



**Situation Analysis of Children in Vanuatu**



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## **Situation Analysis of Children in Vanuatu**



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# Executive Summary

## Introduction

This report aims to present a comprehensive assessment and analysis of the situation of children and women in Vanuatu. 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 Vanuatu.

Vanuatu is a republic comprising 83 islands and atolls (63 of which are inhabited) in the Melanesian region of the Pacific. Vanuatu had a population of 234,023 in 2009, with an annual growth rate of 2.3 per cent. While Vanuatu is the least populous island nation in Melanesia, it has a larger population than any of the Pacific Island Countries and Territories (PICTs) in Micronesia and Polynesia. Children, aged 0 to 18, comprise around 44 per cent of the total population. A large proportion of Vanuatu's population (19 per cent) lives in the capital, Port Vila. Vanuatu is highly prone to disaster and climate risks, including tropical cyclones, earthquakes, droughts, tsunamis and volcanic eruptions.

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

## Key barriers and bottlenecks

The following key barriers and bottlenecks were identified from the full situation analysis (SitAn) of children and children in Vanuatu.

**Climate change and disaster risks:** Vanuatu faces an increasing risk of extreme weather and natural disasters due to its location within the Pacific 'ring of fire', and to climate change-related weather conditions. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realisation of children's and women's rights.

**Financial and human resources:** Vanuatu is one of the world's poorest countries, which leads to a lack of available resources across all government departments for the delivery of services for children, and a lack of human resources in all child outcome areas. The SitAn has revealed a lack of trained professionals in all sectors, including health, WASH, education, child protection and justice.

The **geography** of Vanuatu creates significant barriers to the realisation of children's and women's rights due to remoteness and transportation constraints. Children and women living in rural areas generally experience worse outcomes and access to basic services than those in urban areas. However, an increase in population drift from rural to urban areas is also placing children in urban areas at risk, particularly because peri-urban settlements lack services and infrastructure. Poverty rates, for example, are higher in urban areas such as Port Vila and Luganville.







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

**Cultural norms and approaches:** Cultural attitudes, traditions and *kastom* were found to act as barriers to the realisation of children's and women's rights in several sectors. For example, although financial concerns are a key barrier to enrolment in schools, cultural barriers also play a significant role, with concerns that parents do not value education, particularly for girls.

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

**The impacts of poverty** are significant in Vanuatu, and children and families are highly exposed to risk and economic shocks, particularly those caused by natural disasters such as cyclones. 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. A lack of opportunities for adolescents and young people perpetuate cycles of poverty and has led to unhealthy behaviour, such as drug and alcohol abuse, and mental health issues.

**Data availability:** Useful data sources in some sectors in Vanuatu include the 2013 Demographic Household Survey. However, this analysis has revealed several data gaps, and the absence of this data is in itself a key finding. There is a lack of data around children in contact with the law and in relation to child protection, and limited data around children with disabilities and other vulnerable groups.

## Snapshot of outcome areas

<p><b>Health</b></p>	<p>Child mortality rates in Vanuatu have been declining since the early 1990s, and are on track to meet international child mortality reduction goals by 2030. However, immunization coverage for vaccine-preventable diseases remains low, with only 33 per cent of children having received all basic vaccinations (BCG, DPT, polio and measles). The maternal mortality ratio stands at 78 deaths per 100,000 live births, which is above the SDG target for 2030. In comparison to other PICTs, Vanuatu is on the lower end of the range when it comes to ante-natal care coverage, and births in rural areas are much less likely to be attended by skilled health professionals than those in urban areas. Contraceptive prevalence is 49 per cent, which is the second-highest rate in the PICTs region. Even though Vanuatu has reported a relatively low number of HIV infections, high rates of sexually transmitted infections indicate that the underlying behavioural risks for HIV transmission are high.</p>
<p><b>Nutrition</b></p>	<p>At 29 per cent, Vanuatu has one of the highest childhood stunting rates of the PICTs, with significant disparities between rural and urban areas and between rich and poor households. Childhood wasting is less prevalent, at 4 per cent. Obesity and associated non-communicable diseases are a significant public health concern for the adult population, however child obesity rates are amongst the lowest in the region. At 73 per cent, exclusive breastfeeding prevalence is the second-highest in the PICTs region.</p>
<p><b>WASH</b></p>	<p>Vanuatu has made significant progress in increasing access to improved water and sanitation. However, improved sanitation coverage is relatively low, at only 58 per cent. Significant urban-rural disparities remain, with rural areas generally having more limited access to WASH facilities. Vanuatu's WASH infrastructure also remains extremely vulnerable to natural disasters. For example, following Cyclone Pam in 2015, 68 per cent of rain harvesting catchment structures were destroyed and 70 per cent of wells contaminated.</p>



<p><b>Education</b></p>	<p>The absence of free, compulsory early childhood education (ECE) is one of the major barriers to children’s enrolment in schools in Vanuatu, in addition to a lack of value placed on education by parents. The net enrolment ratio (NER) in ECE is 43 per cent, suggesting that more than half of all children aged 3 to 5 are not enrolled in formal ECE. The primary school NER is 86 per cent. However, a significant proportion of children enrolled in primary school are over-age. Secondary NER is only 35 per cent and a significant proportion of children drop out of secondary education. Age-inappropriate learning environments are a challenge, not only due to poor infrastructure, but also because of mixed-age classrooms, particularly in rural and remote areas.</p>
<p><b>Child protection</b></p>	<p>Corporal punishment is widespread, with 51 per cent of caregivers viewing physical violence as necessary to raising children. Levels of child sexual abuse (of girls aged below 15) are amongst the highest of the PICTs, at 30 per cent. The welfare, protection and best interests of children are often not given adequate consideration, including in cases of child abuse.</p>
<p><b>Social protection</b></p>	<p>Around 13 per cent of individuals in Vanuatu live in poverty. Poverty particularly affects children and young people, as well as households in urban centres (Port Vila and Luganville). A recent assessment of Vanuatu’s social protection system ranks it as the lowest within the PICTs group in terms of comprehensiveness and impact. Benefits are quite high; however, they are only received by a small group of formal employees with access to social insurance schemes.</p>

# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CID</b>	Criminal Investigation Division
<b>CJS</b>	Community Justice Supervisor
<b>CRC</b>	Convention on the Rights of the Child
<b>CRO</b>	Civil Registry Office
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DHS</b>	Demographic and Health Survey
<b>DRR</b>	disaster risk reduction
<b>EAPRO</b>	East Asia and Pacific Regional Office
<b>ECCE</b>	Early Childhood Care and Education
<b>EFA</b>	Education for All
<b>FSM</b>	Federated States of Micronesia
<b>GADRRRES</b>	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
<b>GDP</b>	Gross Domestic Product
<b>GER</b>	Gross Enrolment Ratio
<b>GLASS</b>	Global Analysis and Assessment of Sanitation and Drinking Water
<b>GPI</b>	Gender Parity Index
<b>GSHS</b>	Global School-based Health Survey
<b>HIES</b>	Household and Income Expenditure Survey
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ILO</b>	International Labour Organization
<b>JMP</b>	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
<b>KAP</b>	Knowledge Attitude and Practice
<b>MDG</b>	Millennium Development Goal
<b>MHM</b>	Menstrual Hygiene Management
<b>MJCS</b>	Ministry of Justice and Community Services
<b>MOET</b>	Ministry of Education and Training
<b>NCD</b>	Non-communicable Disease
<b>NCPP</b>	National Child Protection Policy
<b>NCPWG</b>	National Child Protection Working Group
<b>NDMO</b>	National Disaster Management Office
<b>NER</b>	Net Enrolment Ratio
<b>NGO</b>	Non-governmental Organization
<b>NMDI</b>	National Millennium Development Indicator
<b>ODA</b>	Official Development Assistance
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights



**PICTs** The 14 Pacific Island Countries and Territories that are the subject of the Situational Analyses

**PNG** Papua New Guinea

**RTC** Rural Training College

**SDG** Sustainable Development Goal

**SitAn** Situation Analysis

**SOWC** State of the World's Children

**SP** Strategic Programme

**STI** Sexually Transmitted Infection

**TB** Tuberculosis

**TVET** Technical Vocational Education and Skills Training

**U5MR** Under-five Child Mortality Rate

**UNDP** United Nations Development Programme

**UNESCO** United Nations Educational, Scientific and Cultural Organization

**UNFPA** United Nations Population Fund

**UNICEF** United Nations Children's Fund

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

**UNISDR** United Nations International Strategy for Disaster Reduction

**UNOHCHR** Office of the United Nations High Commissioner for Human Rights

**VHW** Village Health Worker

**VPF** Vanuatu Police Force

**VSDP** Vanuatu Society for Disabled People

**UPR** Universal Periodic Review

**VUV** Vanuatu Vatu, the official currency of Vanuatu

**VWC** Vanuatu Women's Centre

**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 Vanuatu. 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 (PICTs).

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

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



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

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

## 1.2. Conceptual framework

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

The aim of the **child outcomes assessment** component of this SitAn was to identify trends and patterns in the realisation of children's rights and key international development targets, and any gaps, shortfalls 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).

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

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children and groups of children face in the realisation of their rights, with reference to the critical conditions and determinants<sup>3</sup> (quality; demand; supply and enabling environment) needed to realise equitable outcomes for children).

The analysis is also informed by:

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1 UNICEF, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, March 2012, pp 5-6, at: <http://www.unicef.in/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 the UNICEF 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 and best placed to address the shortfalls and inequities.

The analysis did not engage in a comprehensive causality analysis, but immediate and underlying causes of trends, shortfalls 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.<sup>4</sup> In line with this approach, the analysis included an examination of gender disparities and their causes, including: a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

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

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

**Table 1.1: Assessment and analysis framework by outcome area**

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



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

### 1.3. Methods and limitations

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

The analytical 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 and Strategic Programme Outcome Area strategies.

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

<sup>5</sup> These datasets were reviewed and verified by UNICEF.

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

<sup>7</sup> The database is updated as new data becomes available.

published reports, so some areas in the analysis have not been the subject of robust and recent research. 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 limited the extent of, for example, the causality analysis (which is considered but does not include problem trees), and the role pattern and capacity gap analyses, which inspire the presentation of the information but have not necessarily been formally performed for all duty-bearers.

## **1.4. Governance and validation**

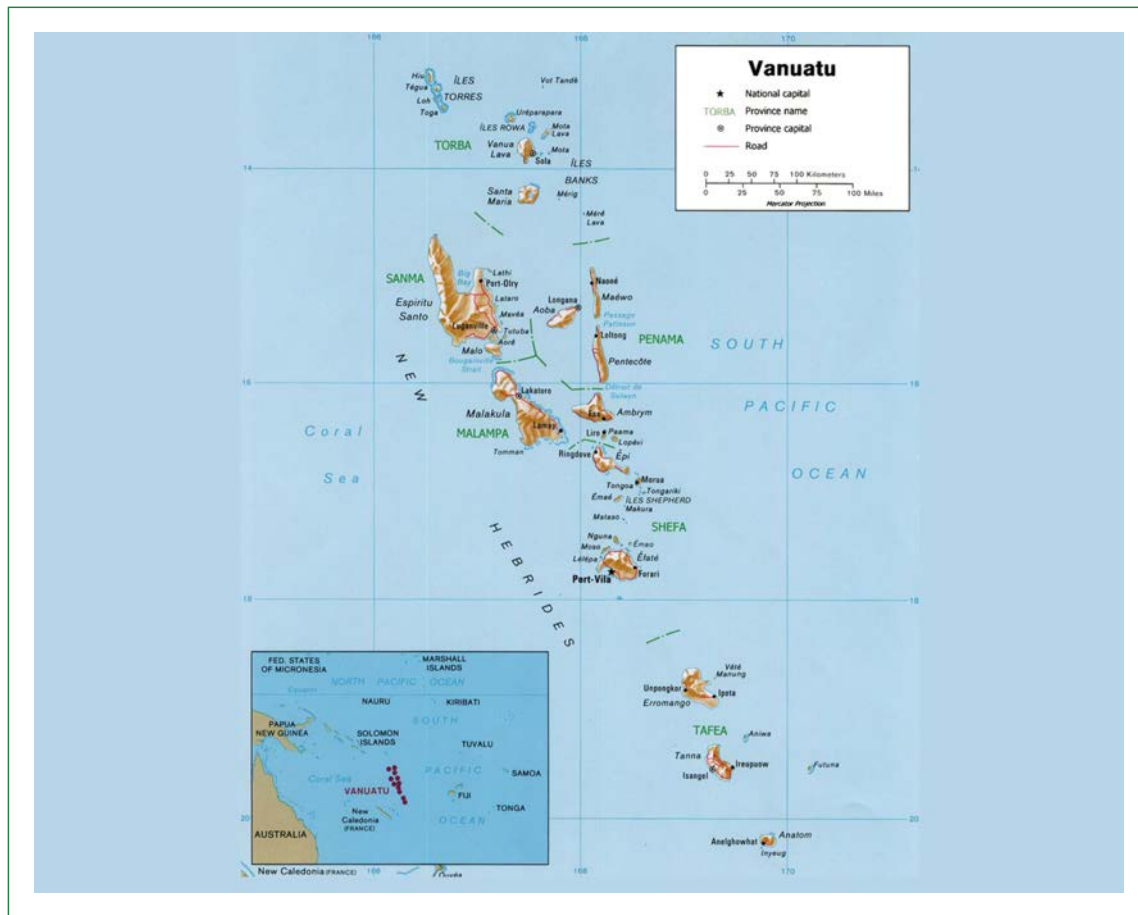
The development and drafting of this SitAn have been guided by a UNICEF Steering Committee (comprising Andrew Colin Parker; Gerda Binder; Iosefo Volau; Laisani Petersen; Lemuel Fyodor Villamar; Maria Carmelita Francois; Settasak Akanimart; Stanley Gwavuya [Vice Chair], Stephanie Kleschnitzki; Uma Palaniappan;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



