is therefore heavily dependent on donor support, which accounted for 23.7 per cent of education spending in FY 2014/15: a 14.4 per cent increase from FY 2010/11.¹⁹⁷

Despite these reform initiatives, many of the education statistics for Tonga are out of date so it is not possible to conduct a comprehensive assessment and analysis of the current education situation. This is a significant gap that should be factored into Tonga's ongoing reform initiatives.

190 Education Act 2013 (Tonga), sections 2, 98 and 99.

191 Ibid. section 100(1)(b).

192 Not available to the authors for review.

193 Ministry of Education and Training, Education Policy Framework 2004-2009, p. 15.

194 Ibid. p. 11.

195 Summarised in Emmott, S. and McIntosh, R. 2015. *Tonga Education Sector Project II*, Independent Progress Review.

196 Tonga Millennium Development Goals Final Report 2015, p. 55.

197 Ibid.

5.2. Early childhood education

5.2.1. Access and quality

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. In Tonga, early childhood education (ECE) is defined as the “formal teaching of young children by people outside the family setting and consists of activities and experiences that are intended to effect developmental changes in young children prior to their entry into primary school” for children aged 4 to 5 years.¹⁹⁸ Importantly, the Education Act 2013 brought ECE within the scope of the formal education system under the responsibility of MoET,¹⁹⁹ and rendered it compulsory.²⁰⁰

ECE has undergone some significant development over recent years, including the development of an ‘ECE Policy Framework’ (developed under the Tonga Education Policy Framework 2004-2019), which is a certificate and diploma programme for ECE teachers delivered by the Tonga Institute of Education, and the development of an ECE curriculum.²⁰¹

‘ECE centres’ are “premises used regularly for the education or care of ten or more children under the age of 5, by the day or part of a day, but does not include premises where all the children present are: (a) members of the same family in the care of a member of the family; (b) members of the same family in the care of a caregiver who is not acting for gain or reward; or (c) premises used for the education of children for any period not exceeding ten hours a week.”²⁰² In 2013, 71 ECE centres were registered with MoET, 45 of which were in Tongatapu and the remainder in the Outer Islands.²⁰³

There is limited up-to-date data on enrolment, survival and drop-out rates in ECE, so a comprehensive assessment of the extent of ECE participation over recent years is not possible. However, the World Bank Early Childhood Development Systems Approach for Better Education (SABER) Country Report for Tonga 2012 (‘ECD SABER Report’) found that MoET was not providing adequate access to early learning opportunities.²⁰⁴ The estimated ECE gross enrolment rate (GER) in 2011 was 32 per cent. The more recent World Bank Group-supported Tongan Early Human Capability Index Survey²⁰⁵ carried out in 2013-2014 found that approximately 44 per cent of children in Tonga aged 3 to 5 attend some form of ECE.²⁰⁶ This meant that over half of all children in Tonga

198 Education Act 2013 (Tonga), section 2.

199 Ibid. section 105.

200 Ibid. sections 2, 98, 99 and 105(1).

201 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 56.

202 Education Act 2013 (Tonga). Op. cit. 67 section 2.

203 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 52.

204 World Bank, Early Childhood Development SABER Country Report 2012: Kingdom of Tonga, p. 1.

205 The survey captured an estimated 81 per cent of all children aged 3 to 5 in Tonga; Brinkman, S. and Thanh Vu, Binh. 2017. *Early Childhood Development in Tonga*.

206 Brinkman, S. and Thanh Vu, Binh. Ibid.

started primary school without participating in some form of ECE programme.²⁰⁷ ECE participation rates were found to be particularly low in the remote islands of Ha'apai.²⁰⁸ This is reinforced by figures reported by MoET, which state that the GER in 2014 was 42.6 per cent, and slightly higher for girls (43.7 per cent) than boys (41.6 per cent).²⁰⁹

Similarly, there is limited up-to-date data on key quality indicators such as teacher-pupil ratios, classroom sizes, learning outcomes of children, teacher qualifications and availability of resources per child.²¹⁰ However, reports suggest that the quality of the programmes and teaching and learning materials in ECE centres are sub-standard, and that teachers lack proper training.²¹¹ In 2014, the teacher-to-student ratio was reportedly 1:12.4,²¹² which is lower than the recommended international standard of 1:15,²¹³ and raises questions about the efficiency of the teaching force given the poor outcomes, which would not normally be associated with a 'better' teacher-to-student ratio. In addition, the Tongan Early Human Capability Index survey found that participation in some form of ECE programme had a "statistically significant effect" on every aspect of child development surveyed,²¹⁴ particularly literacy (reading and writing) outcomes and numeracy (but not for verbal skills and perseverance).²¹⁵ However, girls outperformed boys in most areas in the 3 to 5 age group, including verbal communication, numeracy, reading and writing.²¹⁶ Apart from physical development, little difference was found in development performance between children in Tongatapu and those in the Outer Islands.²¹⁷

5.2.2. Barriers and bottlenecks

An evident barrier is the absence of data on ECE provision. Disaggregated, up-to-date data on the net enrolment rate (NER), GER, survival and drop-out rates, pupil-teacher ratios, classroom sizes, supply of resources, and teacher qualifications are essential to enable tailored planning and delivery of reforms in these areas.

Access to ECE in remote and rural areas is severely limited and constitutes a key barrier to the achievement of universal ECE enrolment and attendance.²¹⁸ ECE centres are concentrated in urban areas and Tongatapu. Technological learning resources are also extremely limited in these areas,

207 Ibid.

208 Ibid.

209 Source: MoET EMIS Data Files 2014, cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> [12.06.17].

210 Tonga Millennium Development Goals Final Report 2015. Op cit. p. 52.

211 Ibid.

212 Source: MoET EMIS Data Files 2014. Op. cit.

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

214 The areas captured in the study were: physical health; verbal communication; cultural identity and spirituality; social and emotional well-being and skills; perseverance and approaches to learning; numeracy and concepts; and literacy (reading and writing); Brinkman, S. and Thanh Vu, Binh. Op. cit.

215 Brinkman, S. and Thanh Vu, Binh. Ibid.

216 Ibid.

217 Ibid.

218 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 52.

affecting the quality of and access to ECE.²¹⁹ These barriers are compounded by parents who believe that it is not important to send their children to ECE.²²⁰

The ECD SABER Report 2012 found that education sector funding towards ECE was inadequate.²²¹ MoET introduced the provision of a per capita TOP\$50 grant in 2011/12 to support the development of ECE centres. Because it was provided on a per capita basis, it is likely that distribution and spending of the grant in rural areas – where numbers of pupils are likely to be lower than urban areas – would be limited, even though these areas are reported to be particularly in need of funding support.²²²

A recent World Bank-supported study found a strong association between mothers' educational level and children's participation in early education programmes in Tonga.²²³ Further, children were found more likely to do well in early childhood development if their primary caregiver had a higher educational background, because the caregiver would be better able to provide resources to support the child and have more skills to teach.²²⁴

5.3. Primary and secondary education

Primary education consists of six years (Years 1 to 6), followed by seven years of secondary school (Years 7 to 13).²²⁵ School is compulsory for children up to the age of 18, or until they have completed 12 years of education.²²⁶ According to the 2015 MDG Final Report for Tonga, the majority of children enrolled at secondary level (78 per cent) were in church-based or privately-run secondary schools,²²⁷ and 30 of the 40 secondary schools were in urban or peri-urban areas.²²⁸ In 2013, girls made up a higher proportion of enrolments in non government secondary schools (50.2 per cent) than Government schools (44.6 per cent), partly due to the availability of single-sex schools.²²⁹

5.3.1. Access

The 2015 Tonga MDG Final Report indicated that Tonga had made very good progress and was on target to achieve MDG 2. The NER for primary education was 97 per cent in 2013,²³⁰ indicating

219 Ibid.

220 Ibid.

221 World Bank, Early Childhood Development SABER Country Report 2012. Op. cit. p. 8.

222 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 52.

223 Brinkman, S. and Thanh Vu, Binh. Op. cit.

224 Ibid.

225 Education Act 2013 (Tonga), section 2.

226 Ibid. sections 2 and 98 and 99(2)(c).

227 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 66.

