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Situation Analysis of Children in Tuvalu



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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.....	19
2.4. Socio-economic context.....	20
2.5. Legislative and policy framework.....	24
2.6. Treaty body monitoring	25
3. Health and Nutrition.....	26
3.1. Child mortality	27
3.2. Child health, immunization and communicable diseases.....	29
3.3. Maternal health	31
3.4. Violence against women and girls.....	31
3.5. Adolescent health	32
3.5.1. Fertility and contraceptive use	32
3.5.2. HIV/AIDS and STIs	33
3.5.3. Substance abuse.....	34
3.5.4. Mental health	36
3.6. Nutrition	36
3.6.1. Child stunting and wasting.....	37
3.6.2. Low birth weight and underweight.....	37
3.6.3. Anaemia.....	37
3.6.4. Overweight and obesity.....	38
3.6.5. Breastfeeding.....	38
3.7. Key barriers and bottlenecks	40
3.7.1. Climate and disaster risks	40
3.7.2. Changing lifestyles and community behaviour	40
3.7.3. Health financing and workforce	41

4. Water, Sanitation and Hygiene	42
4.1. Access to improved water sources	43
4.2. Access to improved sanitation facilities	47
4.3. WASH in schools, menstrual hygiene management and disabilities	52
4.4. Barriers and bottlenecks	53
4.4.1. Climate change and disaster risks	53
4.4.2. Equity	53
4.4.3. Data and information	54
5. Education	55
5.1. Context	57
5.2. Early childhood education	59
5.2.1. Access and quality	59
5.2.2. Barriers and bottlenecks	61
5.3. Primary and secondary education	62
5.3.1. Access	63
5.3.2. Quality	65
5.3.3. Barriers and bottlenecks	66
5.4. Tertiary and vocational education	67
6. Child Protection	69
6.1. Child protection risks and vulnerabilities	72
6.1.1. Nature and extent of violence, abuse, neglect and exploitation of children ...	72
6.1.2. Community knowledge, attitudes and practices	75
6.2. The child protection system	76
6.2.1. The legal and policy framework for child protection	77
6.2.2. Child protection structures, services and resourcing	81
6.2.3. Mechanisms for inter-agency coordination, information management and accountability	84
6.3. Other child protection issues	85
6.3.1. Birth registration	85
6.3.2. Children with disabilities	86
7. Social Protection	87
7.1. Profile of child and family poverty and vulnerability	89
7.2. Bottlenecks and barriers to ensuring an effective social protection system	91
8. Conclusions	93
8.1. Climate change and disaster risks	93
8.2. Financial and human resources	94
8.3. Geography	94
8.4. Equity	94
8.5. Gender	94
8.6. Impacts of poverty and vulnerability	95
8.7. Legal and policy framework	95
8.8. Cultural norms and approaches	95

Executive Summary

Introduction

This report aims to present a comprehensive assessment and analysis of the situation of children and women in Tuvalu. It provides an evidence base to inform decision-making across sectors that are relevant to children and women, and it is particularly intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children and women in 14 Pacific Island Countries and Territories (PICTs): the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu.

Tuvalu is one of the Pacific's smallest states, made up of nine small islands in the Polynesian part of the Pacific Ocean. The 2012 census places the total population of Tuvalu at 10,837 people, roughly 32 per cent of whom are under the age of 15 years. Tuvalu is classified as an upper middle income country. As a coral atoll nation, Tuvalu is extremely vulnerable to climate change-induced increases in the sea level. Furthermore, storm surges, coastal flooding, and seasonal cyclones pose significant risks.

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 Tuvalu.

Key barriers and bottlenecks

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

Climate change and disaster risks: Tuvalu is vulnerable to increases in the sea level, storm surges, coastal flooding and seasonal cyclones. A key finding 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 in Tuvalu.

Financial and human resources: Although Tuvalu is an upper middle-income country, financial constraints act as a barrier to the realisation of rights in several sectors. A lack of available resources across nearly all government departments translates into a lack of financial resources for the delivery of services and systems for children, and it is also linked to a lack in human resources (training and expertise) in several sectors. In relation to health services, for example, a key challenge is the lack of medical professionals to care for the population. In relation to education, the reliance on external donor support and large budget allocations towards funding salary costs raise challenges in developing sustainable education reform, and funding much-needed developments in infrastructure and teacher training.

Equity: While several important findings in relation to equity were made, a lack of disaggregated data prevents a comprehensive equity analysis. Children and women in rural areas generally experience reduced outcomes and access to basic services compared to those in urban areas. The legal and





policy framework contains specific gaps in its protection of girls with disabilities and the protection of boys from sexual offences.

The **impacts of poverty** are significant in Tuvalu, and children and families are highly exposed to risk and economic shocks, particularly those caused by natural disasters. The lack of comprehensive social protection and other social welfare services is a significant gap and limits the ability of the Government to lift vulnerable persons out of poverty and support economic growth. The lack of opportunities for adolescents and young people perpetuates cycles of poverty and has led to unhealthy behaviours, such as drug and alcohol abuse, as well as mental health issues. The indirect and direct costs of accessing education are denying children from socio-economically deprived families from realising their right to education.

Cultural norms and approaches: Reliance on and preference for informal justice leads to underreporting of cases involving child sexual abuse, violence against children and other crimes against children, and to such cases being handled within villages. Community attitudes towards violence against children and corporal punishment pose a particular child protection risk. Informal practices in child justice may contribute to the realisation of children's rights as they represent an informal diversion option, and working with informal practices to support child-friendly justice should be explored.

Data availability: There are useful data sources in some sectors in Tuvalu. However, this report also identified several data gaps, and the absence of this data is, in itself, a key finding. For example, there is limited to no information on WASH in schools, menstrual hygiene management, and access to WASH for vulnerable groups. There is also a lack of data about children with disabilities, other vulnerable groups, and out-of-school-youth.

Snapshot of outcome areas

<p>Health</p>	<p>Tuvalu's child mortality rates have been declining steadily over recent decades. However, despite this progress, Tuvalu has not yet been able to meet international child mortality reduction targets. Immunization coverage in Tuvalu is largely adequate. As of 2013, Tuvalu had an estimated 327 tuberculosis (TB) cases per 100,000 population: the fourth-highest TB prevalence rate in the Pacific region (including Papua New Guinea). Tuvalu records an unadjusted maternal mortality ratio of zero: a figure that needs to be interpreted with caution, given the small number of vital events in Tuvalu. Antenatal coverage for at least one visit stands at 97 per cent; 93 per cent of women deliver their babies in a health facility; and 98 per cent of deliveries are attended by a skilled attendant, which indicates near-universal coverage. At 31 per cent, Tuvalu's contraceptive prevalence rate is lower than the PICTs-wide average of 35 per cent. Some 24 per cent of married women have an unmet need for family planning. Tuvalu has one of the highest per capita rates of HIV/AIDS in the Pacific, and, at 21 per cent, the highest chlamydia prevalence amongst 15-24-year olds in the PICTs region. On a positive note, alcohol use and attempted suicide rates amongst school children aged 13-15 are some of the lowest in the PICTs region.</p>
<p>Nutrition</p>	<p>In Tuvalu, around 10 per cent of children under 5 years are stunted, which compares favourably to regional rates. Childhood wasting prevalence stands at 3 per cent, which is amongst the lowest rates in the PICTs region. Childhood underweight and low birth weight are relatively minor problems in Tuvalu. Obesity and associated non-communicable diseases represent a significant health concern. Nearly 50 per cent of school children aged 13-15 are considered overweight, and 21 per cent are obese. Some 35 per cent of children in Tuvalu receive exclusive breastfeeding for the first 6 months after birth, which is the second-lowest rate in the PICTs region.</p>
<p>WASH</p>	<p>Improved water coverage in Tuvalu stands at a universal 98 per cent, which is significantly above the PICTs average. However, access to improved sanitation facilities is more limited, at only 83 per cent. Open defecation is still practiced by around 4 per cent of the population. Tuvalu's rural areas have, on average, lower improved sanitation coverage than urban areas.</p>

<p>Education</p>	<p>The net enrolment rate (NER) for early childhood education (ECE) in Tuvalu has decreased in recent years, from 76 per cent in 2012 to 69 per cent in 2015. Fees are significant barriers to accessing ECE for children from socio-economically disadvantaged families. The primary education NER also decreased from an almost universal 97.4 per cent in 2013 to 82 per cent in 2015. In contrast, the secondary education NER increased from a low of 50 per cent in 2013 to 56 per cent in 2015. Access to primary and secondary education for children with disabilities is an area of concern, with currently only one privately run special needs school.</p>
<p>Child protection</p>	<p>Protection against corporal punishment is weak in Tuvalu, and available data indicates that children experience violence in several contexts, including at home, in schools and in the community. Anecdotal evidence suggests that there is still a general culture of authoritarian parenting and reliance on physical methods to discipline children. However, there is a lack of up-to-date statistical data on its nature, extent and causes. Child labour provisions do not meet international standards as the minimum age for hazardous work is too low, at 15 years, rather than 18 years.</p>
<p>Social protection</p>	<p>Some 26 per cent of Tuvalu's population were found to be living below the basic needs poverty line, as of 2010, with trends pointing upwards. However, the prevalence of food poverty is very low at around 3 per cent. A social insurance scheme exists, but only applies to (mostly male) formal public-sector employees who make up 20 per cent of the population. It excludes the majority of workers who operate in the informal economy and is therefore not targeted towards the poorest members of society. Traditional safety nets (including, for example, religious institutions such as churches) play an important role, but are limited in their ability to respond to covariate shocks.</p>

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AU	Australia
CED	Committee on Enforced Disappearances
CEDAW	Convention on the Elimination of Violence Against Women
CESCR	Committee on Economic, Social and Cultural Rights
CRC	Convention on the Rights of the Child
CRMW	International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
CRPD	Convention on the Rights of Persons with Disabilities
DFAT	Australian Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
EAPRO	East Asia and Pacific Regional Office
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
EFA	Education for All
FAO	Food and Agriculture Organization of the United Nations
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GPI	Gender Parity Index
GSHS	Global School-based Health Survey
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communication Technology
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
MoEYS	Ministry of Education Youth and Sport
NACCRC	National Advisory Committee on the Convention on the Rights of the Child
NCD	Non-Communicable Disease
NER	Net Enrolment Rate
NGO	Non-Governmental Organization
NMDI	National Millennium Development Indicator
ODA	Official Development Assistance
PICTs	The 14 Pacific Island Countries that are the subject of the Situational Analyses
PNG	Papua New Guinea

SDG Sustainable Development Goal
SitAn Situational Analysis
SOWC State of the World's Children
SP Strategic Programme
SPC Pacific Community
STI Sexually Transmitted Infection
TB Tuberculosis
TESP II Tuvalu Education Strategic Plan 2011-2015
TVET Technical Vocational Education and skills Training
UN United Nations
UNAIDS The Joint United Nations Programme on HIV/AIDS
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)
UNISDR United Nations International Strategy for Disaster Reduction
UK United Kingdom
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 Tuvalu. 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 as follows:

- To improve the understanding of all stakeholders of the current situation of children's rights in the Pacific, and the causes of shortfalls and inequities, as the basis for developing recommendations for stakeholders to strengthen children's rights.
- To inform the development of UNICEF programming and support national planning and development processes, including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly in 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 years old), adolescents (aged 10-19) and youth (aged 15-24).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 these outcomes, and is adapted from the conceptual framework presented in UNICEF's SitAn Procedural Manual. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this SitAn according to rights categories contained in the UN Convention on the Rights of the Child (CRC). These categories also correspond to UNICEF's Strategic Programme (SP) Outcome Areas. Child outcomes are therefore grouped into: Health/nutrition; WASH ('survival rights'); Education ('development rights'); Child protection; and Social protection ('protection rights').

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

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

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

The analysis is also informed by:

1 UNICEF. 2012. *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, pp. 5-6 <http://www.unicef-emergencies.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 UNICEF's SitAn Procedural Manual.

- **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 or best placed to address the shortfalls and inequities.

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

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those 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 or manage the impact of the hazard on the attainment of children's rights). This is particularly relevant to the PICTs where climate change and other disaster risks exist. A risk-informed analysis also includes an assessment of gender and the vulnerabilities of particular groups of children to disaster and climate risks.

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

Table 1.1: Assessment and analysis framework by outcome area

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

4 UNICEF NYHQ. 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 available data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys, administrative data from government ministries and non-governmental organizations (NGOs) and other published reports.⁵ Key datasets were compiled from the UNICEF Statistics database (available at: <https://data.unicef.org/>) and Secretariat of the Pacific Community (SPC) National Minimum Development Indicators (NMDI) database (available at: <https://www.spc.int/nmdi/>).⁶ The compilation of the 2016 State of the World's Children (SOWC) report was utilised as the latest available reliable data (available at: <https://www.unicef.org/sowc2016/>). SPC's 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. These gaps are noted throughout the report. The analysis

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 UNICEF Statistics database and used for the annual SOWC's Report.

⁷ The database is updated as new data becomes available.

of causes and determinants of rights shortfalls relied heavily on existing published reports and, therefore, some areas in 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 determine priority 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 performed formally for all duty-bearers.

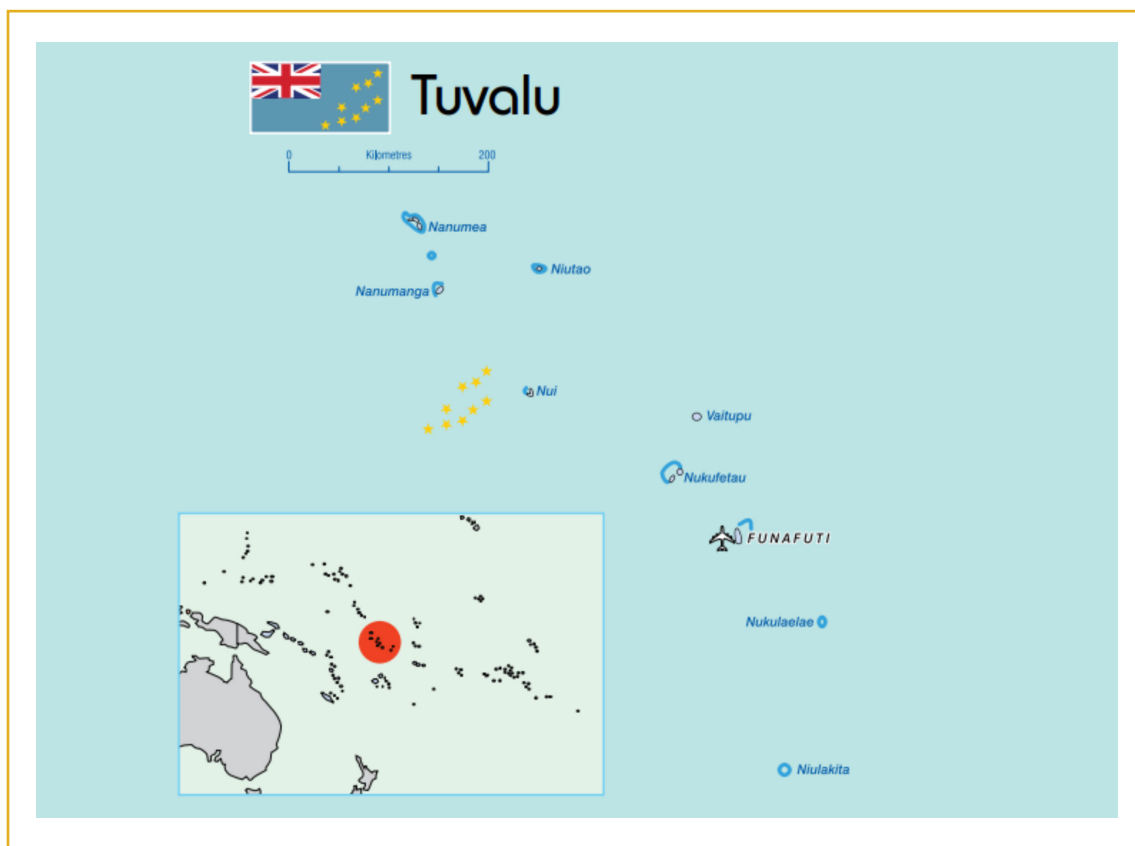
1.4. Governance and validation

The development and drafting of this SitAn has 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 validated the contents of this report. This governance and validation provided by the Steering Committee was particularly important given the limitations in data gathering and sourcing set out above.

2.

Context

Map 2.1: Map of Tuvalu



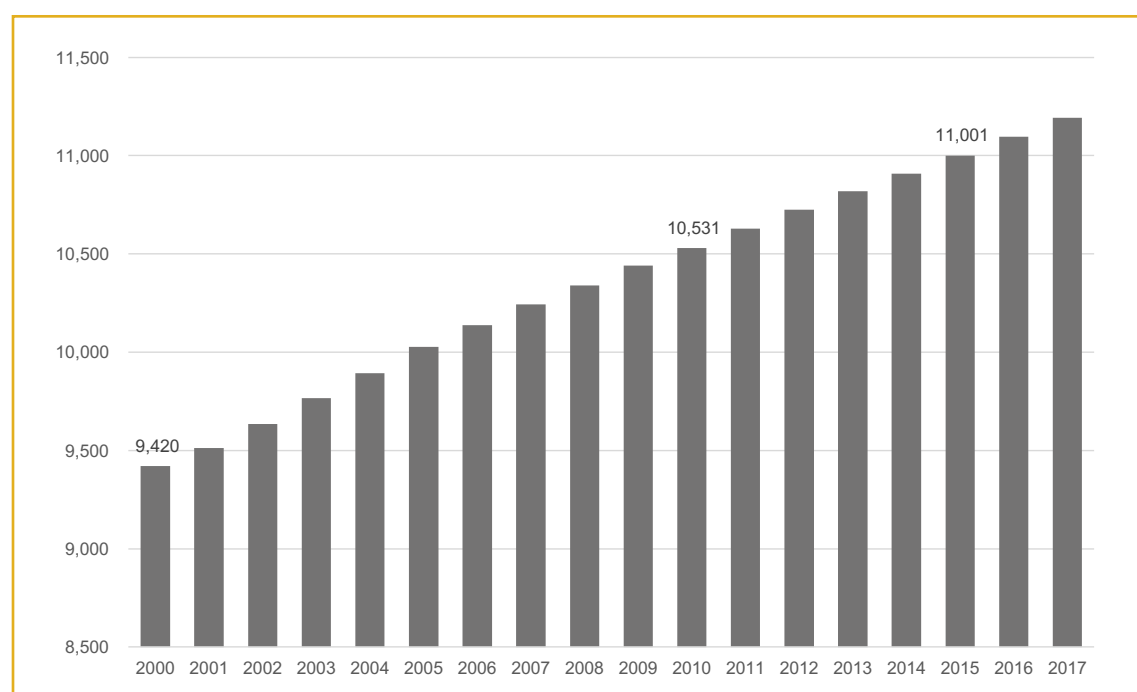
Source: Pacific Community, 2016⁸

8 Pacific Community. 2016. Human Rights in the Pacific: A Situational Analysis. Available at: http://rrrt.spc.int/images/PDF_Files/Human_Rights_In_The_Pacific_A_Situational_Analysis.pdf.

2.1. Geography and demographics

Tuvalu is located in the western Pacific, and is one of the Pacific's smallest States, made up of nine small islands, including the main island and capital, Funafuti,⁹ and other islands of Nanumanga, Nanumea, Niulakita, Niutao, Nui, Nukufetau, and Vaitupu.¹⁰ Prior to achieving independence from the United Kingdom (UK) on 1 October 1978, Tuvalu was known as the Ellice Islands, and separated from the Gilbert Islands after a referendum in 1975.¹¹

Figure 2.1: Population of Tuvalu (total), (2017)



Source: World Bank Data, 2017¹²

The most recent World Bank data placed the total population at 11,000 people¹³ in 2015, roughly 4,000 of whom were under 18 years of age, and 1,000 of whom were under one year of age.¹⁴ There was a population growth rate of 0.4 per cent, and the predicted growth rate for 2015 to 2030 is 0.5 per cent.¹⁵ Life expectancy in Tuvalu is 67.4 for men and 71.9 for women.¹⁶

9 Commonwealth, Tuvalu, Overview, Available at: <http://thecommonwealth.org/our-member-countries/tuvalu>.

10 Ibid.

11 Tuvalu Government, About Tuvalu, Available at: <http://www.tuvaluislands.com/about.htm>.

12 World Bank Data, Tuvalu, Population, total, 2015, Available at: <http://data.worldbank.org/indicator/SP.POP.TOTL?end=2015&locations=TV&start=2000>.

13 Ibid.

14 UNICEF, State of the World's Children, 2016.

15 Ibid.

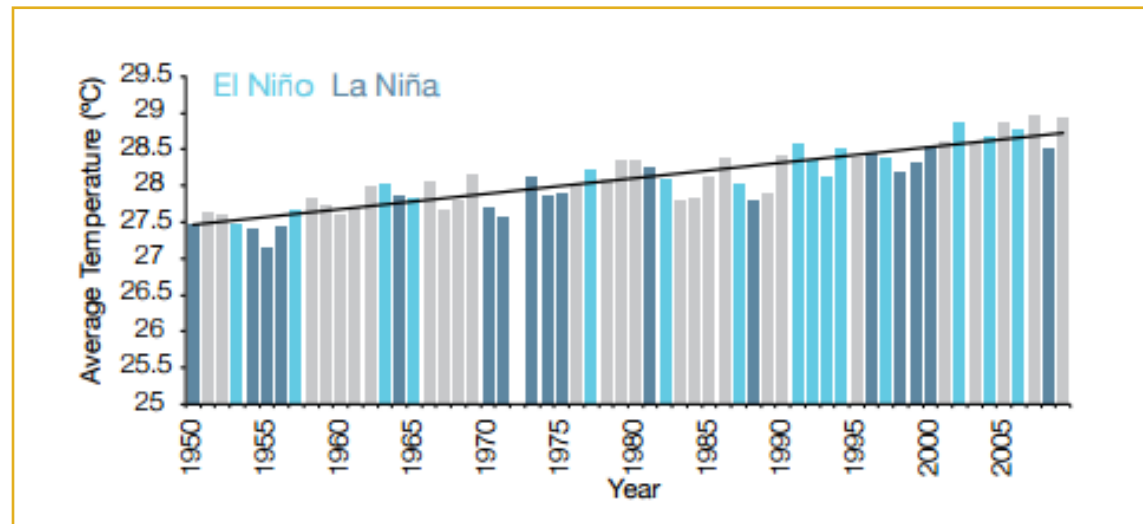
16 2010 statistic, <https://www.cia.gov/library/publications/the-world-factbook/geos/tv.html>.

The official languages of Tuvalu are Tuvaluan and English, with Samoan and Kiribati being spoken in certain areas.¹⁷ Tuvalu's ethnic makeup is largely homogeneous: 94 per cent are Polynesian and the remaining 4 per cent are Micronesian.¹⁸ The country is majority Christian. Some 98.4 per cent of Tuvaluans identify as Protestant, with 1.4 per cent of these Seventh-Day Adventists, while a further 1 per cent identify as Bahai, and 0.6 per cent as 'other'.¹⁹

2.2. Main disaster and climate risks

Climate change is one of the greatest threats to Tuvalu. As a coral atoll nation, rising temperatures and sea levels pose a serious threat to the population.²⁰ As illustrated in Figure 2.2, annual and seasonal maximum and minimum temperatures have increased in Funafuti since 1950. These increases are consistent with the global pattern of warming.²¹ Significantly, sea levels have also risen as a result of melting glaciers and ice sheets.²² In addition, the islands experience increased risk from tropical cyclones.²³

Figure 2.2: Average temperature increase (1950-2010)



Source: Pacific Climate Change Science Program, 2016²⁴

17 Ibid.

18 http://www.spc.int/prism/images/downloads/2015_Pocket-Statistical-Summary.pdf.

19 CIA World Factbook. Op. cit.

20 Tuvalu Government, Tuvalu and Global Warming. Available at: <http://www.tuvalu.islands.com/warming.htm>.

21 International climate change adaptation initiative. 2011. Pacific Climate Change Science Program, Current and future climate of Tuvalu. Available at: http://www.pacificclimatechangescience.org/wp-content/uploads/2013/06/4_PCCSP_Tuvalu_8pp.pdf.