# 2.

## Context

Map 2.1: Map of Vanuatu



Source: The University of Austin at Texas, University of Texas Libraries<sup>8</sup>

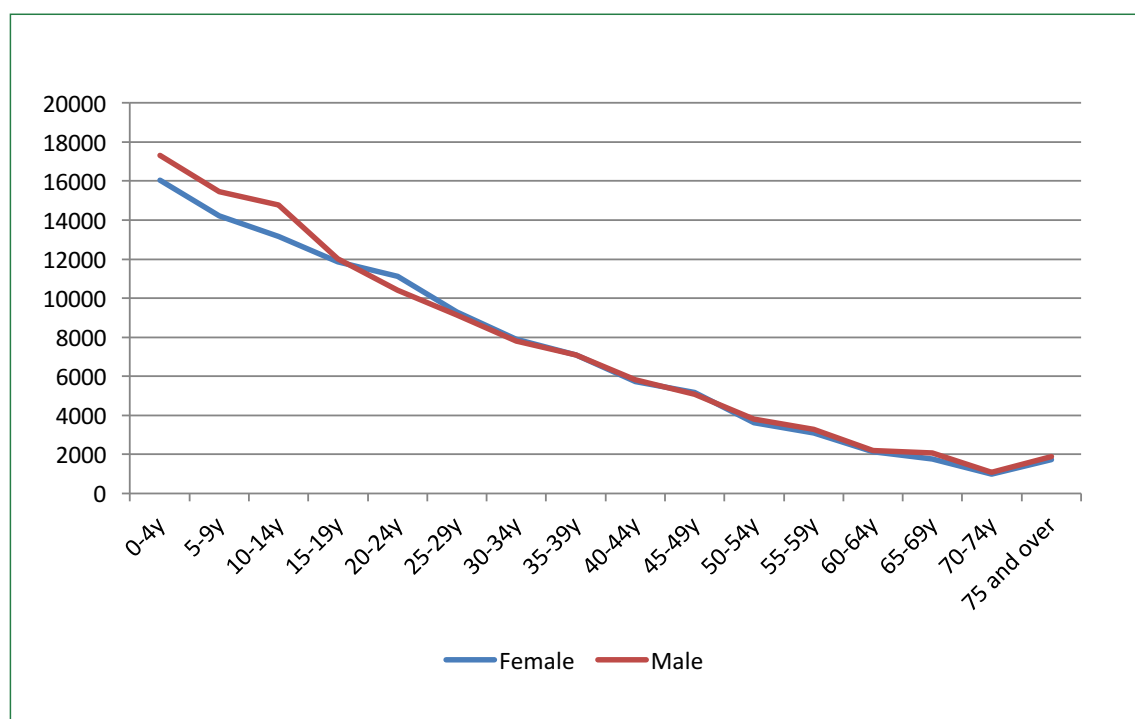
## 2.1. Geography and demographics

Vanuatu is a republic comprising 83 islands and atolls (63 of which are inhabited) in the Melanesian region of the Pacific. The total land area is 12,281 km<sup>2</sup>.<sup>9</sup>

According to the most recent census (2009), the total population of Vanuatu is 234,023 (49.1 per cent women and 50.9 per cent men). Although a 'mini-census' following the destruction caused by cyclone Pam in 2015 was conducted during the second half of 2016, its data was not available for inclusion at the time of writing. A 2016 mid-year projection estimates the population to be 289,700,<sup>10</sup> with an annual growth rate of 2.3 per cent.<sup>11</sup> While Vanuatu is the least populous PIC in Melanesia, it has a larger population than any of the PICTs in Micronesia and Polynesia.<sup>12</sup>

Children aged 0 to 18 comprise 44 per cent of the total population measured in the 2009 census. Figure 2.1 shows that infants and children aged 0 to 4 years make up the largest age bracket.

**Figure 2.1: Population by age group and gender 2009**



Source: 2009 Vanuatu Census

9 Vanuatu 2009 National Population and Housing Census, Analytical Report Volume 2.

10 Secretariat of the Pacific Community, Revised SPC population projections, June 2016, <http://www.spc.int/nmdi/population>.

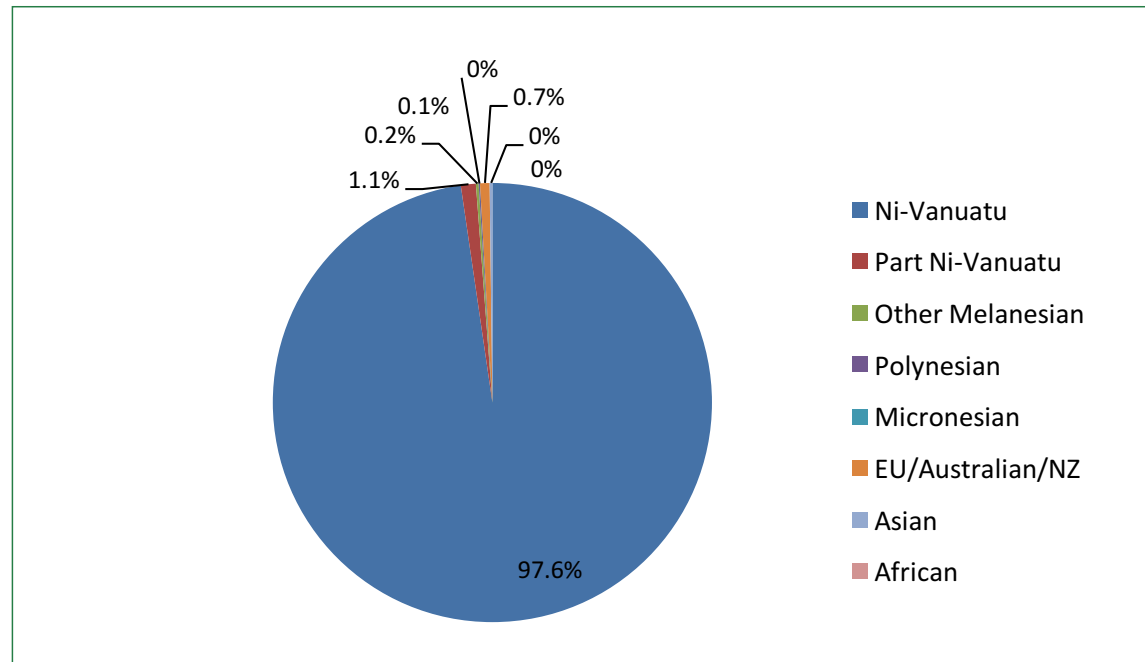
11 Annual growth rate in 2015. Secretariat of the Pacific Community, 2015 Pocket Statistical Summary, [http://prism.spc.int/images/downloads/2015\\_Pocket-Statistical-Summary.pdf](http://prism.spc.int/images/downloads/2015_Pocket-Statistical-Summary.pdf).

12 Ibid.

The capital, Port Vila, is located on the most populous island (Efate) and has a population of 44,039 (18.8 per cent of the total population) according to the 2009 census.

Figure 2.2 shows that Vanuatu is largely homogenous, with Ni-Vanuatu comprising 97.6 per cent of the population.<sup>13</sup>

**Figure 2.2: Ethnicity**



Source: 2009 Vanuatu Census

The official languages of Vanuatu are Bislama, English and French.<sup>14</sup>

According to the 2009 census, the majority religion is Christianity (82.4 per cent). Some 12.6 per cent of the remaining population adhere to 'other religions', which according to the 2009 census include 88 newly formed but not specified religions. Some 1.1 per cent of the population identify as having no religion.

## 2.2. Main disaster and climate risks

Vanuatu is particularly prone to disaster and climate risks, including tropical cyclones, earthquakes, droughts, tsunamis and volcanic eruptions.

<sup>13</sup> Ibid.

<sup>14</sup> Regional Rights Resource Team, *Human Rights in the Pacific*, 2016. Available at: [http://rrrt.spc.int/publications-media/publications/item/download/313\\_3695645ff8e36dd9b8c5ff8b2fd05c31](http://rrrt.spc.int/publications-media/publications/item/download/313_3695645ff8e36dd9b8c5ff8b2fd05c31)



A recent study assessing risks of cyclones, drought and earthquakes in a selected number of PICTs found that Vanuatu has the highest risk level per child to these hazards.<sup>15</sup> The high individual risk level is largely generated by the severity and frequency of these hazards, and the vulnerability of children in Vanuatu (determined by indicators such as age group, dwelling structural strength and access to water). On Efate island, drought is the main individual risk. There is also a high risk of earthquakes, particularly in the western part of the island, where Port Vila is located. There is a high risk of tropical cyclones in the northern part of Espiritu Santo and earthquakes in the east. In terms of societal risks (influenced by the number of children in particular locations, vulnerability and hazards), Vanuatu is the PIC with the second highest risk after the Solomon Islands.<sup>16</sup>

Tropical cyclones have caused US\$449,400 in damages over the past decade, affected 240,006 people, and caused 23 fatalities. Tropical cyclone Pam was the most recent and most serious cyclone to hit the country (2015), causing major destruction, particularly in the central and southern parts of the Pacific.<sup>17</sup> UNICEF estimated that approximately 60,000 children were affected.<sup>18</sup>

Vanuatu has also been hit by severe floods in the past decade (affecting 950 people) and volcanic activity (with 9,400 people affected by volcanic ash fall in 2008 and 2009).<sup>19</sup>

Vanuatu's most recent Disaster Risk Reduction and Disaster Management National Action Plan (2006-2016) sets out steps to promote and ensure safety, security and resilience, by reducing the social, economic and environmental impacts of disasters, thereby facilitating the achievement of national development goals (outlined in the National Development Plan of Vanuatu [2006-2015]).<sup>20</sup>

*Disaster Risk is a function of interaction between several variables: the likelihood and potential severity of a natural or man-made hazard; the exposure of populations and socio-economic assets to it; the vulnerability of the population or society exposed; and their capacity to reduce, mitigate or manage the hazard as it manifests. The Child-Centred Risk Assessment for Vanuatu (see Figure 2.3) uses the child population in particular administrative regions as a proxy for 'exposure'. However, this means that the risk score for a particular area increases with its population density.*