228 Ibid. p. 67.

229 Ibid.

230 Figures from the MoET Statistics Department, cited in Tonga Millennium Development Goals Final Report 2015. Op.cit., p. 50.

near universal enrolment of primary school-age children in primary education. This high rate is partly due to extending the cut-off enrolment date for grade 1 from 30 April to 30 May, resulting in children who would have otherwise enrolled in 2014, enrolling in 2013.²³¹ The primary school survival rate was 91.8 per cent in 2013,²³² indicating that a very high proportion of primary school pupils reach the last grade of primary education. However, the NER decreased to 90 per cent in 2015.²³³ In 2015, the GER was notably higher, at 112 per cent, indicating that a significant proportion of pupils enrolled in primary school fell outside the official age group.²³⁴

Many children of primary school age with disabilities, who are migrating or not well are not enrolled or do not continue in primary school.²³⁵

In 2014, the NER was 79 per cent at secondary level.²³⁶ Compared to the GER from the same year, which was 93 per cent, it is clear that a significant proportion of children enrolled in secondary school fell outside the official age group.²³⁷

Tonga reportedly achieved gender parity in enrolment for primary level in 2012 and 2013.²³⁸ However, the gender parity index (GPI) for the primary GER was 91 per cent in 2014, indicating that a higher proportion of boys than girls enrolled in primary education that year.²³⁹ In 2012 and 2013, a higher proportion of girls than boys enrolled in secondary education, as indicated by a GPI of 1.04.²⁴⁰ This was due to a higher number of boys than girls repeating Year 6, and a higher number of girls than boys proceeding to secondary education.²⁴¹

There is no data on the number, profile or next steps of students who drop out of secondary school, which has been highlighted as an area of concern.²⁴² However, the Ministry of Training, Employment, Youth and Sport has introduced technical and vocational training at secondary level aimed at increasing the skills of children who are at risk of dropping out of school, and creating alternative learning pathways.²⁴³ Anecdotal evidence suggests that this scheme reduced the drop-out rate of boys and girls,²⁴⁴ although up-to-date research is needed.

231 Ibid.

232 Ibid.

233 Source: 2015 Tonga EMIS, cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> on 12 June 2017.

234 Ibid.

235 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 51.

236 Source: 2014 Tonga EMIS. Op. cit.

237 Ibid.

238 United Nations Statistics Division, MDG Indicators, Gender Parity Index in Primary Level Enrolment, retrieved from <https://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=611> [20.4.2017].

239 Source: 2014 Tonga EMIS. Op. cit.

240 United Nations Statistics Division, MDG Indicators. Op. cit.

241 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 63.

242 Ibid., pp. 66-67.

243 Ibid., p. 66.

244 Ibid.

5.3.2. Quality

The literacy rate of 15- to 24-year-olds in Tonga was 99.5 per cent in 2011, suggesting that compulsory education is of very good quality.²⁴⁵ However, up-to-date figures are unavailable and literacy and numeracy of primary school-aged pupils reportedly need significant improvement.²⁴⁶ The Standard Testing for Tongan, English and Maths (STATS) results for Years 4 and 6 in 2011 found that the majority of students were insufficiently literate in Tongan and English, and only 20 per cent of students in Year 4, and 35 per cent in Year 6 displayed a satisfactory level of numeracy.²⁴⁷ Church-based secondary schools have also indicated that a large proportion of pupils enrolling still face challenges in reading, comprehension and basic numeracy.²⁴⁸

There is similarly a shortage of up-to-date data on teacher qualifications, pupil-teacher ratios, and classroom sizes. In 2014, the primary teacher-to-pupil ratio was 1:22,²⁴⁹ and 1:13 at secondary level.²⁵⁰ Teachers are reportedly supported by continuous in-service training programmes, with the major districts and outer islands being administered by resident senior education officers mandated to provide support services to the teachers and liaise with MoET.²⁵¹ Reports indicate that a Teacher Resource Centre has also been established to provide teachers with teaching resources and aids.²⁵² However, the quality of school facilities, equipment and materials reportedly varies.²⁵³

5.3.3. Barriers and bottlenecks

Due to the reform of Tonga's education laws, MoET bears increased responsibility for ensuring accessibility, equity, quality and relevance of primary education.²⁵⁴ However, it reportedly faces challenges at the technical and policy levels, which are undermining its efforts to maintain its achievements in this area.²⁵⁵

Ensuring access to quality primary education in remote areas, particularly on smaller remote islands, continues to be a challenge.²⁵⁶ This is partly due to the limited number of ECE centres in these areas. It may also be due to poorer standards of primary education, which are driven by difficulties in attracting teachers and ensuring access by education inspectors to these areas.²⁵⁷ The limited numbers and low skills capacity of professional support staff, stemming from natural

245 Figures from the MoET Statistics Department, cited in Tonga Millennium Development Goals Final Report 2015. Op. cit., p. 50.

246 Tonga Millennium Development Goals Final Report 2015. Op. cit., p. 54.

247 Ibid.

248 Ibid.

249 Source: 2014 Tonga EMIS. Op. cit.

250 Source: 2014 Teacher Data, cited on the website of the Pacific Regional Information System, retrieved from <https://www.spc.int/nmdi/education> on 12 June 2017.

251 Tonga Millennium Development Goals Final Report 2015. Op. cit., p. 57.

252 Ibid.

253 Ibid., p. 54.

254 Ibid., p. 52.

255 Ibid.

256 Ibid., p. 53.

257 Ibid.

attrition and voluntary redundancy, further contribute to this barrier by limiting resources to support the development of skilled, motivated teachers.²⁵⁸ Primary school teacher training is particularly needed in light of the introduction of a new primary school curriculum.²⁵⁹

Government funding of primary education is inadequate.²⁶⁰ The MoET budget for primary education covers the cost of teacher salaries and materials, resulting in limited financial resources to upgrade facilities, equipment and teaching materials, and a reliance on parent-teacher associations and local communities for funding, which is a significant barrier to developing quality primary education, particularly in socio-economically deprived areas.²⁶¹ Pressure to keep government spending low has also restricted teacher recruitment, resulting in a shortage of primary school teachers, although donors have been providing financial support to the Government to fund teacher salaries, for example under the TESP.²⁶²

The limited funding available to non-government secondary schools means that they generally do not have the same resources as government schools.²⁶³ However, this analysis is based on out-dated figures from 2005 and needs review.

A lack of parental commitment and support to ensure that their children attend primary school is a further bottleneck, as are the costs associated with education, which have a particularly detrimental effect on the participation of children from socio-economically deprived backgrounds.²⁶⁴

The limited number of secondary schools in rural areas drives low enrolment and drop-out, which is due to high transport costs and migration of students to urban and peri-urban areas.²⁶⁵ The 2015 MDG Final Report indicates that this barrier has a particularly detrimental impact on girls' participation in secondary school.²⁶⁶ The migration of students to urban areas further aggravates the issue of overcrowding in urban secondary schools.²⁶⁷

5.4. Tertiary and vocational education

Higher education in Tonga consists of academic and technical and vocational education and training (TVET). University degrees are available from the University of the South Pacific, Tonga campus. Government technical institutes include the Community Development Training Centre, Tonga Maritime Polytechnic Institute, Tonga Institute of Science and Technology and Tonga Institute

258 Ibid. p. 54.

259 Ibid.

260 Ibid. pp. 54-55.

261 Ibid.

262 Ibid. p. 55.

263 Ibid. pp. 69-70.

264 Ibid. p. 53.

265 Ibid. p. 67.

266 Ibid.

267 Ibid.

of Higher Education. The proportion of female enrolment in these institutes has increased over recent years, from 42 per cent in 2005 to approximately 58 per cent in 2013.²⁶⁸ However, girls were vastly under-represented at the Tonga Institute of Science and Technology and Tonga Maritime Polytechnic Institute in 2013, representing only around 4.5 per cent of enrolments.²⁶⁹ Males, meanwhile, were vastly under-represented at the Tonga Institute of Education and Community Development Training Centre in 2013, comprising 31 per cent and 27 per cent of enrolments, respectively.²⁷⁰ Female representation in enrolment in non-government tertiary bodies decreased from 60 per cent in 2005 to a more even 50.1 per cent in 2013.²⁷¹

5.4.1. Barriers and bottlenecks

Based on the limited data available, enrolment in TVET appears to be shaped largely by gendered notions of different career paths and sectors. This is also suggested in the 2015 MDG Final Report, which states that effort by MoET “to introduce more qualifications was complimented by courses offered by the Catholic Church-based vocational training institutes offering certificates in cookery, hospitality, sewing, art and craft and secretarial, which were attractive to girls.”²⁷² Further research into the norms and other factors contributing to these gender disparities is required.

268 This excludes in-house police and nursing training; Tonga Millennium Development Goals Final Report 2015, p. 68.

269 Ibid.

270 Ibid.

271 Tonga Millennium Development Goals Final Report 2015. Op. cit. p. 69.

272 Ibid.

6.

Child Protection

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

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

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

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

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

Article 32 – The right to protection from economic exploitation

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

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

Article 35 – The right to protection from abduction, sale and trafficking

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

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

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

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

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

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

Key child protection-related SDGs

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

UNICEF’s global Child Protection Strategy calls for creating a protective environment “where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience.”²⁷³ The UNICEF East Asia and Pacific Region

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

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. “Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.”²⁷⁴ 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 Tonga; community knowledge, attitudes and practices relating to child protection; and the drivers underlying protection risks.

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

Tonga lacks comprehensive data on the prevalence of violence, abuse, neglect and exploitation of children, and limited information is available on child sexual abuse, commercial sexual exploitation, trafficking in children and children in conflict with the law. Nevertheless, available information indicates that Tongan children experience violence in their homes, schools and communities.