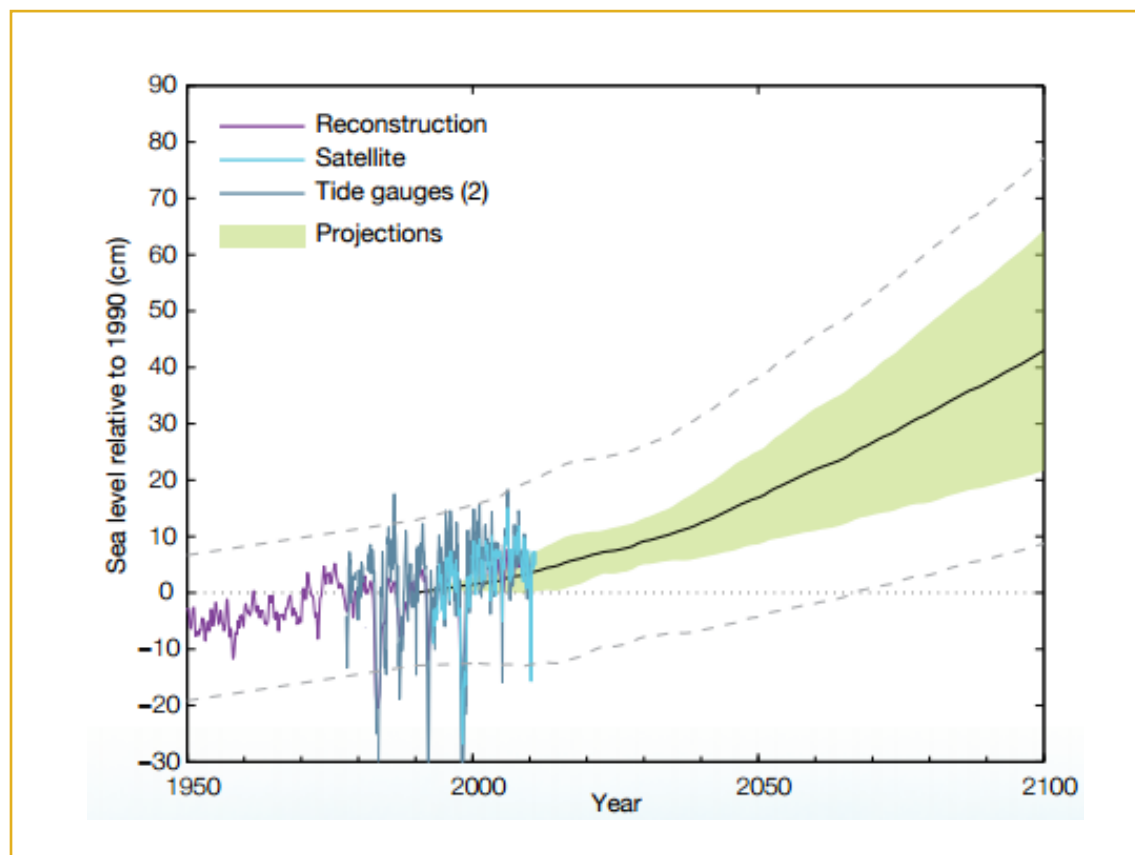
22 Ibid.

23 For example, Cyclone Pam (2015), See: <http://www.worldbank.org/en/news/press-release/2015/09/15/tuvalu-gets-continued-support-for-cyclone-pam-recovery>.

24 Pacific Climate Change Science Program. Op. cit.

In view of this, scientists predict that temperatures will continue to increase in Tuvalu. By 2030, this increase is predicted to be in the range of 0.4-1.0°C.²⁵ Sea levels are also predicted to continue rising. As shown in Figure 2.3, by 2030, under a high emissions scenario, levels will rise by 4 cm to 14 cm, increasing the likelihood and severity of storm surges and coastal flooding. Furthermore, less frequent but more intense tropical cyclones are predicted.²⁶

Figure 2.3: Sea level rise relative to 1990 (cm), (1950-2100)



Source: Pacific Climate Change Science Program, 2016.²⁷

Tuvalu's current policy to address climate-related threat is the *Te Kaniva*, the Tuvalu Climate Change Policy, which details the strategic policies to be undertaken from 2012 to 2021 to mitigate the effects of climate change.²⁸

25 Ibid.

26 Ibid.

27 Ibid.

28 *Te Kaniva*, Climate Change Policy 2012, Accessible at: <https://www.pacificclimatechange.net/document/te-kaniva-tuvalu-climate-change-policy-2012-tuvaluan-version>.

2.3. Government and political context

Tuvalu is a constitutional monarchy with a parliamentary democracy. The British sovereign is head of state and is represented by the Governor-General, who must be a citizen of Tuvalu and is appointed by the head of state on the recommendation of the Prime Minister.²⁹

The unicameral Parliament, called *Fale I Fono*, has the power to make laws. It has 15 elected members, comprised of two members each from seven islands, and one member from the smallest populated island, *Nukulaelae*.³⁰ Tuvalu operates a 'first past the post' electoral system,³¹ with elections held every four years, or sooner if Parliament is dissolved by the Governor-General in accordance with the constitution.³² The voting age is 18 years of age and members of parliament are elected by universal suffrage.

There are no political parties in Tuvalu. The current Prime Minister is The Rt. Hon. Enele Sopoaga, who was elected on 4 August 2013, following a vote of no confidence against the previous Prime Minister, Willy Telavi. Prime Minister Enele Sopoaga was re-elected uncontested in the 2015 election.³³

Equal gender representation in Pacific national parliaments has not yet been achieved. As of March 2017, women members represent 7 per cent of Pacific Island parliaments. In Tuvalu, only 1 of the 15 elected members of parliament is a woman: Dr. Puakena Boreham.³⁴

Tuvalu's main effort to include young people in governance and decision-making processes comes in the form of the Tuvalu National Youth Council. The Council was established as part of the wider Pacific Islands network of National Youth Councils, following Tuvalu's declaration of independence in 1978, and seeks to "encourage young people to take an active role in the development of their respective island communities and at the national level."³⁵ The Council is mandated to work alongside the Government's youth department within the Ministry of Home Affairs and Rural Development.³⁶ The vision of the Tuvalu Pacific Youth Council is "to foster the spiritual, mental, physical and social development of the young people of Tuvalu."³⁷

29 Commonwealth, Tuvalu: Constitution and Politics, available at: <http://thecommonwealth.org/our-member-countries/tuvalu/constitution-politics>.

30 Tuvalu Government, Basic Information and Electoral History, available at: http://www.tuvaluislands.com/gov_info.htm.

31 Regional Rights Resource Team, *Human Rights in the Pacific*, 2016. Available at: http://rrrt.spc.int/publications-media/publications/item/download/313_3695645ff8e36dd9b8c5ff8b2fd05c31.

32 Tuvalu Government, Basic Information and Electoral History. Op. cit.

33 Commonwealth, Tuvalu: Constitution and Politics. Op. cit.

34 Pacific women in politics <http://www.pacwip.org/women-mps/national-women-mps/>.

35 Tuvalu National Youth Council, available at: <http://www.pacificyouthcouncil.org/tuvalu.php>.

36 Ibid.

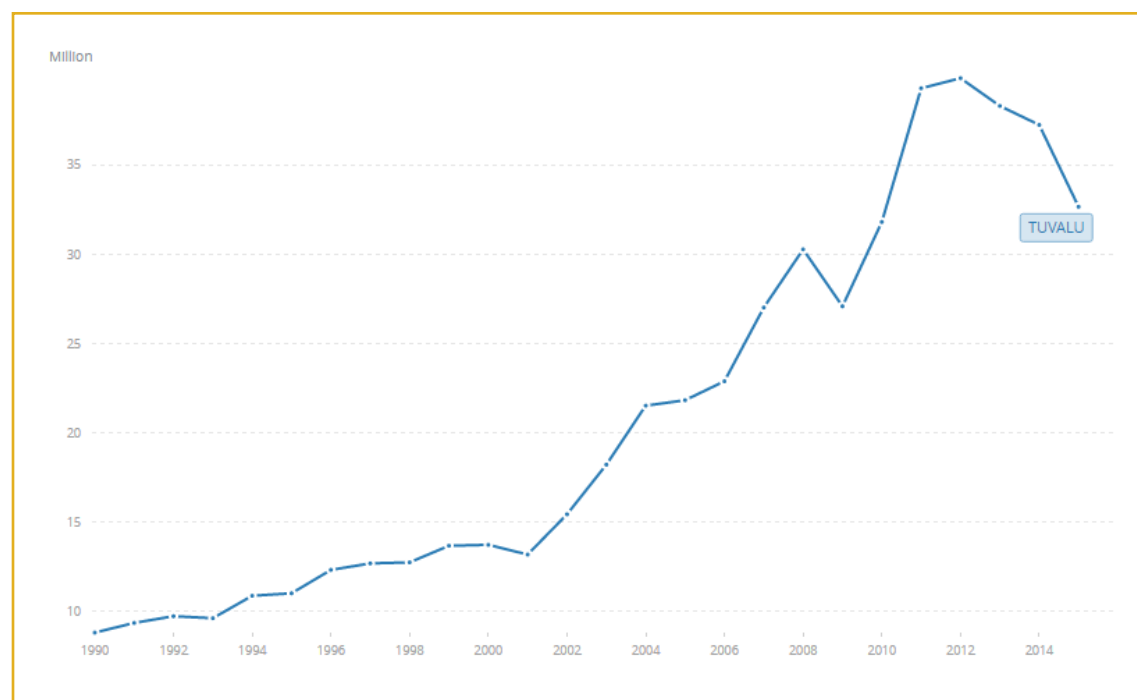
37 Ibid.

2.4. Socio-economic context

The most recent national development plan for Tuvalu is the TE KAKEEGA III National Strategy for Sustainable Development 2016 to 2020. This has, as its vision “a more protected, secure and prosperous Tuvalu; healthier people and more engaged in national, regional and international forums; and a government fully committed to honouring Tuvalu’s international commitments and respecting its partnerships.”³⁸

Tuvalu is classified as an upper middle-income country, and the most up-to-date figures place its Gross Domestic Product (GDP) at US\$32,673,278.³⁹ As illustrated in Figure 2.4, following a substantial period of growth, Tuvalu’s economy has experienced decline since 2012, with GDP dropping from US\$39,875,750.67 to US\$32,673,277.74 in 2015.⁴⁰ However, growth rates have been positive in recent years, increasing from 0.2 per cent in 2012 to 2.6 per cent in 2015.⁴¹

Figure 2.4: GDP (current US\$)



Source: World Bank Data, 2015⁴²

38 Government of Tuvalu, TE KAKEEGA III National Strategy for Sustainable Development 2016 to 2020, <https://www.adb.org/sites/default/files/linked-documents/cobp-tuv-2017-2019-ld-02.pdf> [4.8.17].

39 World Bank Data, GDP (current US\$), 2015, Tuvalu, Available at: <http://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=TV>; World Bank list of economies (March 2017) <http://databank.worldbank.org/data/download/site-content/CLASS.xls>.

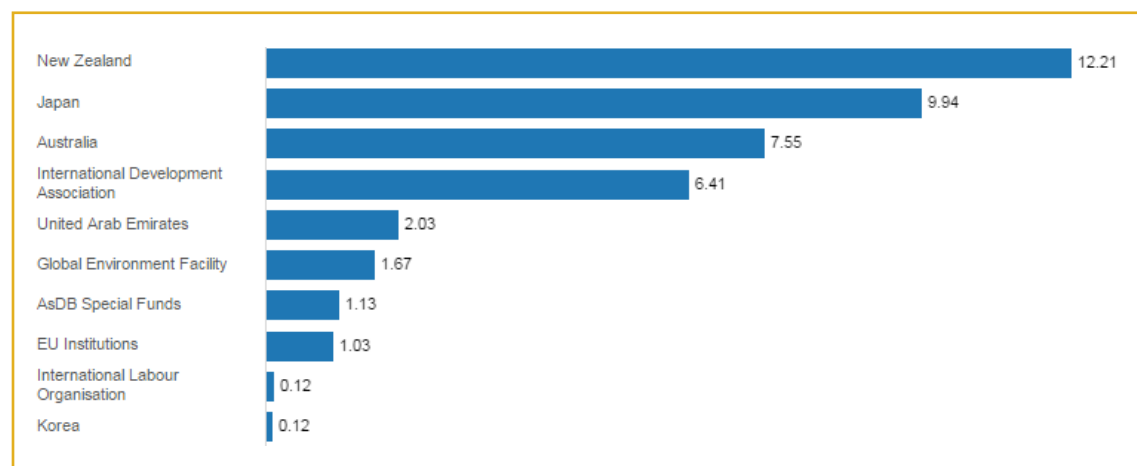
40 Ibid.

41 World Bank Data, GDP Growth (annual %), 2012-2015, Tuvalu, http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2015&locations=TV&start=2012&year_high_desc=false.

42 Ibid.

In 2014, Tuvalu received US\$49.6 million in Official Development Assistance (ODA).⁴³ As illustrated in Figure 2.5, most bilateral aid came from New Zealand (US\$12.21 million). Significant contributions were also made by Japan (US\$9.94 million), Australia (US\$7.55 million) and the International Development Association (US\$6.41 million).⁴⁴

Figure 2.5: Top Ten Donors of Gross ODA for Tuvalu (2014-2015 average, US\$ million)⁴⁵



Source: OECD, Aid charts at a glance, 2014-2015⁴⁶

As illustrated in Figure 2.6, bilateral aid received by Tuvalu was allocated mainly to economic infrastructure development (31 per cent) and to multi-sector development projects (26 per cent). Ten per cent was spent on education services.⁴⁷

Tuvalu's economic resources and sources of revenue are extremely limited, partly owing to its size. Tuvalu's main sources of revenue are fishing licenses, small-scale copra exports, the sale of postage stamps and coins, the sale of passports and the resale of rights to international telephone codes, as well as overseas remittances.⁴⁸

Consequently, the country relies heavily on international aid and the Tuvalu Trust Fund. Established in 1987, the Trust Fund contained an initial value of AU\$27.1 million, contributed to mainly by New Zealand, Australia and the UK, along with Tuvalu. The most recent valuation valued the fund at AU\$127 million in 2012.⁴⁹ The Trust Fund has been a significant source of economic stability for Tuvalu, especially during periods of economic decline. It is intended to

43 OECD, ODA, Tuvalu, available at: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>.

44 Ibid.

45 Ibid.

46 Ibid.

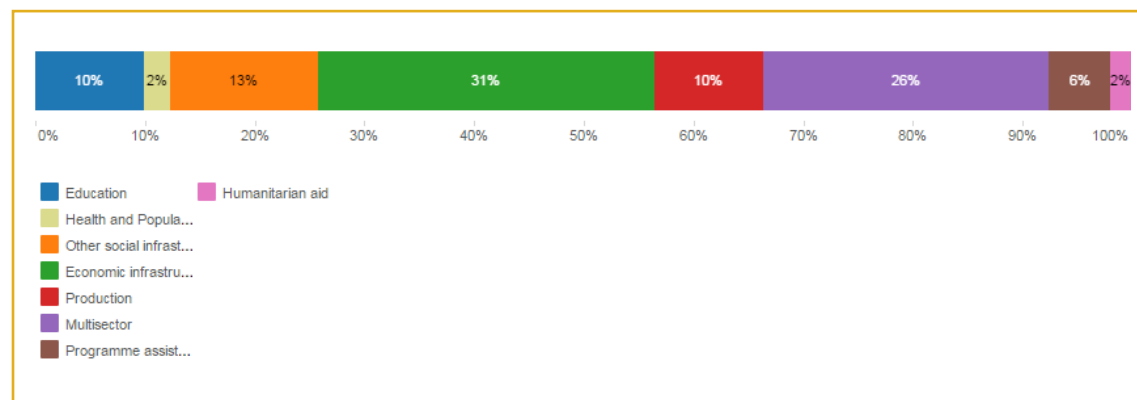
47 Ibid. See Figure 5.

48 The Commonwealth, Tuvalu: Economy, available at: <http://thecommonwealth.org/our-member-countries/tuvalu/economy>.

49 Ibid.

underwrite the costs of local government, encourage decentralisation, enhance capacity and achieve development finance for the country.⁵⁰

Figure 2.6: Bilateral ODA by Sector for Tuvalu (2014-2015, US\$ million)



Source: OECD, Aid charts at a glance, 2014-2015.⁵¹

Data on poverty in Tuvalu is limited. However, according to the most recent Household Income and Expenditure Survey (2010), 26.3 per cent of the population lives below the national basic needs poverty line, and rates are higher in the Outer Islands than in Funafuti.⁵²

Levels of inequality appear to be moderate in comparison with the PICTs; according to the 2010 Household and Income Expenditure Survey, the Gini coefficient in Tuvalu was 0.34. This measurement is generally thought to represent a reasonable level of inequality (with 0.30 to 0.35 generally accepted as being 'reasonable').⁵³

As illustrated below, inequality as measured by the Gini coefficient has dropped significantly from 1994, though it rose between 2004 and 2010, and this has been attributed to the decline in world trade between 2008 and 2010 due to the global economic crisis, and a decline in the number of Tuvaluan seamen working abroad.⁵⁴ Between 2004 and 2010, the share of expenditure by households in the lowest quintile fell from 10.2 per cent of all expenditure in 2004 to 8.1 per cent in 2010.⁵⁵ Interestingly, no significant difference in the degree of inequality was found between Funafuti and the Outer Islands.

50 Pacific Islands Forum Secretariat, The Forum Principles: Tuvalu, available at: http://www.forumsec.org/resources/uploads/attachments/documents/PIFS_Good_Leadership_Report_Tuvalu.pdf.

51 Ibid.

52 World Bank Group. 2016. *Systematic country diagnostic for eight small Pacific Island Countries: Priorities for ending poverty and boosting shared responsibility*, p. 14.

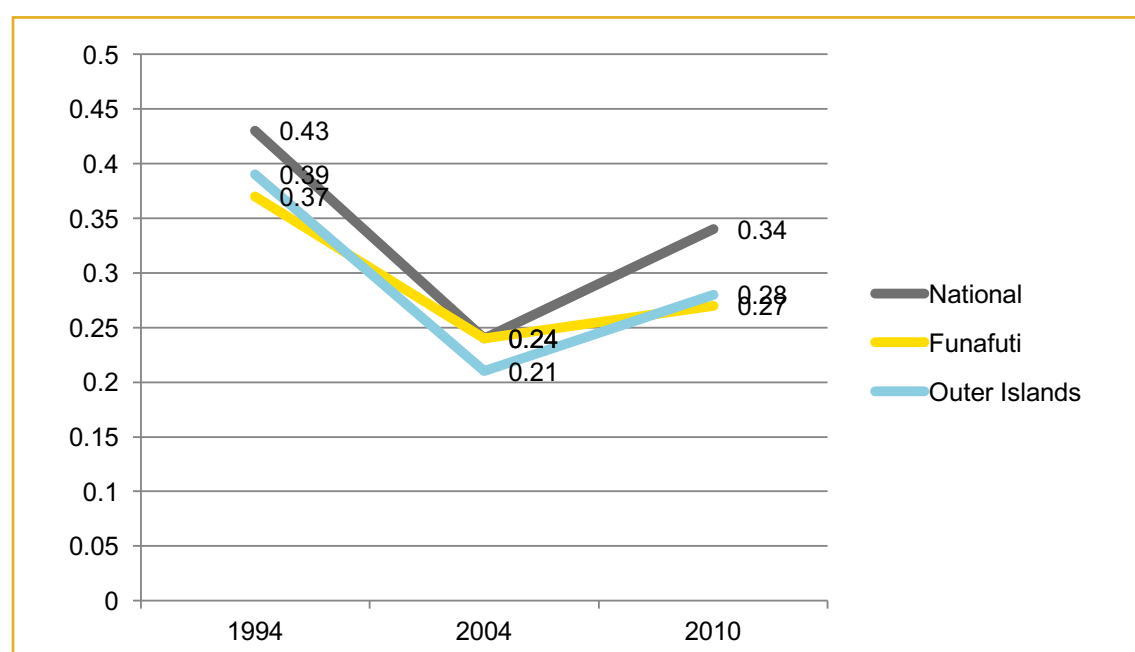
53 UNDP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*.

54 Government of Tuvalu, *Millennium Development Progress Report 2010/11*, p. 19.

55 Ibid.

The capacity of Tuvalu's Labour Office to produce data on employment is seriously limited due to the dispersion of the population.⁵⁶ The most recent statistics indicate that the employment-to-population ratio was 61.3 percent in 2013.⁵⁷

Figure 2.7: Gini coefficient in 1994, 2004, 2010 by location



Data extrapolated from Government of Tuvalu, Millennium Development Progress Report 2010/11, p. 19

Much of the data collected on employment in Tuvalu is gathered from the national census. According to the 2002 census, of the 5,950 Tuvaluans aged 15 years and over, 58 per cent were economically active and part of the labour force. A larger portion of males (70 per cent) than females (48 per cent) were economically active and males made up 57 per cent of the labour force.⁵⁸ Some 39 per cent were employed in the public sector, 30 per cent in the semi-public sector or public corporations, 28 per cent in the private sector, and 3 per cent in non-profit organizations.⁵⁹

Of the 3,240 persons who worked the week before the census, one fifth (21 per cent) of the population aged 15 and over were engaged in subsistence activities. In the Outer Islands, 30 per cent of the labour force and 60 per cent of the population were engaged in subsistence activities. In contrast, in Funafuti only 6 per cent of the population (or 10.5 per cent of the labour force) was engaged in subsistence activities.⁶⁰ Women comprised 78 per cent of the labour force in the subsistence economy and 37 per cent of the labour force in cash employment.⁶¹

56 ILO, Decent Work Country Programme, Tuvalu (2010-2012), 2010, Available at: <http://www.ilo.org/public/english/bureau/program/dwcp/download/tuvalu.pdf>.

57 Asian Development Bank, Poverty in Tuvalu, Available at: <https://www.adb.org/countries/tuvalu/poverty>.

58 ILO, Decent Work Country Programme, Tuvalu. Op. cit.

59 Ibid.

60 Ibid.

61 Ibid.

2.5. Legislative and policy framework

Tuvalu's Judiciary consists of the Sovereign in Council, Court of Appeal and the High Court. There are five sources of law in Tuvalu according to the Laws of Tuvalu Act (1987): The Constitution; Acts of Parliament; customary law; applied laws; and the common law. International law also applies in Tuvalu.⁶² The High Court of Tuvalu has jurisdiction to enforce the Bill of Rights in the Constitution.⁶³

Tuvalu does not have a national human rights institution. However, the Government has enacted the Leadership Code Act (2006), which enables the Ombudsman Commission to investigate allegations of misconduct or discrimination by officials.⁶⁴ It has also established several committees and taskforces to monitor the implementation of international instruments and to work on promoting them.⁶⁵

Tuvalu ratified the CRC on 22 September 1995, and submitted its first report to the Committee in 2012. Furthermore, to increase the profile of child rights in the country, the Government has incorporated children's rights provisions into several national policies, including those concerning education, sustainable development and healthcare.⁶⁶ In addition, Tuvalu recently formulated the Family Protection and Domestic Violence Bill (2014). While praised as a positive development by the CRC Committee Report in 2015, it highlights that the Bill has not yet been enacted into law, and a comprehensive review of child protection legislation has not been conducted.⁶⁷

Despite the legal equality between women and men in Tuvalu, and having ratified the Convention on the Elimination of Discrimination Against Women (CEDAW) on 6 October 1999, women continue to face barriers to equal opportunities. Tuvalu does not recognise the crime of marital rape, and girls of 16 years and older can be held accountable for incestuous relationships and can be found guilty of a felony.⁶⁸ According to UN Women, over a third of women in Tuvalu (37 per cent) have reported experiencing physical violence; the vast majority (90 per cent) had experienced intimate partner violence.⁶⁹

Initiatives have been taken to address the prevalence of domestic violence, such as Tuvalu's Family Protection Act (2014), which criminalises domestic violence and corresponds with CEDAW, and the National Gender Policy (2014) and its Strategic Plan of Action 2014-2016, aimed at achieving the progressive realisation of women's human rights. While welcomed by the CRC Commission in its most recent (2015) report, it emphasizes that major concerns remain: principally that CEDAW has not yet been incorporated into national law.⁷⁰

62 Tuvalu Government, Basic information and electoral history. Op. cit.

63 Pacific Community. 2016. 'Human Rights in the Pacific: A situational analysis'. Op. cit.

64 Ibid.

65 Ibid.

66 Ibid.

67 CRC. 2013. Concluding observations on the initial report of Tuvalu, adopted by the Committee at its sixty-fourth session (16 September-4 October 2013), accessible at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fTUV%2fCO%2f1&Lang=en.

68 UN Women, Asia and the Pacific, Tuvalu, accessible at: <http://asiapacific.unwomen.org/en/countries/fiji/co/tuvalu>.

69 Ibid.

70 CRC. 2015. Concluding observations on the combined third and fourth periodic reports of Tuvalu, accessible at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fTUV%2fCO%2f3-4&Lang=en.