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

16 Ibid.

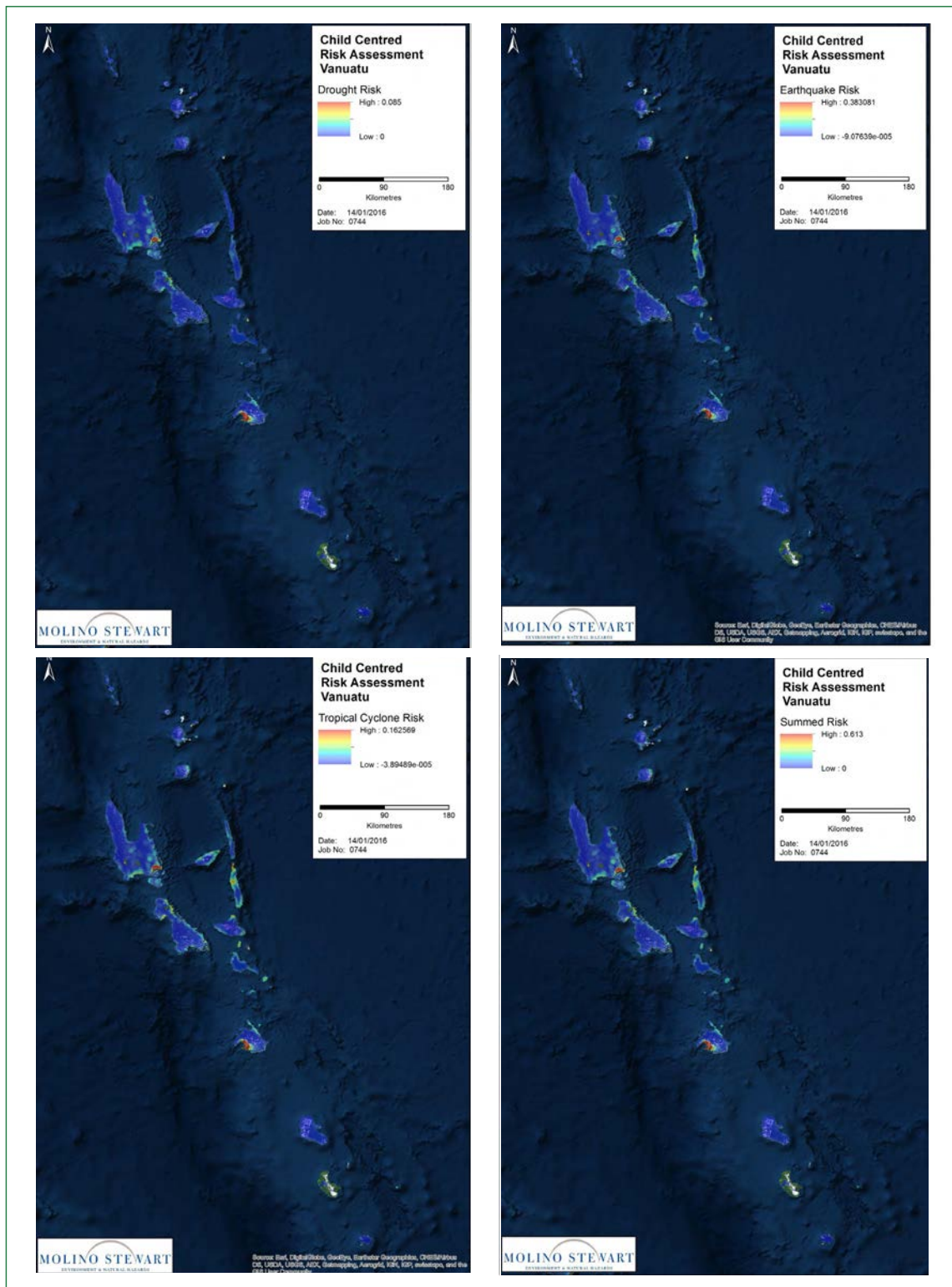
17 UNICEF Pacific, 'Cyclone Pam', [https://www.unicef.org/pacificislands/overview\\_23761.htm](https://www.unicef.org/pacificislands/overview_23761.htm).

18 UNICEF Pacific, '60,000 children in need of immediate assistance after Cyclone Pam in Vanuatu; at least 72,000 out of school, 15 March 2015', [https://www.unicef.org/pacificislands/1852\\_23766.htm](https://www.unicef.org/pacificislands/1852_23766.htm).

19 CRED Database.

20 Government of Vanuatu, Disaster Risk Reduction and Disaster Management National Action Plan (2006-2016), <http://pacificdisaster.net/pdnadmin/data/original/ER0083.pdf>.

**Figure 2.3: Child-centred risk assessment maps**



Source: Molino Stewart 2016<sup>21</sup>

21 Maps retrieved from: Molino Stewart, UNICEF Pacific. Op. cit.

## 2.3. Government and political context

Vanuatu, formerly known as the New Hebrides, was an Anglo-French colony until 1980 when the island group gained independence as Vanuatu.<sup>22</sup> It is a democratic republic that forms part of the Commonwealth, with a President as Head of State and a Prime Minister as Head of Government.<sup>23</sup> The Prime Minister is elected by the Parliament and the President is elected by an electoral college (including the Parliament and Presidents of the regional councils). The Parliament is unicameral and has 52 seats.<sup>24</sup> As of March 2016, all MPs are male.<sup>25</sup>

At sub-national level, Vanuatu is divided into six provinces (Torba, Sanma, Penama, Malampa, Shefa and Tafea), which are governed by provincial governments.<sup>26</sup>

Vanuatu's National Youth Council under the Government's Ministry of Youth and Sports Development, provides an opportunity for young persons to participate in decision-making and raise issues that affect them and their communities. The Council also coordinates other youth groups and assists the implementation of local projects.<sup>27</sup>

## 2.4. Socio-economic context

*Vanuatu's current national development plan is 'Vanuatu 2030 The People's Plan', which has as its vision a stable, sustainable and prosperous Vanuatu, with goals across the pillars of society, environment and economy.<sup>28</sup>*

Vanuatu's Gross Domestic Product (GDP) per capita was US\$2,805.3 in 2015<sup>29</sup> and the island group was classified as one of the Least Developed Countries on the Development Assistance Committee list of Official Development Assistance (ODA) recipients 2014-2016.<sup>30</sup> Vanuatu has recently emphasised private sector and foreign investment, supported by Asian Development Bank intervention, and the implementation of a structural economic reform programme (reducing the public sector and introducing tighter fiscal controls and increasing exports). As a result, Vanuatu saw a period of economic growth from 2003 to 2008, followed by a decrease from 2009

22 The Commonwealth, Vanuatu: History, <http://thecommonwealth.org/our-member-countries/vanuatu/history>.

23 Regional Rights Resource Team, *Human Rights in the Pacific*, 2016. Available at: [http://rrrt.spc.int/publications-media/publications/item/download/313\\_3695645ff8e36dd9b8c5ff8b2fd05c31](http://rrrt.spc.int/publications-media/publications/item/download/313_3695645ff8e36dd9b8c5ff8b2fd05c31).

24 Ibid.

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

26 The Commonwealth, Vanuatu: Constitution and politics, <http://thecommonwealth.org/our-member-countries/vanuatu/history>.

27 Vanuatu National Youth Council, <http://vnyc.gov.vu/>; VNYC, Newsletter 2016, <http://vnyc.gov.vu/images/vnycquarterlynewsletter.pdf>.

28 Government of Vanuatu, National Sustainable Development Plan 2016-2030, 'Vanuatu 2030: The People's Plan' <https://www.gov.vu/en/publications/vanuatu-2030>. [4.8.17].

29 World Bank Statistics, <http://databank.worldbank.org/data/reports.aspx?source=2&country=FJI#>.

30 Note: According to UN General Assembly Resolution 68/L.20 adopted on 4 December 2013, Vanuatu is set to graduate from the least developed country category four years after the adoption of the resolution. <http://www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf>.

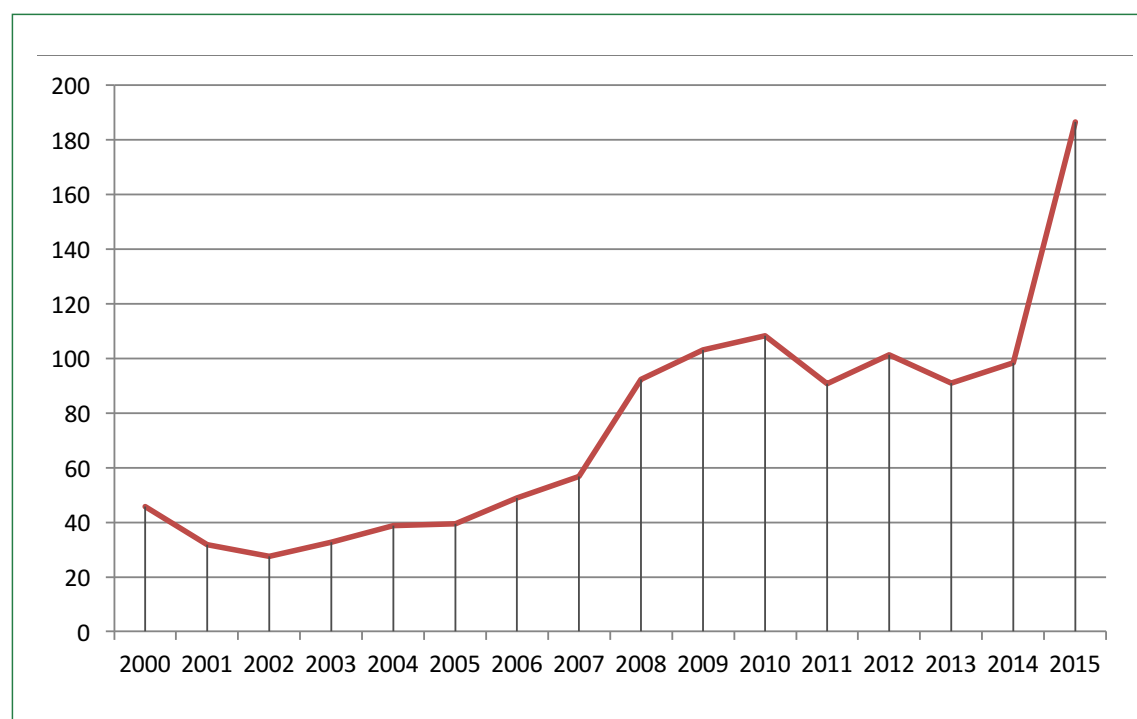


to 2010 due to the international economic downturn. Since 2010, GDP has continued to increase, rising to 3.5 per cent in 2014.<sup>31</sup>

Vanuatu's main industries are cash crops (kava, coconut and cocoa), subsistence farming and fishing. Exports include cash crops and beef, while the construction industry and tourism contribute to economic growth.<sup>32</sup> According to the Australian Government Department of Foreign Affairs and Trade, the tourism sector accounts for "approximately 40 per cent of GDP and one third of people in formal employment...Vanuatu's economic growth has recently been driven largely by tourism and construction."<sup>33</sup> Further breakdowns of sectoral contributions to GDP are unavailable.

Vanuatu's receipt of ODA from donor countries and institutions has varied over the past 15 years. However, as illustrated in Figure 2.4, 2014-2015 observed a steep increase in ODA in the aftermath of Cyclone Pam. The most recent data available for the percentage of the central government expense that comprised ODA dates from 2011, when the net ODA received equalled 52 per cent of central government expense,<sup>34</sup> a decline from 2010 (69.4 per cent).

**Figure 2.4: Net ODA (US\$ Million)**



Source: OECD and World Bank Statistics

31 The Commonwealth, Vanuatu: Economy, <http://thecommonwealth.org/our-member-countries/vanuatu/economy>.

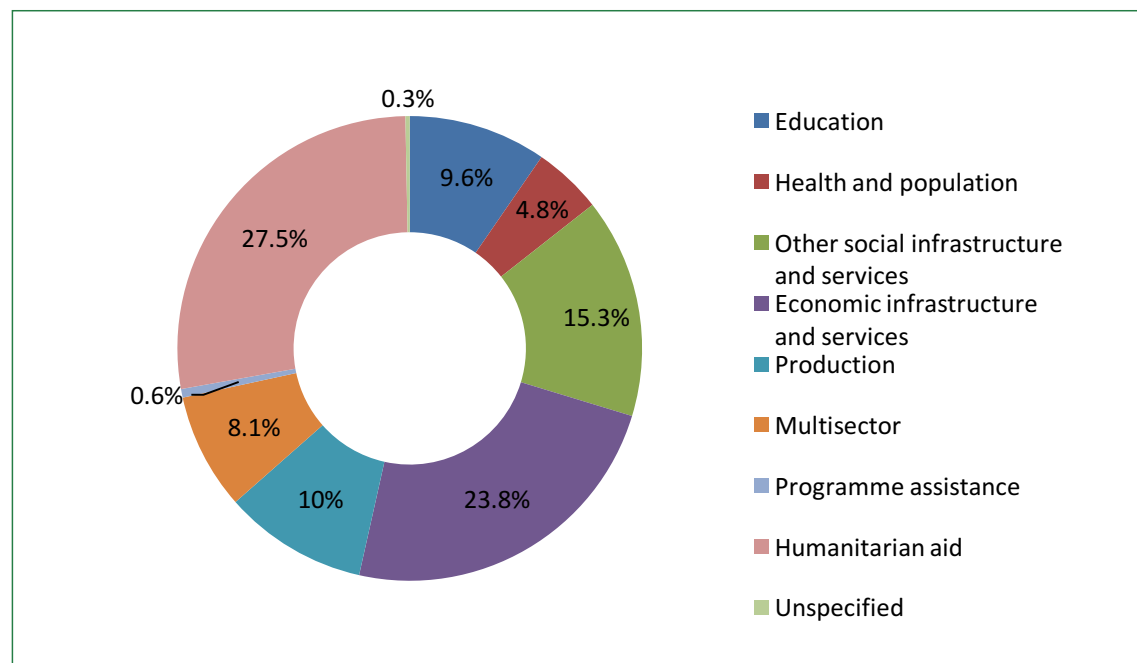
32 Australian Government Department of Foreign Affairs and Trade, Vanuatu Country Brief, available at <http://dfat.gov.au/geo/vanuatu/Pages/vanuatu-country-brief.aspx> [31.03.17].