6.1.1.1. Violence in the home

Physical disciplining of children is reportedly common throughout Tongan society. Although no data are available on prevalence of violence against children in the home, the 2009 National Domestic Violence Survey found alarmingly high rates of physical violence committed against young girls, primarily by their fathers. Of the women aged 15-19 surveyed, 71 per cent reported having experienced physical violence by perpetrators other than partners since age 15, with the majority reporting that this occurred “many” (i.e. more than five) times. Of the perpetrators identified, fathers were overwhelmingly represented, and among the non-family members this was most frequently a teacher.²⁷⁵ The Study concluded that the level of physical violence by non-partners against women (mainly in childhood and teenage years) is among the highest in the world.²⁷⁶

Tongan children are also exposed to relatively high levels of family violence. The overall proportion of women who experienced physical and/or sexual violence by a partner at some point in their lifetime is 40 per cent.²⁷⁷ This is somewhat lower than the regional PICT averages for countries for which data are available (48.2 per cent).²⁷⁸ Eight per cent of women reported being subject to physical violence while pregnant,²⁷⁹ and almost half of the women who experienced physical partner violence reported that their children had witnessed it, with 14 per cent reporting that their children had witnessed the beating once or twice, 20 per cent reporting several times, and 11 per cent more than five times.²⁸⁰ Women who had experienced domestic violence were somewhat more likely to report that their children had behavioural problems (such as nightmares, bedwetting, and low performance at school) compared with women who had not experienced violence.²⁸¹

6.1.1.2. Violence in schools

A 2010 Global School-based Student Health Survey of children aged 13 to 15 found relatively high levels of peer violence and bullying in Tongan schools. Approximately half of the children surveyed were exposed to bullying in the month before the survey, and approximately half of children were involved in a physical fight within the 12 months before the survey, with girls

275 Pacific Women. 2009. National Study on Domestic Violence against Women in Tonga. pp. 62-63.

276 Ibid., p. xxvi.

277 Ibid., p. 46.

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

279 National Study on Domestic Violence against Women in Tonga. Op. cit., p. 46.

280 Ibid., p. 90.

281 Ibid., p.40.

reporting higher levels of violence than boys. The overall physical fighting and bullying rates are around the average rates in the PICT region in countries for which data is available (49.5 per cent and 45.4 per cent, respectively).²⁸²

Table 6.1: Violence and unintentional injury rates in schools (2010)

	Students Aged 13-15 Years		
	Total	Boys	Girls
Percentage of students who were in a physical fight one or more times during the 12 months before the survey	49.2	47.8	50.7
Percentage of students who were bullied on one or more days during the 30 days before the survey	51.3	49.5	52.7

Source: WHO, GSHS, 2010²⁸³

The National Study on Domestic Violence against Women noted that, even though corporal punishment is not allowed, teachers still feel that they need to regulate their students' learning and "this is most often carried out with the stick." In some of the high schools, the prefects also beat students as a disciplinary measure. Violence in schools is most often tolerated as it is seen as 'care' for the students rather than a punishment.²⁸⁴

6.1.1.3. Sexual Abuse

Sexual abuse is also an issue of concern for Tongan children. The National Study on Domestic Violence against Women found that 8 per cent of women reported experiencing sexual abuse before they were 15. Most women mentioned that the perpetrators were strangers, with male family members and 'others' also mentioned, but to a lesser extent. In addition, 18 per cent of women whose first sexual experience was before age 18 reported the first experience as forced.²⁸⁵ The proportion of women who had experienced child sexual abuse was lower than the regional PICT averages for countries for which data are available (16.9 per cent).²⁸⁶ No information was available on sexual abuse of boys.

282 Regional average calculated from GSHS data from the Cook Islands, Fiji, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

283 WHO. 2010. Global School-based Health Survey, 2010 Factsheet. http://www.who.int/chp/gshs/GSHS_Tonga_2010_Report.pdf [16.06.17].

284 P. 63–64.

285 Ibid. See also UNICEF and UNFP 2015. Harmful Connections: Examining the relationship between violence against women and violence against children in the South Pacific. 2015. P. 61. https://www.unicef.org/pacificislands/Harmful_Connections.pdf [16.06.17].

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

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

The US Department of Labor’s 2016 assessment of progress towards the elimination of the worst forms of child labour found that, although research is limited, there is evidence that some Tongan children are reportedly engaged in the worst forms of child labor, in forced domestic work.²⁸⁷

Tonga is considered a destination country for women subjected to sex trafficking and, to a lesser extent, a source country for women and children subjected to domestic sex trafficking and forced labour. Some Tongan women and children are reportedly subjected to involuntary domestic servitude.²⁸⁸

6.1.1.5. Child marriage

According to the 2012 DHS, 6.9 per cent of girls were married before the age of 18 and 0.6 per cent were married before the age of 15.²⁸⁹ In 2016, the Deputy Speaker of the House, Lord Tu’i’afitu, spoke out about the Parent Consent Act, with reports suggesting he called it “embarrassing.”²⁹⁰ According to these reports, Lord Tu’i’afitu “told Parliament that there have been 183 child marriages in the past three years in Tonga. In 2013 to 2015, 17 of those children were just 15 years-old.”²⁹¹ The same newspaper articles suggested that, in some cases, parental pressure led to young girls marrying perpetrators of rape against them.²⁹²

6.1.2. Community knowledge, attitudes and practices

Family and community ties and relationships are central to Tongan culture, with core Tongan values being *faka’apa’apa* (respect), *feveitokai’aki* (reciprocity); *’ofa* (love) and *loto fakatokilalo* (humility). Fundamental to maintaining harmony amongst extended families is the maintenance of respectful relationships, which are guided by principles of rank and gender, such as in the *’ulumotu’a* (head of clan) and the *mehekitanga* (father’s sister or the sacred aunt). Family relationships are also guided by expectations and traditional protocols in respect to the duties of a woman as a wife, a mother, an aunt, a daughter in-law and a sister in-law, and of men as husbands, fathers, uncles, etc. However, the Domestic Violence Study found that there have been changes in the values that have traditionally guided family relationships, resulting in tensions that contribute to family violence.²⁹³

287 US Department of Labor. 2016. Findings on the Worst Forms of Child Labor – Tonga. <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/tonga> [16.06.17].

288 US Department of State, Trafficking in Persons report 2017, p. 396.

289 Inter-Parliamentary Union and WHO. 2016. Child, early and forced marriage legislation in 37 Asia-Pacific countries. p. 12. <http://www.ipu.org/pdf/publications/child-marriage-en.pdf> [19.06.17]. Percentage of women 20–24 years old who were first married or in union before they were 15 years old and percentage of women 20–24 years old who were first married or in union before they were 18 years old.

290 ABC News. Teen marriage in Tonga often caused by parental pressure. 25 August 2016. <http://www.abc.net.au/news/programs/pacific-beat/2016-08-25/teen-marriage-in-tonga-often-caused-by-parental/7787504> [19.06.17].

291 Ibid.

292 RNZ International. ‘Archaic’ Tongan law allows forced marriage to rapists. 26 August 2016. <http://www.radionz.co.nz/international/pacific-news/311891/archaic-tongan-law-allows-forced-marriage-to-rapists> [19.06.17].

293 National Domestic Violence Study. Op. cit., p. 71.

The Domestic Violence Study also found that the phenomenon of violence against women and children is widespread and deeply ingrained in the society of Tonga. Violence is, to a large extent, physical and is perpetrated by men known to the women, i.e. intimate partners, but even more by fathers and teachers.²⁹⁴ In Tonga, disciplining children and young people is usually carried out with a stick or a slap, and if children disobey, they are usually warned that they should ‘watch out or else they will get a hiding’.²⁹⁵ A joint study by UNICEF and United Nations Development Fund for Women (UNIFEM) similarly found that “an ethnographic study of childhood and the socialization of children in Tonga showed, violent punishment and humiliation of children is justified on cultural grounds by many Tongans.”²⁹⁶ Concerns about these attitudes and behaviours were supported in the 2013 Universal Periodic Review by UN EAPRO, which cited the finding of the UNICEF and the Government’s 2006 Situational Analysis of Women and Children that “there was a traditional acceptability of physical punishment to discipline children and that beating was the main form of punishment.”²⁹⁷

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

6.2. The child protection system

The Government of Tonga has made some progress in strengthening the national child protection system, however significant gaps and challenges remain.

6.2.1. The legal and policy framework for child protection

Tonga does not have a national child protection policy or plan of action, and lacks a comprehensive child protection law. Children’s right to care and protection has been partially addressed under national laws:

Key Child Protection Laws

Child care and protection	Family Protection Act 2013; Guardianship Act 2004
Child marriage	Births, Deaths and Marriages Registration Act
Birth registration	Births, Deaths and Marriages Registration Act

294 National Study on Domestic Violence against Women in Tonga. Op. cit. p. xxvi

295 Ibid., p. 63.

296 UNICEF and UNIFEM. 2006. The Elimination of All Forms of Discrimination and Violence Against the Girl Child: Situation Paper for the Pacific Islands Region. p. 10. <http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/ObserverPapers/UNICEF%20Girl%20Child%20report.pdf> [19.06.17].