Tuvalu signed the Convention on the Rights of Persons with Disabilities in 2013, but it has not yet been ratified. A multi-sectoral committee has been established to monitor and coordinate disability work in the country.⁷¹ The Constitution of Tuvalu however, does not explicitly prohibit discrimination on the ground of disability.⁷²

2.6. Treaty body monitoring

Tuvalu has mostly kept up with its treaty body reporting requirements. Reports were submitted on time for CEDAW and the CRC, with the next report on the CRC due in 2017. Tuvalu has undergone two Universal Period Review processes (in 2008 and 2013). The next cycle is scheduled for 2018.

Table 2.1: International treaty ratification and reporting obligations⁷³

Treaty	Date of accession	Declaration/reservation	Latest report submitted	Reporting status as of February 2016	Treaties yet to be ratified
CEDAW	6 October 1999	None	III-IV, 2012	Report V due 1 March 2019	<ul style="list-style-type: none"> • International Covenant on Civil and Political Rights • International Covenant on Economic, Social and Cultural Rights (ICESCR) • Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment • Committee on the Protection of the Rights of All Migrant Workers (CRMW) • Committee on Enforced Disappearances • Committee on the Elimination of Racial Discrimination
CRC	22 September 1995	None	Initial report submitted February 2012	Report II-UV due 2017	
CRPD	18 December 2013	-	-	Initial report due January 2016	
Universal Period Review	1 st cycle: 11 December 2008; 2 nd cycle: 24 April 2013; next cycle; 2018				

71 'Human Rights in the Pacific: A situational analysis.'

72 Ibid.

73 Office of the High Commissioner for Human Rights, March 2016, Accessible at: http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/countries.aspx?CountryCode=TUV&Lang=ENas. Cited in: 'Human Rights in the Pacific: A situational analysis.'

3.

Health and Nutrition

The situation analysis of child and maternal health in Tuvalu is framed around the CRC (particularly the rights to life, survival and development and to 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. Furthermore, the situation of child and maternal nutrition is analysed regarding the six thematic areas described in the WHO Global Nutrition Targets: childhood 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 World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
		Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type
3.1	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel

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

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in Tuvalu 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.”⁷⁴ 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.⁷⁵ The analysis of underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Tuvalu takes these building blocks of the health system into account. Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH) are made where necessary, given that the causes of shortcomings in health systems are often multifaceted and interlinked with other areas covered.

3.1. Child mortality

Neonatal mortality (0-28 days), infant mortality (under 1 year), and under-5 mortality in Tuvalu have been declining steadily over recent decades. According to the 2016 SOWC dataset, the under-5 child mortality rate in Tuvalu stands at 27 deaths per 1,000 live births, which represents a reduction of more than 50 per cent since 1990.⁷⁶ Despite this success, Tuvalu has not yet reached

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

75 Ibid.

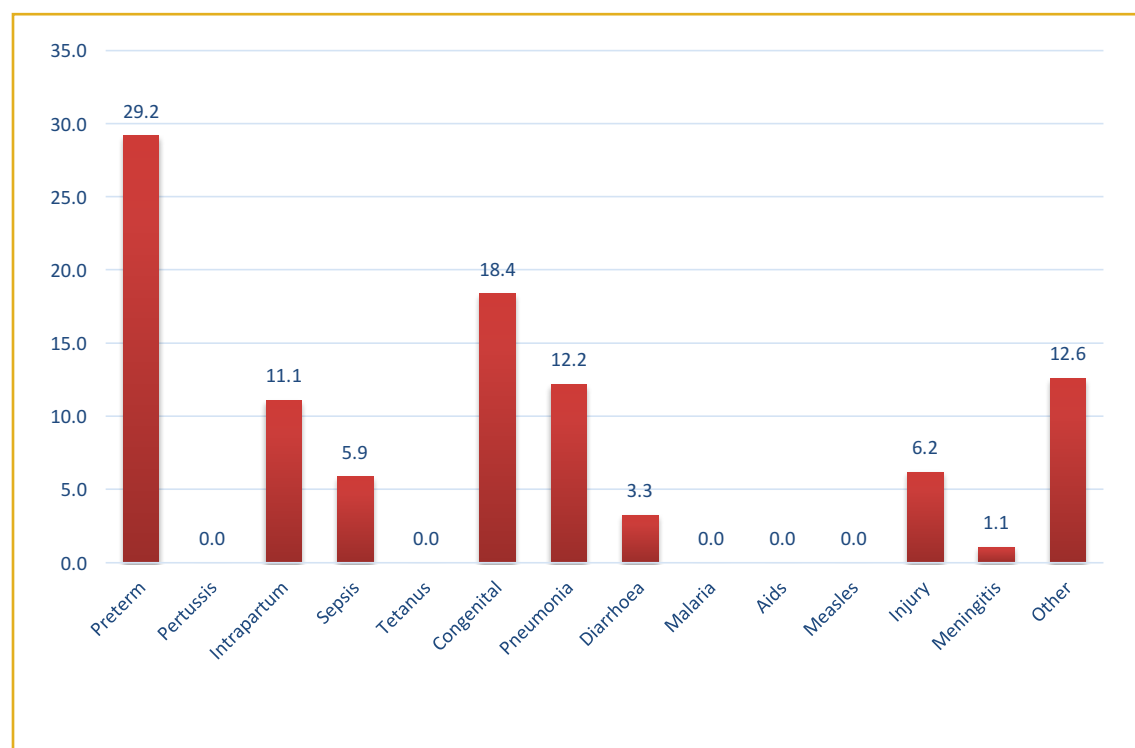
76 SOWC 2016.

SDG 3.2 on under-5 child mortality: the reduction of the under-5 child mortality rate to at least as low as 25 deaths per 1,000 live births by 2030.

According to the 2016 SOWC dataset, the infant mortality rate in Tuvalu was estimated at 23 deaths per 1,000 live births. The SDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 mortality and neonatal mortality. The neonatal mortality rate was estimated at 18 deaths per 1,000 live births as of 2015.⁷⁷ This means that Tuvalu has some way to go before meeting the SDG 3.2 target for neonatal mortality, which aims for a rate of 12/1,000 by 2030.

The latest UNICEF causes-of-death estimates for under-5 year olds suggest that preterm complications (29 per cent of all deaths), congenital diseases (18 per cent), pneumonia (12 per cent), intrapartum complications (11 per cent), and injuries (6 per cent) were the main causes of death in under-5 children in Palau as of 2015.⁷⁸ Note that unspecified 'other' causes also accounted for a relatively large proportion (12.6 per cent) of deaths in under-5 year olds, which may suggest classification problems in Tuvalu's health information system (see Figure 3.1).

Figure 3.1: Causes of death in under-5 year-olds in Tuvalu in 2015



Source: UNICEF, 2017

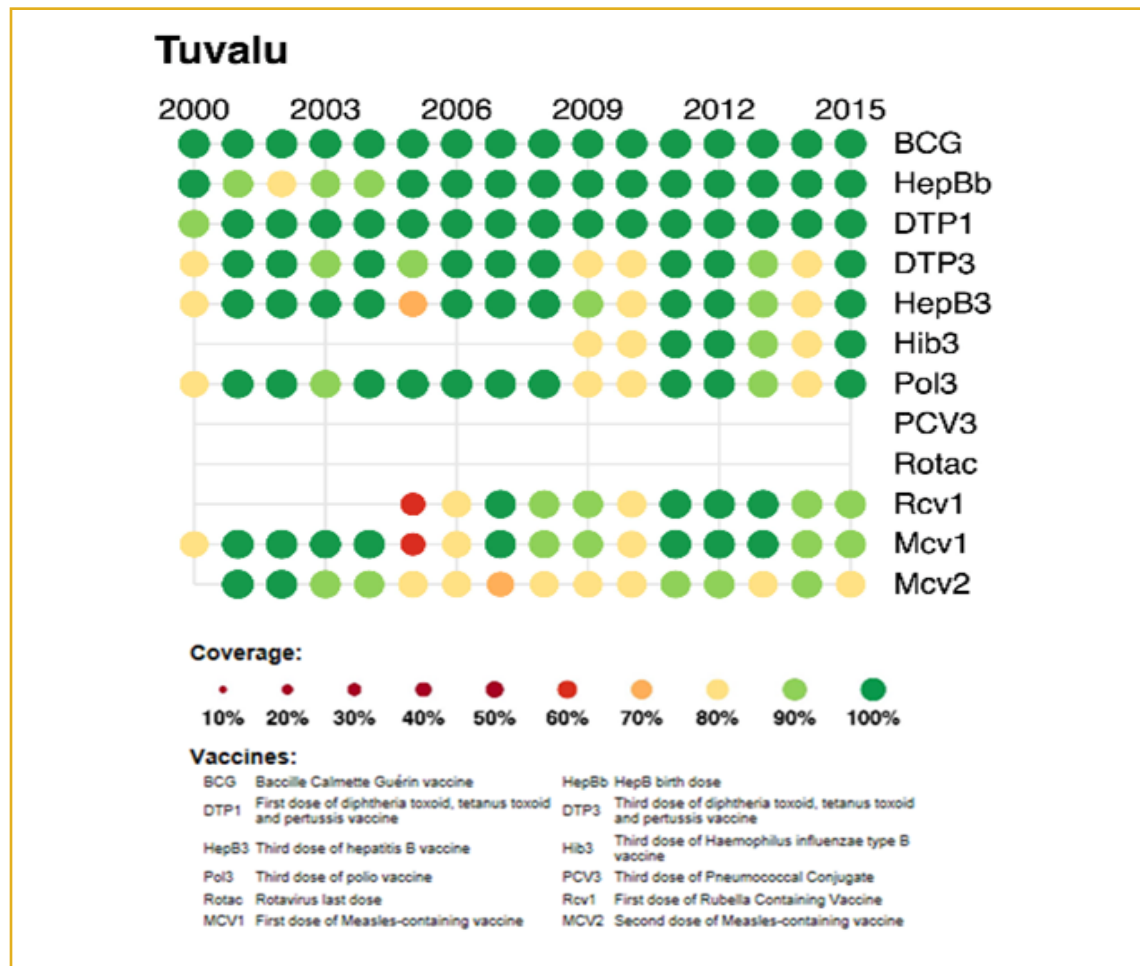
77 Ibid.

78 UNICEF statistics. Available at: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [25.04.17].

3.2. Child health, immunization and communicable diseases

There is a lack of data on some of the key child health indicators in Tuvalu, including on care-seeking practices for children exhibiting signs of pneumonia, and for the proportion of children sleeping under malaria nets.⁷⁹

Figure 3.2: Immunization coverage in Tuvalu in 2015



Source: Mott MacDonald, 2016.⁸⁰

Immunization coverage figures for Tuvalu show that the vast majority of children have received all vaccinations recommended by WHO, apart from rotavirus (Rotac) and the third dose of

79 SOWC 2016. Please note that gaps in relation to malaria may not be relevant as malaria transmission is not known to be a problem in Tuvalu (see e.g. <https://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country/tuvalu>. [16.06.17].

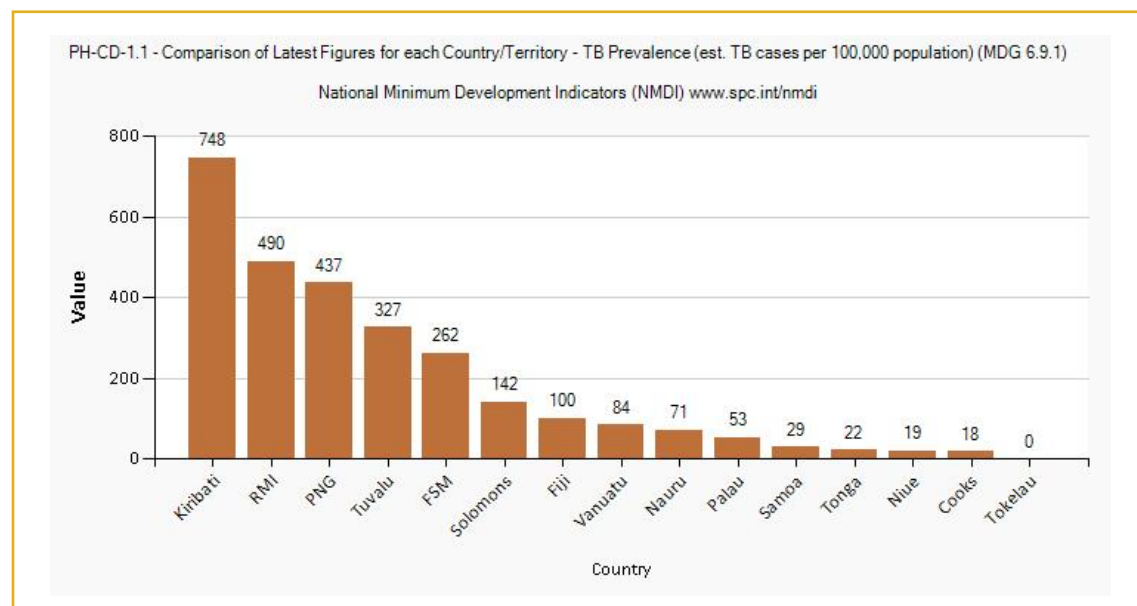
80 Tyson, S. and Clements, J. 2016. Strengthening Development Partner Support to Immunisation Programs in the Pacific - Strategic Review. Mott MacDonald.

pneumococcal conjugate (PCV3), with coverage rates ranging from around 90 per cent to ‘universal’ (99 per cent), depending on the specific vaccine (see Figure 3.2).⁸¹

From a methodological perspective, it is difficult to establish the accuracy of reported immunization coverage rates. For example, recent Demographic and Health (DHS) surveys in the PICTs all suggest much lower immunization coverage than the estimates provided by the WHO Global Health Observatory.⁸² According to a recent review of evidence on immunization in the PICTs, much of this can be explained by the differing survey methodologies.⁸³

SDG target 3.3 encourages all countries to eradicate tuberculosis (TB) by 2030.⁸⁴ TB prevalence in Tuvalu is estimated at 327 TB cases per 100,000 population, as of 2013, which is a nearly 200 per cent decrease since 1990 when the figure stood at 911.⁸⁵ However, this figure is still among the highest in the PICTs group, with only Kiribati, the Marshall Islands and Papua New Guinea (PNG) recording a higher TB prevalence (see Figure 3.3).⁸⁶ The 2011 WHO Country Profile for Tuvalu noted that TB rates were increasing, having previously been “thought to be under control”; although this increase was attributed in part to better diagnosis and reporting systems.⁸⁷

Figure 3.3: TB prevalence rates in the PICTs (including PNG)



Source: NMDI, 2013⁸⁸

81 WHO Global Health Observatory. 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. See <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=TUV> [25.04.17].

82 Ibid. p. 7.

83 See Tyson, S. and Clements, J. 2016. Op. cit. p. 7.

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

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

86 Ibid.

87 WHO Health Service Delivery Profile, Tuvalu http://www.wpro.who.int/countries/tuv/34TUVpro2011_finaldraft.pdf [10.04.17].

88 NMDI data. Op. cit.

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. The 2016 SOWC dataset records an unadjusted MMR of zero for Tuvalu, which would suggest that the country has already reached SDG target 3.1.⁸⁹ However, it is important to note that the SOWC dataset refers to out-dated information from before 2010, and that there are no MMR estimates for Tuvalu. An undated United Nations Population Fund (UNFPA) report from the early 2010s notes that the 20-year average MMR in Tuvalu is 66 per 100,000 live births based on a total of three maternal deaths over 20 years.⁹⁰ However, in this respect it is important to note that, in small nations such as Tuvalu, the MMR is subject to random variation and trends should be interpreted with caution.

According to the CRC (article 24(2)(d)), Tuvalu has an obligation to ensure appropriate pre- and post-natal health care for mothers. Antenatal care coverage is high, with 97 per cent of women having at least one antenatal visit (the fifth highest rate in the PICTs group), and 67 per cent of women having at least four antenatal visits, according to the 2016 SOWC dataset.⁹¹ The same dataset reports that 93 per cent of women deliver their babies in a health facility, and 98 per cent of deliveries are attended by a skilled attendant, which indicates near-universal coverage.⁹² There are no data available on disparities between urban and rural areas in relation to births attended by a skilled health professional.⁹³

3.4. Violence against women and girls

Violence against women and girls (VAWG) is a key public health concern. However, there is limited data available about VAWG in Tuvalu.⁹⁴ The somewhat outdated 2007 DHS for Tuvalu found that 37 per cent of female respondents had experienced physical violence at any time since the age of 15, and 25 per cent had experienced physical violence in the 12 months prior to the study being undertaken.⁹⁵ Findings in relation to VAWG in Tuvalu are discussed in more detail in Chapter 6.

89 SOWC 2016. Op. cit.

90 UNFPA. Undated. <http://countryoffice.unfpa.org/filemanager/files/pacific/cp11.pdf> [10.04.17].

91 SOWC 2016. Op. cit.

92 Ibid.

93 Ibid.

94 See UNICEF. 2014. Violence against Children in East Asia and the Pacific A Regional Review and Synthesis of Findings. p.5. https://www.unicef.org/eapro/Violence_against_Children_East_Asia_and_Pacific.pdf [11.04.17].

95 Tuvalu 2007 DHS report. Available at: http://prism.spc.int/images/documents/DHS/2007_Tuvalu_DHS-Report.pdf [11.04.17].

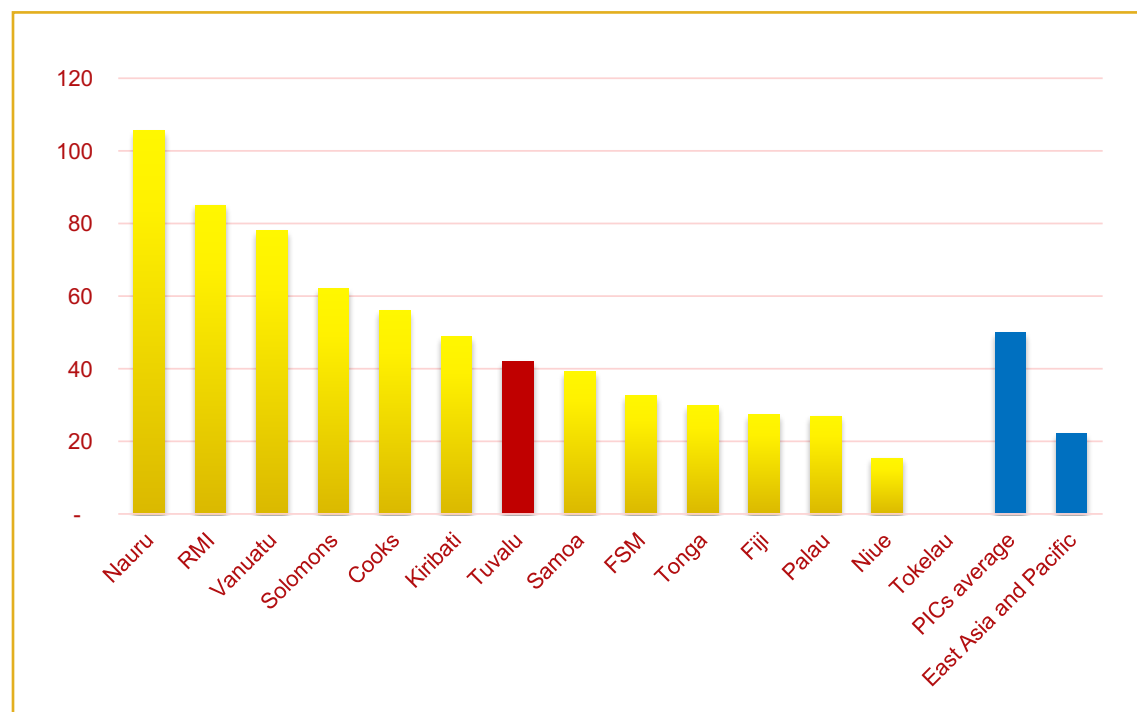
3.5. Adolescent health

The 2012 Census shows a population of 1,061 10-14 year-olds and 1,084 15-19 year-olds, making a total adolescent population of 2,145.⁹⁶ This is approximately 20 per cent of the total population.

3.5.1. Fertility and contraceptive use

According to the 2016 SOWC dataset, the adolescent birth rate is 42 (births per 1,000 women aged 15 to 19), which places Tuvalu in the middle range of the PICTs group in relation to adolescent fertility, just below the regional average of 50/1,000 (see Figure 3.4).

Figure 3.4: Adolescent birth rate (births per 1,000 women aged 14-19)



Source: SOWC, 2016

Teenage pregnancy is often regarded as a health concern because of its association with higher morbidity and mortality for both mother and child. Childbearing during the teenage years often has adverse social consequences, particularly on female educational attainment, because women who become mothers in their teens are more likely to curtail their education.⁹⁷ According to 2007

96 Government of Tuvalu, 2012 Population and Housing Census, Preliminary Analytical Report http://prdrse4all.spc.int/system/files/census_2012_preliminary_report.pdf [11.04.17].

97 Tuvalu 2007 DHS report. Op. cit.

DHS data, an estimated 8 per cent of women aged 15–19 had begun childbearing, nearly 7 per cent had a live birth and 1.1 per cent were pregnant with their first child.⁹⁸

According to SOWC 2016 data, an estimated 8 per cent of Tuvalu’s women aged 20-24 have their first birth by the age of 18, which is the second-lowest rate in the PICTs group. In the whole PICTs region, around 11 per cent of women aged 20-24 have become mothers by the age of 18.⁹⁹ Note, however, that data are missing for a number of countries, including Fiji, FSM, Palau, and the Cook Islands.¹⁰⁰

It is estimated that contraceptive prevalence¹⁰¹ in Tuvalu stands at 31 per cent of the population, which is lower than the wider regional average of 64 per cent for East Asia and the Pacific, and lower than the PICTs-wide average of 35 per cent¹⁰² This represents a public health concern, as low contraceptive usage is likely to increase the rates of sexually transmitted infections (STIs), HIV/AIDS and unwanted pregnancy. According to the 2007 DHS for Tuvalu, married women generally obtain contraceptive protection from public medical sources (97 per cent).

The 2007 DHS notes that 24 per cent of women have an unmet need for family planning,¹⁰³ which, if fulfilled, would lead to an increase in contraceptive prevalence to 55 per cent (the estimated total demand for family planning in Tuvalu).¹⁰⁴ A 2006 Tuvalu Situation Analysis of Children, Women and Youth in Tuvalu notes that, amongst youth, there is stigma and embarrassment associated with obtaining contraceptives, but it also points out that this seems to decrease as time passes, and that condoms were being handed out in nightclubs in Funafuti, which was presented as an example of progress in changing attitudes towards contraception and sexual activity.¹⁰⁵

3.5.2. HIV/AIDS and STIs

The SOWC 2016 dataset provides limited information about HIV/AIDS in Tuvalu, recording only that comprehensive knowledge of HIV/AIDS amongst young people (aged 15-24) was at 61 per cent for males, and a much lower 39 per cent for females.¹⁰⁶ SOWC data also suggest that comprehensive knowledge about HIV/AIDS (amongst women aged 15-24) is slightly higher in rural areas (41 per cent), than urban areas (38 per cent).¹⁰⁷

98 Ibid.

99 SOWC 2016. Op. cit.

100 Ibid.

101 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 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].

102 SOWC 2015; the regional average excludes China.

103 Women who indicate that they either want no more children or want to wait for two or more years before having another child, and who are not using contraception, constitute those that have an unmet need for family planning. Tuvalu 2007 DHS report, p.102.

104 Tuvalu 2007 DHS report Op. cit.

105 Government of Tuvalu, UNICEF. 2006. Situation Analysis of Children, Women and Youth, Tuvalu, p. 53.

106 SOWC 2016. Op. cit.

107 Ibid.

Reports suggest that HIV/AIDS is a public health issue in Tuvalu, with 11 cases noted up until 2015, of which two had died and nine were alive, but were not receiving antiretroviral therapy (ART).¹⁰⁸ The Tuvalu National Strategic Plan for HIV and STIs 2009-2013 stated that “by early 2008, there were 10 cases and another three cases awaiting confirmation. For a population of approximately 9,500 people, this represents one of the highest per capita rates of HIV in the Pacific.”¹⁰⁹

Up-to-date data are not available on overall STI rates in Tuvalu. The 2015 UNAIDS Global Progress Report for Tuvalu described the rate of bacterial STI infection among pregnant women as “high” and of “great concern,” although, at an estimated 17.5 per cent, according to 2007 figures, this is in the middle range among the PICTs group (including PNG).¹¹⁰

Worryingly, rates of Chlamydia infection amongst Tuvalu’s youth aged 15 to 24 years are at 21 per cent, which is the highest rate in the PICTs region.¹¹¹ The Global AIDS Progress Report for Tuvalu 2015 notes a particular concern for those with connections to the seafaring industry, as travelling men reportedly engage in risky sexual activity while away from homes, and women engage in sexual intercourse with their husbands upon their return, without being aware that their husbands may have contracted an STI or HIV.¹¹² This risk is also identified in the National Strategic Plan – noting that seafarers account for 70 per cent of Tuvalu’s known HIV cases.¹¹³

3.5.3. Substance abuse

According to SDG target 3.5, Tuvalu should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There is limited quantitative data on substance abuse amongst adolescents in Tuvalu, other than the Tuvalu Global School-based Health Survey (GSHS) from 2013, which surveyed school children aged 13-15 in Forms 2 to 4.¹¹⁴

Table 3.1: Substance abuse amongst school children aged 13 to 15 years

Indicator	Boys (%)	Girls (%)	Total (%)
Alcohol: Percentage of students who drank at least one drink containing alcohol on one or more of the past 30 days	22.2	5.1	13.1
Alcohol: Percentage of students who drank so much alcohol that they were really drunk one or more times during their life	22.5	2.9	11.9

108 UNAIDS Global Progress Report – Tuvalu 2015, http://www.unaids.org/sites/default/files/country/documents/TUV_narrative_report_2015.pdf [11.04.17], p. 17.