33 Ibid.

34 OECD and World Bank Statistics, <http://data.worldbank.org/indicator/DI.ODA.ODAT.XP.ZS?locations=VU>.

In 2014-15, Vanuatu received most ODA from Australia (US\$72.6 million), followed by New Zealand (US\$ 26.1 million) and Japan (US\$ 14 million).<sup>35</sup> Figure 2.5 outlines the bilateral ODA received by sector in 2014-2015, with 30 per cent going to education, health, population and other social infrastructures and services. Because of the destruction caused by Cyclone Pam in 2015, a large percentage of ODA went to humanitarian aid (27.5 per cent).

**Figure 2.5: Net ODA (US\$ Million)<sup>36</sup>**



Source: OECD Statistics

The latest Vanuatu Household and Income Expenditure Survey (HIES) was conducted in 2010. According to the 2010 HIES, the percentage of individuals living under the national basic needs poverty line decreased slightly from 13 per cent in 2006 to 12.7 per cent in 2010, while the percentage of households in poverty increased slightly from 10.3 per cent to 10.7 per cent over the same period.

The Gini coefficient was 0.31 at national level, which represents a 'reasonable' level of inequality by international standards.<sup>37</sup> The level of inequality dropped significantly from 2006 to 2010 (from 0.41 to 0.31). This drop was particularly pronounced in urban centres (from 0.41 to 0.25 in Port Villa, and from 0.46 to 0.28 in Luganville).

35 Average gross ODA received. OECD, 'Top Ten Donors of Gross ODA for Vanuatu, 2014-2015 average, USD million', [https://public.tableau.com/views/OECDDACAidatagancebyrecipient\\_new/Recipients?:embed=y&:display\\_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no](https://public.tableau.com/views/OECDDACAidatagancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no).

36 Note: Multisector category refers to cross-cutting sectors and unidentified sectors; OECD Statistics, Vanuatu, <http://www.oecd.org/dac/stats/aid-at-a-glance.htm>.

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

Poverty levels vary by geographical location in Vanuatu, with urban areas experiencing higher poverty rates than rural areas. Poverty levels in urban areas, namely Luganville, saw an increase from 12.2 per cent in 2006 to 23.6 in 2010. Furthermore, children are more likely to experience poverty in urban areas (19.4 per cent in Port Villa and 23.9 per cent in Luganville), compared to rural areas (11.1 per cent).<sup>38</sup>

The distance between PICTs and the mainland, between outer and inner atolls, and between the PICTs, has limited Internet access and information and communications technology until recent years. Approximately 22.4 per cent of Vanuatu's population used the Internet in 2015: a steep increase since 2010 ( 8 per cent).<sup>39</sup> The number of mobile phone subscriptions is an average of 66 subscriptions per 100 people, after a peak in 2010 (approximately 72 subscriptions per 100 people).<sup>40</sup>

## 2.5. Legislative and policy framework

Vanuatu's legal system involves a combination of the English and French laws that were in existence when it gained independence in 1980, as well as customary laws and Acts of Parliament of Vanuatu.<sup>41</sup> The court system consists of the Magistrates' courts, the Island Courts (with jurisdiction over customary laws) and the Supreme Court.<sup>42</sup>

Under the 1980 Constitution, international treaties are presented to Parliament for ratification.<sup>43</sup> Ratified Conventions become part of domestic law, since the ratification process itself involves the passing of domestic legislation to incorporate the treaty into domestic law. The Convention on the Rights of the Child (Ratification) Act 1992, for instance, ratified the Convention on the Rights of the Child (CRC) and incorporated its provisions into domestic law. Consequently, domestic courts have applied CRC rights and principles on several occasions.<sup>44</sup>

The Government includes a number of institutions dealing with child rights, child justice and child protection mechanisms, as well as various sources for advocacy on disability rights and women's empowerment. The Child Desk Office was established under the Ministry of Justice and Community Services (MJCS) in 2009, to protect and promote children's rights. The Desk Office's main functions include integrating the CRC into domestic policy and action plans, establishing or strengthening national bodies protecting children's rights and monitoring the implementation

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38 UNDP, *Vanuatu Hardship and Poverty Report* (2010), para. 125.

39 International Telecommunication Union, World Bank, 'Internet Users'. <http://data.worldbank.org/indicator/IT.NET.USER.P2?page=2>.

40 Ibid.

41 Regional Rights Resource Team, *Human Rights in the Pacific*, 2016. Op. cit.

42 Ibid.

43 Constitution of the Republic of Vanuatu, Article 26. Subsections to (a) to (e) under Article 26 specify which international treaties must be presented to Parliament for ratification.

44 See *inter alia*: *Molu v Molu* [1998] VUSC 15 and *Nauka v Kaurua* [1998] VUSC 15.



of child rights. Specific policy areas include children with especially difficult circumstances and children with disabilities, basic health and nutrition, education and the environment. The Desk Office consists of four Officers and two main programmes – the Child Rights Programme and the Child Protection Programme. Under the latter, the Desk Office is responsible for the coordination of the National Child Protection Working Group, and for conducting monitoring visits and progress monitoring in the field of child protection. National policies guiding the work of the Desk Office include the Strategy for the Justice and Community Services Sector (2014-2017) and the Vanuatu National Child Protection Policy (NCPP) (2016-2026).

The MJCS also contains a Disability Desk Office, established in 2009. This is responsible for promoting and protecting the rights of persons with disabilities, and its objectives include establishing a national mechanism for monitoring and implementing a disability policy framework. Relevant policies in force include the Education Policy and Strategy Plan (2010-2020). Other relevant institutions concerning the situation of children in the Pacific include the Ministry of Youth and Sports Development and the Department of Women’s Affairs. Furthermore, the Office of the Ombudsman in Port Vila and Luganville is responsible for investigating any alleged misconduct by government agencies, including human rights violations.

## 2.6. Child rights monitoring

Table 2.1 shows that Vanuatu has signed, ratified and acceded to several core human rights treaties. Nevertheless, it has failed to comply with many of its corresponding reporting obligations. Notably, Vanuatu’s latest State Party report to the Committee on the Rights of the Child was submitted 16 years after the original deadline. Similarly, Vanuatu has an outstanding State Party report due to the Human Rights Committee, the treaty body monitoring the implementation of the International Covenant on Civil and Political Rights (ICCPR). The State Party report to the Committee on the Convention on the Rights of Persons with Disabilities was submitted five years after the original deadline.

**Table 2.1: Vanuatu’s treaty-body reporting requirements**

	Status	Past reports	Next report due
<b>CRC</b>	30 Sep 1990 (S) 7 Jul 1993 (R)	<b>Cycle I due:</b> 5 Aug 1995 Submitted: 27 Jan 1997  <b>Cycle II due:</b> 5 Aug 2000 Submitted: 3 Aug 2016	Awaiting Concluding Observations

<b>CRC OP1 SC</b>	16 Sep 2005 (S) 17 May 2007 (R)	<b>Cycle I due:</b> 17 Jun 2009 Submitted: 3 Aug 2016	Awaiting Concluding Observations
<b>Convention on the Elimination of All Forms of Discrimination Against Women</b>	8 Sep 1995 (A)	<b>Cycle I-III due: 8</b> Oct 2004 Submitted: 2 Mar 2005  <b>Cycle IV-V due:</b> 18 Oct 2012 Submitted: 17 Oct 2014	1 Mar 2020
<b>Committee on Economic, Social and Cultural Rights</b>	N/A	-	-
<b>ICCPR</b>	29 Nov 2007 (S) 21 Nov 2008 (R)	<b>Cycle I due:</b> 28 Feb 2010 Submitted: Outstanding	<u>Overdue since 2010</u>
<b>Convention on the Rights of Persons with Disabilities</b>	17 May 2007 (S) 23 Oct 2008 (R)	<b>Cycle I due:</b> 23 Nov 2010 Submitted: 18 Aug 2015	Awaiting Concluding Observations
<b>Committee on the Elimination of Racial Discrimination</b>	N/A	-	-
<b>International Labour Organization (ILO) No 138</b>	N/A	-	-
<b>ILO No 182</b>	28 Aug 2006 (R)	Out of cycle	<u>Requested in 2016</u>

Source: Office of the United Nations High Commissioner for Human Rights (UNOHCHR)<sup>45</sup>

A small number of civil society organizations participated in the first Universal Periodic Review (UPR) process (May 2009) by submitting shadow reports, including the Disability Promotion and Advocacy Association and a coalition of seven NGOs.<sup>46</sup> During the second UPR round in 2014,

45 UNOHCHR [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=190&Lang=EN](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=190&Lang=EN)

46 UPR Info, Vanuatu, <https://www.upr-info.org/en/review/Vanuatu/Session-05—May-2009/Civil-society-and-other-submissions#top>.

only three local civil society organizations submitted shadow reports: the Disability Promotion and Advocacy Association; Transparency Vanuatu; and the Vanuatu Family Health Association.<sup>47</sup>

The Child Desk Office under the MJCS was established to protect and promote children's rights and has responsibility for conducting periodic reviews of international human rights obligations. As Table 2.1 illustrates, however, Vanuatu has failed to comply with many of its reporting requirements, including submitting timely State Party reports to the Committee on the Rights of the Child.

The Office of the Ombudsman investigates allegations of human rights violations, including actions by government agencies, defects in law and policy and discriminatory practices.<sup>48</sup> The Ombudsman may also instigate its own investigations.<sup>49</sup> The Ombudsman issues recommendations and has the power to refer a case to the Prosecutor's Office.<sup>50</sup>

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47 Ibid.

48 Ombudsman Act, No. 27 of 1998, section 11(1).

49 Ibid. section 11(1)., section 11(2).

50 Ibid. section 11(1)., section 31.

# 3.

## Health and Nutrition

The situation analysis of child and maternal health in Vanuatu is framed around the CRC (particularly the rights to life, survival and development and to health) and the Sustainable Development Goals (SDGs). SDG 3 sets targets for ensuring healthy lives and promoting wellbeing. This assessment and analysis cover 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/overweight; 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

SDGs	Targets	Indicators
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
		Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type



<b>3.1</b>	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel
<b>3.2</b>	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Under-five mortality rate
		Neonatal mortality rate
<b>3.3</b>	By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		Tuberculosis incidence per 1,000 population
		Malaria incidence per 1,000 population
<b>3.7</b>	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
		Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

### The right to health in Vanuatu's domestic law

There is no direct provision for the right to health in Vanuatu's national legislation. The Ministry of Health is responsible for provision of health services and operates under a Health Sector Strategy, with the 2010-2016 Strategy the most recent document available.<sup>51</sup>

The analysis of causes of shortcomings and bottlenecks in relation to child and maternal health in Vanuatu takes a 'health systems approach'. A country's health system includes "all organisations, people and actions whose primary intent is to promote, restore or maintain health."<sup>51</sup> According to WHO/UNICEF guidance, six building blocks make up a country's health system, which this SitAn takes into account: 1) leadership and governance; 2) healthcare financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.<sup>52</sup> Furthermore, cross-references to other relevant parts of the SitAn (e.g., WASH and Child Protection) are made where necessary, because the causes of shortcomings in health systems are often multifaceted and interlinked with other areas.

51 [https://www.unicef.org/supply/files/GLC2\\_160615\\_WHO\\_building\\_blocks\\_and\\_HSS.pdf](https://www.unicef.org/supply/files/GLC2_160615_WHO_building_blocks_and_HSS.pdf) [02.03.17].