297 OHCHR. Op. cit. p. 131. See endnote 7. para.14.

Child labour	None
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Criminal Offences Act 1988; Counter Terrorism and Transnational Organised Crime Act
Child victims and witnesses in criminal proceedings	None
Violence in schools	Education Act 2002; Education Policy Framework (2004-2019); Education Act 2013 (prohibits corporal punishment in schools and pre-schools)
Children in conflict with the law	Criminal Offences Act 1988
Children with disabilities	None
Child protection in emergencies	National Action Plan on Climate Change Adaptation and Disaster Risk Management

Tonga's laws also include some definitions of the child, but are not fully in line with international standards:

Legal Definition of the Child under Tongan Law

Definition of a child under child welfare law	None
Minimum age for marriage	15 ⁶
Minimum age for employment	None
Minimum age for engaging in hazardous work	None
Age for consent to sexual activity under criminal laws	15 for girls, none for boys
Minimum age of criminal responsibility	7
Maximum age for juvenile justice protections	None

6.2.1.1. Legal framework for child and family welfare services

Tonga lacks a comprehensive legal framework guiding the delivery of child protection, prevention, early intervention and response services. There is no law outlining the obligation on the government to support parents in their childrearing responsibilities, no clear authority for a government agency to intervene and protect a child who is suffering or at risk of harm (including, where necessary, removing the child from his/her parents or guardian), and no regulation of the various forms of alternative care.

The Family Protection Act 2013 defines various forms of domestic violence (including violence against children in the home) and empowers the court to issue emergency protection orders, temporary protection orders and final protection orders that prohibit contact of a perpetrator with the victim. It also requires the Ministry of Internal Affairs to appoint a panel of registered, approved counsellors (qualified counsellors, experienced community workers and NGO counsellors) to provide family counselling services, facilitate arrangements for accommodation of the complainant and other persons at risk, and facilitate immediate arrangements for medical or other examination of a child of the household. Registered counsellors have also been given authority to carry out the functions normally assigned to the government child protection authority, including carrying out assessments or investigations at the request of the court relating to the children and the family, and providing reports to the court.²⁹⁸ Under the Act, the Court has the authority to issue a protection order prohibiting or restricting contact with a child victim, barring the perpetrator from the child's home, and granting custody to a parent who is the complainant (in cases where the victim is one of the child's parents). However, beyond these no contact provisions, the court does not have broader authority to make long-term care and protection orders in relation to the child care, custody and guardianship of the child.

6.2.1.2. Legal framework for justice for children

Tonga's Criminal Offences Act 1988 penalises various forms of violence against children, including assault and bodily harm, cruelty to children, enticing or taking away a child under 14, rape, 'carnal knowledge' of a girl under 12, carnal knowledge of a girl under 15 (with a significantly lower penalty), indecent assault, abduction of girls, incest, and procuring a girl under 21 for 'unlawful carnal connection'. The Family Protection Act 2013 further criminalises domestic violence and states that committing an act of violence against a child, or in the presence of a child, is an aggravating circumstance.²⁹⁹ However, Tonga's sexual offences are defined in outdated language and do not provide equal protection to boys and girls, the child prostitution provisions are not in line with international standards, and there are no provisions addressing child pornography, grooming or online exploitation of children. The Counter Terrorism and Transnational Organised Crime Act does not specifically prohibit trafficking children domestically. A key bottleneck to the successful investigation and prosecution of crimes against children is the lack of special procedural protection to assist children in giving effective evidence, and to reduce secondary victimisation.

Tonga's domestic law on child justice

There is no child-specific law for child justice in Tonga. Instead, cases involving children in conflict with the law (and those involving children as victims or witnesses) are processed according to the general legal provisions, including the Criminal Offences Act 1988.

With respect to children in conflict with the law, the Criminal Offences Act 1988 sets the minimum age of criminal responsibility at 7 years, and establishes a rebuttable presumption that a child aged

298 Section 6.

299 Section 28.

7 to 12 is not criminally responsible “unless in the opinion of the Court or jury such person had attained sufficient maturity of understanding to be aware of the nature and consequences of his conduct in regard to the act of which he is accused.”³⁰⁰ This minimum age of criminal responsibility is the lowest in the PIC region and far lower than the absolute minimum age of 12 recommended by the UN Committee on the Rights of the Child.³⁰¹ However, Tonga has rejected calls to amend its minimum age of criminal responsibility, even following international pressure during the 2013 Universal Periodic Review process, during which the Government stated: “Tonga accepts that the minimum age of 7 years old for criminal responsibility of a child is appropriate for Tonga.”³⁰²

Tonga lacks a juvenile justice law; criminal procedures are outlined in the Criminal Offences Act 1988 and the Magistrates Act, neither of which include any special provisions for children. Some non-custodial sentences options are available in Tonga, including compensation of the victim, community service, fines, suspended sentences (probation), and conditional discharge.³⁰³ However, the law also permits the death penalty to be imposed on children aged 15 to 17,³⁰⁴ and corporal punishment through whipping is also sanctioned as a sentence against boys.³⁰⁵ Despite these provisions, there appears to be no use of the death penalty in practice,³⁰⁶ and in 2010 the Appeal Court overturned a sentence of whipping against two 17-year-old males. According to the Child Rights International Network, “this was the first time sentences of whipping had been handed down in 30 years.”³⁰⁷

6.2.2. Child Protection structures, services and resourcing

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

6.2.2.1. Child and family welfare services

General responsibility for child rights in Tonga rests with the Ministry of Internal Affairs. However, there is no unit or division with capacity to coordinate or deliver child and family welfare services.³⁰⁸

300 Section 16.

301 Ibid. para. 31.

302 Views on conclusions and recommendations, voluntary commitments and replies presented by the State under Universal Periodic Review. Tonga. 3 June 2013. para.19.

303 Sections 24(1)(a)-(c) and (3), and 198-199. Tonga. Criminal Offences Act. 1926. (1988 revised edition). <https://www.imolin.org/doc/amlid/Tonga/CriminalOffencesAct.pdf> [19.06.17].

304 Sections 33 and 91.

305 Section 31.

306 Child Rights International Network. Inhuman Sentencing of Children in Tonga. 2011. www.crin.org/sites/default/files/inhuman_sentencing_of_children_in_tonga.pdf [19.06.17].

307 Ibid.

308 Office of the United Nations High Commissioner for Human Rights (OHCHR). Regional Office for the Pacific. 2012. Human Rights in the Pacific – Country Outlines. p. 131. (see endnote 7). http://pacific.ohchr.org/docs/HR_Pacific_v7_July_25.pdf [19.06.17]. As cited in the Compilation prepared by OHCHR in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21, Tonga. 9 November 2012. para.15.

This leaves children exposed to violence, and leaves them without appropriate responses if they do become victims of violence, exploitation, abuse or neglect. Some referrals between police, hospitals and schools reportedly occur on an ad-hoc basis, but no inter-agency referral process has been established to support children in need of protection. The Tonga Women and Children's Crisis Centre provides counselling services and temporary safe shelter to victims of family violence, including mobile counselling and access to a helpline for survivors of family violence in the outer islands.³⁰⁹ The Tonga National Centre for Women and Children, a semi-governmental agency, also provides counselling services to victims of family violence. There are also a number of NGOs and FBOs with programmes addressing family violence. However, the register of approved counsellors, mandated under the Family Protection Act, has not yet been established.³¹⁰ Services in the Outer Islands are limited.

A 2014 Safety and Protection Assessment following Cyclone Ian identified the main source of child protection in Tonga as the community, which provides a safety net to ensure children's security.³¹¹ Though this community environment is viewed positively within the report, it is noted that "statistical increase in violence during times of stress, together with the absence of sufficient security in many villages, suggests that some measures need to be in place to add a layer of protection to children."³¹² The Report noted that respondents were reluctant to discuss child protection in any concrete sense, and that "the responses to the hypothetical questions revealed that the current systems in place are insufficient to protect against child abuse with no identified child-friendly reporting mechanisms and no coherent or child-friendly procedures to respond to incidents of child abuse."³¹³ The Assessment recommends establishing child protection focal points in communities, engaging in awareness raising around abuse, and the risks and vulnerabilities experienced by unaccompanied children.³¹⁴

6.2.2.2. Access to child-friendly justice

Tonga has also made limited progress in promoting a specialised approach in the handling of children as offenders, victims and witnesses. The police have established a Domestic Violence Unit and a transnational Crime Unit. The Police Domestic Violence Unit is responsible for raising awareness of and handling cases involving domestic violence. The Police follow a Domestic Violence Policy for the Tonga Police Force, which includes a no drop policy in relation to domestic violence cases, to challenge community practices by which victims may be pressured into withdrawing complaints.³¹⁵ However, there are no specialised courts for children, limited child-friendly procedures or special safeguards applied in children's cases, and limited specialised training for police, magistrates, prosecutors and judges on handling cases involving children.

309 <http://tongawccc.org> [28.11.17].

310 Interview with UNICEF-Pacific staff, 29.11.17.

311 Ministry of Internal Affairs of the Government of the Kingdom of Tonga. In Cooperation with The Pacific Humanitarian Protection Cluster Including The Gender Surge Capacity, Safety And Protection Assessment. 2014. p. 19.