109 National Strategic Plan for HIV and STIs 2009-2013, http://www.nationalplanningcycles.org/sites/default/files/country_docs/Tuvalu/tuvalu_nsp_2009-2013.pdf [11.04.17].

110 See NMDI data http://www.spc.int/nmdi/sexual_health [10.04.17].

111 Ibid. Note that estimates are missing for Fiji, Nauru, PNG, and Tokelau.

112 UNAIDS Global Progress Report – Tuvalu 2015. Op. cit. p. 18.

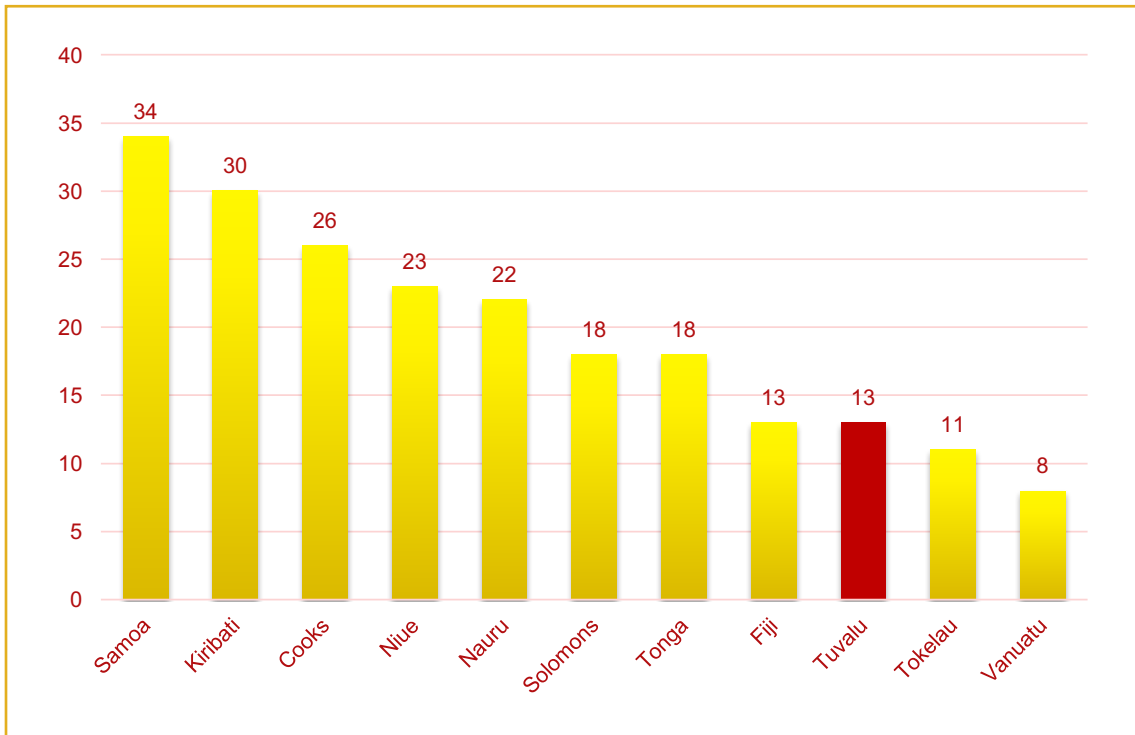
113 National Strategic Plan for HIV and STIs 2009-2013. Op. cit. Executive Summary.

114 2013 GSHS Tuvalu http://www.who.int/chp/gshs/2013_Tuvalu_Fact_Sheet.pdf [16.06.17].

Drugs: Percentage of students who used marijuana one or more times during their life	11.3	0.0	5.4
Tobacco: Percentage of students who smoked cigarettes on one or more days during the past 30 days	27.2	5.6	15.9
Tobacco: Percentage of students who used any tobacco on one or more days during the past 30 days	34.1	8.4	20.6
Tobacco: Percentage of students who reported people smoked in their presence on one or more days during the past 7 days	69.8	68.5	69.2

Source: GSHS, 2013.

Figure 3.5: Current alcohol consumption prevalence (%) amongst school children aged 13-15



Source: GSHS, 2010-2016

The GSHS data reveal stark disparities between boys and girls in relation to substance abuse. As Table 3.1 indicates, one in five boys aged 13-15 had had a drink within the previous 30 days, and the same proportion had been really drunk once in their lifetime: a far greater proportion than for girls, of whom only one in 20 had had an alcoholic drink within the previous 30 days, and only one in 30 had ever been really drunk. Use of marijuana was lower, at just over 1 in 10 for boys and 0 per cent for girls. In terms of tobacco use, a similar pattern emerges in that approximately 30 per cent of boys used tobacco or smoked, compared to only around 6 per cent of girls. Interestingly, over 69 per cent of children were exposed to smoking within the week prior to the survey – a high

figure that suggests tobacco use among the wider population is a public health concern impacting on children and young people.¹¹⁵

Figure 3.5 places the 2013 GSHS findings on alcohol use amongst school children into a regional perspective (based on GSHS data from 11 PICTs), which shows that Tuvalu is at the lower end of the range within the Pacific region.¹¹⁶

3.5.4. Mental health

The 2013 GSHS survey also collected data about adolescent mental health in relation to suicide. According to the survey, 8 per cent of all pupils aged 13 to 15 years had contemplated suicide within the previous 12 months and 9.7 per cent had attempted suicide in the same period.¹¹⁷ It is not clear why the number for suicide attempts was higher than the number of those thinking about it. Male pupils were nearly three times as likely to have contemplated suicide, and over four times as likely as female students to have attempted it. It was not possible to find recent data about the mental health of Tuvaluan youth outside the 13 to 15 years age group, or those who are out of school.

A 2009 Situational Analysis of Mental Health and Youth in Tuvalu suggested that “according to the police, the main contributing factors were relationship issues between parents and their teenage or young adult children.”¹¹⁸ The Situational Analysis noted that the ‘family’ and reliance upon strong community networks are sources of support in Tuvalu; however, where these support networks are not functioning, or where there are stressors involved, this can lead to, facilitate and even exacerbate mental health difficulties for children.¹¹⁹

3.6. Nutrition

According to WHO Global targets, Tuvalu should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.¹²⁰

115 Ibid.

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

117 2013 GSHS Tuvalu. Op. cit.

118 Morris, M. 2009. Youth and Mental Health in Tuvalu: A Situational Analysis, p. 17. Available at: https://fspiblog.files.wordpress.com/2011/08/tuvalu-youth-and-mental-health-situational_analysis_oct-09.pdf [16.06.17].

119 Ibid. p. 25.

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

WHO Global Nutrition Targets

	Targets	Indicators
1	By 2025, achieve a 40 per cent reduction in the number of children under-5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
2	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15-49 years of age) with anaemia
3	By 2025, achieve a 30 per cent reduction in low birth weight	Percentage of infants born with low birth weight (< 2,500 grams)
4	By 2025, ensure that there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
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

The SOWC 2016 dataset records stunting prevalence (short height for age or 'chronic malnutrition') amongst under-5 year-olds in Tuvalu at 10 per cent, which compares favourably with the PICTs-wide average of 18 per cent. Tuvalu's childhood wasting prevalence (low weight for height or 'acute malnutrition') is estimated at 3 per cent, which is also below the PICTs-wide average of 4 per cent.¹²¹

3.6.2. Low birth weight and underweight

Childhood underweight and low birth weight appear to be relatively minor problems in Tuvalu. According to 2016 SOWC data, only 2 per cent of Tuvalu's children under the age of 5 are considered underweight, which compares favourably with the PICTs-wide average of 7 per cent. Only 6 per cent of children in Tuvalu are underweight at birth, which is the lowest rate in the PICTs region.¹²²

3.6.3. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths.¹²³ Anaemia increases the risk of blood loss at delivery

121 SOWC 2016. Op. cit. Note that data on wasting and stunting prevalence are only available from Fiji, Nauru, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

122 Ibid.

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

and postpartum haemorrhage.¹²⁴ 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.¹²⁵ De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and children.¹²⁶

According to WHO/FAO estimates, anaemia is a public health concern in Tuvalu, affecting 61 per cent of under-5 children, alongside 29 per cent of pregnant women and 25 per cent of non-pregnant women of reproductive age.¹²⁷

3.6.4. Overweight and obesity

The Tuvalu National Strategic Plan for Non-Communicable Diseases (NCDs) 2011-2015 notes that NCDs, like cardiovascular diseases, diabetes and cancer are among the leading causes of morbidity and mortality in Tuvalu. The Strategic Plan also notes that a recent survey found that national obesity prevalence was 75.2 per cent.¹²⁸

The 2014 GSHS data from Tuvalu suggest that obesity is also affecting a large proportion of school children (aged 13 to 15), with 48.3 per cent considered overweight, and 21.5 per cent considered obese. A higher percentage of girls than boys were overweight (52.2 per cent compared to 44.3 per cent) and a slightly higher percentage of boys than girls were obese (22.1 per cent compared to 20.9 per cent).¹²⁹

The 2006 Situation Analysis of Children, Women and Youth in Tuvalu noted that 30 per cent to 35 per cent of health treatments were for NCDs and that the switch to a modern diet, in which refined white carbohydrates have replaced the taro root, and through which lifestyles have become more sedentary, have led to increases in obesity and overweight.¹³⁰ Alcohol consumption and smoking were also noted to contribute to obesity, overweight and NCDs.¹³¹

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.¹³² Up-to-date national estimates of exclusive

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

125 Ibid.

126 Ibid.

127 FAO, Tuvalu – Food and Nutrition Security Profile, 2014, http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Tuvalu_280714.pdf [16.06.17].

128 Tuvalu National Strategic Plan for Non Communicable Diseases 2011-2015, http://www.iccp-portal.org/sites/default/files/plans/TUV_B3_Tuvalu%20National%20Strategic%20Plan%20NCDs%202011-15%20final%2022Mar11.pdf [16.06.17], p. 6.

129 2013 GSHS Tuvalu. Op. cit. Note that confidence intervals are not reported.

130 Government of Tuvalu, UNICEF, Situation Analysis of Children, Women and Youth. Op. cit.

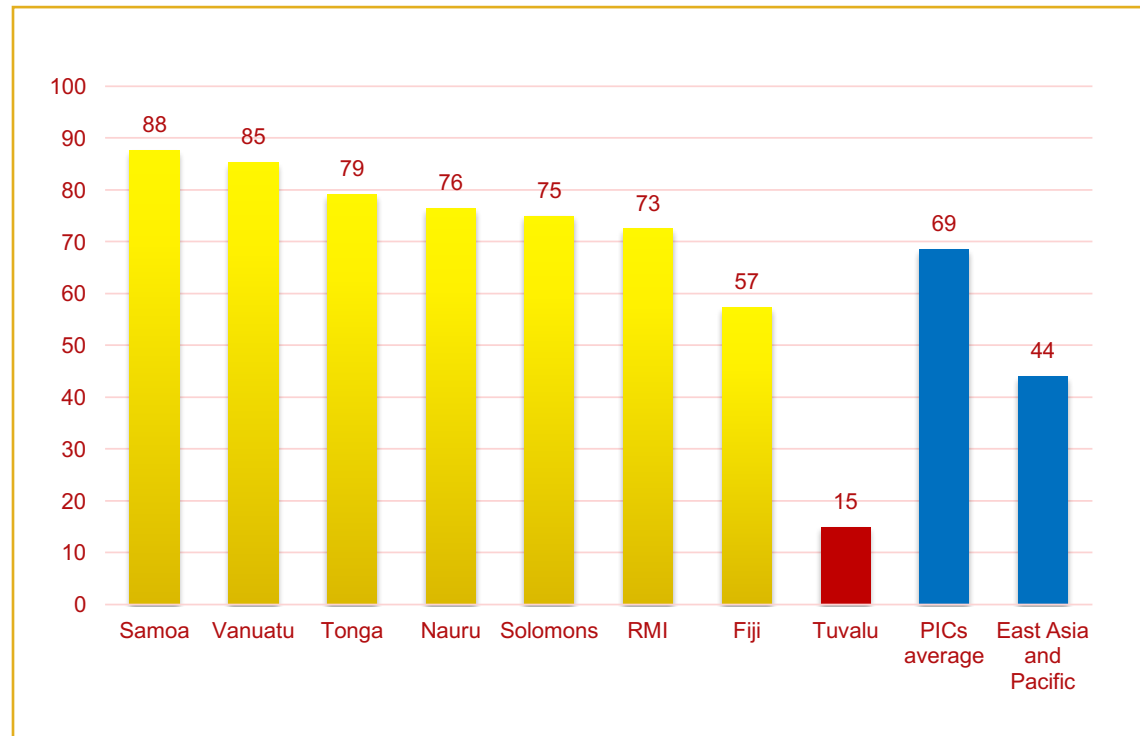
131 Ibid.

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

breastfeeding prevalence and initiation are not available for Tuvalu, but figures from the 2016 SOWC, which derive from before 2010, showed that 35 per cent of children were breastfed for six months, which is the second-lowest rate in the whole PICTs region (with only the Marshall Islands having a lower rate).¹³³

Early initiation of breastfeeding (the provision of mother's breast milk to infants within one hour of birth) ensures that infants receive colostrum ('first milk'), which is rich in protective factors, and recommended by WHO.¹³⁴ Most recent estimates suggest that, on average, 69 per cent of infants in the PICTs¹³⁵ are breastfed within one hour of birth. However, in Tuvalu, the early initiation rate is estimated at only 15 per cent, which is the lowest in the whole region and more than 40 percentage points below the next-ranking country (see Figure 3.6).¹³⁶

Figure 3.6: Early initiation of breastfeeding prevalence (%)



Source: SOWC, 2016

No data were available about children's introduction to solid, semi-solid or soft foods within six to eight months of birth.¹³⁷

133 SOWC 2016. Op. cit.

134 WHO. Early initiation of breastfeeding to promote exclusive breastfeeding. Op. cit.

135 Data are missing for FSM, Kiribati, Cook Islands, Niue, Palau and Tokelau.

136 SOWC 2016. Op. cit.

137 SOWC 2016. Op. cit.

3.7. Key barriers and bottlenecks

Tuvalu's health profile for children and women shows mixed results, with some indicators close to or already beyond the SDG targets, and others in need of improvement. It is possible to identify a number of key structural barriers and bottlenecks in relation to the realisation of health and nutrition rights and the implementation of health services.

3.7.1. Climate and disaster risks

Climate change and extreme weather events are a significant concern for Tuvalu. WHO has stated that it considers Tuvalu subject to increased health risks as a result of climate change and natural disasters, including:

- Diarrhoeal disease (due to contaminated food/water) – high risk.
- Respiratory disease – High risk.
- Compromised food security – Medium-high.
- Vector-borne disease – Medium.
- Mental health/psychological problems – Medium.
- Injuries and deaths from extreme weather events – Medium.
- Fish poisoning – Low-medium.
- Skin infections/infestations – Low.¹³⁸

The proposed strategies for addressing these concerns include training, awareness raising and upgrading of health facilities and supplies to handle (and reduce) demand.¹³⁹

3.7.2. Changing lifestyles and community behaviour

The Tuvalu National Strategic Plan for Non-Communicable Diseases identifies alcohol, highly processed food consumption and sedentary lifestyles among the causes of obesity and NCDs.¹⁴⁰ According to the 2006 Situation Analysis of Children, Women and Youth in Tuvalu, these are relatively new trends in Tuvaluan lifestyles and behaviour.¹⁴¹ Community behaviour may also be a barrier to access to health services, including, for example, reproductive rights services or mental health services, as identified through reports cited above. To tackle the increase in obesity and NCDs, it will be important to address changing lifestyles, while not critiquing 'modernisation' to the point that progressive attitudes towards access to sexual and reproductive health rights are impeded.

138 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].

139 Ibid.

140 Tuvalu National Strategic Plan for Non Communicable Diseases 2011-2015. Op. cit. p. 6.

141 Government of Tuvalu, UNICEF, Situation Analysis of Children, Women and Youth. Op. cit.

3.7.3. Health financing and workforce

According to the 2011 WHO health service delivery profile, Tuvalu receives support in health financing from WHO, UNFPA and the Global Fund.¹⁴² There is no information available about the total health budget, though government spending on health was estimated at around 8.4 per cent of GDP as of 2011, which is above the 'recommended' 5 per cent of GDP.¹⁴³ The latest NMDI regional data suggests that per capita expenditure on health in Tuvalu (US\$490.5 in 2011) is in the middle range of the PICTs group (including PNG).¹⁴⁴

As of 2009, 132 staff were employed by the Tuvaluan Ministry of Health.¹⁴⁵ The ratio of medical staff to population in Tuvalu is 1.1/1,000 for physicians, 0.2/1,000 for dentists, 3.6/1,000 for nurses, and 1/1,000 for midwives, all of which are at in the middle-to-higher range within the PICTs group (including PNG).¹⁴⁶ The 2011 WHO service delivery profile for Tuvalu notes that "human resources are the main challenge to health services in Tuvalu. There needs to be an ongoing effort to strengthen the knowledge and expertise of existing staff."¹⁴⁷ It also notes that due to the small number of doctors in the country, most shoulder more than one job to meet the medical needs of the population, which is not sustainable in the long-term.¹⁴⁸

142 WHO 2011. Tuvalu health service delivery profile. http://www.wpro.who.int/countries/tuv/34TUVpro2011_finaldraft.pdf [12.04.17].

143 NMDI data. Available at: https://www.spc.int/nmdi/health_systems [12.04.17].

144 Ibid.

145 WHO. 2011. Tuvalu health service delivery profile. Op. cit. Section 3.5. http://www.wpro.who.int/countries/tuv/34TUVpro2011_finaldraft.pdf [12.04.17].

146 NMDI data. Op. cit.

147 WHO. 2011. Tuvalu health service delivery profile. Op. cit. Section 3.7.

148 Ibid. Section 3.5.

4.

Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial for achieving a 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.¹⁴⁹ Evidence also suggests that poor water, sanitation and hygiene (WASH) access is linked to growth stunting.¹⁵⁰ 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.¹⁵¹ This chapter assesses and analyses the situation in Tuvalu regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as set out in the table below as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress (WASH) since 1990.¹⁵² The JMP was previously responsible for tracking progress towards MDG 7c on WASH and, following the introduction of the 2030 SDGs, now tracks progress towards the SDG WASH targets.¹⁵³ 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.¹⁵⁴ The sections within this chapter utilise the relevant service ladders to assess Tuvalu's progress towards meeting the SDG targets.

149 WHO. 2016. Sanitation, Drinking-water and Health in Pacific Island Countries. Available at: http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf [05.06.17].

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

151 Ibid.

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

153 Ibid.

154 Ibid. pp. 2, 7.

Key WASH-related SDGs

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

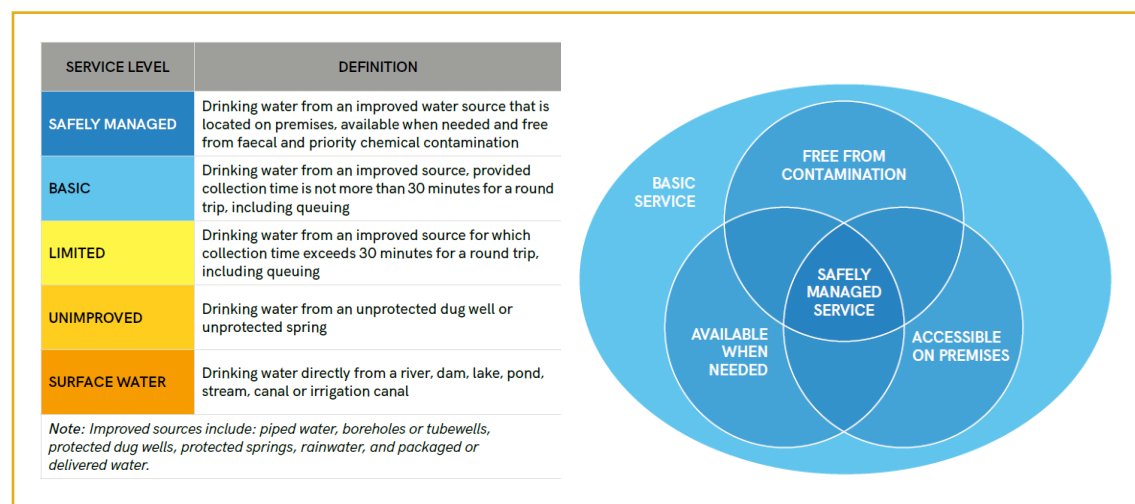
4.1. Access to improved water sources

In order for a country to meet the criteria for a **safely managed drinking water service (SDG 6.1)**, the population should have access to an improved water source fulfilling three criteria: it should be accessible on premises; water should be available when needed; and the water supplied should be free from contamination.¹⁵⁵ 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**.¹⁵⁶ The immediate priority in many countries will be to ensure universal access to at least a basic level of service.¹⁵⁷

155 WHO and UNICEF. 2017. Op. cit. p. 8.

156 Ibid.

157 Ibid. p. 10.

Figure 4.1: JMP service ladder for improved water sources

Source: JMP¹⁵⁸

No estimate of the proportion of population using safely managed drinking water services is available for Tuvalu. This is because data are not available on the proportion of the population using an improved source that is accessible when needed, or the proportion of the rural population using an improved source that is free from contamination.¹⁵⁹ As of 2015, access to a basic drinking water service was near-universal in Tuvalu; 99.3 per cent of the population has access to an improved source within a 30-minute round trip. Most of this improved-sourced water was piped (99.3 per cent) and available at premises (97 per cent) (see Table 4.1).¹⁶⁰ Although this places Tuvalu within the top half of all PICTs (see Figure 4.2), this means that Tuvalu has reached SDG 1.4 in relation to provision of basic drinking water services for its entire population.