52 Ibid.

### 3.1. Child mortality

Neonatal mortality (0 to 28 days), infant mortality (under 1 year), and under-5 mortality have declined somewhat since 1990. The latest national estimates in the 2016 SOWC dataset record the under-5 child mortality rate (U5MR) at 28 deaths per 1,000 live births as of 2015, compared to 36 in 1990 (a reduction of just over 20 per cent over 25 years), although progress has slowed to 4 per cent since 2000.<sup>53</sup>

The U5MR means that Vanuatu is close to achieving SGD 3.2 (the reduction of U5MR to at least 25 deaths per 1,000 live births by 2030). The SOWC data also revealed **gender disparities**, with U5MR estimated at 30 and 35 deaths per 1,000 live births for boys and girls, respectively.<sup>54</sup>

The infant mortality rate (for under-1-year-olds) was an estimated 23 deaths per 1,000 live births as of 2015: a 20 per cent reduction from 29 deaths per 1,000 live births in 1990.<sup>55</sup> The SDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 and neonatal mortality. Neonatal mortality in Vanuatu is 12 per 1,000 live births.<sup>56</sup> This means that **Vanuatu has already achieved the SDG 3.2 target for neonatal mortality**, (12 deaths per 1,000 live births by 2030).

The WHO Country Cooperation Strategy for Vanuatu 2013-2017 describes **its progress in reducing child mortality as “remarkable”** and notes that “national commitment to primary health care revitalization and health systems strengthening” is an opportunity for reducing child mortality even further.<sup>57</sup> The Government’s Health Sector Strategy 2010-2016 identified the reduction of child mortality rates as a priority.<sup>58</sup>

UNICEF causes-of-death estimates suggest that most deaths in under-5 children in Vanuatu, as of 2015, were due to preterm complications (18 per cent of all deaths in under-5 children), followed by congenital diseases (16 per cent), diarrhoea (14 per cent), pneumonia (14 per cent), intrapartum complications (7.5 per cent), and injury (6 per cent). Unspecified ‘other’ causes account for a relatively large proportion of deaths in under-5 year olds (14 per cent) (see Figure 3.1).<sup>59</sup> Particularly noteworthy is the relatively large proportion of under-5 deaths (14 per cent) due to diarrhoeal diseases, which is one of the highest proportions in the world, and comparable to rates in Somalia, Angola and Syria.<sup>60</sup>

53 It is important to note that some estimates held that Vanuatu had reduced its child mortality rate by 64 per cent since 1990. However, this has been re-assessed and the calculation in this report is based on verified data from the SOWC 2016. See MoH & UNICEF (2013). Tracking Progress in Maternal and Child Survival. A Case Study Report for Vanuatu, p. 6.

54 SOWC 2016.

55 Ibid.

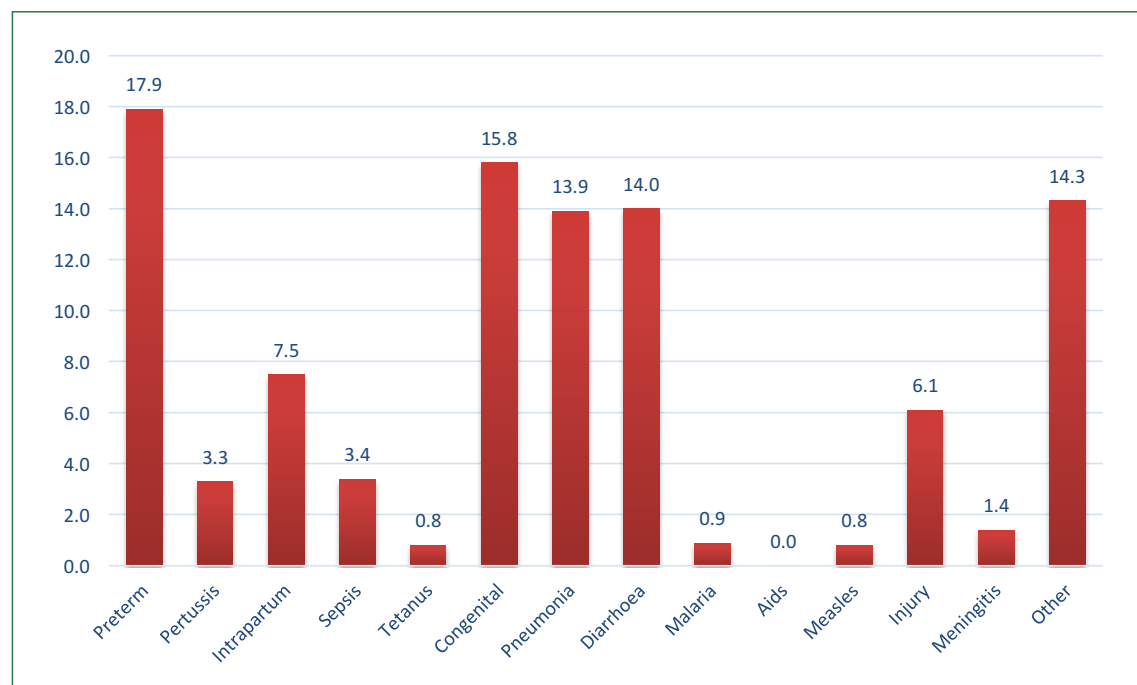
56 Ibid.

57 WHO Country Cooperation Strategy for Vanuatu 2013-2017, p. 42.

58 Government of the Republic of Vanuatu, Health Sector Strategy 2010-2016, forward.

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

60 Ibid.

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

Source: UNICEF 2016

In 2013, UNICEF Pacific collaborated with the Ministry of Health to publish the report ‘Tracking Progress in Maternal and Child Survival, Case Study Report for Vanuatu’.<sup>61</sup> The authors noted several barriers to infant health, including “shortages of trained health workers, especially female workers, affect access to reproductive, maternal, new-born, child and adolescent health services. The government health workforce is significantly below its approved capacity because candidates do not meet intake training criteria, trained staffs migrate and retirement age is mandatory. Recognized gaps also exist in community health education and engagement.” The report noted underlying causes of infant and maternal health challenges including: “conducting home deliveries in an unsterile environment, using an unsterile implement to cut the umbilical cord, immersing babies in cold water at birth, inducing vomiting at birth and delaying initial breast-feeding.”<sup>62</sup> The Ministry of Health has a number of projects designed to improve the situation for maternal and child mortality, including the Baby-Friendly Health Initiative and Baby Friendly Community Initiative.<sup>63</sup>

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

According to the WHO Country Cooperation Strategy for Vanuatu 2013-2017, and as reflected in the causes-of-death data, “respiratory infections, diarrhoeal disease and neonatal conditions

61 MoH & UNICEF (2013). Tracking Progress in Maternal and Child Survival. A Case Study Report for Vanuatu, p. 12.

62 Ibid. p. 13.

63 Ibid.

continue to account for most childhood illnesses and under-5 deaths.”<sup>64</sup> According to the 2013 Demographic and Health Survey (DHS), approximately 12 per cent of all children under-5 were reported to have had diarrhoea within the two weeks before the survey was conducted, with the highest incidence among children between aged six and 23 months (approximately 15.5 per cent). Some 44 per cent of children with diarrhoea were taken to a healthcare provider, while 62 per cent were treated with oral rehydration solution, either at home or in a healthcare centre.<sup>65</sup> There is no reliable data on the proportion of children with acute respiratory infection receiving treatment, due to the low number of children reported to experience acute respiratory infection in the DHS 2013 survey.<sup>66</sup>

The risk of malaria in Vanuatu is considered ‘high’<sup>67</sup> and the Government has described it as “a major public health concern in Vanuatu, especially among those who are particularly vulnerable such as pregnant women and children under 5 years of age.” It is an important cause of morbidity and mortality in Vanuatu (see Figure 3.1), and poses a high burden in both societal and economic terms. Most parts of the country report transmission throughout the year, although the number of cases increases during and soon after the rainy season.<sup>68</sup>

According to the DHS, 53 per cent of all children under 5 slept under a mosquito net the night before the survey, with the highest rate of use at 63 per cent in Rural 2.<sup>69</sup> Despite the fact that more than 10 per cent of children under 5 had a fever in the two weeks before the survey (fever is a common symptom of malaria), only 10 per cent of these were given antimalarial medication.<sup>70</sup> The survey data also showed that no children below the age of 12 months with a fever within the previous two weeks were given antimalarial medication. Provision of antimalarial drugs was lower in rural areas, which is linked to lower availability of diagnostic microscopy.<sup>71</sup>

**Immunization coverage for vaccine-preventable diseases remains low in Vanuatu.** Only 33 per cent of children have received all basic vaccinations (BCG, DPT, polio and measles), according to data collected for the 2013 DHS, while only 7 per cent received all basic vaccinations and did so before 12 months.<sup>72</sup> Trend estimates provided by the WHO Global Health Observatory<sup>73</sup> suggest that Vanuatu has not been able to significantly improve immunization coverage for 7 out of 12 recommended vaccines over the last 15 years, with data missing for the remaining 5 recommended vaccines (see Figure 3.2).

64 WHO Country Cooperation Strategy for Vanuatu. Op. cit. p. 38.

65 Vanuatu 2013 DHS page 138. Available at : [https://sdd.spc.int/images/documents/Collections/21\\_Vanuatu/DHS/2013/Report/2013\\_VDHS\\_FINAL\\_17\\_Feb\\_2015.pdf](https://sdd.spc.int/images/documents/Collections/21_Vanuatu/DHS/2013/Report/2013_VDHS_FINAL_17_Feb_2015.pdf) [07.06.17].

66 Ibid.

67 See e.g. <http://www.fitfortravel.nhs.uk/destinations/australasia-pacific/vanuatu.aspx>.

68 DHS Survey 2013. p. xxi.

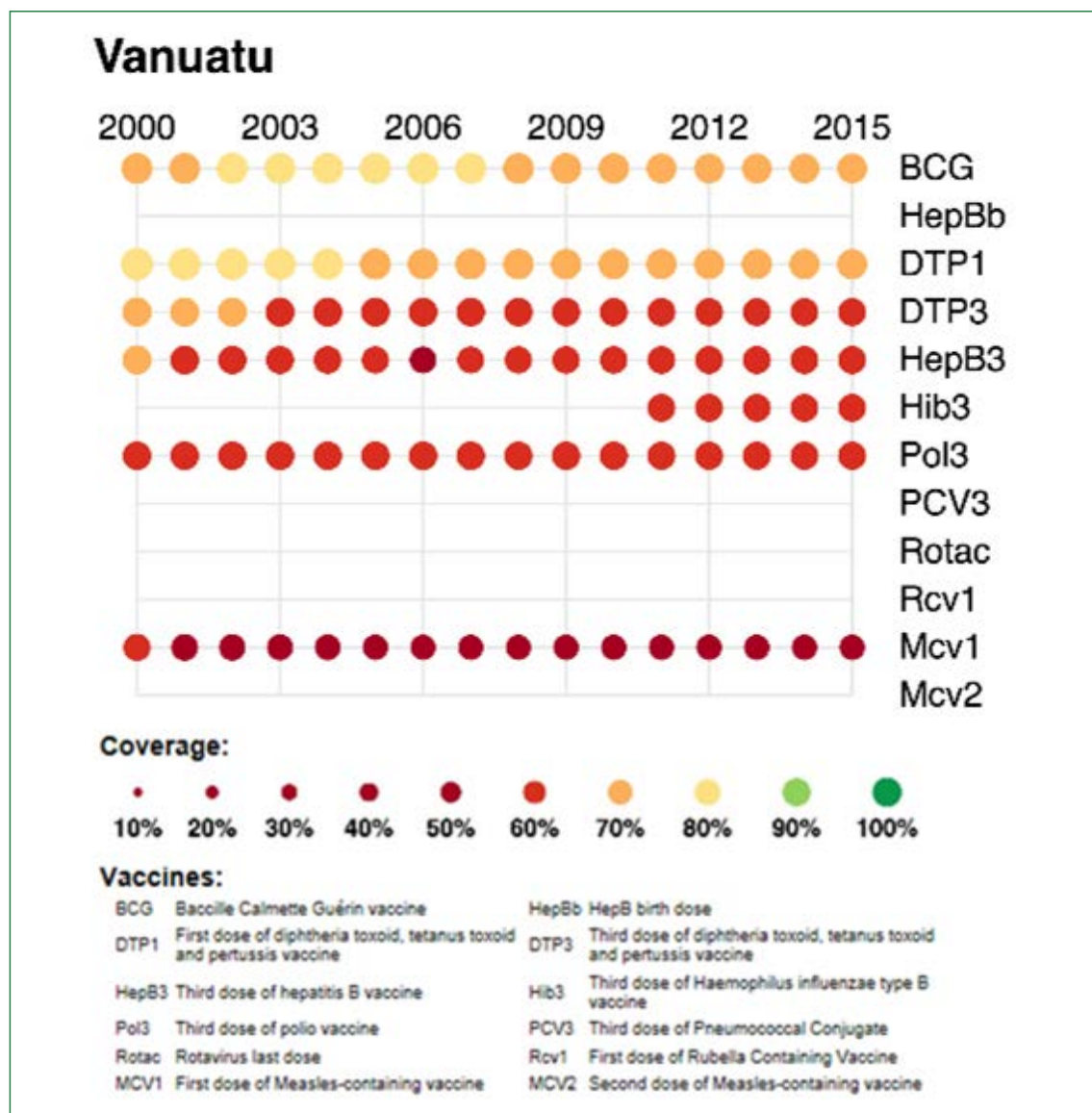
69 Rural 1 includes households surrounding urban areas (i.e. within easy access to Port Vila or Loganville) and all households within in all administrative centres of all other provinces. Rural 2 includes the remaining rural population. DHS 2013, p.xvii.