312 Ibid.

313 Ibid.

314 Ibid.

315 Ibid.

Tonga has a small probation service, and NGOs and community-based organizations and religious groups reportedly play an active role in community-based programmes for the prevention of reoffending.³¹⁶ In 2007, partly in response to the prosecution of a number of young people in relation to the '11/16 riots',³¹⁷ a Youth Diversion Programme was established for first offenders aged under 17 who are charged with a minor offence.³¹⁸ This scheme was based on the community conferencing model, with additional elements based on traditional conflict-resolution practices in Tonga.³¹⁹

Use of informal justice systems is reported to be common in Tonga for cases involving children as offenders and victims.³²⁰ This can provide a positive and restorative alternative to formal criminal proceedings. However, the extent to which these informal mechanisms safeguard the rights of children is not clear because of the lack of research and oversight of informal justice practices.

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

Tonga lacks a comprehensive policy on protection of children in schools. Corporal punishment is prohibited by the Education Act of 2013, but the Act does not address bullying. Protection of children from all forms of violence, abuse and bullying in schools was not addressed in the Education Framework 2004-2019. As yet, no steps have been taken to establish child protection reporting protocols and procedures for the education sector, to train teachers on positive discipline methods and on identification of suspected abuse, or to integrate child protection into the curriculum to empower children to protect themselves.

The health sector also lacks a policy on its role in child protection prevention, early intervention, and identification and treatment of children who have experienced harm. The Family Protection Act 2013 imposes a duty of care on health practitioners who have been notified that a person (including a child) has experienced or is at risk of domestic violence. This includes the obligation to examine and refer the child to counselling or medical treatment as appropriate, and to file a report with the police on behalf of the child. The Act also states that health practitioner "shall examine the complainant or person at risk and, applying the protocol established by the Ministry of Health providing for professional standards and confidential treatment, further advise the victim of support options and medical treatment available."³²¹

With respect to the labour sector, Tonga has reportedly made minimal advancement in efforts to eliminate the worst forms of child labour. There is no law specifying a minimum age for work or

316 UNAFEI Resource Materials Series No.75. Undated. L. Kuli. Effective Measures For The Treatment Of Juvenile Offenders And Their Reintegration To Society. pp.123-127. www.unafei.or.jp/english/pdf/RS_No75/No75_14PA_Kuli.pdf [19.06.17].

317 BBC News. Tonga riots after reforms delay. 16 November 2006. <http://news.bbc.co.uk/1/hi/world/asia-pacific/6153238.stm> [19.06.17]

318 UNDP Pacific Scheme. Undated. Youth Diversion Scheme in Tonga. http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20%26%20Publications/CPR/PC_YouthDiversion.pdf [19.06.17].

319 Ibid.

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

321 Section 27.

defining hazardous forms of work for children under age 18, leaving children unprotected from labour exploitation. The Government has not established a coordinating mechanism, policy, or programme to address child labour. Business license inspectors reportedly do look for children engaged in the worst forms of child labour during their inspections, and if there is a specific complaint, the Chief Labour Inspector visits the site, conducts an investigation, and requests police involvement if necessary. However, the Government does not have specially trained child labour investigators.³²²

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

Tonga does not have a national coordinating council or committee responsible for child protection strategic planning and inter-agency coordination. Effective planning, policy development and monitoring of the Tongan child protection system is also hampered by the lack of a centralised child protection information management system, and limited data on the number of children reported as victims of abuse and/or neglect. Without evidence around child protection concerns, it is difficult to mobilise and tailor responses, or to understand when progress takes place.

6.3. Other Child Protection Issues

6.3.1. Birth Registration

Some 93 per cent of children aged below 5 years were birth registered at the time of the 2012 Tonga DHS. The ratios of rural to urban registration were 1:1 and wealthiest to poorest 20 per cent 1.1:1, meaning there is no variation based on residence or wealth, though slightly higher rates were found in the Outer Islands (95 per cent) than urban Tongatapu (92 per cent).³²³

6.3.2. Climate change and natural disasters

Like most PICTs, Tonga is vulnerable to the impacts of climate change and natural disasters. In the event of a natural disaster such as typhoon or tsunami, children are the most vulnerable population. Effects of climate change like drought and high tides also harm vulnerable children. Tonga's Joint National Action Plan on Climate Change Adaptation and Disaster Risk Management outlines the Government's commitment to addressing these challenges. However, it does not recognise children as a particularly vulnerable group and does not integrate child protection into emergency preparedness or response plans.

322 US Department of Labor. 2016. Findings on the Worst Forms of Child Labor – Tonga. <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/tonga> [26.11.17].

323 Kingdom of Tonga. Demographic and Health Survey 2012. http://sdd.spc.int/images/releases/Tonga_DHS_-_2012.pdf as reported in SOWC 2016 dataset. [19.06.17].

Through cooperation between the Minister of Internal Affairs, National Disaster Management Office, and national forum of church leaders, training on child protection in emergencies has been provided to town officers responsible for emergencies on all of the islands.³²⁴

7. Social Protection

A comprehensive social protection system is essential for reducing the vulnerability of the most deprived persons – including children – to social risks. Social protection systems can strengthen the capacity of families and carers to care for their children and help remove barriers to accessing essential services, such as health care and education, and can thereby help close inequality gaps. Social protection measures can also help to cushion families from livelihood shocks, including unemployment, loss of a family member and 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* vulnerabilities³²⁵ to poverty and deprivation, and mitigating their effects.”³²⁶ Social protection systems are essential to ensuring that the rights of children to social security³²⁷ and a standard of living adequate for their physical, mental, spiritual, moral and social development³²⁸ are realised. According to the CRC, States are required to “take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”³²⁹ Effective social protection measures are also essential to achieving SDG 1.1 and 1.2: to eradicate extreme poverty (currently measured as people living on less than US\$1.25 a day) for all people everywhere by 2030, and to reduce at least by half, the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

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

326 UNICEF. 2012. Social Protection Strategic Framework. p. 24.

327 CRC, article 26.

328 Ibid. article 27.

329 Ibid. article 27(2).

To achieve this, SDG 1.3 requires the implementation of “nationally appropriate social protection systems and measures for all, including [social protection] floors.” A social protection floor consists of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in-kind, paid to the poor and vulnerable).³³⁰

Key social protection-related SDGs

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

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

330 ILO and WHO. October 2009. 'The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor'. <http://www.un.org/ga/second/64/socialprotection.pdf>.

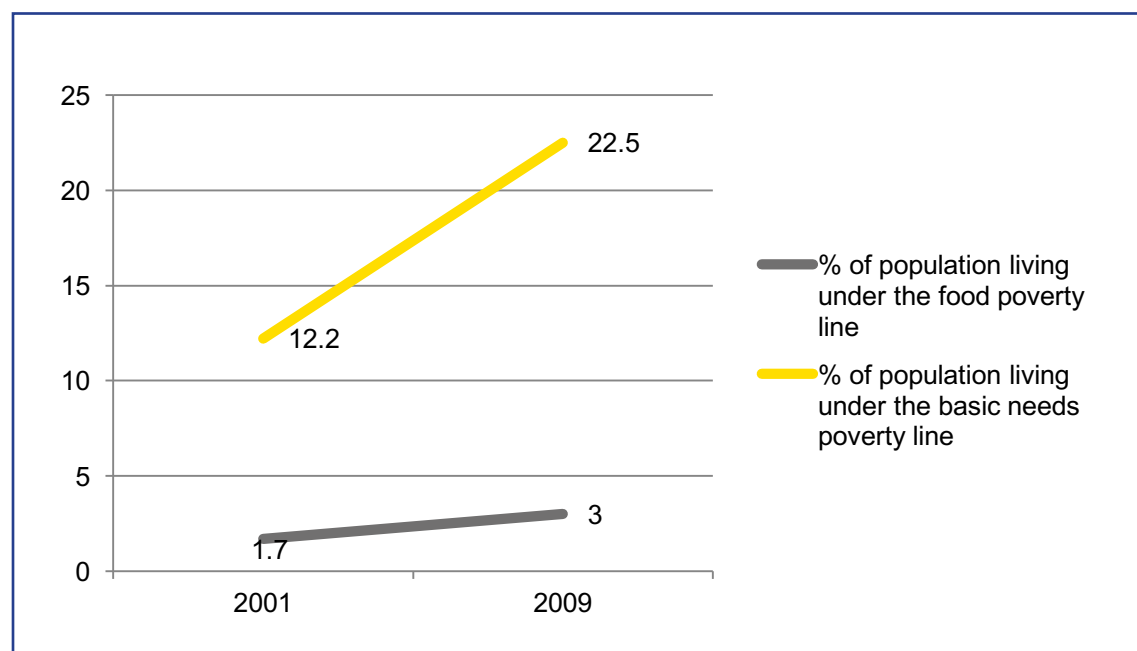
economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, water and sanitation and child protection.³³¹

7.1. Profile of child and family poverty and vulnerability

A significant proportion of Tonga's population are living in poverty, and rates of poverty appear to have increased since 2000. The incidence of food poverty increased from 2001 to 2009, but remains quite low. The increase contrasts with other PICTs, including Samoa, Tuvalu and Vanuatu, where households used increases in subsistence food production as a coping strategy for combatting the effects of the global food crisis. In Tonga, these coping mechanisms do not appear to have been successful. This may be attributed to "the impact of lower remittances and migration of young men," reducing the ability of households to meet their food needs.³³²

Moreover, the rate of basic needs poverty (those living below the basic needs poverty line) increased significantly. According to the 2009 HIES,³³³ 22.5 per cent of the population were found to be living below the basic needs poverty line: a rise from 12.2 per cent in 2001 (see Figure 7.1).