Disaggregated data suggest that no significant disparities exist between urban (99.6 per cent) and rural (98.8 per cent) areas in terms provision of improved drinking water.¹⁶¹

Table 4.1 suggests that Tuvalu has achieved steady progress in expanding improved water coverage since 2000, and this trend is also confirmed as longer term by data from 1990, when access to improved water was estimated at 90 per cent.¹⁶² It should however be recognised that data from JMP prior to 2015 used a slightly different definition of improved water whereby, for example, up until 2017, bottled water was considered to be an unimproved source¹⁶³ but, as of 2017, it is considered an 'improved' source.¹⁶⁴ Further, data estimates until 2015 drew on 1,982

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

159 JMP data for Tuvalu available from <https://washdata.org/data#!/vut> [04.08.17].

160 Ibid.

161 Ibid.

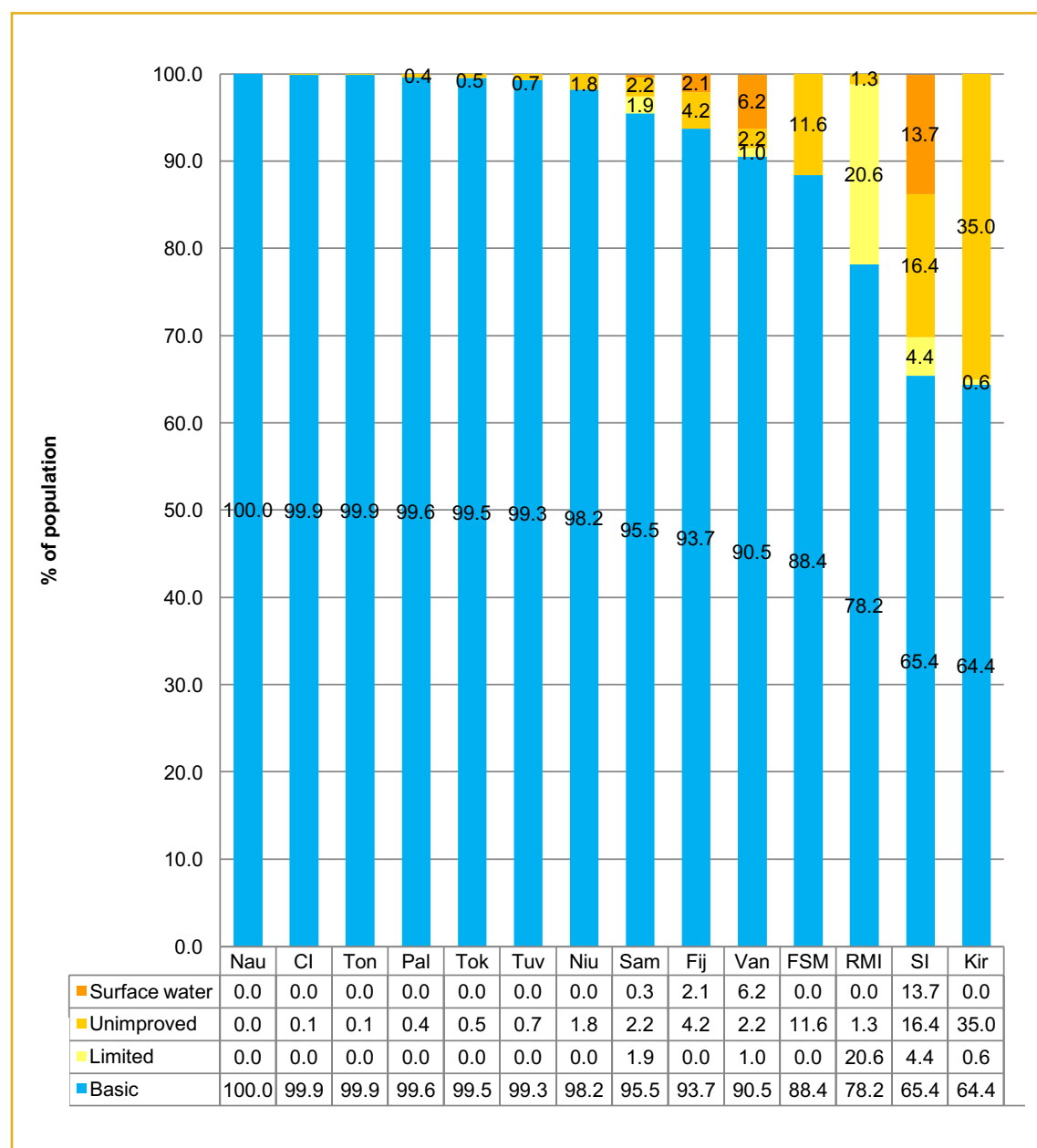
162 Ibid.; UNICEF and World Health Organization. 2015. Progress on Sanitation and Drinking Water – 2015 update and MDG assessment, available at http://www.who.int/water_sanitation_health/publications/jmp-2015-update/en/ p. 75.

163 Bottled water is considered 'improved' for drinking only when the household uses an improved source for cooking and personal hygiene.

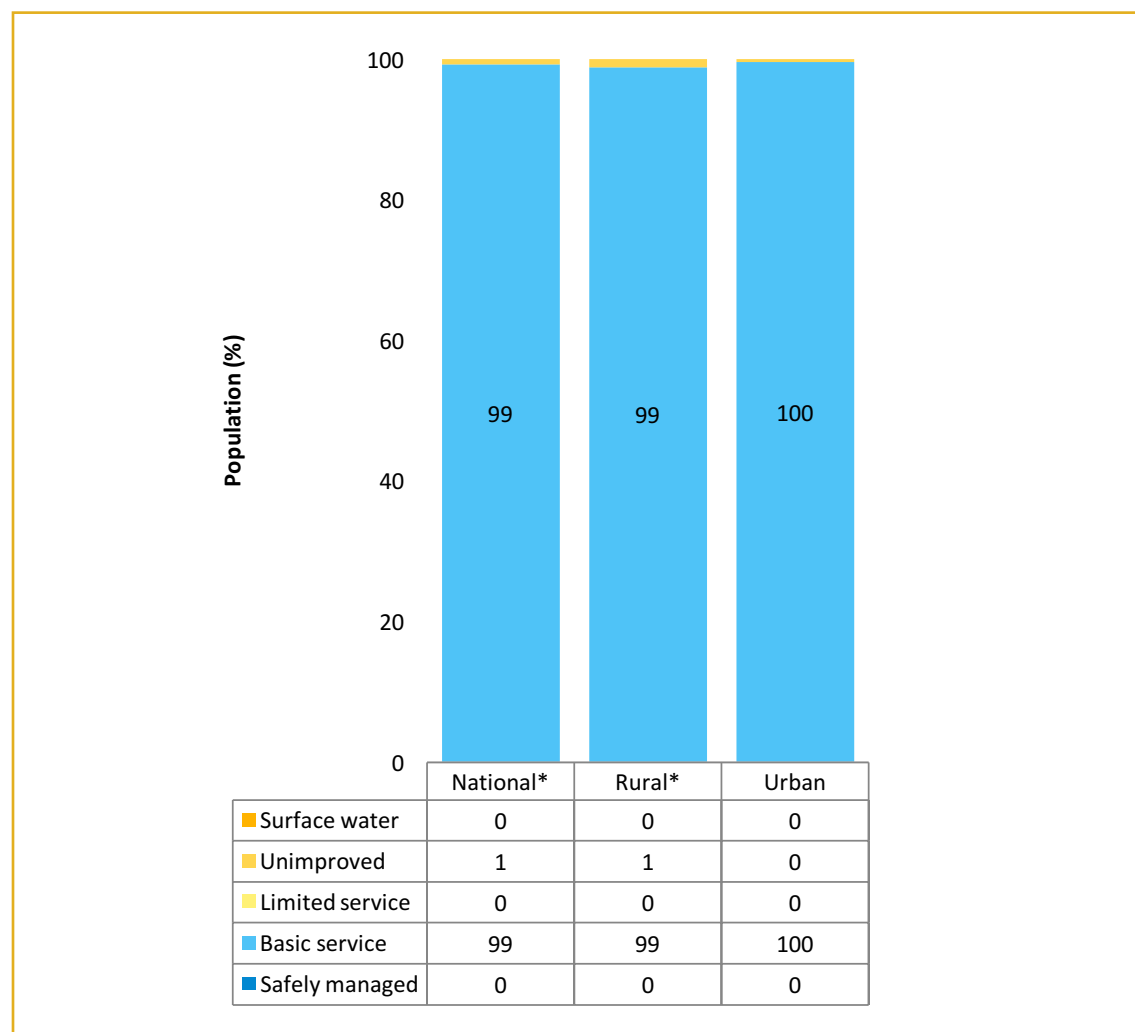
164 UNICEF and World Health Organization. 2017. Op. cit. p. 52.

sources while the 2017 JMP database has more than doubled to include 4,710 data inputs, 3,408 of which are used to produce estimates. Hence, 2015 and 2017 data are not directly comparable.

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



Source: JMP¹⁶⁵

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

Source: JMP¹⁶⁶

Access to improved water in Tuvalu was hampered following Cyclone Pam in 2015. As the Tuvalu Red Cross noted, the cyclone washed away houses and infrastructure, and, with it, stored drinking water.¹⁶⁷ The water supply was also threatened by the fact that storm surges interfered with graves, raising concerns about the safety of water supply.¹⁶⁸

The 2007 DHS for Tuvalu noted that only 6 per cent of households did not practice appropriate treatment of their water before consumption (such as boiling it).¹⁶⁹ This type of practice would be especially important when the water sanitation infrastructure is disrupted.

166 Ibid.

167 Radio NZ, "Clean drinking water main concern in Tuvalu," 15 April 2015, <http://www.radionz.co.nz/international/pacific-news/271196/clean-drinking-water-main-concern-in-tuvalu> [16.06.17].

168 Tuvalu: Tropical Cyclone Pam, Situation Report No. 1. <http://reliefweb.int/sites/reliefweb.int/files/resources/TC%20Pam%20Tuvalu%20Sitrep%201.pdf> [16.06.17].

169 2007 DHS Tuvalu, p. 11.

Table 4.1: Provision of drinking water services, 2017 estimates

Year	Improved water	Improved within 30 mins	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources which are:				
						Piped	Non piped	Accessible on premises	Available when needed	Free from contamination
2000	-	-	-	-	-	-	-	-	-	-
2001	97.9	97.9	-	2.1	0.0	96.0	1.9	95.6	-	-
2005	97.9	97.9	-	2.1	0.0	96.0	1.9	95.7	-	-
2010	98.7	98.7	-	1.3	0.0	98.1	0.6	96.4	-	-
2015	99.3	99.3	-	0.7	0.0	99.3	0.0	97.0	-	-

Source: JMP¹⁷⁰

4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 in relation to a 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.¹⁷¹ If excreta from improved sanitation facilities are not safely managed, people using those facilities will be classed as having access to a basic sanitation service (SDG 1.4), and using improved facilities that are shared with other households will be classified as having a limited service.¹⁷² SDG target 6.2 specifically focuses on ending open defecation.¹⁷³ While SDG target 6.2 aims to progressively raise the standard sanitation services for all, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.¹⁷⁴

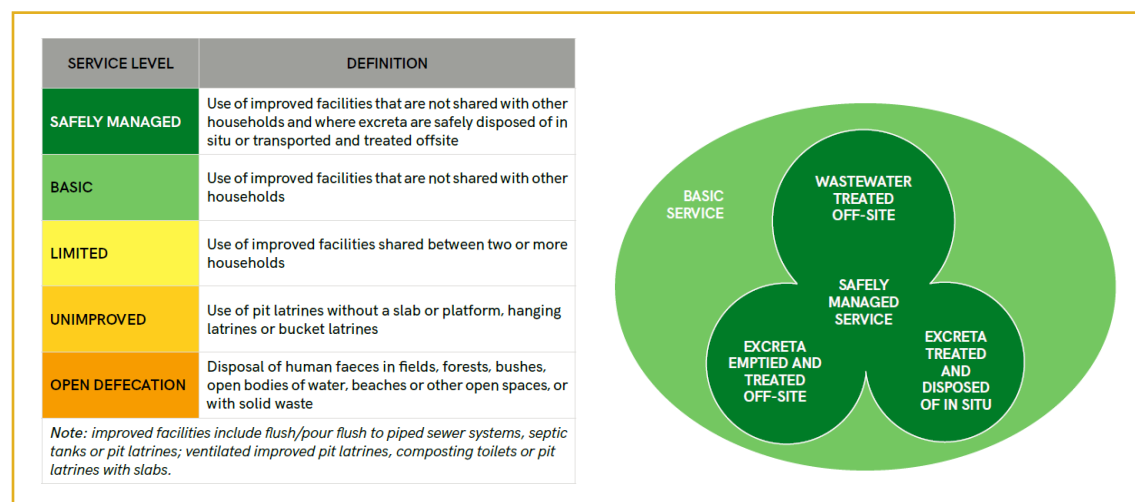
170 JMP data for Tuvalu. Op. cit.

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

172 Ibid. pp. 8-9.

173 Ibid.

174 Ibid. p. 10.

Figure 4.4: JMP service ladder for improved sanitation facilities

Source: JMP¹⁷⁵

According to the most recent JMP estimates (2017), as of 2015, 9 per cent of the population of Tuvalu had access to safely managed sanitation facilities.¹⁷⁶ The same dataset estimated that 91.4 per cent of the population have access to basic sanitation services.¹⁷⁷ This means that while Tuvalu has a long way to go to provide safely managed sanitation services for its entire population (and thereby to meet SDG 6.1), as of 2015 basic services are provided for almost all of the population (so it is close to meeting SGD Target 1.4), and it is only just below the top half of the PICTs in terms of sanitation services (see Figure 4.5). Considering these three different criteria, which are compiled to create the overall access rate for safely managed sanitation, the data indicates that the low 9 per cent rate is mainly due to low rates of safe disposal of excreta (see Figure 4.6).

Figure 4.6 shows some disparities between coverage in rural and urban sites. 2015 estimates suggest that, while 14 per cent of the population in rural areas had access to safely managed sanitation services, the figure for urban areas was estimated to be less than half, (6 per cent), and while 86 per cent of the population in rural areas had access to basic services the figure for rural areas was almost 10 percentage points lower at 77 per cent.¹⁷⁸ Thus, to meet the SDG targets Tuvalu needs to prioritise expanding coverage in rural areas.

Table 4.2 shows trends over time in relation to improved sanitation coverage in Tuvalu (because no estimates for year 2000 were available, data for 2001 have been included).

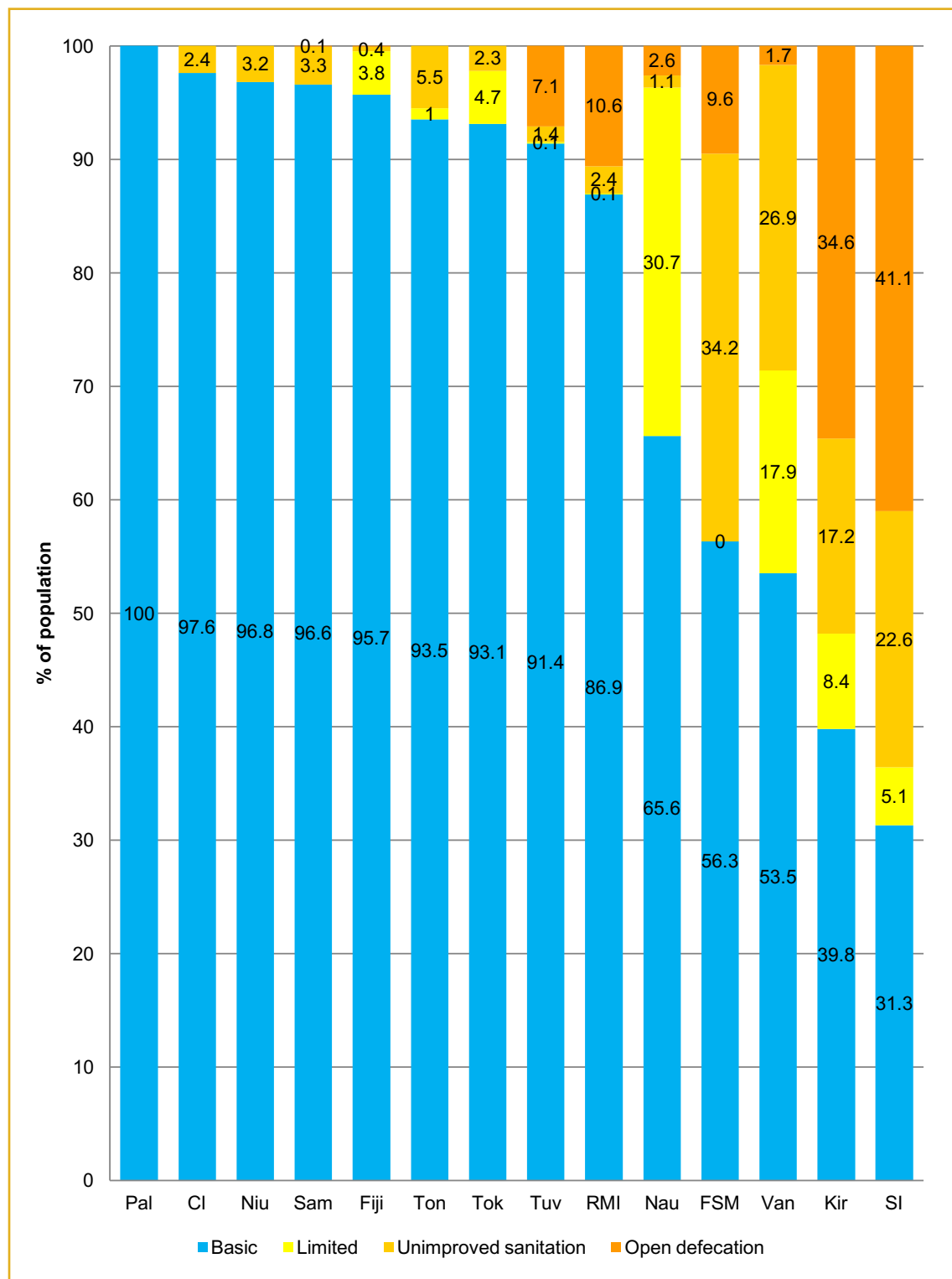
175 Progress on drinking water, sanitation and hygiene. Op. cit.

176 JMP data for Tuvalu. Op. cit.

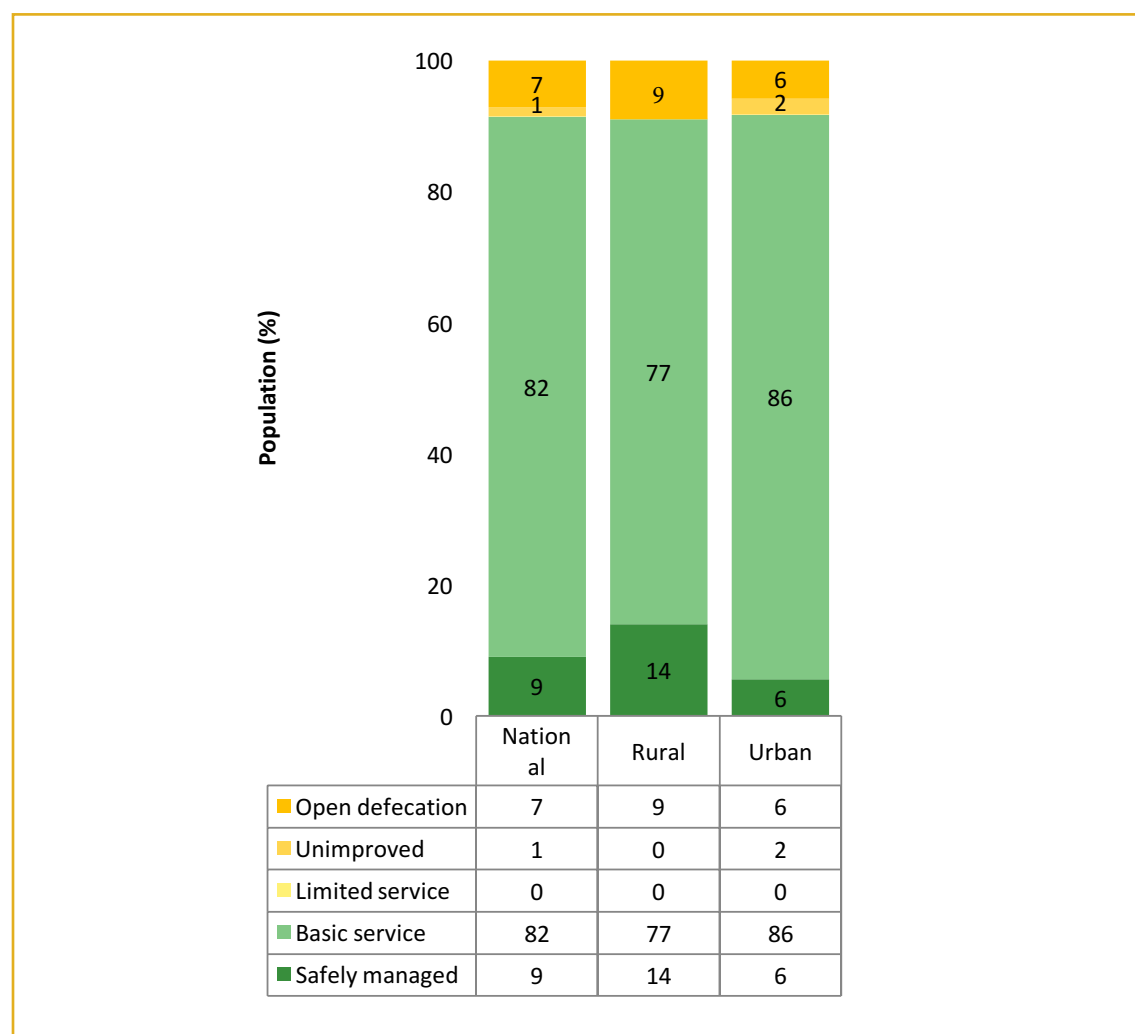
177 Ibid.

178 Ibid.

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



Source: JMP¹⁷⁹

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

Source: JMP¹⁸⁰

Table 4.2 shows that Tuvalu still has some way to go to eliminate open defecation and meet SDG 6.2. According to estimates for 2015, open defecation practice stood at 7.1 per cent, which is third lowest of the seven PICTs in which open defecation is still practiced.¹⁸¹ Regrettably, data over time show negative development, with estimated open defecation rates increasing by about 3 percentage points over the past 14 years. Considering disaggregated data for rural and urban areas (see Figure 4.6) some disparity can be seen between practice in rural areas (9 per cent) and urban areas (6 per cent).

180 Ibid.

181 Solomon Islands (41.10 per cent), Kiribati (34.60 per cent), RMI (10.60 per cent), FSM (9.60 per cent), Tuvalu (7.10 per cent), Nauru (2.60 per cent), Vanuatu (1.70 per cent).

Table 4.2: Provision of sanitation facilities in Tuvalu, 2017 estimates

Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:						
						Latrines and other	Septic tank	Sewer connection	Disposed in situ	Emptied and treated	Wastewater treated	Safely managed sanitation
2000	-	-	-	-	-	-	-	-	-	-	-	-
2001	86.3	86.3	0.1	9.9	3.8	5.4	9.8	71.1	7.6	0.0	0.0	7.6
2005	86.8	86.7	0.1	9.7	3.5	5.6	9.4	71.7	7.5	0.0	0.0	7.5
2010	90.1	90.1	0.1	4.4	5.5	8.6	8.9	72.6	8.7	0.0	0.0	8.7
2015	91.5	91.4	0.1	1.4	7.1	9.7	8.3	73.5	9.0	0.0	0.0	9.0

Source: JMP¹⁸²

According to SDG target 6.2, Tuvalu should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (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 affect important development outcomes such as those related to child mortality and school attendance.¹⁸³

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.¹⁸⁴ Households that have a handwashing facility with soap and water available on the premises will meet the criteria for a **basic** hygiene facility (SDGs 1.4 and 6.2).¹⁸⁵ Households that have a facility but lack water or soap will be classified as having a **limited** facility, and distinguished from households that have no facility at all.¹⁸⁶

While no data on hygiene practices is available for Tuvalu in the 2017 JMP study, the 2013 GSHS for Tuvalu provides some data on hygiene practices amongst children aged 13 to 15.¹⁸⁷ According to the data, only around 6.5 per cent of surveyed pupils indicated that they had cleaned or brushed their teeth *less* than once per day during the previous 30 days, with girls (3.2 per cent) appearing

182 Ibid.

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

184 Progress on drinking water, sanitation and hygiene. Op. cit. pp. 8-9.

185 Ibid.

186 Ibid.

187 2013 GSHS Tuvalu. Op. cit.

to be much more likely to brush their teeth than boys (10 per cent).¹⁸⁸ The GSHS data also suggest that 17.6 per cent of students had never or rarely washed their hands after using the toilet during the 30 days before the survey. Again, girls appear to be less likely than boys to report poor hygiene behaviours (10.2 per cent compared to 25.2 per cent).¹⁸⁹

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: JMP¹⁹⁰

4.3. WASH in schools, menstrual hygiene management and disabilities

According to a recent UNICEF publication on WASH in Schools in the Pacific region, 60 per cent of schools in Tuvalu have access to improved sanitation, and 65 per cent have an improved water supply.¹⁹¹ A 2016 WHO report on health and climate change in the Pacific notes, however, that most schools in Tuvalu rely on rainwater for their drinking water supply, which leaves them vulnerable to weather extremes such as El Niño-induced droughts.¹⁹²

There appears to be an information gap in relation to menstrual hygiene management (MHM) programmes in Tuvalu, and in relation to access to WASH for persons living with disabilities and other disadvantaged groups.

188 Ibid. Note that confidence intervals are not reported.

189 Ibid.

190 Progress on drinking water, sanitation and hygiene. Op. cit.

191 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].

192 WHO. 2016. Sanitation, Drinking-water and Health in Pacific Island Countries. Op. cit.

4.4. Barriers and bottlenecks

The preceding sections demonstrate that data on WASH in Tuvalu is limited, with some complete gaps (e.g. in relation to MHM and WASH access for disabled children). However, the evidence does reflect some structural barriers and bottlenecks that could prevent children from full access to their rights to WASH under international standards.