70 Ibid. p. xxi. Op. cit.

71 Ibid. p. xxii.

72 Ibid. p. 131.

73 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States, and data reported in the published and grey literature. WHO immunization coverage data are reviewed and the estimates updated annually. See [http://apps.who.int/immunization\\_monitoring/globalsummary/coverages?c=VUT](http://apps.who.int/immunization_monitoring/globalsummary/coverages?c=VUT) [02.03.17].

**Figure 3.2: Immunization coverage in Vanuatu (per cent of target population)**

Source: WHO 2017<sup>74</sup>

From a methodological perspective, it is difficult to establish the accuracy of reported immunization coverage rates. For example, recent DHS surveys in the PICTs all suggest much lower immunization coverage than the estimates provided by WHO.<sup>75</sup> According to a recent review of evidence on immunization in the PICTs, this can mainly be explained by the differing survey methodologies, with DHS data being somewhat less applicable to immunization coverage.<sup>76</sup>

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

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

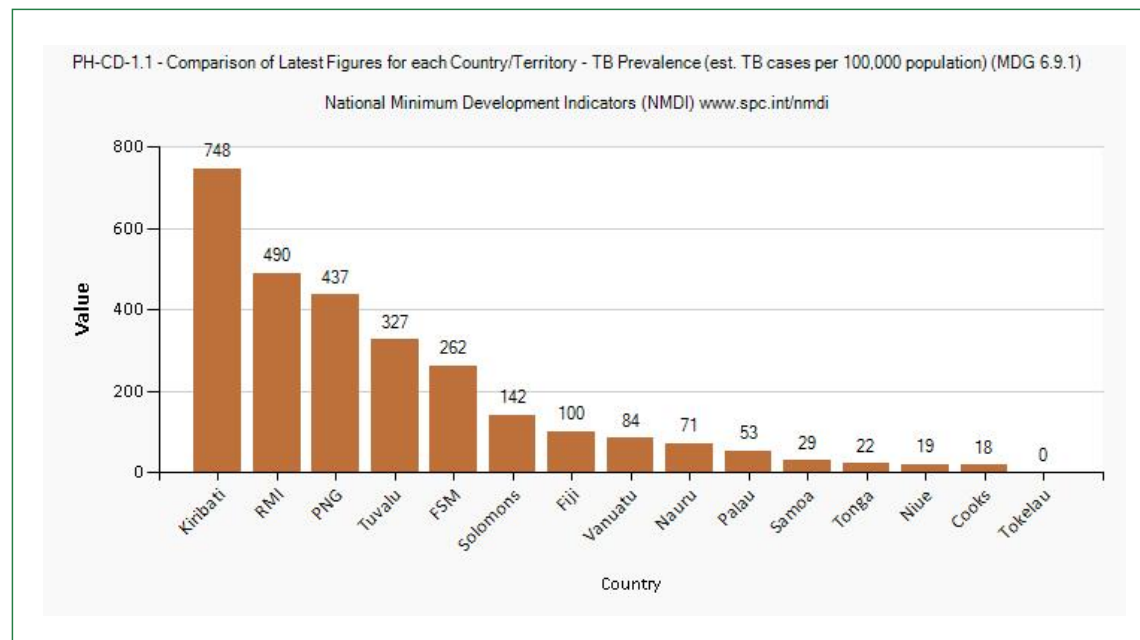
76 Ibid.



According to 2013 DHS data, immunization rates for basic vaccines (BCG, DPT, polio and measles) are lower for female babies than male babies (30 per cent compared to 35 per cent), and rates for male and female babies decrease for each subsequent child, from 47 per cent among first births to 10 per cent among sixth births and later. Children from households in urban areas are more likely to have received all the basic vaccinations (44 per cent, compared to 28 per cent in rural areas).<sup>77</sup>

SDG target 3.3 encourages all countries to eradicate tuberculosis (TB) by 2030.<sup>78</sup> Vanuatu's TB prevalence rate falls in the middle range of the PICTs group, with a prevalence rate of 84 cases per 100,000 population (see Figure 3.3).<sup>79</sup>

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



Source: NMDI 2013<sup>80</sup>

### 3.3. Maternal health

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio to less than 70 per 100,000 live births. According to latest UN-validated estimates summarised in the SOWC 2016 database, Vanuatu's maternal mortality ratio is 78 per 100,000 live births, which

77 DHS Survey 2013. Op. cit. p. 131.

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

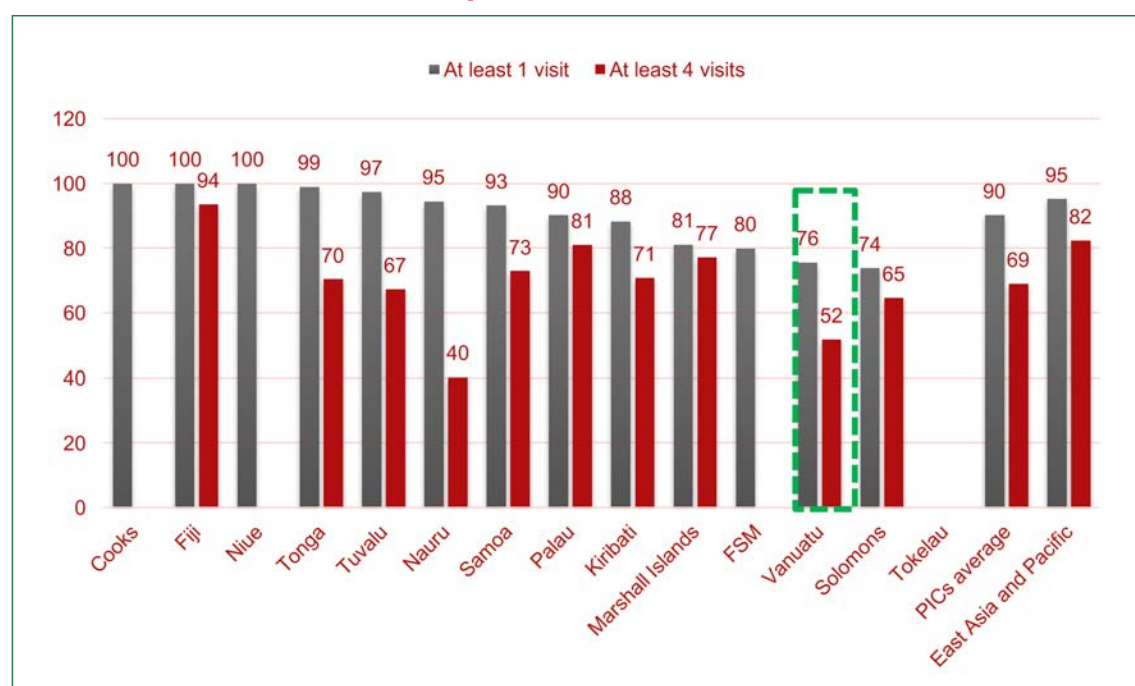
79 NMDI data. Available at: [https://www.spc.int/nmdi/communicable\\_diseases](https://www.spc.int/nmdi/communicable_diseases) [25.04.17].

80 Ibid.

is just above the SDG target.<sup>81</sup> Note, however, that the accuracy of maternal mortality data is affected by confusion over diagnosing and coding cause of death.<sup>82</sup> While there are no data on the causes of maternal mortality, the challenges noted regarding infant mortality also relate to maternal health around birth, including poor health worker training and poor sanitary conditions.<sup>83</sup>

Under Article 24(2)(d) of the CRC and CRC GC No.15, Vanuatu has an obligation to ensure appropriate ante- and post-natal health care for mothers. As of 2015, estimated antenatal coverage for at least one visit is 76 per cent, while coverage for at least four visits is estimated at 52 per cent, neither of which are close to universal coverage.<sup>84</sup> In comparison to other PICTs, Vanuatu is on the lower end of the range for ante-natal care coverage (see Figure 3.4).

**Figure 3.4: Ante-natal coverage (per cent) for at least 1 and 4 visits**



Source: SOWC 2016

SOWC 2016 data suggest that most pregnant women in Vanuatu give birth in the presence of a skilled health professional (89 per cent in 2015) and in a health facility (in 89 per cent of cases).<sup>85</sup> However, there are **significant geographical disparities**, with 96 per cent and 87 per cent

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

82 MoH & UNICEF (2013). Tracking Progress in Maternal and Child Survival. A Case Study Report for Vanuatu, p. 15.

83 Ibid.

84 SOWC 2016. Op. cit.

85 Ibid.

of mothers attended by a skilled healthcare professional in urban and rural areas, respectively, according to the latest available data.<sup>86</sup>

### 3.4. Adolescent health

Adolescents aged 10 to 19 make up 21 per cent of the population of Vanuatu, which according to 2016 SOWC data, is just below the PIC average of 22 per cent, but significantly higher than the East Asia and Pacific average of 13 per cent.<sup>87</sup> Adolescence has been recognised by the Committee on the Rights of the Child as a “unique defining stage of human development,” with particular health issues and response requirements.<sup>88</sup>

#### 3.4.1. Fertility and contraceptive use

According to World Bank estimates from 2015, the adolescent fertility rate in Vanuatu stands at 43 (births per 1,000 women aged 15 to 19), which is significantly higher than the average of 22 for East Asia and Pacific.<sup>89</sup> In Vanuatu, the adolescent fertility rate decreased steadily from 1978 to 2007 from 89/1,000 to 47/1,000, with the decrease slowing thereafter.<sup>90</sup> Amongst this population group, 4 per cent of males and 11 per cent of females are married.<sup>91</sup> Previous research has shown that teenage marriage reduces the likelihood that married women will have equal decision-making power in relation to family planning and contraceptive use.<sup>92</sup>

Contraceptive prevalence<sup>93</sup> in Vanuatu is an estimated 49 per cent of the population, which is significantly lower than the East Asia and Pacific average of 64 per cent.<sup>94</sup> Nevertheless, Vanuatu has the second-highest contraceptive prevalence rate in the whole PICTs region (only FSM has a higher rate, at 55 per cent).<sup>95</sup>

According to the 2013 DHS, 16 per cent of women aged 15 to 19 in Vanuatu have had a live birth, while 4 per cent of women aged 15 to 19 were pregnant with their first child at the time of the survey.<sup>96</sup> Of those aged 15 to 24, 6 per cent of women and 7 per cent of men had had sex before the age of 15, while 41 per cent of women and 53 per cent of men reported having sex before

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86 Ibid.

87 Ibid.

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

89 World Bank data: <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=VU> [07.03.17]. The regional average includes China.

90 <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=FJ> [07.03.17].

91 SOWC 2016. Op. cit.

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

93 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].