Figure 7.1: Percentage of population living under food poverty and basic needs poverty lines, 2001 and 2009



Source: Data extrapolated from 2001 and 2009 HIES

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

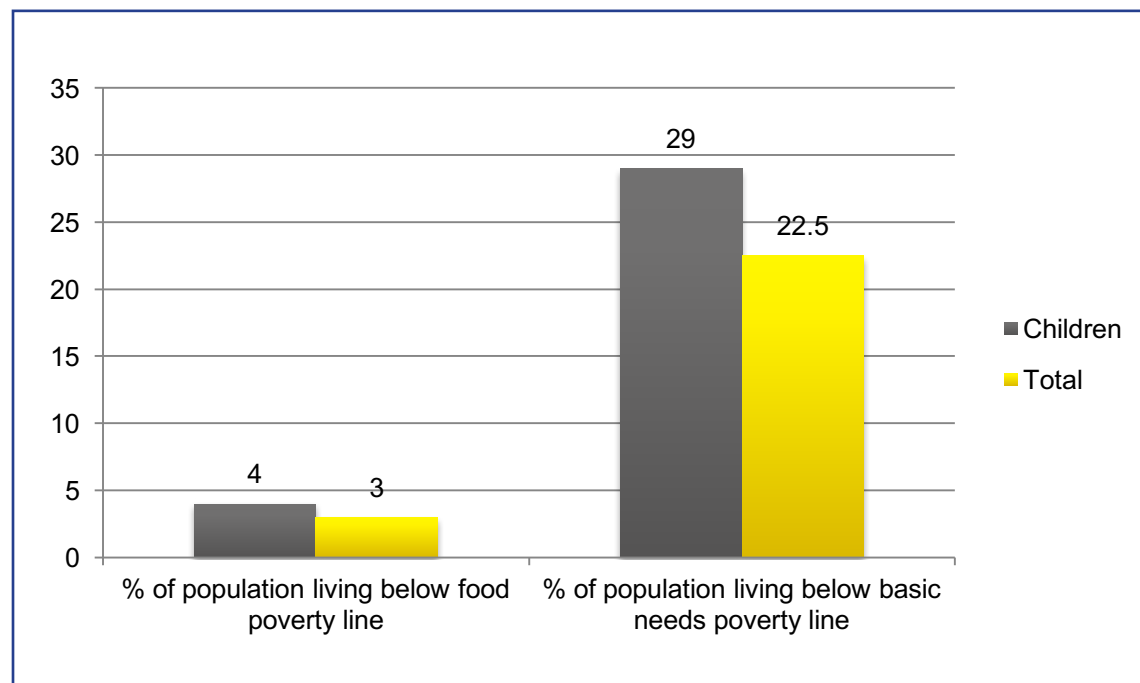
332 UNESCAP, *State of human development in the Pacific*. Op. cit.

333 The results of the 2016 HIES has not yet been published.

In addition to the population living below the basic needs poverty line, concern has been expressed about the significant number living just above the poverty line, meaning that “even a small event or external shock can readily push many households below the poverty line.”³³⁴ Tonga’s vulnerability to economic shocks compounds this concern, as does its exposure to natural disasters (see Chapter 2). According to a recent United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) report, a further 1,200 people would fall below the poverty line following an increase in oil prices, and 1,600 more would be affected by a simultaneous price shock to oil, wheat and rice.³³⁵

Poverty has been found to particularly affect children and young people: the 2009 HIES found that children aged 0 to 14 were disproportionately more likely to be living in poor households. Around 29 per cent of children were living below the basic needs poverty line, compared to 22.5 per cent of the wider population (see Figure 7.2).³³⁶ The impacts of poverty are more significant for children, and there is growing evidence that children experience poverty more acutely than adults, and the negative impacts of poverty on their development can have profound and irreversible effects into adulthood.

Figure 7.2: Percentage of child (0 to 14) and general population living below the basic needs poverty line



Source: Data extrapolated from 2009 HIES

334 Matthew Morris. 2001. Australian National University, *Measuring poverty in the Pacific: discussion paper no. 7*, p. 13. https://devpolicy.anu.edu.au/pdf/papers/DP_9_-_Measuring_Poverty_in_the_Pacific.pdf.

335 UNESCAP, *State of human development in the Pacific*. Op. cit. p. 66.

336 Government of Tonga, *Household Income and Expenditure Survey 2009*.

Like most countries, the national poverty averages in Tonga mask internal inequalities, though levels of inequality in Tonga are moderate compared to other PICTs (see Chapter 2).

While rates of basic needs poverty do not appear to vary dramatically across different geographical regions in Tonga, or between urban and rural areas, the rate at which poverty has increased has varied significantly (see Table 7.1).

Table 7.1: Percentage of the population under the basic needs poverty lines, by region, 2001, 2009

	2001	2009
National average	16.2	22.5
Nuku'alofa	18	21.4
Rest of Tongatapu	18.8	23.5
Outer Islands	11.8	22.9

Source: Data extrapolated from HIES, 2001 and 2009

While rates of basic needs poverty increased by a relatively small degree in Nuku'alofa and the Rest of Tongatapu (from 18 per cent to 21.4 per cent and 18.8 per cent to 23.5 per cent, respectively), rates of basic needs poverty almost doubled in the Outer Islands, rising from 11.8 per cent in 2001 to 22.9 per cent in 2009. This variation in the changing rates of poverty across Tonga is "indicative of an exclusive, often skewed, level of economic growth, which can exacerbate social and political forms of exclusion."³³⁷ The growth in poverty rates in the Outer Islands appears to be leading Tonga towards a wider trend across the PICTs, where rural areas, particularly in more geographically isolated outer islands, tend to be poorer than urban centres:³³⁸ a trend compounded by lack of access to basic services, including health and education.³³⁹ According to a recent UNESCAP report, "the greater concentration of economic activity in urban areas, as well as the greater provision of public services, contributes to this trend."³⁴⁰

There do not appear to be any clear gender dimensions to poverty in Tonga. However, while there appears to be approximate parity in terms of per capita income and expenditure levels, according to the 2009 HIES, "other manifestations of hardship in terms of female employment, education and opportunity need to be taken into account."³⁴¹ In Tonga, women are also disadvantaged as they are excluded from holding land title under the Constitution.³⁴² It has been noted that female-headed households are more frequently concentrated in the income/expenditure deciles that

337 UNESCAP, *State of Human Development in the Pacific*. Op. cit. p. 27.

338 Ibid., p. 20.

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

340 UNESCAP, *State of Human Development in the Pacific*. Op. cit.

341 Ibid., p. 86.

342 Ibid., p. 82.

lie just above the basic needs poverty line than male-headed households, making them more vulnerable to falling into poverty following an economic shock.³⁴³

Unfortunately, there does not appear to be any available information on the associations between poverty and other characteristics, such as educational level, household size or employment. However, access to employment is no guarantee of avoiding poverty. It was reported in 2004 that 27 per cent of households in the lowest income quintile were headed by someone in formal employment.³⁴⁴

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

The causes of child and family poverty in Tonga are complex, interconnected and open to fluctuation. As a small island economy, Tonga faces many general challenges confronting PICTs, including distance from global markets, limited and fragile resource bases, inability to achieve economies of scale, vulnerability to changes in the global economy and vulnerability to natural disasters, which cause economic shocks.³⁴⁵

Tonga and other PICTs are particularly vulnerable to economic shocks. Tonga has a small, open economy, with a limited resources base, embedded in global markets, and is particularly susceptible to financial global impacts.³⁴⁶ Vulnerability to natural disasters, along with the global recession, has had a negative impact on economic growth in Tonga. The impact has been compounded by the increasing monetisation of Tongan communities and the limited effectiveness of social safety nets in the context of shocks that affect entire communities.³⁴⁷

Slow economic growth and exposure to economic shocks has led to a poverty of opportunity in PICTs, including Tonga, which has a high and growing unemployment rate, particularly among young people. Across the Pacific, economies are not able to generate sufficient jobs for the number of job-seekers, and the large number of young people with inadequate skills contributes to the high unemployment rate.³⁴⁸ Youth unemployment does not appear to have reduced since 1991. According to World Bank figures, youth unemployment (among those aged 15 to 24) was 11 per cent in 2016 (a very slight decrease from 11.5 per cent in 1991),³⁴⁹ and young people made up half of the unemployed population.³⁵⁰