4.4.1. Climate change and disaster risks

Natural disasters such as cyclones are a significant and inevitable risk facing the delivery of WASH in Tuvalu. A recent WHO assessment report set out climate-sensitive health and WASH risks in Tuvalu and included in this list “water security and safety, vector-borne diseases (dengue fever), waterborne diseases (causing diarrhoeal illness), fish-poisoning (ciguatera), all of which are impacted by water safety and security.”¹⁹³ There are ways to counteract this, and Tuvalu is praised by the WHO in its 2016 report on WASH in the Pacific region, which details a case study of ‘eco-sanitation’ in Funafuti. The report suggests that Tuvalu has demonstrated significant reductions in sewage pollution to groundwater and coastal waters, a reduction in the use of fresh water for toilet flushing, and the generation of organic matter in a country devoid of agriculturally productive soils.¹⁹⁴ Each household in Funafuti that adopted this innovative waterless solution has eliminated their sewage load to groundwater and reduced their use of fresh water by approximately 30 per cent – equivalent to 8 to 10, 10,000 litre rainwater tanks per household per year. According to the 2016 WHO report, eco-sanitation is now a key part of the response to climate change risks in Tuvalu.¹⁹⁵

4.4.2. Equity

The lack of data about MHM and WASH for children with disabilities is an information gap impacting on equity in the WASH sector. Disaggregated 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.¹⁹⁶

193 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].

194 WHO. 2016. Sanitation, Drinking-water and Health in Pacific Island Countries. Op. cit.

195 Ibid.

196 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. Available at: https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf [05.05.17].

4.4.3. Data and information

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

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
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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 (CESCR), the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.¹⁹⁷ 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 UNESCO’s Education for All (EFA) goals, which are referenced where relevant throughout this section.

In addition to these rights and targets, the United Nations International Strategy for Disaster Reduction (UNISDR) and 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.¹⁹⁸ These pillars should also guide the development of the education system in Tuvalu, which is vulnerable to disaster and risk. Unfortunately, data on the impact of natural disasters on school infrastructure and children attending schools during natural disasters is unavailable.

Education policy and development in Tuvalu have been driven by the Ministry of Education, Youth and Sport (MoEYS) Tuvalu Education Strategic Plan 2011-2015 (TESP II). TESP II was designed to address the key objectives of Tuvalu’s National Strategy for Sustainable Development 2005-2015 or ‘*Te Kakeega II*’. TESP II set out seven key objectives: to improve the relevance and quality of the curriculum; improve student achievement through provision of more transparent assessment practices; increase access and student participation at all levels; provide infrastructure and programmes to increase access and student participation; improve the efficiency of management at all levels of administration; improve the efficiency of data collection and management; and improve the management of qualifications at national and regional levels.¹⁹⁹

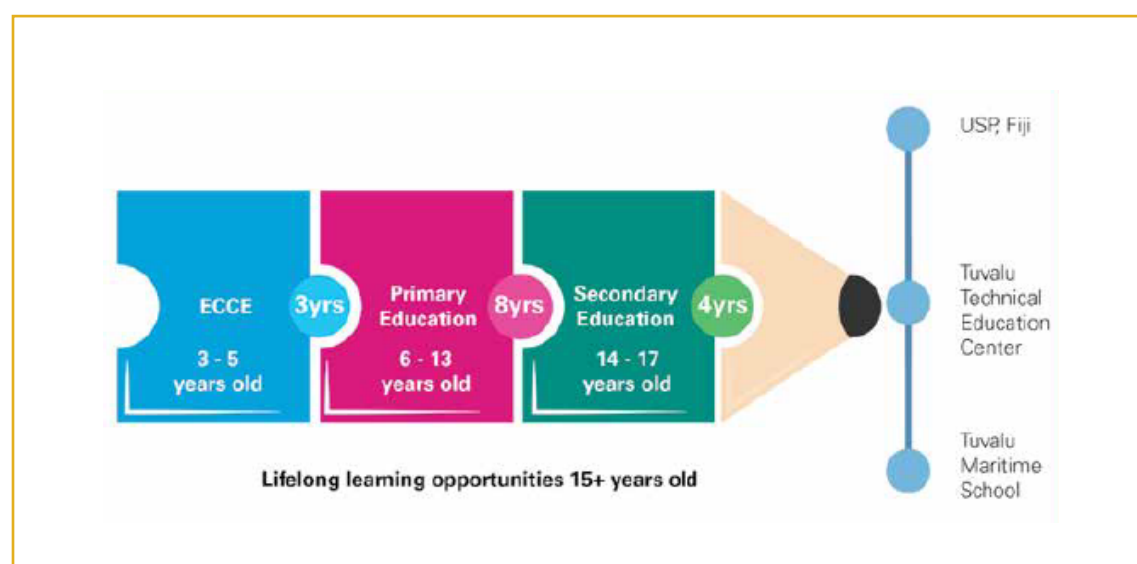
197 UN Committee on Economic, Social and Cultural Rights, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para. 6.

198 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 [24.1.17].

199 MoEYS. 2015. Tuvalu Education for All National Review, p. 36.

As illustrated in Figure 5.1, the Tuvaluan education system is made up of early childhood care and education (ECCE), primary and secondary schools. There are 30 schools on the islands, consisting of 18 ECCE centres, 10 primary schools and 2 secondary schools.²⁰⁰ ECCE centres offer education programmes to children from the ages of 3 to 5.²⁰¹ Primary education consists of eight years of education for children aged 6 to 13, followed by four years of secondary education for children aged 14 to 17.²⁰² Primary education is compulsory and free for all children in Tuvalu.²⁰³ However, secondary education is only available to children who have completed primary education and can afford the fees of AU\$50 per term/AU\$150 per year.²⁰⁴

Figure 5.1: Structure of Tuvalu’s education system



Source: MoEYS, 2015²⁰⁵

Subjects offered in primary schools include English, Mathematics, Social Science, Basic Science, Business Studies, Art and Craft, Physical Education, Writing and Printing.²⁰⁶

Government expenditure on the education sector steadily increased from AU\$4.8 million in 2012 to AU\$6.8 million in 2015.²⁰⁷ As a percentage of the Government’s recurrent expenditure, the MoEYS budget in 2015 remained the same as it was in 2012.²⁰⁸ However, as a percentage of

200 MoEYS, 2015 Statistical Report, p. 6.

201 Ibid.

202 Ibid.

203 MoEYS. 2015. Tuvalu Education for All National Review, p. 13.

204 Ibid.

205 MoEYS, 2015 Statistical Report. Op. cit. p. 8.

206 MoEYS, Tuvalu Education for All National Review. Op. cit. p. 14.

207 MoEYS, 2015 Statistical Report. Op. cit. p. 44.

208 In 2012, the MoEYS budget was 14% of the Government budget, increasing to 19% in 2013, and then decreasing to 15% in 2014 and reverting to 14% in 2015; MoEYS, 2015 Statistical Report, p. 44.

Tuvalu's GDP, the budget increased from 13 per cent in 2012 to 16 per cent in 2015.²⁰⁹ Throughout this period, secondary education received the largest share of education expenditure, totalling 32 per cent of MoEYS expenditure in 2015, whilst ECCE received the smallest share of education expenditure, totalling 7 per cent of MoEYS expenditure in 2015.²¹⁰

Tuvalu's education sector is heavily dependent on external funding, which steadily increased from US\$4.9 million in 2012 to US\$6.8 million in 2015, although it decreased as proportion of MoEYS' total funds.²¹¹ The Australian Department of Foreign Affairs and Trade (DFAT) continues to be the major donor to Tuvalu's education sector.²¹² One of the biggest challenges for the sustainability of Tuvalu's education system is therefore its high vulnerability to external economic shocks due to its: dependence on external donor funding; limited natural resource base; small domestic market with limited opportunities for business; and the increasingly competitive nature of international markets.²¹³

Despite the relatively high levels of investment in the education sector, commended by the CRC Committee in their most recent Concluding Observations (from 2013),²¹⁴ there remain some overarching challenges and barriers to providing inclusive and quality education for children at all tiers of education. The CRC Committee highlighted the deteriorating quality of education attributable to the lack of ongoing training for teachers and outdated school facilities and teaching materials.²¹⁵ Since the CRC Committee's Concluding Observations, MoEYS has made efforts to improve the standard of school facilities. As part of its decentralisation of education governance reforms and by providing school grants, MoEYS has supported the creation of school management committees and school improvement plans aligned with minimum quality service standards.²¹⁶ The improvement plans focus on four key areas: students and learning; leadership and management; community and partnership; and learning environment.²¹⁷ In 2015, all ECCE centres and primary schools and half of the secondary schools had submitted their schools improvement plans to MoEYS.²¹⁸

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

209 MoEYS, 2015 Statistical Report. Op. cit. p. 43.

210 Ibid. p. 45.

211 Ibid. p. 46.

212 Ibid.

213 MoEYS, Tuvalu Education for All National Review. Op. cit. p. 43.

214 Committee on the Rights of the Child, Concluding observations on the initial report of Tuvalu, adopted by the Committee at its sixty-fourth session (16 September-4 October 2013), para. 14.

215 Ibid. para 59(c)

216 MoEYS, 2015 Statistical Report. Op. cit. p. 42.

217 Ibid.

218 Ibid.

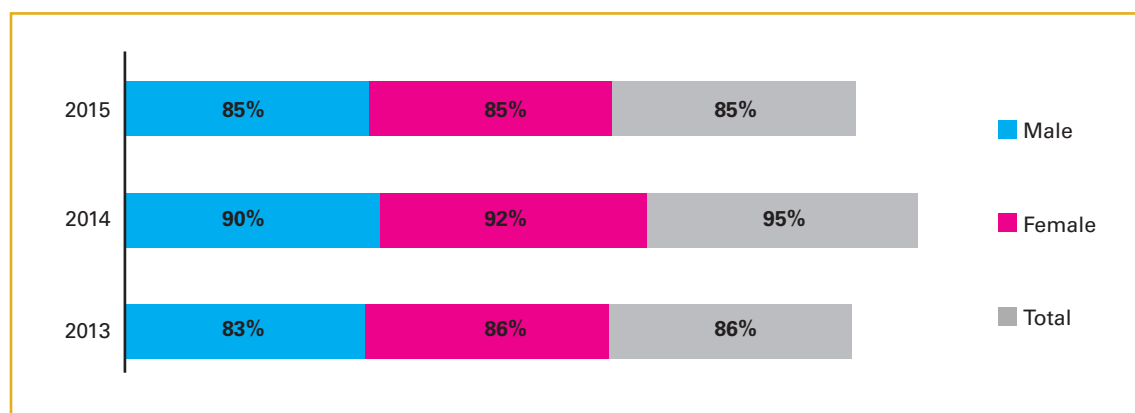
primary education.” EFA goal 1 also requires the expansion and improvement of comprehensive ECCE, especially for the most vulnerable and disadvantaged children.

In 2015, there were 18 ECCE centres accommodating 705 enrolled children.²¹⁹ ECCE centres are run by the *Kaupule* (island councils) or local management committees, with the support of government grants to help fund the costs of facility upgrades and resources.²²⁰

In 2013, the CRC Committee expressed its concern that ECCE had not been integrated into the formal education system and called on the Government to provide the ECCE sector with the necessary resources for teachers and facilities.²²¹ The Government has indeed been taking steps to address this concern, and has significantly increased the proportion of its education expenditure spent on ECCE teacher salaries (from 1.3 per cent in 2014 to 8.6 per cent in 2015), which were previously funded through MoEYS and community and parental contributions.²²²

Despite these initiatives, the ECCE net enrolment rate (NER) has decreased in recent years, from 76 per cent in 2012 to 69.5 per cent in 2015.²²³ The gross enrolment rate (GER) is significantly higher, indicating that a large proportion of children enrolled in ECCE fall outside the official age group of 3 to 5 (and, according to MoEYS, who are younger than 3 years), but the GER also decreased from 99.2 per cent in 2012 to 88.1 per cent in 2015.²²⁴ Similarly of concern is the significant decrease in the percentage of children entering Year 1 of primary school who had ECCE experience, which was 95 per cent in 2014 and 85 per cent in 2015.²²⁵

Figure 5.2: Percentage of children entering Year 1 with ECCE experience



Source: MoEYS, 2015²²⁶

219 Ibid. p. 6.

220 MoEYS, Tuvalu Education for All National Review. Op. cit. p. 13.

221 Committee on the Rights of the Child, Concluding observations on the initial report of Tuvalu. Op. cit. paras 59 and 60.

222 MoEYS, 2015 Statistical Report. Op. cit. pp. 43 and 46.

223 Ibid. p. 11.

224 Ibid. pp. 11 and 19.

225 Ibid. p. 11.

226 Ibid. p. 23.

Encouragingly, the gender parity index (GPI) for both the NER and GER is almost even (99 per cent in 2015), although it still indicates a marginal difference in favour of boys.²²⁷ However, between 2012 and 2014, the NER and GER GPI have been above 1, indicating enrolment rates in favour of girls.²²⁸ The decrease in ECCE enrolments appears largely due to the decreasing rates in Funafuti and male enrolment.²²⁹

In 2015, there were 65 teachers teaching in ECCE centres.²³⁰ MoEYS requires that all ECCE teachers are certified or qualified to teach in ECCE. Qualification means that the teacher has reached Year 13 and possesses the Pacific Pre-School Teachers Certificate from the University of South Pacific.²³¹ According to the MoEYS Tuvalu Education for All National Review 2015, initiatives to improve teacher qualifications resulted in almost all ECCE teachers being certified in 2013.²³² However, data from a separate source (the MoEYS 2015 Statistical Report) provides a different picture, indicating that further efforts are needed to improve teacher qualifications, since only approximately 59 per cent of ECCE teachers are qualified, and there are large differences between the individual islands (no teachers were qualified on Niulakita whilst 80 per cent were qualified on Niu).²³³ It has not been possible to explain or reconcile these differences, suggesting additional data or exploration is necessary.

MoEYS aims to maintain a national student-teacher ratio of 15:1 for ECCE centres, as per the recommended international standard.²³⁴ The student-teacher ratio in ECCE in 2015 was 13:1; just slightly better than the national target and recommended international standard.²³⁵ However, while data collection on class sizes is limited,²³⁶ in 2015, the estimated class size for early childhood education (ECE) was a high 39 children per classroom,²³⁷ suggesting that classes are overcrowded.

5.2.2. Barriers and bottlenecks

Despite the strides made in recent years to enhance ECCE services, a key barrier to delivering quality ECCE appears to be limited resources. Compared to primary and secondary education, ECCE per student expenditure is low, ranging from AU\$156 to AU\$662 per year, compared to

227 Ibid. p. 11.

228 Ibid.

229 Ibid. p. 15.

230 Ibid. p. 34.

231 MoEYS, Tuvalu Education for All National Review. Op. cit. p. 19.

232 Ibid.

233 MoEYS, 2015 Statistical Report. Op. cit. p. 36.

234 Ibid. p. 37; World Bank Group, SABER ECD Report for Solomon Islands 2013, p. 19.

235 MoEYS, 2015 Statistical Report. Op. cit. p. 34.

236 Note that, according to the OECD, the pupil-to-teacher ratio (which aims to compare the number of students in full-time equivalent to the number of teachers in full-time equivalent at a given level of education and in similar types of institutions) is a different measure to class size (which includes several elements including the ratio of students to teaching staff, the number of classes or students for which a teacher is responsible, the amount of instruction time compared to the length of teachers' working days, the proportion of time teachers spend teaching, and how students are grouped within classes and team teaching); OECD, *Education At a Glance: What is the Student-Teacher Ratio and How Big Are Classes?*, 2011.

237 MoEYS, 2015 Statistical Report. Op. cit. p. 41.

AU\$728 to AU\$993 per student per year in primary education, and AU\$2,362 to AU\$3,067 per student per year in secondary education.²³⁸

Fees are significant barriers to accessing ECCE, and in practice they are denying access to children from socio-economically deprived families.²³⁹ A further issue related to providing adequate infrastructure is the lack of land space to build permanent, quality classrooms, particularly on Funafuti, which has experienced the highest decrease in ECCE enrolment rates and where most ECCEs are located.²⁴⁰

Further research is required to determine the drivers and causes of decreasing enrolment rates and the variances across the islands and genders. Whilst it is understood that the variations are affected by emigration and outmigration,²⁴¹ further research is required to determine whether children are instead staying at home.

The 2015 National EFA Review highlights the lack of implementation of ECCE Policy as an area of concern, although its specific drivers and causes are not detailed in the report.²⁴²

Finally, it is important to note that a lack of data disaggregated by several factors (including, for example, disability, location, age and gender of students and teachers) acts as a bottleneck to the quality delivery of ECE, and to the comprehensive assessment of gaps and progress.

5.3. Primary and secondary education

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

There are 10 primary schools in Tuvalu.²⁴³ Almost all are state-run, with one on each island.²⁴⁴ One primary school is led by the Seventh Day Adventist Church and is located in Funafuti.²⁴⁵ Entrance to primary education is free and compulsory, although parents bear indirect costs of schooling, such as school uniform, and are asked to pay 'school contributions' ranging from AU\$2 and AU\$5 per term.²⁴⁶

238 Ibid. p. 9.

239 Ibid. p. 32.

240 Ibid.

241 Ibid.

242 Ibid.

243 Ibid. p. 8.

244 Ibid.

245 Ibid.

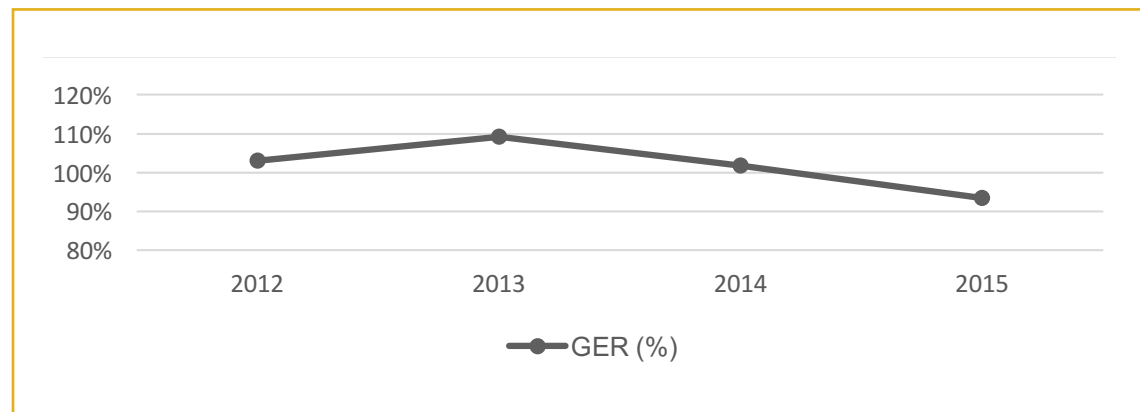
246 Ibid.

There are two secondary schools in Tuvalu: one privately owned, faith-based school located in Funafuti (Fetuvalu School), which receives a Government grant but which teaches an alternative curriculum; and a second, Government-run, boarding school on the island of Vaitupu, which charges school fees of AU\$50 per term.²⁴⁷ As education is compulsory for children up to the age of 15, the first two years of secondary school are technically compulsory.²⁴⁸

5.3.1. Access

Decreasing primary school enrolment is an area of significant concern. Enrolment numbers in primary education dropped from 1,962 in 2013 to 1,750 in 2015. The primary NER also decreased from an almost universal 97.4 per cent in 2013 to 82 per cent in 2015,²⁴⁹ indicating that there is a significant proportion of 6 to 13-year-olds who are not enrolled in compulsory schooling. MoEYS estimates that 12.5 per cent of primary school-aged children were out of school in 2015, although disaggregated data on out-of-school children to enable further assessment is unavailable.²⁵⁰ The primary GER has also decreased significantly, from 109.1 per cent in 2013 to 93.3 per cent in 2015.²⁵¹ While these rates are far higher than the equivalent primary NER, it is clear that a significant proportion of children in primary school fall outside the official age group.

Figure 5.3: Primary School GER (%)



Source: MoEYS, 2015²⁵²

On the other hand, secondary enrolment rates have increased between 2013 and 2015, despite there being an intermittent decrease in the figures between 2014 and 2015. Although the number of enrolled pupils decreased from 724 in 2013 to 704 in 2015,²⁵³ the secondary NER increased from

247 Ibid. p. 9.

248 Ibid. pp. 8-9.

249 Ibid. p. 11.

250 Ibid. pp. 11 and 24.

251 Ibid. p. 11.

252 MoEYS, 2015 Statistical Report. Op. cit.

253 Ibid. p. 11.

49.9 per cent in 2013 to 56.5 per cent in 2015, whilst the secondary GER increased from 60.9 per cent to 66.7 per cent over the same period.²⁵⁴ However, these figures indicate that only just over half of the population between the ages of 14 and 17 are enrolled in secondary school, and that a notable proportion of children enrolled in secondary school fall outside the official age group.

Positively, however, completion of primary school rates improved from 85.6 per cent in 2013 to 95 per cent in 2015,²⁵⁵ indicating that fewer students are dropping out of primary education. Transition rates from primary to secondary school are similarly commendable, as they increased significantly from 67 per cent in 2013 to 82.6 per cent in 2015.²⁵⁶ These rates are complemented by the decreasing rates of repetition in Year 8 (i.e. the final year of primary school), which halved between 2012 and 2015 to 10 per cent.²⁵⁷

Gender disparities in enrolment indicate that further developments are needed to achieve universal access to primary and secondary education. The GPI for both the NER and GER in primary education has been above 1 between 2012 and 2015, indicating enrolment rates in favour of girls. In 2015, the NER GPI was 1.06, whilst the GER GPI was 1.05.²⁵⁸ The GPI for secondary enrolment rates are, however, very high, and indicate that the proportion of girls enrolled in secondary education far exceeds that of boys. The secondary NER GPI was 1.32 in 2015, although this marked a significant decrease from the GPI in 2012, which was an extremely high 1.59.²⁵⁹ The GER GPI in 2015 was 1.34, which was also a marked decrease from the 2012 rate of 1.55.²⁶⁰ Between 2012 and 2015, transition rates between primary and secondary have been higher for girls than boys, except for in 2014 where there was little difference between the rates (male: 71.4 per cent; female: 67.4 per cent).²⁶¹ In 2015, the gender gap widened significantly to 92.2 per cent for females and 72.7 per cent for males.²⁶² This is partly due to more technical and vocation education and training (TVET) opportunities for boys (see SDG 4.3), boys being sent to Fiji by their families for further opportunities,²⁶³ and boys being driven out by underperformance.

A key concern regarding access to primary and secondary education raised by the CRC Committee in their Concluding Observations (2013) was the provisions made available to disabled students. Tuvalu currently has only one privately run special needs school (for children with learning difficulties): Fusi Alofa, located in Funafuti.²⁶⁴ Reports indicate that in 2015, 3 of the 13 children enrolled in this school had moved to mainstream primary school where teachers are providing them with additional support,²⁶⁵ suggesting that steps are being taken to support inclusive education for children with special needs.

254 *ibid.* p. 12.

255 *Ibid.*

256 *Ibid.*

257 *Ibid.*

258 *Ibid.*

259 *Ibid.*

260 *Ibid.*

261 *Ibid.* p. 32.

262 *Ibid.*

263 MoEYS, Tuvalu Education for All National Review, 2015. *Op. cit.* p. 24.

264 MoEYS, 2015 Statistical Report. *Op. cit.* p. 16.

265 *Ibid.*

5.3.2. Quality

Assessments of the number of teachers, their ratio to students, classroom sizes, and teacher qualifications can be good indicators of the quality of an education system. The number of teachers in primary education has risen over the past three years, from 92 teachers in 2013, to 94 in 2014, and more significantly to 111 in 2015.²⁶⁶ Secondary school teacher figures have not seen the same growth; despite increasing from 68 in 2013 to 70 in 2014, they decreased to 61 in 2015.²⁶⁷ Teacher-to-pupil ratios have remained relatively constant with slight variations at primary school level. In 2013, the teacher-to-pupil ratio in primary schools was 1:19, rising to 1:21 in 2014, and decreasing to 1:20 in 2015.²⁶⁸ Secondary school ratios remained constant between 2013 and 2015 at 1:11.²⁶⁹ However, the student-to-teacher ratio varies between the islands, and is especially low in Niutao at 1:9,²⁷⁰ raising questions of the efficiency of the teaching workforce across Tuvalu and the need for MoEYS to streamline ratios across all schools across the islands.