94 SOWC 2016. Op. cit.; the regional average excludes China.

95 Ibid.

96 DHS Vanuatu 2013. Op. Cit. p. 50.

18.<sup>97</sup> Condom use at first sex was 45 per cent amongst women in urban areas and 33 per cent for women in rural areas, highlighting significant rural-urban discrepancies in relation to safe-sex practices.<sup>98</sup>

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

According to the 2015 Global AIDS Progress Report, Vanuatu, there have only been nine recorded cases of HIV in Vanuatu, with the first recorded in 2002.<sup>99</sup> However, the Report also notes that “actual HIV numbers are expected to be much higher,” as cases are currently only recorded through passive surveillance in health centres.<sup>100</sup> According to the Report, of the six persons who are still alive, four, all women, are receiving antiretroviral therapy.<sup>101</sup> The Report also suggests that most transmission of HIV is through heterosexual activity.<sup>102</sup>

The same report shows that most people aged 15 to 49 had heard of AIDS (91 per cent of females, 92 per cent of males).<sup>103</sup> However, according to DHS data, only 21 per cent of women and 22 per cent of men have a *comprehensive* knowledge of HIV, with young adults aged 15 to 24 the age group that is least likely to have comprehensive knowledge.<sup>104</sup>

Rates of sexually transmitted infections (STIs) in Vanuatu are considered ‘high’.<sup>105</sup> Between 2011 and 2014, 14,037 men and women were tested for Chlamydia in Vanuatu, with 21 per cent found to be infected.<sup>106</sup> Figure 3.5 presents regional NMDI data on Chlamydia prevalence amongst pregnant women receiving ante-natal care consultations, which suggest that Vanuatu has the fifth-highest Chlamydia prevalence rate in the whole PICTs region.<sup>107</sup> The high STI rates indicate that the underlying behavioural risks for HIV transmission are high, which raises concerns about a potential future increase in HIV cases.

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97 Ibid. p. 178.

98 Ibid. p. 202.

99 Ministry of Health, Vanuatu, Global AIDS Progress Report, 2015, [http://aidsdatahub.org/sites/default/files/publication/Vanuatu\\_narrative\\_report\\_2015.pdf](http://aidsdatahub.org/sites/default/files/publication/Vanuatu_narrative_report_2015.pdf), p. 15.

100 Ibid.

101 Ibid.

102 Ibid.

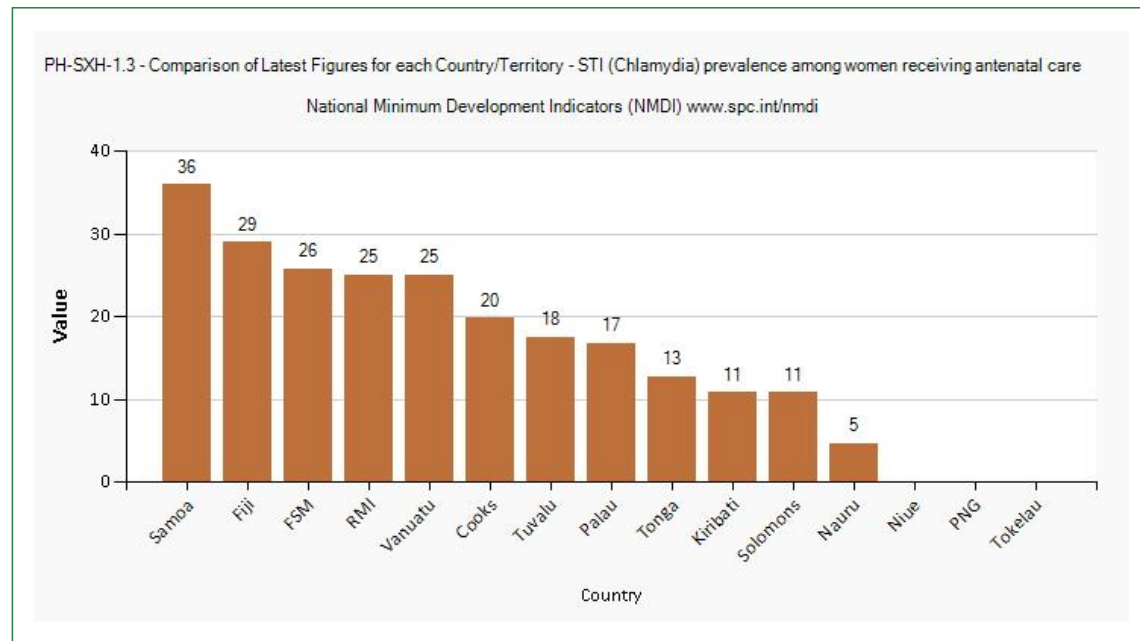
103 Ibid.

104 Vanuatu 2013 DHS. Op. cit. p.184-185. ‘Comprehensive knowledge’ about AIDS is defined as knowing that consistently using a condom during sexual intercourse, and having just one uninfected faithful partner can reduce the chance of getting AIDS, knowing that a healthy-looking person can have AIDS, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

105 Ministry of Health, Vanuatu, Global AIDS Progress Report, 2015. Op. cit. p. 15.

106 Ibid.

107 Data are collated from national-level data sources, dating from year 2004 to 2010. See [https://www.spc.int/nmdi/sexual\\_health](https://www.spc.int/nmdi/sexual_health) [30.05.17].

**Figure 3.5: Chlamydia prevalence amongst women receiving ante-natal care**

Source: NMDI database<sup>108</sup>

### 3.4.3. Substance abuse

According to SDG target 3.5, Vanuatu should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. There is limited quantitative data on substance abuse amongst adolescents and adolescent mental health in Vanuatu. The 2011 Global School-based Student Health Survey (GSHS) surveyed 1119 students and produced nationally representative data in relation to children aged 13 to 15. This data indicate that 8.3 per cent of all children (10.3 per cent of boys and 5.8 per cent of girls) had an alcoholic drink during the month before the survey, while 70.8 per cent of children who had ever had an alcoholic drink had had their first drink before the age of 14. Some 3.6 per cent of all children (5 per cent of boys and 1.9 per cent of girls) had ever smoked marijuana.<sup>109</sup>

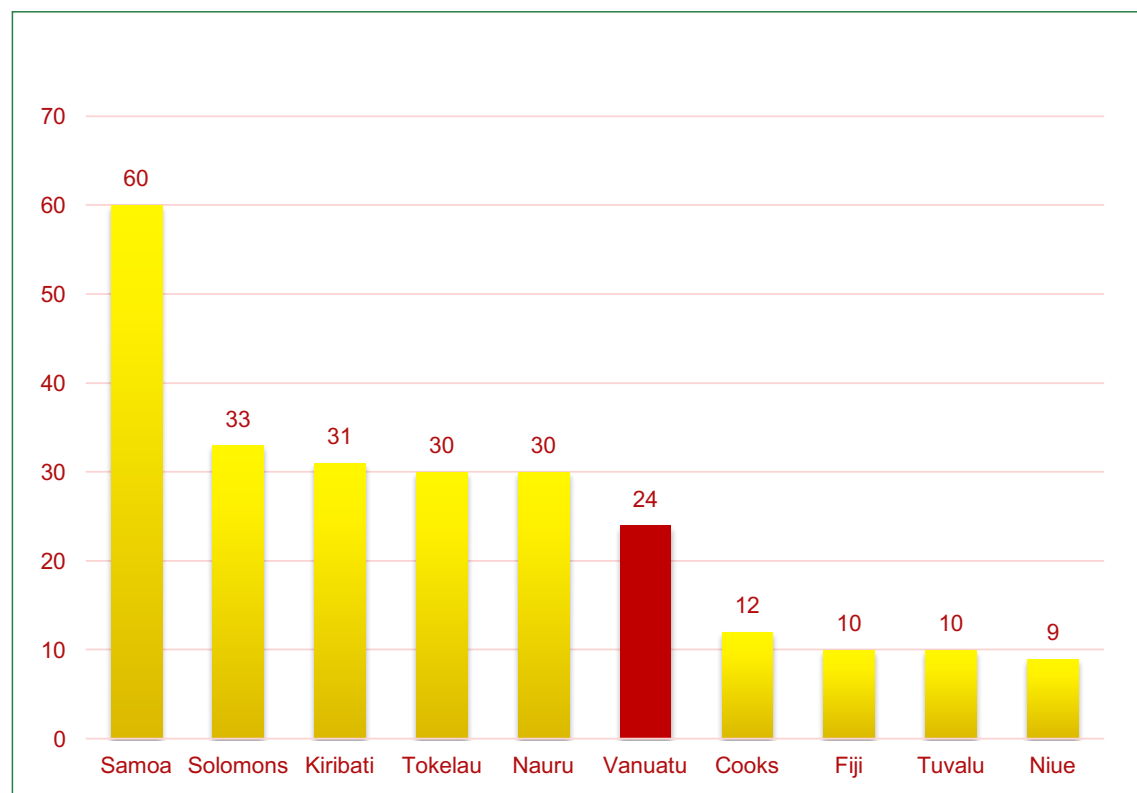
### 3.4.4. Mental health

The 2011 GSHS survey also collected limited information about adolescent mental health and found that an extremely high rate of children aged 13 to 15 had considered suicide over the previous 12 months (17.6 per cent), while 24.3 per cent had attempted suicide. While this attempted suicide rate is worryingly high, neighbouring PICTs have even higher rates, with an average attempted suicide rate of 25 per cent amongst school children aged 13 to 15 (see Figure 3.6).

108 Ibid.

109 Vanuatu Global School-based Health Survey 2011, [http://www.who.int/chp/gshs/Vanuatu\\_2011\\_GSHS\\_FS.pdf](http://www.who.int/chp/gshs/Vanuatu_2011_GSHS_FS.pdf).



**Figure 3.6: Attempted suicides (in per cent) amongst school children aged 13-15**

Source: GSHS 2010-2016<sup>110</sup>

Beyond the GSHS data, there appears to be no quantitative data on the mental health of adolescents and children in Vanuatu, though it would be essential to explore mental health as an issue given the high recorded level of attempted suicide. It is also important to note that there is no quantitative data on mental health indicators for out-of-school youth.

The WHO Country Cooperation Strategy for Vanuatu 2013-2017 notes that climate change is causing health impacts, including “increased mental health problems (from loss of land, livelihoods and population displacement, as well as the mental health impact of natural disasters).” Thus, prevention and responses to mental health concerns should take climate change and resilience into account.<sup>111</sup>

110 ‘Attempted suicide prevalence’ refers to the percentage of students who had actually attempted suicide one or more times during the previous 12 months. The GSHS collected data on attempted suicides amongst school children aged 13 to 15 in 10 of the 14 PICs. The 2010 Tonga GSHS Factsheet does not present data on attempted suicide. See [http://www.who.int/chp/gshs/2010\\_GSHS\\_FS\\_Tonga.pdf?ua=1](http://www.who.int/chp/gshs/2010_GSHS_FS_Tonga.pdf?ua=1) [31.05.17].

111 [http://iris.wpro.who.int/bitstream/handle/10665.1/7876/CCS\\_VUT\\_2013-2017\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/7876/CCS_VUT_2013-2017_eng.pdf), p. 12.

### 3.5. Nutrition

SDG 2.2 encourages States to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children aged under-5 (the 'WHO Global Nutrition Targets'), and addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons.<sup>112</sup>

According to the WHO Global Nutrition Targets, Vanuatu should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.<sup>113</sup>

#### 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

Data around nutrition in Vanuatu is available through several (relatively outdated) sources, including the 2010 HIES and the 2007 Multiple Indicator Cluster Survey for Vanuatu, which included a

112 See <https://sustainabledevelopment.un.org/sdg2> [10.04.17].

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

nutrition survey. Existing literature in relation to nutrition in Vanuatu refers to a ‘triple burden of malnutrition’, of stunting and underweight, obesity and non-communicable diseases (NCDs), resulting from malnutrition, including anaemia, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases.<sup>114</sup> Anaemia is noted as a “serious public health concern.”<sup>115</sup>

### 3.5.1. Child stunting and wasting

According to the 2016 SOWC data, prevalence of child stunting (short height for age or ‘chronic malnutrition’) in Vanuatu is estimated at a very high 29 per cent.<sup>116</sup> This compares poorly with the PIC average of 18 per cent<sup>117</sup> and the East Asia and Pacific average of 11 per cent.<sup>118</sup> Data suggests that stunting has increased slightly since 1996, when it was at 26 per cent.<sup>119</sup>

**Stunting prevalence in Vanuatu is strongly associated with geographical and socio-economic characteristics.** Stunting prevalence amongst children in households in the poorest wealth quintile is 40 per cent, but drops to a significantly lower 16 per cent for households in the richest quintile.<sup>120</sup> Stunting prevalence is also significantly higher in rural than urban households, at 32 per cent and 10 per cent, respectively.<sup>121</sup>

According to the 2016 SOWC dataset, childhood wasting (low weight for height or ‘acute malnutrition’) affects only 4 per cent of children in Vanuatu, which is already below the WHO target of 5 per cent for the year 2025.<sup>122</sup> This is on par with both the PIC and East Asia and Pacific averages, which both stand at 4 per cent.<sup>123</sup>

### 3.5.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,<sup>124</sup> through increased risk of blood loss at delivery and postpartum haemorrhage.<sup>125</sup> 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

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114 See [http://www.vnso.gov.vu/images/Special\\_Report/Vanuatu\\_Food\\_and\\_Nutrition/2015\\_Household\\_Nutrition\\_Analysis\\_Vanuatu.pdf](http://www.vnso.gov.vu/images/Special_Report/Vanuatu_Food_and_Nutrition/2015_Household_Nutrition_Analysis_Vanuatu.pdf) and Vanuatu - Food and Nutrition Security Profiles, 2014.