343 Ibid. p. 86.

344 Abbott and Pollard. 2004. In UNDP. 2014. *State of Human Development in the Pacific*. Op. cit. p. 4.

345 AusAID, *Poverty, vulnerability and social protection in the Pacific*. Op. cit. p. 4.

346 AusAID 2010. *Social protection in the Pacific: A review of its adequacy and role in addressing poverty*.

347 UNICEF Pacific. 2011. *Sentinal Monitoring: Monitoring resilience in Tonga*.

348 AusAID, *Poverty, vulnerability and social protection in the Pacific*. Op. cit. p. 4.

349 World Bank, Unemployed youth (Tonga). <http://data.worldbank.org/indicator/SL.UEM.1524.ZS>.

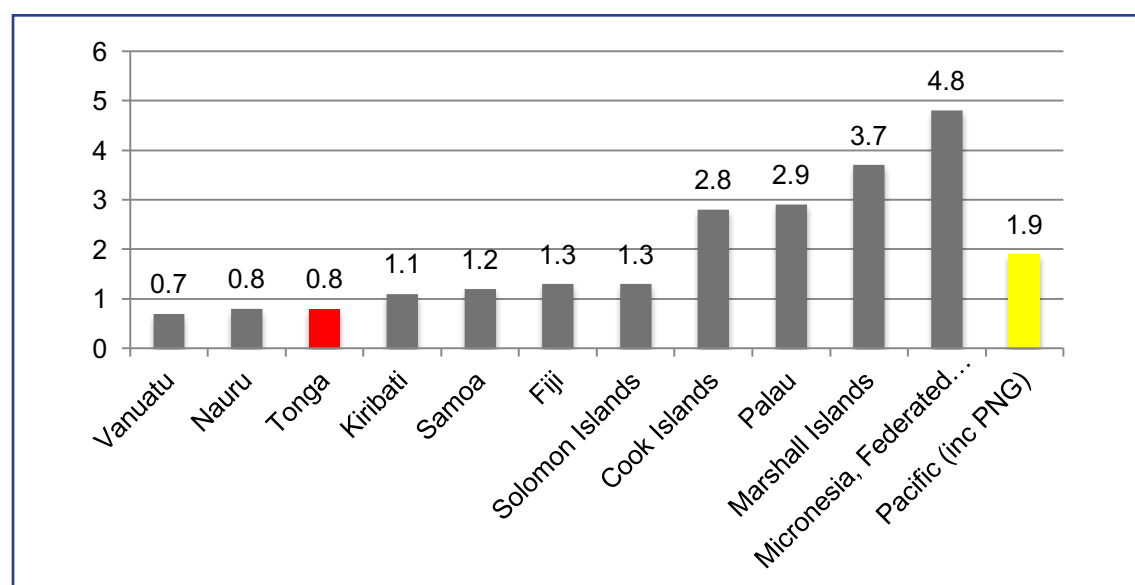
350 UNESCAP. *State of Human Development in the Pacific*. Op. cit. p. 76.

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

Social protection encompasses many different types of systems and programmes, including: social insurance programmes (e.g. contributory schemes to provide security against risk, such as unemployment, illness and disability); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly and children); and social care services (child protection prevention and response services). There has been a growing acceptance in recent times that social security, particularly the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.³⁵¹ Cash transfers provide households with additional income that enables them to invest in children’s wellbeing and human development.³⁵²

The comprehensiveness and impact of Tonga’s ‘formal’ social protection system appears quite weak. The Asian Development Bank’s Social Protection Indicator (SPI [formerly Index]) assesses social protection systems against a number of indicators to generate a ratio, which is expressed as a percentage of GDP per capita. In 2016, the SPI for Tonga was 0.8. This is below the Pacific regional average (including Papua New Guinea) of 1.9,³⁵³ and one of the lowest in the region (see Figure 7.3).

Figure 7.3: Social Protection Indicator by country³⁵⁴



Source: Asian Development Bank, 2016³⁵⁵

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

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

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

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

355 Asian Development Bank. *The social protection indicator*. Op. cit. p. 16.

The data also indicate that the vast majority of social protection expenditure is for social insurance measures (contributory schemes). The SPI was 0.6 for social insurance and only 0.2 for social assistance programmes. Social insurance is provided through a contributory pension scheme. However, this scheme is limited to formal employees (until 2012, it was limited to public sector employees), and excludes the majority of workers who operate in the informal economy, so it does not target the poorest members of society. Contributory schemes involving formal sector workers also tend to have a gender bias, as the majority of formal sector workers are men.³⁵⁶

In terms of social assistance measures, the Government provides a universal pension scheme, which guarantees an income for all persons over 70 years (formerly 75 years).³⁵⁷ However, there are currently no social assistance programmes targeting vulnerable children or families, and very limited assistance is provided to children with disabilities. However, an Asian Development Bank-supported pilot established in 2010 provides social assistance to a small number of babies and infants with disabilities (and older persons).³⁵⁸

Another component of social protection systems is activities to generate and improve access to employment opportunities among young people. These activities have been limited in Tonga. However, some 'welfare for work' schemes have been established, whereby "participants have been expressly engaged to undertake locally-focused public works designed to create employment in disadvantaged areas."³⁵⁹

The data indicates the limited impact of social protection programmes in Tonga, in terms of the level of benefits and the targeting of beneficiaries. The SPI for the depth of benefits in Tonga (the average benefits received) was quite low, particularly in comparison with other PICTs (see Figure 7.4).

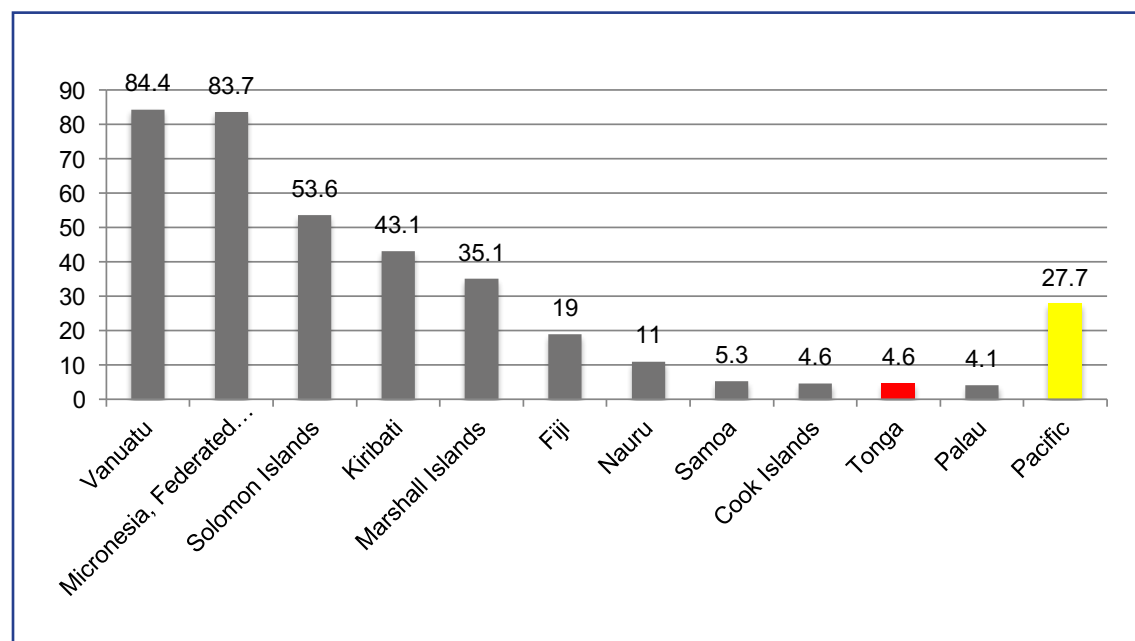
This indicates that benefits are quite low, and perhaps not enough to lift vulnerable individuals and families out of poverty. Moreover, the depth indicator is, to some extent, driven by the high level of benefits received by a small group of persons: those in formal employment who have access to social insurance schemes. The depth indicator is quite low for social assistance schemes (which target more vulnerable persons).