According to the MoEYS Education Statistical Report 2015, the average classroom size at primary level between 2012 and 2015 was 21 students. However, classroom sizes were significantly higher at secondary level, with an average 27 students.²⁷¹

The Government has recognised the need for professional development resources to be available to teachers to improve the quality of education. As a result, the Department of Education has introduced professional development programmes including 'competency-based' and 'school leader' programmes.²⁷² Further, all teachers in primary and secondary schools in Tuvalu were certified in 2015, which is a significant achievement.²⁷³ All teachers in primary and secondary schools are qualified, except in the primary school on Niutao, where 62 per cent are qualified, and the secondary school on Funafuti where 81 per cent are qualified.²⁷⁴ It is noted that the pupil-to-*certified* teacher ratios are slightly different to the pupil-to-teacher ratios (16:1 in primary school and 12:1 in secondary school), although it is not clear why, as MoEYS indicates that 100 per cent of teachers in primary and secondary school are certified.²⁷⁵

MoEYS has embarked upon outcome-based education reforms, to improve the quality of education, and has introduced the Tuvalu National Curriculum Policy Framework to guide curriculum requirements from preschool to Year 12.²⁷⁶ Poor examination results in the National Year 8 national examinations were a significant concern; the pass rate remained below 50 per

266 Ibid. p. 33.

267 Ibid.

268 Ibid. p. 34.

269 Ibid.

270 Ibid. p. 37.

271 Ibid. p. 42.

272 Ibid. p. 38.

273 Ibid. p. 37.

274 Ibid., p. 37.

275 Ibid. p. 38.

276 MoEYS, 2015 Statistical Report. Op. cit.

cent between 2003 and 2010, before increasing to a high of 69.6 per cent in 2012 after which it decreased again to 61 per cent in 2013, with girls generally outperforming boys.²⁷⁷ This led either to children being pushed out of school at an early age or to repeating the examination: increasing the numbers of students in classes and placing a heavier burden on teachers.²⁷⁸ However, as part of the Government's education reforms, an internal assessment component was introduced to the examination to bring testing methods more in line with instruction, resulting in the pass rate for boys and girls exceeding the MoEYS 70 per cent target for the first time in 2015 (88 per cent for girls; 74 per cent for boys).²⁷⁹

However, the examination results at secondary level are not as encouraging as primary level results, which indicate that the quality of secondary education requires significant improvement. The Tuvalu Junior Certificate Examination for children in Year 10 (i.e. at secondary level), which marks the end of compulsory education, assesses children in a range of subjects including English, Mathematics and Science.²⁸⁰ The pass rates for this examination have been particularly low, especially for boys; in 2015, 44 per cent of females passed, compared to 27 per cent of boys.²⁸¹ Similarly, in 2015, only 39 per cent of students passed the Senior Secondary Certificate examination.²⁸²

The lack of TVET pathways at secondary level was a significant gap in the system, particularly in light of the low enrolment rates in secondary schools, and was highlighted as a concern by the CRC Committee in 2013.²⁸³ MoEYS has introduced TVET pathways at primary and secondary level to address this issue.²⁸⁴ For instance, children who do not pass Year 8 may participate in TVET programmes offered by community training centres within primary schools as an alternative to secondary school.²⁸⁵

5.3.3. Barriers and bottlenecks

The quality of primary education has been one of the key areas of concern regarding education in Tuvalu.²⁸⁶ Despite steps to address these concerns, a key barrier to further development in this area is the limited investment in primary education. Investment in primary education (as well as ECE) lags behind investment in secondary education, despite the numbers enrolled in primary education, its compulsory nature and the fact that almost all primary schools are Government-run. Further, the allocation and amount of the primary school budget requires review, as most of it is allocated towards staff salaries and housing allowances, as opposed to operational costs

277 MoEYS, Tuvalu Education for All National Review, 2015. Op. cit. p. 30.

278 Ibid.

279 MoEYS, 2015 Statistical Report. Op. cit. p. 26.

280 Ibid. p. 28.

281 Ibid.

282 Ibid. p. 30.

283 CRC, Concluding observations on the initial report of Tuvalu. Op. cit.

284 MoEYS, 2015 Statistical Report. Op. cit. p. 16.

285 MoEYS, Tuvalu Education for All National Review, 2015. Op. cit. p. 25.

286 Ibid. p. 47.

and learning resources.²⁸⁷ The need to address this barrier becomes all the more pressing in light of the need to introduce ICT in schools in Tuvalu, and to upgrade school premises and facilities as part of a drive to improve education quality standards.²⁸⁸ The 2015 National EFA Review also highlighted further opportunities for the Government to strengthen the curriculum and implement capacity-building training for teachers.²⁸⁹ These barriers particularly affect children with disabilities, so there is a need for the Government to focus on improving inclusive education for these children.²⁹⁰

Poor examination performance is a barrier that has contributed to school drop-out and low secondary school enrolment. The move to outcome-based education and introduction of TVET are important reforms in this area, but it is not possible to address this barrier without improving the general quality of education.

The indirect and direct costs of primary and secondary education, are evident barriers. Further, no official school transportation is provided, presenting a serious barrier to physically disabled children,²⁹¹ and potentially affecting children in remote areas who may live long distances from the nearest school and cannot afford travel costs.

The National EFA Review 2015 also highlights a need to strengthen the capacity of MoEYS to monitor the progress of achievement in education through regular, updated and verifiable data.²⁹²

5.4. Tertiary and vocational education

Opportunities for tertiary and post-school vocational education in Tuvalu are limited to the TVET courses absorbed into primary and secondary schools, courses provided by the Tuvalu Maritime Training Institute, which is the only TVET institution (other than TVET provided through schools), and the University of the South Pacific campus on Funafuti.²⁹³ The University offers courses at certificate, diploma and degree level, which are delivered mainly through remote learning.²⁹⁴

The Maritime Training Institute recruits mainly males, preparing them for careers at sea,²⁹⁵ which raises questions about gendered notions of careers and indicates limited TVET opportunities for females. The 2015 National EFA Review indicated that, according to the 2012 census and the percentage distribution of the highest education qualifications completed for adults aged 15 years

287 Ibid.

288 Ibid. pp. 47-48.

289 Ibid. p. 48.

290 Ibid.

291 MoEYS, Tuvalu Education for All National Review, 2015. Op. cit.

292 Ibid. p. 28.

293 Ibid. p. 9.

294 Ibid.

295 Ibid.

and over by gender, the percentages of higher educational attainments such as postgraduate and undergraduate degrees were approximately the same between males and females. However, higher proportions of males than females achieved diplomas (6.7 per cent compared to 5.7 per cent) and certificates (17 per cent compared to 9 per cent), because of the opportunities available to them at the Maritime Training Institute.²⁹⁶ Otherwise, there is very little research on the access and quality of higher education in Tuvalu for adolescents, which is an area requiring further attention.

296 Ibid. p. 24.

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, to ensure appropriate alternative care for children who are without parental care, to provide for the physical and psychological recovery and social reintegration of children who have experienced violence, abuse or exploitation, and to ensure access to justice for children in contact with the law.

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

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

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

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

Article 32 – The right to protection from economic exploitation

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

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

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

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

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

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

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

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

In addition to the CRC, the SDGs 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 deaths everywhere	Number of victims of intentional homicide per 100,000 population, by sex and age
		Conflict-related deaths per 100,000 population, by sex, age and cause
		Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
		Proportion of population that feels safe walking alone around the area they live in
16.2	End abuse, exploitation, trafficking and all forms of violence against 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.”²⁹⁷ 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.”²⁹⁸ 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 an 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 mechanisms to ensure accountability and evidence-based planning. This includes capacity for data collection, research, monitoring and evaluation.

Source: Adapted from UNICEF Child Protection Resource Pack 2015

6.1. Child protection risks and vulnerabilities

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

Tuvalu has limited quantitative data on child protection, and as a result it is not possible to present a clear picture of the nature and extent of violence, abuse, neglect and exploitation of children. Nevertheless, available information indicates that children experience violence in at home, in schools and in the community.

6.1.1.1. Violence in the home

In its 2012 State Party Report to the CRC Committee, the Government noted that corporal punishment is considered an acceptable and effective means of disciplining children in Tuvalu.²⁹⁹ During the 2009 Universal Periodic Review Process, the Working Group similarly reported that the population of Tuvalu is influenced by traditional practices, some of which allow for the use of corporal punishment at home as a disciplinary measure.³⁰⁰ However, no data are available on the nature and extent of physical or emotional abuse of children.

Available information suggests that Tuvaluan children are also exposed to relatively high rates of family violence in their homes. A 2007 Demographic Health Survey found that 47 per cent of women had experienced physical or sexual violence in their lifetime. In addition, 8 per cent of Tuvaluan women had experienced physical violence while pregnant.³⁰¹ The proportion of ever-partnered women who have experienced violence in their lifetime is just under the regional average of 48 per cent for PICTs for which data are available.³⁰²

6.1.1.2. Violence in schools

In its 2012 State Party Report to the UN Committee on the Rights of the Child, the Government acknowledged that corporal punishment in schools continues to be considered an acceptable and effective means of disciplining children in Tuvalu.³⁰³ During the 2009 Universal Periodic Review Process, the Working Group reported that Tuvaluan society generally permitted its use in primary schools,³⁰⁴ though no information was available about the nature and extent of physical discipline of children by teachers.

The 2013 Global School-based Student Health Survey found that Tuvalu children experience relatively high rates of peer violence and bullying in schools. Of the children aged 13 to 15 surveyed, almost 27 per cent reported experiencing bullying in the 30 days prior to the survey, and 71 per cent had been involved in a physical fight in the previous 12 months.³⁰⁵ The proportion of children

299 State Party Report to the UN Committee on the Rights of the Child: Tuvalu, 2012, para 150.

300 Universal Periodic Review Working Group Report. Tuvalu. 2016. para. 41.

301 Tuvalu Demographic Health Survey 2007, p. 278.

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

303 Para 150.

304 Universal Periodic Review Working Group Report. Op. cit. para. 41.

305 Global School-based Student Health Survey. Tuvalu Fact Sheet. 2013. http://www.who.int/chp/gshs/2013_Tuvalu_Fact_Sheet.pdf [19.06.17].

in Tuvalu aged 13-15 who were engaged in physical fights in the 12 months before the survey was above the regional average (for countries with data),³⁰⁶ at 71.1 per cent (regional average of 49.5 per cent), while 26.9 per cent had been bullied at school within the 30 days prior to the survey (regional average of 45.4 per cent).

Table 6.1: Violence and unintentional injury rates in 2013³⁰⁷

	Total	Boys	Girls
Percentage of students who were in a physical fight one or more times during the past 12 months (13-15 years old)	71.1	76.5	65.8
Percentage of students who were bullied on one or more days during the past 30 days	26.9	40.1	15.0

6.1.1.3. Sexual abuse

Despite a lack of concrete data, it appears that sexual abuse and incest may be a serious concern in Tuvalu. The 2007 Demographic Health Survey found that one in five (21 per cent) of women aged 15 to 49 experienced sexual violence by a partner or non-partner in their lifetime. In addition, the survey found that women aged 15–24 were more likely to report that their first sexual intercourse was forced against their will than women from other age groups. Of the women who first had sex between the ages of 15 and 19, 14.3 per cent stated that it was forced against their will.³⁰⁸ No information is available on sexual abuse of boys.

The 2012 State Party Report to the UN Committee on the Rights of the Child noted that several complaints about incest had been made to the Tuvalu National Council of Women, and that there had been three criminal cases in which male relatives were convicted of incest.³⁰⁹

6.1.1.4. Commercial sexual exploitation, trafficking in children and child labour

Tuvalu's 2012 State Party Report to the CRC Committee notes that the 2006 Behavioural Surveillance Survey found 1 per cent of youth (aged 15-24) reported having sex with a commercial partner. The Government further advised that the Police Department had "no record of interaction with a commercial sex trade in Funafuti," but that the survey had found three young people who had engaged commercial sex partners overseas.³¹⁰ However, "given that the similar atoll Pacific country, Kiribati, reports a high level of incidence among young I-Kiribati women who engage in

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

307 *ibid.*

308 Demographic Health Survey. *Op cit.*, pp. 272-274.

309 State Party Report to Committee on the Rights of the Child. *Op. cit.*, para. 349.

310 State Report, *Op. cit.*, para. 350.

high-risk sexual activity with seafarers from abroad, there is a concern that similar incidences may exist among the Tuvaluan women. However, there is no report on such incidence to date.”³¹¹

Tuvalu is not known to be a source, destination, or transit country for victims of human trafficking.³¹² Tuvalu is also not known to have a significant child labour problem. In its State Party Report to the UN Committee on the Rights of the Child, Tuvalu noted that opportunities for employment are extremely limited in Tuvalu and there is no history of economic exploitation; there are no mines and few industrial undertakings, primarily government-owned.³¹³ However, the US Department of Labor’s 2016 Findings on the Worst Forms of Child Labour reports concerns that children are engaged in child labour in connection to the fishing industry.³¹⁴

6.1.1.5. Child marriage

The most recent SOWC dataset shows a figure of 0 per cent for marriage by 15 and 10 per cent by 18, but notes that these data are from before 2009.³¹⁵ Teenage pregnancy is reportedly an issue of concern for Tuvalu, and because of the associated shame and stigma associated, girls are forced to either secure an illegal abortion or to marry.³¹⁶

6.1.1.6. Children in conflict with the law

Police statistics are not disaggregated by age or sex, and therefore no data are available on the number of children in conflict with the law. Tuvalu’s State Party Report to the UN Committee on the Rights of the Child estimates that fewer than 10 youths under the age of 18 had been arrested for Penal Code offences since Independence.³¹⁷

6.1.2. Community Knowledge, Attitudes and Practices

In Tuvaluan culture, a child is cared for by the extended family from the time of conception until she or he becomes an adolescent. The concept of childhood appears to end in the mid-teens, with Tuvalu indicating in its State Party Report to the UN Committee on the Rights of the Child that “those over the age of 15 are not generally considered to be children needing special protection.”³¹⁸ These attitudes contribute to lesser safeguards and protections being afforded to older children, both at the community level and in national legislation.

311 Ibid.

312 Tuvalu Human Rights Report. 2015. <https://www.state.gov/documents/organization/253021.pdf> [19.06.17].

313 State Party Report, Op. cit. para. 341.

314 US Department of Labor. 2016. Findings on the Worst Forms of Child Labour – Tuvalu. https://www.dol.gov/sites/default/files/images/ilab/child-labor/Tuvalu_0.pdf [19.06.17].

315 SOWC 2016.

316 Ibid., para. 234.

317 State Party Report, Op. Cit., para. 318.

318 Ibid., para 46.

Traditionally, Tuvaluan children have been raised in an environment of extended families living in close proximity, and family members kept a close check on any abuse of children.³¹⁹ This acted as an important social safety net for children, and also ensured that parents had support from a close-knit family group to meet their child's needs. Kinship care is common, with extended family stepping in to care for the child when the parents cannot. Traditional adoption of children is also common, particularly where there are too many small children in a family, and it is also used to strengthen ties between couples or close friends.³²⁰ However, urbanisation has compelled many young parents and their children to live in nuclear families, thus eroding traditional safeguards.³²¹ The weakening of community safety nets, combined with limited formal child protection mechanisms, contributes to children's vulnerability to violence, abuse, neglect and exploitation.

Traditional gender norms and family hierarchy remain strong in Tuvalu, with children having limited voice in the community. In its State Party Report to the UN Committee on the Rights of the Child, Tuvalu advised that it is "not presently prepared to prohibit sex discrimination and traditional beliefs." Modern Tuvaluan families consider the views of the child, but in the traditional communal decision-making process, there is limited respect for the views of children.³²²

Children's vulnerability to violence is also exacerbated by traditional attitudes towards family violence and reporting of abuse. Violence is generally accepted as a means of disciplining children at home and school, and gender-based violence is often condoned. Of the 60 countries considered in a 2014 UNICEF study, "agreement with wife-beating among boys is highest in Tuvalu (83 per cent)."³²³ Community attitudes also act as a barrier to children reporting and receiving assistance, including in response to sexual violence. In its Concluding Observation, the UN Committee on the Rights of the Child expressed concern that the number of cases of sexual abuse against children reported to the police is very low, and attributed this to a range of barriers, including the reluctance to report abuse to authorities, and the fact that women and girls are often coerced to accept apologies as an adequate response to resolve acts of violence.³²⁴

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).

319 Ibid., para 192.

320 Ibid., para 172.

321 Ibid.

322 Ibid., paras 45-46.

323 UNICEF EAPRO. 2014. Hidden in Plain Sight: A Statistical Analysis of Violence against Children, p. 148. https://www.unicef.org/publications/index_74865.html [19.06.17].

324 UN Committee on the Rights of the Child, 2013. Concluding Observations: Tuvalu, para. 40.

6.2. The child protection system

The Tuvalu Government has taken some steps to strengthen the national child protection system, however significant gaps and challenges remain. The Government has acknowledged a number of bottlenecks and challenges to the development of an effective child protection system, including the country's tiny population and scattered geography, lengthy travel between islands, a shortage of skilled human capital, lack of financial resources, and limited capacity to undertake law reform.³²⁵

6.2.1. The legal and policy framework for child protection

Tuvalu lacks an over-arching child protection policy or plan of action, and there is no comprehensive child protection law. The Tuvalu Human Rights National Action Plan 2016-2020 includes a specific focus on children's rights, including proposed actions to address violence against children. While children's right to care and protection has been addressed under a variety of national laws, most are somewhat outdated:

Key child protection laws

Child care and protection	Family Protection and Domestic Violence Act 2014; Child Protection and Welfare Bill (pending)
Child custody and maintenance	Custody of Children Act; Matrimonial Proceedings Act
Adoption	Adoption of Children Act
Child marriage	Marriages Amendment Act 2015
Birth registration	Births, Deaths and Marriages Registration Act
Child labour	Employment Act 1965
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Penal Code; Family Protection and Domestic Violence Act 2014; Counter Terrorism and Transnational Organized Crime Act 2009
Child victims and witnesses in criminal proceedings	Police Powers and Duties Act 2009; Criminal Procedure Code
Violence in schools	Education (Amendment) Act 2016; Child Protection Policy in Schools (pending)
Children in conflict with the law	Police Powers and Duties Act 2009; Criminal Procedure Code; Island Court Act
Children with disabilities	None
Child protection in emergencies	National Climate Change Policy; National Strategic Action Plan for Climate Change and Disaster Risk Management

325 State Party Report, Op. cit., para. 45.

Tuvaluan law defines a child as a person under the age of 18. Additional ages are defined in various laws to protect children from violence, abuse, neglect and exploitation:

Legal definition of the child under Tuvalu law

Definition of a child under child welfare / family protection law	18
Minimum age for marriage	18 ³
Minimum age for employment	14
Minimum age for engaging in hazardous work	15
Age for consent to sexual activity under criminal laws	15 for girls, none for boys
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	18 at arrest stage; 16 at trial stage ⁴

6.2.1.1. Legal framework for child and family welfare services

Tuvalu lacks a legal framework for child and family welfare services, but a comprehensive Child Protection and Welfare Bill has been drafted. There is currently no law setting out the State's responsibility to support parents and to ensure the care and protection of children; no designated authority responsible for prevention, early intervention and response services for children and families; and no clear authority or procedures for a government agency to step in and protect a child who has experienced or is at risk of harm, or who is without parental care. There is no formal procedure for removing a child from parental care in the case of abuse or neglect, except in the specific circumstances of a parent or guardian encouraging the 'seduction', prostitution, or incest of a girl under 18, in which case the criminal court can remove parental guardianship and appoint another.³²⁶ Tuvalu's State Party Report to the UN Committee on the Rights of the Child advised that the Attorney General's Office could not recall a single situation in which this provision was used to appoint a guardian for a child.³²⁷

In 2014, Tuvalu introduced a Family Protection and Domestic Violence Act, which makes provision for emergency protection orders, temporary protection orders and final protection orders in response to domestic violence, including violence against children in their homes. The Act empowers the courts to prohibit contact between the child and a perpetrator in order to prevent re-victimisation, and to require the offender to attend counselling, anger management or a child care and parenting skills training programme. However, this is not an adequate substitute for comprehensive child protection procedures.

Tuvalu also has limited legal provisions with respect to alternative care for children. There are no laws or regulations governing kinship care or foster care. Adoption is addressed under the Adoption

326 Penal Code, sections 39, 144, 156).

327 Para 197.

of Children Act 1985, which provides a basic framework for the Court to approve adoptions and states that the welfare and interests of the child are the paramount consideration. An adoption order for a child of 10 or older may not be issued without the child's consent. However, the Act does not ensure that a full and independent assessment is undertaken of both the child and the prospective adoptive parents. Domestic adoptions are also provided for under the Native Lands Act, which permits the annulment of an adoption based on a child's disobedience, does not consider the best interests of the child, and gives preference to paternal custody.³²⁸ The Adoption of Children Act 1985 allows for both domestic and inter-country adoption,³²⁹ but no preference is given to domestic adoption and no additional safeguards are in place with respect to inter-country adoption. Tuvalu is not a member of The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. The Human Rights National Plan of Action 2016-2020 identifies reform to adoption laws as a key priority.³³⁰

6.2.1.2. Legal framework for justice for children

The Tuvalu Penal Code criminalises various forms of violence, abuse, neglect and exploitation of children, including assault, kidnapping, causing grievous harm, cruelty to children under 15, failure to supply necessities, 'disposing' of children under 15 for unlawful or immoral purposes, rape, indecent assault on a female, abduction of girls with intent to have sexual intercourse, defilement of girls under 15, and incest. Trafficking in persons is penalised under the Counter Terrorism and Transnational Organized Crime Act. However, many of these provisions are framed in outdated language, do not provide equal protection to boys and girls, and do not penalise offences in relation to child pornography, hazardous or exploitive child labour, or online exploitation or grooming of children. Penalties for some crimes are quite low in relation to the gravity of the offence. The Human Rights National Action Plan acknowledges some of these shortcomings and includes plans to review and revise legislation to ensure adequate protection of children from sexual abuse and commercial sexual exploitation.³³¹

Tuvalu also lacks procedural protections and special treatment for child victims and witnesses at all stages of the criminal proceedings, which potentially acts as a barrier to the successful prosecution of perpetrators. However, Tuvalu has addressed the two key legal barriers to children's access to justice highlighted by the UN Committee on the Rights of the Child - the necessity for corroboration in sexual offence prosecution and the requirement for proof of resistance by the victim.³³² Both of these requirements are expressly removed by Section 50 of the Family Violence and Domestic Violence Act 2014.

328 Section 16.

329 Adoption of Children Amendment Act 2015, section 3.

330 P. 27.

331 Ibid.

332 Para 40.

Tuvalu's domestic law on child justice

There is no separate legislation governing access to justice for children in Tuvalu. Rather, children's cases are handled through general criminal justice legislation. The Criminal Procedure Code contains only one section concerning children in conflict with the law (section 206), which excludes defendants under 16 years of age from an expedited form of trial.

With respect to children in conflict with the law, the minimum age of criminal responsibility is set at 10 years, with a rebuttable presumption that children between the ages of 10 and 14 are incapable of committing an offence unless they had the "capacity to know that the act or omission was wrong."³³³ Boys under the age of 12 are also presumed to be incapable of having sexual intercourse.³³⁴ The minimum age of 10 is lower than the 'absolute minimum' age of 12 recommended by the UN Committee on the Rights of the child, which has also been critical of the practice of creating dual ages subject to a rebuttable presumption.³³⁵

Tuvalu lacks comprehensive juvenile justice legislation. The Police Powers and Duties Act 2009 includes some special procedural protections for children under the age of 18 at the arrest stage, including a prohibition on the use of restraints against children,³³⁶ a requirement that notices to appear in court must be served on children as discretely as possible and not at school,³³⁷ and a requirement that police inform the child's parents of the arrest as soon as is reasonably practicable.³³⁸ In addition, police have authority to divert a child by taking no action or issuing a caution as an alternative to formal charging.³³⁹

Limited special provision has been made for children under the Criminal Procedure Code, and as such, children are generally subject to the same trial procedures and sentencing provisions as adults. There is no explicit requirement that deprivation of liberty be used as a measure of last resort, and a limited number of alternatives are available (fines, conditional discharge, orders not to leave one's place of residence, and discharge without punishment).³⁴⁰ For children under the age of 16 found guilty of an offence, the court may order the child into the care of a parent or other 'fit person', without conviction.³⁴¹ In criminal proceedings under the jurisdiction of Island Courts (minor offences with sentences of up to 6 months in prison or a \$100 fine), children under 15 may not be imprisoned, and children aged 15 or 16 may be imprisoned for a maximum of 1 month if no other consequence is appropriate.³⁴² The Island Courts Act 1965 also allows a male child under the

333 Section 14. Tuvalu Penal Code. 1965. (2008 revised edition). http://tuvalu-legislation.tv/cms/images/LEGISLATION/PRINCIPAL/1965/1965-0007/PenalCode_1.pdf [19.06.17].