356 UNDP. State of Human Development in the Pacific. Op. cit.

357 Asian Development Bank. *The social protection indicator*. Op. cit.

358 Ibid.

359 Ibid.

Figure 7.4: Depth of social protection indicator, by country³⁶⁰

Source: Asian Development Bank, 2016³⁶¹

Table 7.2: SPI depth indicator, by type of programme

Programme	Social Protection Indicator (%)
Overall	4.6
Social Assistance	10.2
Labour Market Programmes	-
Social Insurance	3.9

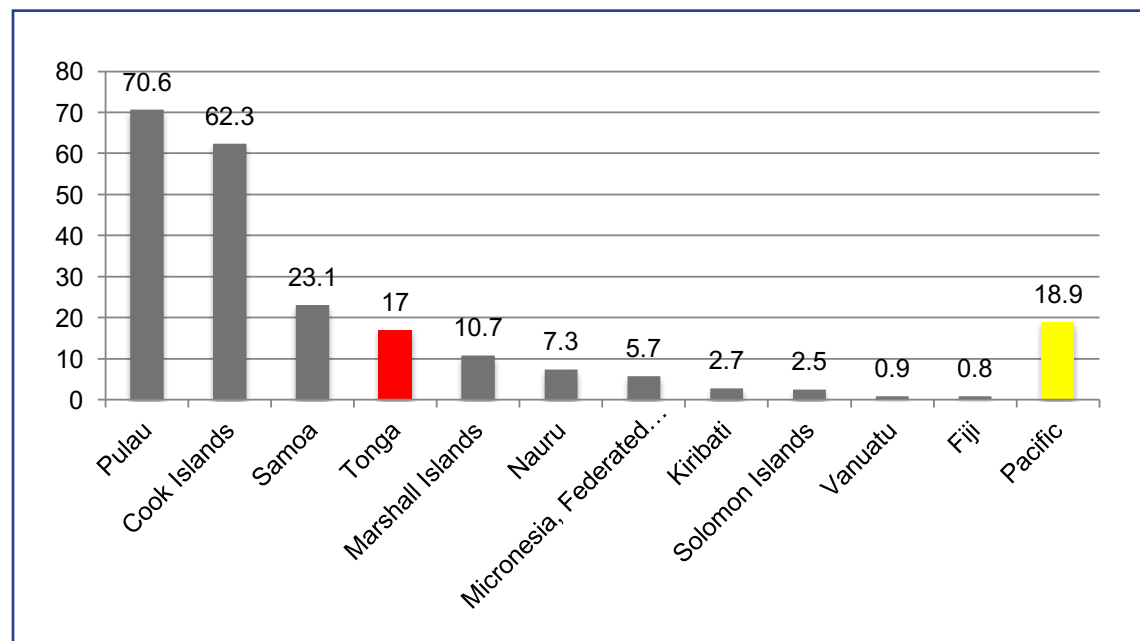
Source: Asian Development Bank, 2016³⁶²

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

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

361 Asian Development Bank. *The social protection indicator*. Op. cit.

362 Ibid., p. 16.

Figure 7.5: Breadth of social protection indicator, by country³⁶³

Source: Asian Development Bank, 2016³⁶⁴

The breadth indicator was much higher for social insurance programmes (15.2) than social assistance programmes (1.2) and labour market programmes (0). This indicates that only a very small proportion of the population are beneficiaries of programmes targeted specifically at vulnerable persons.

The data for the Pacific also indicates that social protection schemes are not well targeted. When the SPI is disaggregated between the poor and non-poor, the non-poor are found to be the main beneficiaries of social protection programmes (the aggregate SPI for the poor in Pacific island countries is only 0.2 per cent of GDP per capita, compared to 1.7 per cent for the non-poor). This is due to the dominance of social insurance programmes.³⁶⁵

The targeting of social protection programmes also appears to have a gender dimension. The SPI for women in the Pacific was 0.8 per cent of GDP per capita compared to 1.1 per cent of GDP per capita for men.³⁶⁶ This is attributed to the differential access of women and men to social insurance measures,³⁶⁷ which have a gender bias, as access is generally restricted formal sector workers, who are predominantly male.

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

364 Asian Development Bank. *The social protection indicator*. Ibid. p. 16.

365 Ibid.

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

367 Ibid.

The lack of Government expenditure on social protection programmes has been noted, and remains a barrier to the availability of assistance for vulnerable households. However, it has also been reported that across the Pacific, social assistance programmes tend to be piecemeal and characterized by weak and fragmented governance. In Tonga, there is no Social Welfare Department, and no central body to govern social protection schemes.³⁶⁸

Other non-State forms of social protection exist in Tonga and should be considered in the development of policies and systems on social protection. Informal extended family and community systems provide important safety nets. While data on the impact of these systems is limited, one study utilising data from the 1980s and 1990s found that inter-household transfers and remittances helped to reduce inequality in Tonga.³⁶⁹ Across the Pacific, Churches also provide forms of support to their members, but also require time and financial commitment.³⁷⁰

However, traditional safety nets are limited in their ability to respond to aggregate shocks. These systems may be effective in responding to shocks faced by individual households (e.g. illness, unemployment); but they are weak in responding to persistent, community-wide shocks (“sharing within communities and extended families becomes considerably diminished when all or most members are placed under consistent livelihood stress as a result of widespread poverty”) ³⁷¹ or because of a natural disaster.

Moreover, Tongan households rely heavily on remittances, particularly from relatives working in New Zealand and Australia. A study published in 2008 found that 90 per cent of households relied on remittances,³⁷² and that remittances were equivalent to 48 per cent of GDP in Tonga in 2002.³⁷³ However, remittances are subject to contraction in the event of global economic downturns. In 2012, as a result of the global economic situation, remittances declined to only about 20 per cent of GDP in Tonga (though remittances remained an important source of income for many families).³⁷⁴ The decline in remittances at this time (and in 2009) is thought to have led to “a sharp contraction in domestic expenditure and economic activities of households.”³⁷⁵

Particularly in the context of diminishing traditional support systems, and volatility of remittances, the absence of a comprehensive social protection system that effectively targets those who are most in need is a significant gap. The lack of social assistance programmes with wide coverage that provide cash transfers to those living in poverty and vulnerability impairs the ability of the country to lift its people out of poverty and create improved conditions for economic growth.

368 UNESCAP. Undated. *Income support schemes in Pacific Island Countries: A brief overview*. p. 22.

369 Gibson. 2006. In World Bank. 2015. *Hardship and vulnerability in Pacific Island Countries*. p. 19.

370 World Bank. *Ibid*, p. 19.

371 AusAID. *Social protection in the Pacific*. Op cit.

372 Brown. 2008. In AusAID. *Ibid*.

373 World Bank. *Hardship and vulnerability in Pacific Island Countries*. Op. cit. p. 64.

374 UNESCAP. *State of Human Development in the Pacific*. Op. cit. p. 44.

375 UNICEF Pacific. 2011. *Sentinel Monitoring: Monitoring resilience in Tonga*.

8

Conclusions

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

8.1. Climate change and disaster risks

Tonga faces an increasing risk of extreme weather and natural disasters, including increases in climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children's and women's rights.

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

8.2. Financial and human resources

Tonga is a lower middle-income country and is likely to face some resource constraints in relation to child rights.

- In relation to **health services**, for example, a key challenge is the lack of medical professionals compared to the population.

8.3. Geography

The geography of Tonga influences the realisation of the rights of women and children.

- Those living on remote islands find it harder to access services, including **education and health services**. It is a challenge for the Government to reach children in remote areas due to cost and practical considerations.
- From an equity perspective, the analysis suggests that resources could be distributed more equitably among different geographic regions.

8.4. Equity

The report highlighted several equity concerns in relation to the realisation of children's rights, including:

- A lack of data about children with disabilities, gender disparities and other vulnerable groups.
- The legal and policy framework contains specific gaps in the protection of girls with disabilities and protection of boys from sexual offences.
- The lack of data about MHM and WASH for children with disabilities also reflects a lack of equity.

8.5. Gender

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

- Traditional gender roles support and facilitate **violence** against women and girls and act as barriers to reporting violence against women and girls.
- Data show a high rate of child sexual abuse.
- Gender-based violence against refugees and asylum seekers is under-addressed by the formal justice system.

8.6. Impacts of poverty and vulnerability

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

- The lack of social protection and other social welfare services is a significant gap and limits the ability of the Government to lift vulnerable persons out of poverty and support economic growth.
- The lack of opportunities for adolescents and young people perpetuate cycles of poverty.

8.7. Legal and policy framework

One of the main barriers in the child protection sector is the lack of a child protection legal framework, which results in the lack of a child protection system. Linked to this, the SitAn also found that:

- Children are not protected from corporal punishment at home.
- There are gaps in the legal framework in relation to protection of children from sexual offences.
- The minimum age of criminal responsibility is too low.
- There is a lack of specialised bodies and institutions to support child-friendly justice and child protection.
- There is no child-friendly system of justice for children in contact with the law as victims or witnesses, meaning that there are no services or special protections for child victims or witnesses.

8.8. Cultural norms and approaches

Cultural attitudes and traditions were found to prevent or impede the realisation of children's rights in several sectors.

- Reliance on and preference for informal justice leads to under-reporting of cases involving child sexual abuse, violence against children and other crimes against children, and to those cases being handled within villages. It is not clear whether child rights safeguards are upheld in these proceedings, particularly in relation to children who are victims or witnesses.
- Informal justice practices in **child justice** may contribute to realisation of children's rights as they represent an informal 'diversion' option, and working with informal practices to support child-friendly justice should be explored.
- Community attitudes towards violence against children and corporal punishment pose a particular **child protection** risk.

Footnotes in tables

- I UNISDR and GADRRRES. January 2017. 'A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools'. http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17].
- II Ibid.
- III Ibid.
- IV Regional ranking is based on NMDI data: https://www.spc.int/nmdi/health_systems [13.04.17].
- V Table reproduced from *ibid.*, p. 2.
- VI Parental consent is required under the age of 18.

For every child
Whoever she is.
Wherever he lives.
Every child deserves a childhood.
A future.
A fair chance.
That's why UNICEF is there.
For each and every child.
Working day in and day out.
In 190 countries and territories.
Reaching the hardest to reach.
The furthest from help.
The most left behind.
The most excluded.
It's why we stay to the end.
And never give up.



for every child