334 Ibid.

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

336 Section 45.

337 Section 103.

338 Section 107.

339 Section 99.

340 Tuvalu Penal Code 1965, sections 29, 35 and 37.

341 Ibid. Section 39.

342 Island Courts Act, s.8.

age of 16 to be sentenced to corporal punishment (to be administered by a parent or guardian).³⁴³ There is no restriction on use of imprisonment in other proceedings, and children who have been convicted of grave offences (treason, instigating invasion, piracy or murder) may be sentenced to life imprisonment.³⁴⁴ The Prisons Act permits (but does not require) the Superintendent of Prisons to direct the separation of juvenile detainees from adults “as far as the accommodations renders it practicable,” but this applies only to children under 16.³⁴⁵ The Prisons Regulations require the officer in charge of the prison to “have special regard to juveniles and lunatic prisoners and take such steps as may be necessary to separate each class from the other and from other prisoners.”³⁴⁶

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

Tuvalu’s Ministry of Home Affairs and Rural Development has lead responsibility for social welfare services. It currently has one Social Welfare Officer at national level, with plans to identify and train two persons from each of the eight outer islands/atolls in child protection.³⁴⁷

Tuvalu does not have any structured prevention or family support programmes. Some efforts have been taken to promote awareness of the CRC and child protection issues, but there are no structured prevention programmes or parenting education initiatives. The Human Rights National Action Plan has identified the strengthening of programmes and initiatives that create awareness of child protection among the community as a priority activity.³⁴⁸

Mechanisms for reporting, referral and social work case management remain under-developed, and there are as yet no measures to identify and monitor children who may be at risk of abuse and neglect by parents.³⁴⁹ As a matter of practice, health workers reportedly notify suspected maltreatment of children to the police. The Department of Women provides referral services for women seeking assistance for domestic violence. However, there is no designated government focal point to assess and provide case management services for all suspected cases of child abuse and neglect, and no mechanisms for inter-agency referral and coordination. Social welfare services to support children in need of protection and their families are also quite limited. In

343 Section 8(8).

344 Ibid. 331. One convicted juvenile has served 10 years of a life sentence. para.335.

345 Section 34.

346 Section 45(28).

347 Interview with UNICEF-Pacific staff, 23/11/2017.

348 P. 28.

349 State Party Report. Op. cit., para. 192.

its State Party Report to the UN Committee on the Rights of the Child, Tuvalu noted that the Government is unable to provide specialized rehabilitative measures for child victims of abuse and neglect. Basic health services are provided through the health system, and whilst some counselling may be provided by nurses, the health system does not include social workers or psychologists.³⁵⁰

Tuvalu does not have any formal forms of alternative care, and there is no foster care programme or residential care facilities for children.³⁵¹ In its State Party Report, Tuvalu advised that “The government does not ensure or offer alternative care for a child deprived of his or her family environment.”³⁵² Children in need of alternative care are most commonly taken into care by extended family members or adopted informally. A child may be adopted by grandparents if his or her mother is a single adolescent or by an aunt and uncle if they do not have children. However, these adoptions are considered private matters within the extended family. Other than the court process to formalise adoptions under the Adoption of Children Act, there is no government involvement in adoptions, and no administrative procedures to evaluate prospective parents, assess the child’s interests, or monitor placement.³⁵³ In its Concluding Observations, the UN Committee noted that the extended family system provides protection and care to children whose parents cannot take care of them. However, it expressed concern over the lack of monitoring of these placements, and recommended that Tuvalu take steps to provide support to the members of the extended family, including information on the best forms of child-rearing practices, social support and material resources, in order to provide safeguards for children separated from their parents.³⁵⁴

Tuvalu reportedly does not have experience with anonymous inter-country or local adoption by people unknown to the community. Although the Adoption of Children Act allows for such adoptions, there is no procedure by which a stranger could apply to adopt a child in Tuvalu. The only known case in which non-Tuvaluans adopted a child was when expatriate physicians living in Tuvalu adopted a baby with the consent of the family; they lived together with the child in Tuvalu, but eventually moved with the child back to their home country.³⁵⁵

6.2.2.2. Access to child-friendly justice

Due to the low number of children’s cases processed through the formal criminal justice system, Tuvalu has limited specialisation within the police, prosecution and courts. The police have reportedly developed a training package, in partnership with UNICEF, to improve the handling of children as victims, witnesses and offenders. However, there has been no specialised training for the Office of the Attorney General, the Office of the People’s Lawyer or the courts.

The Tuvalu Police do not maintain disaggregated data on offences against children. The State Party Report to the UN Committee on the Rights of the Child advises that there have been seven cases

350 Ibid., para 193.

351 Ibid., para 163.

352 Ibid., para 172.

353 Ibid., para 176.

354 Para 42.

355 State Party Report. Op. cit., para. 177.

of sexual offences against children over the past 2 years, representing an increase in such crimes. The Police Commissioner is not aware of any charges laid for cruelty to children.³⁵⁶ However, the effective prosecution of crimes has occasionally been hindered by investigative and other delays, resulting in the dismissal of charges.³⁵⁷ In its Concluding Observations, the UN Committee on the Rights of the Child expressed concern that the number of cases of sexual abuse against children reported to the police is very low.³⁵⁸

Very few children in conflict with the law are formally charged and appear in court in Tuvalu. As previously noted, Tuvalu's State Party Report to the UN Committee on the Rights of the Child estimates that fewer than 10 youths under the age of 18 have been arrested for Penal Code offences since Independence.³⁵⁹ The Office of the People's Lawyer provides free representation to accused persons, including children who cannot afford to pay for legal services.³⁶⁰ According to the 2012 State Party Report to the Committee on the Rights of the Child, in practice, committal to the care of a fit person and residence orders are not used, and the practice of corporal punishment has fallen into disuse and has not been employed by the Island Courts since independence.³⁶¹ It is also rare for children in conflict with the law to be deprived of their liberty, with only two reported cases of children under 18 having been imprisoned, both at the age of 17.³⁶² Conditional discharge (requiring the offender to keep the peace for 1 to 2 years) is the most common disposition in children's cases.³⁶³

Children who are deprived of liberty are placed in the adult prison. The prison has two cells for male prisoners, and with a national prison population generally ranging from 1 to 10 prisoners, separation of juveniles under the age of 16, as recommended by the law, is possible. However, in practice this has not occurred as there are no records of any prisoners under 16. The two children (both boys) aged 17 who have been imprisoned were detained together with adults.³⁶⁴ This includes a case of a juvenile convicted and detained for life 10 years ago, who remains in prison. Although the law makes provision for review and release on license, there is no process by which cases are brought to the attention of the Cabinet and Governor-General for consideration of the exercise of the power of mercy, and no process in place to ensure that the Minister responsible for prisons considers the possibility of release on licence on a periodic basis.³⁶⁵ Consequently, the possibility of release from life imprisonment may be more theoretical than practical.

There are no programmes or resources for rehabilitation and reintegration of children who have been subject to a non-custodial sentence or who have been imprisoned. The only support provided is a chaplain who visits the prison regularly "with a view to improving character."³⁶⁶

356 Para 190.

357 Regina v Setaga [2008] TVHC 3; Criminal Case 2 of 2008 (26 May 2008); R v Tauetia [2005] TVHC 10; Criminal Case 2 of 2005 (20 May 2005).

358 Para 40.

359 State Party Report. Op. cit., para. 318.

360 Office of the People's Lawyer Act, section 7.

361 State Party Report. Op. cit. paras. 328, 330-335

362 Ibid. para. 327.

363 Ibid., para. 319.

364 Ibid., para. 327.

365 Ibid., paras. 334-335.

366 Ibid., para. 336.

Tuvalu is one of the three PICTs where informal or traditional justice mechanisms are used most often, the other two being Marshall Islands and Nauru.³⁶⁷ The common practice is for cases to be reported to community leaders, who gather the alleged perpetrator and victim, alongside families, to engage in a form of mediation to settle the dispute. Informal justice mechanisms have the potential to provide a positive, restorative justice response to child offending, and can be a productive way to mobilise extended family and community support for children who are experiencing abuse or neglect. However, limited information is available on informal justice responses to cases involving children in conflict with the law or child victims, and there appear to be no monitoring or safeguards in place. In its State Party Report, Tuvalu noted that there is limited respect for the views of children in the traditional communal decision-making process,³⁶⁸ suggesting that children do not have a voice or actively participate in informal justice resolutions. In its Concluding Observations, the UN Committee on the Rights of the Child expressed concern that women and girls are often coerced to accept apologies as an adequate response to resolve acts of violence.³⁶⁹

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

Tuvalu's Education (Amendment) Act 2016 repealed provisions under the Education Act 1976 which allowed principals and head teachers to administer corporal punishment, and the Ministry of Education has drafted a comprehensive child protection policy for schools which is waiting Cabinet approval. There are no protocols, procedures or training for teachers on how to identify and report suspected cases of child abuse and neglect. However, it is reportedly the practice of schools to record instances of suspected abuse, with possible action including referral for health care, reporting to police, or discussion with the family. No statistics are maintained on these incidents.³⁷⁰

The Ministry of Health does not have a policy or procedures on child protection. Health professionals reportedly notify the police in the event of child maltreatment, but they have not been trained on identifying child abuse and neglect, do not have clear referral protocols, and have not incorporated child protection into their community outreach programmes.

Tuvalu's labour and employment sector has not prioritised child labour. Under national laws, the minimum age for employment is 14,³⁷¹ and the minimum age for hazardous work is 15,³⁷² with specific prohibitions on boys under 16 from working in mines, and restrictions on children aged 16 to 18 in relation to working in mines, on ships or at night.³⁷³ These provisions do not meet international standards as the minimum age for hazardous work is too low.

367 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. Ingrid Van Welzenis. 2016.

368 Ibid., paras. 45-46.

369 Concluding Observations: Tuvalu. Op. cit., para. 40.

370 State Party Report. Op. cit., para. 192.

371 Section 84 of the Employment Act. Tuvalu. 1965.

372 Sections 85-87 of the Employment Act. Tuvalu. 1965.

373 Ibid.

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

The National Advisory Committee for Children (NACC), formed by the Government in 1998, is responsible for cross-sector coordination and monitoring CRC implementation. The NACC is chaired by MoEYS, and includes representatives from the Health Department, Tuvalu Association of Non-Government Organisations, Tuvalu Red Cross, National Council of Women, Legal Literacy Project, Police Department, Attorney General's Office, Youth Department, Department of Women, Culture Department, Media Department, Planning and Budget Department, Education Department, Ekalesia Kelisiano Tuvalu and Tuvalu Family Health Association. However, the extent to which the NACC has taken a leadership role in strategic planning and policy development for child protection. While a lack of funding reportedly impacted on the effectiveness of NACC's coordination process, as of 2010 it has received annual allocations as part of the Government's recurrent budget.³⁷⁴

Effective planning, policy development and monitoring of the Tuvalu child protection system is hampered by the lack of a centralised child protection information management system, and limited information on children in need of protection. Lack of data makes it difficult for the Government to design appropriate child protection interventions, to understand what is needed and why, and to determine whether progress is made. In its 2013 Concluding Observations, the UN Committee on the Rights of the Child recommended improvement in data collection: "the Committee recommends that the State party develop a comprehensive data collection system to monitor the progress on child-related policies and programmes for all children below the age of 18 years. This should be disaggregated by age, sex, disability, geographical location and socioeconomic background."³⁷⁵

6.3. Other Child Protection Issues

6.3.1. Birth registration

The Births, Deaths and Marriages Registration Act 2008 places a duty on parents (or others if parents are unable to do so) to register a child within 10 days of birth, and makes registration within the first 3 months free of charge. The 2012 State Party Report to the CRC notes that, in practice, the birth attendant nurse will complete a Birth Notification Form and provide a copy to the parents, who must then take steps to register the child.³⁷⁶ According to the State, there was a discrepancy in 2006, between the number of births recorded by hospitals and the number of births registered, following which the Registrar-General began obtaining birth records from hospitals. The State Party Report expressed concern about the rate of birth registration on outer islands, but notes that "as a result of the cooperation between the Registrar-General and the Ministry of Health (rather than registration by parents), it is believed that birth registration is at or close to 100 per cent coverage."³⁷⁷

374 State Party report. Op. cit., para. 37.

375 Ibid., paras. 37-38.

376 Ibid., para. 105.

377 Ibid., para. 106.

Despite this, according to the 2016 SOWC dataset, the birth registration rate of under-5s in Tuvalu was 50 per cent. The same figures show differences between birth registration rates in urban and rural areas, with a ratio of 1:1.6 among the richest 20 per cent, and 1:1.8 among the poorest 20 per cent.³⁷⁸ A 2007 Demographic Health Survey similarly found that only half of Tuvaluan children are registered, with a significant difference in the proportion of children registered in Funafuti (60 per cent) as compared to those registered in the outer islands (38 per cent). The report concluded that Tuvalu's registration system is adequate but needs considerable quality control checks to improve recording and maintenance. In particular, coverage is good on some atolls but in others more efforts are necessary to improve the capture of vital demographic processes.³⁷⁹

6.3.2 Children with disabilities

Tuvalu has ratified the Convention on the Rights of Persons with Disabilities. However, domestic law does not make any special provision for children with disabilities, with the exception of exempting from compulsory schooling disabled children for whom schooling would provide no substantial benefit, and there is a lack of data available regarding the number of disabled children and their needs. The Government advises that disabled children in Tuvalu, though cared for, are not actively participating in community life, and in practice, they have not always had access to appropriate education, or to specialized mental and physical health services to address their disabilities.³⁸⁰ There is no formal infrastructure for children with disabilities, and no monitoring strategies or mechanisms are in place. The Red Cross reportedly provides home visits by a Health and Care Field Officer who, together with volunteers, helps parents to learn to care for their disabled children. However, limited funding is a recurrent constraint on such activities.³⁸¹

Tuvalu's Human Rights National Action Plan 2016-2020 includes a specific focus on the rights of persons with disabilities and includes plans to: strengthen inclusive education; provide specialised disability training to teachers to ensure they are able to teach students with disabilities in mainstream schools; improve medical services for persons with disabilities, including diagnosis of disabilities during pregnancies and early childhood; and with communities on the Outer Islands through training and awareness on disability laws and policies.³⁸²

378 SOWC 2016. Op. cit.

379 Demographic Health Survey. Op. cit., p. 18.

380 State Party Report. Op. cit., paras. 73, 204.

381 Ibid., paras. 206-207.

382 P. 33-34.

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 or a disaster, and can build resilience and productivity among the population.

According to UNICEF, social protection is “the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities³⁸³ to poverty and deprivation, and mitigating their effects.”³⁸⁴ Social protection systems are essential to ensuring that the rights of children to social security³⁸⁵ and a standard of living adequate for their physical, mental, spiritual, moral and social development³⁸⁶ 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.”³⁸⁷ Effective social protection measures are also essential to achieving SDG 1: to eradicate extreme poverty (which is currently measured as people living on less than US\$1.90 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.

383 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.”

384 UNICEF. 2012. *Social Protection Strategic Framework*, p. 24.

385 CRC, article 26.

386 *Ibid.*, article 27.

387 *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).³⁸⁸

Key social protection-related SDGs

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

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection, it is necessary to develop an integrated and functional social protection system. This means developing *structures and mechanisms* to coordinate interventions and policies to effectively address multiple economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, water and sanitation, and child protection.³⁸⁹

388 ILO and WHO. 2009. ‘The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’, available at: <http://www.un.org/ga/second/64/socialprotection.pdf>.

389 UNICEF, Social Protection Strategic Framework, p. 31.

7.1. Profile of child and family poverty and vulnerability

According to the latest Household Income and Expenditure Survey (2010), over 1 in 4 persons in Tuvalu were living below the basic needs poverty line (26.3 per cent). This figure has increased since 2004/5, when the proportion living under the basic needs poverty line was 21.2 per cent. However, the incidence of food poverty is very low: around 3.3 per cent (2010), having dropped by around 1.5 percentage points since 2004.³⁹⁰ According to a recent World Bank report, those living under the food poverty line are likely to exist outside traditional support systems; many are in urban areas and do not have jobs.³⁹¹

In contrast to other PICTs, child poverty rates (among those aged 0 to 14 years) are proportionate to total poverty rates, with 3 per cent of children living below the food poverty line and 26 per cent of children living below the basic needs poverty line, according to the 2010 Household Income and Expenditure Survey. Nonetheless, while the incidence of poverty does not appear to affect children disproportionately, the *impacts* of poverty are more significant for children, and there is growing evidence that children experience poverty more acutely than adults; the negative impacts of poverty on their development can have profound and irreversible effects into adulthood.

Like most countries, the national poverty averages in Tuvalu mask inequalities within the country. The rate of poverty appears to vary significantly between the main island of Funafuti and the Outer Islands. Based on the 2010 Household Income and Expenditure Survey, the likelihood of a household being poor is over 30 per cent higher in the Outer Islands than in Funafuti.³⁹² This reflects a wider trend across the PICTs, where rural areas, particularly in more geographically isolated outer islands, tend to be poorer than urban centres:³⁹³ a trend compounded by lack of access to basic services, including health and education.³⁹⁴ According to a recent United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) report, “the greater concentration of economic activity in urban areas, as well as the greater provision of public services, contributes to this trend.”³⁹⁵

There do not appear to be any clear gender dimensions to poverty in Tuvalu. In fact, female-headed households are slightly less likely to be living in poverty, according to the most recent Household Income and Expenditure Survey (2010).³⁹⁶ However, it should be noted that “other manifestations of hardship in terms of female employment, education and opportunity need to be taken into account”³⁹⁷ in assessing vulnerability to poverty. In particular, women in Tuvalu, as elsewhere in the Pacific, are rarely able to own land independently.³⁹⁸

390 In UNESCAP. 2014. *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change*, p. 23.

391 World Bank Group. 2016. *Systematic country diagnostic for eight small Pacific Island Countries: Priorities for ending poverty and boosting shared responsibility*, p. 14.

392 Ibid.

393 UNESCAP, *State of Human Development in the Pacific*. *Op. cit.*, p. 20.

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

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

396 World Bank Group, *Systematic country diagnostic for eight small Pacific Island Countries*. *Op. cit.*, p. 22.

397 UNESCAP, *State of Human Development in the Pacific*. *Op. cit.* p. 86.

398 World Bank Group, *Systematic country diagnostic for eight small Pacific Island Countries*. *Op. cit.* p. 22

The incidence of poverty is higher among elderly-headed households: around 66 per cent of the national average.³⁹⁹ Poverty is also associated with household size. Households with no children were 23.3 per cent less likely to be living below the basic needs poverty line (2010) than those with three or more children.⁴⁰⁰

Households headed by less educated persons (those who have primary level education or below) were 11 per cent more likely to be living in poverty according to the 2010 Household Income and Expenditure Survey.

Persons living with a disability appear to be particularly vulnerable to living in poverty. While there are no data available to test the association of disability with poverty (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 Tuvalu are complex, interconnected and open to fluctuation. As a small island economy, Tuvalu 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.⁴⁰¹ Tuvalu, consisting of small coral atoll islands, has a limited landmass, which constrains agricultural production. Households are therefore dependent on imported food and vulnerable to global price fluctuations.⁴⁰²

Slow economic growth and exposure of the economy to shocks have led to a poverty of opportunity in PICTs, including Tuvalu, which has a high and growing unemployment rate, particularly among young people. Across the Pacific, economies are unable to generate sufficient jobs for the number of job-seekers. The large number of young people with inadequate skills contributes to the high unemployment rate.⁴⁰³

According to data from 2002 (more recent data does not appear to be available), the proportion of unemployed youth was 70.6 per cent. Young women appear to be particularly more likely to be unemployed: 74.3 per cent compared to 67.3 per cent for young men. Youth unemployment is particularly high in the Outer Islands (82.2 per cent compared to 56.4 per cent in Funafuti).⁴⁰⁴

399 UNESCAP, *State of Human Development in the Pacific*: Op. cit., p. 39.

400 Ibid. p. 43.

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

402 World Bank. 2015. *Hardship and vulnerability in Pacific Island Countries*, p. 14.

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

404 Government of Tuvalu, *Millennium Development Progress Report 2010/11*, p. 25.

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, detailed in section 6). 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.⁴⁰⁵ Cash transfers provide households with additional income that enables them to invest in children's wellbeing and human development.⁴⁰⁶

Tuvalu has a very limited social protection system. While the system has not been assessed by the Asian Development Bank in terms of comprehensiveness, depth, breadth and impact, there are some clear gaps in protection.

A social insurance (contributory pension) scheme exists. However, the scheme only applies to formal public sector employees, and only applies to 20 per cent of the population.⁴⁰⁷ It excludes the majority of workers who operate in the informal economy – it is therefore not targeted at the poorest members of society (contributory schemes involving formal sector workers also tend to have a gender bias, as the majority of formal sector workers are men).⁴⁰⁸

There are currently no social assistance programmes targeting children or families who are living in poverty or who are vulnerable to poverty. There also do not appear to be any programmes targeting other vulnerable population groups, such as persons living with a disability.

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 Tuvalu. However, the Government has promoted Outer Island development projects (e.g. roads, school building projects) that employ local labourers, with work-for-welfare type benefits.⁴⁰⁹

Other non-State forms of social protection exist in Tuvalu and should be taken into account in the development of policies and systems for social protection. Informal extended family and community systems provide important safety nets. Across the Pacific, Churches also provide forms of support to their members, but also require time and financial commitment.⁴¹⁰

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

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

407 UNESCAP, *Income support schemes in Pacific Island Countries: A brief overview* (no date).

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

409 Ibid. p. 114.

410 World Bank, *Hardship and vulnerability in Pacific Island Countries*. Op. cit., p. 19.

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,” or as a result of a natural disaster.⁴¹¹

Also, households rely on remittances, particularly from relatives working in New Zealand and Australia. Remittances were equivalent to 38 per cent of GDP in Tuvalu in 2004,⁴¹² and more than half of households rely on remittances as their main source of income.⁴¹³ However, remittances are subject to contraction in the event of global economic downturns and currency fluctuations. For instance, remittances for seafarers in Tuvalu were adversely affected by the depreciation of the US dollar in the 2008/9 economic downturn.⁴¹⁴

The absence of a comprehensive social protection system that effectively targets those who are most in need is a significant gap, particularly in the context of diminishing traditional support systems and volatility of remittances. The lack of any 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.

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

412 Abbott and Pollard. 2004., in AusAID. 2010. *Social protection in the Pacific*. *Op. cit.*, p. 6.

413 AusAID, *Social protection in the Pacific*. *Op. cit.*, p. 23.

414 *Ibid.* p. 24.

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 Tuvalu. Please note that these are not listed in any order of priority.

8.1. Climate change and disaster risks

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

- Climate change and extreme weather increase the threat of communicable and NCDs, and exacerbate existing bottlenecks and barriers to **health** services by affecting access and supply routes to sources of healthcare as well as **WASH** infrastructures and practices. Natural disasters increase **food and nutrition in security**, while increasing 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 to live 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

Tuvalu is an upper middle income country but 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 to adequately serve the population.
- In relation to **education**, the reliance on external donor support and large allocation of the education budget towards funding salary costs raises challenges in developing sustainable education reforms, and funding much-needed developments in infrastructure and developing teaching skills.

8.3. Geography

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

- Those living on remote islands find it harder to access services, including **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 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 its protection of girls with disabilities and protecting boys from sexual offences.
- The lack of data about MHM and WASH for children with disabilities.

8.5. Gender

The limited data available for this SitAn does not allow for firm gender-related conclusions, though it appears that there are several barriers within the legislative framework that discriminate between genders. For example:

- Discriminatory provisions around sexual abuse and exploitation of children fail to protect boys aged 15 to 17 against prostitution,⁴¹⁵ and penalties for offences against children are different depending on the sex of the victim – rape of a male child is punishable by a lesser sentence than rape of a female child.⁴¹⁶

8.6. Impacts of poverty and vulnerability

The impacts of poverty are significant in Tuvalu 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.
- The indirect and direct costs of accessing education are denying children from socio-economically deprived families from realising their right to education, particularly at ECCE and secondary levels.

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:

- There are gaps in the legal framework in relation to protection of girls with disabilities from sexual offences and protection of boys from sexual assault.
- The minimum age of criminal responsibility is too low, at 10 years.

415 US Department of Labor, Findings on the Worst Forms of Child Labour – Tuvalu. Op. cit.

416 State Party Report to the Committee on the Rights of the Child: Tuvalu, 2012, para 188.

- There is a lack of specialised bodies and institutions to support child-friendly justice.
- There is no child-friendly system of justice for children in contact with the law as victims or witnesses, so there are no services or special protections for child victims and 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 led to underreporting 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 and witnesses.
- Informal practices in **child justice** may contribute to the realisation of children’s rights as they represent an informal ‘diversion’ option, and working with informal practices to support child-friendly justice should be explored.
- Community attitudes towards violence against children and corporal punishment pose a particular **child protection** risk.

Footnotes in tables

- I UNISDR and GADRRRES, ‘A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools’, January 2017, on http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17].
- II Table reproduced from Ibid. p. 2.
- III The Marriage Amendment Act 2015 raised the marriage age to 18 for both boys and girls, and states that those wishing to marry before attaining 21 years must have consent of both parents (section 5 -7).
- IV The Police Powers and Duties Act 2009 defines a ‘child’ as a person under the age of 18, however the limited special provisions applicable to children under the Criminal Procedure Code and Island Courts Act 1965 apply only to children under 16.

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