115 FAO, Vanuatu Food and Nutrition Security Profile. Op. cit.

116 SOWC 2016. Op. cit.

117 Ibid. There are no up-to-date UN estimates of child stunting and wasting rates for around half of all countries in the PICs group, which represents a significant data gap.

118 Ibid.

119 Global Nutrition Report, 2014 Nutrition Country Profile, Vanuatu, 2014.

120 SOWC 2016. Op. cit.

121 Ibid.

122 Ibid.

123 Ibid.

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

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

risk of dying.<sup>126</sup> De-worming and iron supplementation can be effective in reducing anaemia in pregnant women and in children.<sup>127</sup>

The 2013 DHS included blood testing for children and women to determine their anaemia status. It found that 22 per cent of women aged 15 to 49 were anaemic, and that 28 per cent of children aged below 5 had anaemia (with 19 per cent suffering mild anaemia, 8 per cent moderate and less than 1 per cent severe).<sup>128</sup> Although there was little difference across the sexes, the survey found higher levels of childhood anaemia in urban than rural locations. In addition, the study report commented: “Surprisingly, the prevalence of anaemia increases with mother’s education level and wealth quintile.”<sup>129</sup> Note that disaggregated estimates should be treated with caution, given the relatively small number of applicable observations.<sup>130</sup>

### 3.5.3. Low birth weight and underweight

Low birth weight<sup>131</sup> is a significant public health concern in the PIC region. It is closely associated with foetal and neonatal mortality and morbidity, inhibited growth and inhibited cognitive development, as well as chronic diseases later in life.<sup>132</sup> The SOWC 2016 data indicate that 10 per cent of children born in Vanuatu have low birth weight, which is below the PIC average of 12 per cent.<sup>133</sup>

The same data suggest that 11 per cent of children aged under 5 in Vanuatu are underweight.<sup>134</sup> This is more than double the average rate in East Asia and Pacific (5 per cent), and the third-highest rate among the PICTs (where the average is 7 per cent).<sup>135</sup>

### 3.5.4. Obesity

According to the 2016 SOWC data, only 5 per cent of children aged under 5 years in Vanuatu are overweight. Evidence from 10 GSHS surveys<sup>136</sup> implemented in the PIC region between 2010 and 2015 suggests that obesity prevalence amongst Vanuatu’s school children aged 13 to 15 is

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126 Ibid.

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

128 Vanuatu DHS 2013.

129 Vanuatu DHS 2013. Op. Cit. p. 159.

130 Ibid. p. 160. Note that confidence intervals are not reported.

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

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

133 SOWC 2016. Op. cit. Data on low birth weight are missing for the Cook Islands, Niue, Tokelau, and Tonga.

134 Ibid.

135 Ibid.. UN data on childhood underweight are missing for the Cook Islands, FSM, RMI, Niue, Palau, Samoa, and Tokelau.

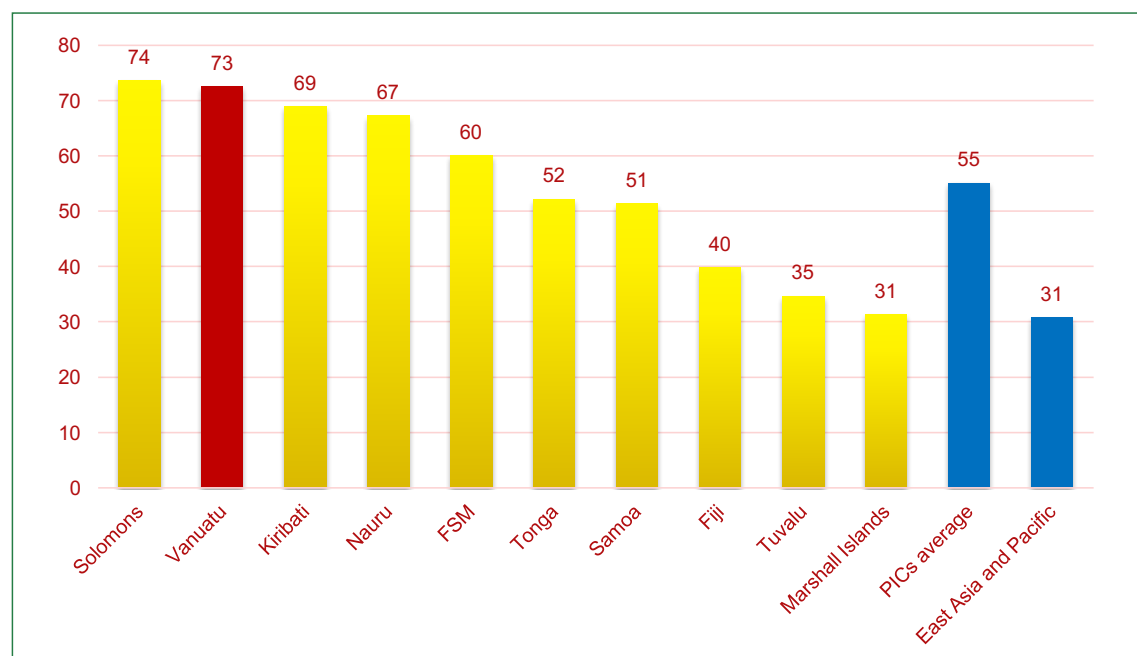
136 GSHS data were collected from 13- to 15-year-old school children between 2010 and 2016. Data were compiled from 10 GSHS factsheets. Available at: <http://www.who.int/chp/gshs/factsheets/en/> [30.05.17]. The GSHS implemented in Tokelau in 2014 did not include information on obesity.

**the lowest in the whole region** (at 0.1 per cent, compared to the PIC average of 16 per cent).<sup>137</sup> The (combined) overweight and obesity rates among the adult population are, in contrast, a relatively high 50 per cent for women and 36 per cent for men in the 15- to 49-year age group. Adult obesity is reportedly higher in urban areas.<sup>138</sup> The Vanuatu National Plan of Action on Food and Nutrition Security 2013-2015 emphasises the impact of obesity on the adult population: “over-nutrition (from eating too much unhealthy foods which are usually high in salt, sugar and fat) leading to lifestyle diseases such as diabetes, heart diseases, some cancers and obesity, have contributed to the increasing burden of NCDs in Vanuatu.”<sup>139</sup> However, compared to other PICTs, Vanuatu has relatively low rates of adult overweight and obesity.<sup>140</sup>

### 3.5.5. Breastfeeding

According to the most recent UN estimates, 73 per cent of children in Vanuatu receive exclusive breastfeeding for the first 6 months after their birth,<sup>141</sup> which is significantly above the 50 per cent WHO 2025 global nutrition target, and the second-highest exclusive breastfeeding rate in the PIC region (see Figure 3.7).<sup>142</sup>

**Figure 3.7: Exclusive breastfeeding prevalence (per cent)**



Source: SOWC 2016

137 Data from 10 GSHS factsheets. Op. cit.

138 Vanuatu DHS 2013. Op. cit. p. 145.

139 Vanuatu National Plan Of Action On Food And Nutrition Security, 2012-2015, <http://Extwprlegs1.Fao.Org/Docs/Pdf/Van158165.Pdf>, p. 6.

140 WHO, Vanuatu NCD Risk Factors STEPS Report, 2013, [http://www.who.int/chp/steps/Vanuatu\\_STEPS\\_Report\\_2013.pdf](http://www.who.int/chp/steps/Vanuatu_STEPS_Report_2013.pdf), p. 40.

141 SOWC 2016. Op. cit.

142 Ibid.



The 2016 SOWC dataset also suggests that in 85 per cent of births in Vanuatu, breastfeeding is initiated within one hour, the second-highest rate in the PIC region.<sup>143</sup> Some 49 per cent of children continue to be breastfed until the age of 2.<sup>144</sup> According to the Vanuatu 2013 DHS, however, the median duration for breastfeeding is only 4.3 months (exclusive) and 4.6 months (predominant), which is significantly shorter than WHO recommendations.<sup>145</sup>

## 3.6. Key barriers and bottlenecks

Reports in relation to child and maternal health in Vanuatu, and the data set out above, reveal several key barriers and bottlenecks to the realisation of child and maternal health rights. Foremost are: geographical limitations on access to services (and geographical differences in health outcomes); human and financial resource constraints; and health risks associated with climate change and natural disasters.

### 3.6.1. Human and financial resources

Total health expenditure per capita was US\$158 in 2014, which, according to a recent World Bank assessment report, approximately matches the expected level given Vanuatu's income level.<sup>146</sup> However, the latest NMDI regional data suggests that Vanuatu's per capita expenditure on health is **the lowest among the PICTs**.<sup>147</sup> The World Bank report also notes that, when taking inflation and population growth (the highest in the region) into account, per capita health expenditure is on a downward trend.<sup>148</sup> As of 2014, Vanuatu's total health expenditure as a percentage of GDP was 5 per cent.<sup>149</sup>

As of 2014, an estimated 90 per cent of total health expenditure came from public sources, while 6 per cent was private out-of-pocket payments, and the remaining 4 per cent a mixture of private health insurance and expenditure by NGOs.<sup>150</sup> Vanuatu's public health system is heavily reliant on external sources, with donors accounting for 18 per cent of public health expenditure on average between 2011 and 2016.<sup>151</sup>

In the WHO Country Cooperation Strategy for Vanuatu 2013-2017, an "inadequate recurring budget for health" was noted to be a challenge in the delivery of health outcomes.<sup>152</sup> The ratio of medical

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143 Ibid.

144 Ibid.

145 WHO breastfeeding recommendations: <http://www.who.int/topics/breastfeeding/en/> [09.06.17].

146 World Bank. 2017. Vanuatu Health Financing System Assessment. Spend better and spend more. Final Draft 3 March 2017. P. 8.

147 [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [13.03.17].

148 World Bank. 2017. Vanuatu Health Financing System Assessment. Op. cit. p. 9.

149 Ibid. p. 32.

150 Ibid. p. 8.

151 Ibid. p. 9.

152 WHO Country Cooperation Strategy for Vanuatu 2013-2017. Op. cit. p 38

providers to population is very low, at 0.1 doctors per 1,000 individuals, 1.4/1,000 nurses and 0.2/1,000 midwives.<sup>153</sup> These figures are among the lowest in the region.<sup>154</sup>

According to a 2013 UNICEF report, “funding shortfalls affect inventory of basic medicines, supplies and equipment, especially outside of populated centres.”<sup>155</sup> The report also notes a lack of skilled, trained medical staff and community-based health workers, and that the government workforce is hampered by the lack of individuals meeting minimum training requirements.<sup>156</sup>

### 3.6.2. Access to equipment and services

There is an overarching challenge around provision of equipment and services due to resource constraints, and challenges around access to equipment and services for those in rural and remote areas. UNICEF describes this as “poverty of opportunity, in other words, a lack of access to services such as education, health, regular water supply, transport, communications and energy and income-earning opportunities that would enable them to improve their living standards.”<sup>157</sup> However, the report also notes that “with rural-to-urban migration, disease patterns are changing.”<sup>158</sup>

A recent World Bank report notes that health service delivery is particularly challenging because Vanuatu has a small population dispersed across 68 islands, often in very remote areas and facing high transport costs (via boat or truck).<sup>159</sup> According to a 2013 UNICEF report, the population faces significant challenges in transport, and access to services, including basic medicines, supplies and equipment, especially outside populated centres.<sup>160</sup>

### 3.6.3. Urbanisation

It is important to note that population drift from rural to urban has been said to lead to increases in ‘socioeconomically determined health conditions’, which include NCDs, STIs, early and unplanned pregnancy, poor nutrition outcomes and domestic violence. If urbanisation continues, health planning should address these concerns.<sup>161</sup>

### 3.6.4. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers

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

154 Ibid.

155 UNICEF Vanuatu: Tracking Progress in Maternal and Child Survival, 2013, p. 6.

156 Ibid.

157 Ibid.

158 Ibid.

159 World Bank. 2017. Vanuatu Health Financing System Assessment. Op. cit.

160 UNICEF Vanuatu: Tracking Progress in Maternal and Child Survival. Op. cit. p. 6.

161 Ibid.

within Vanuatu. According to a recent WHO assessment report, the climate-sensitive health risks can be 'extreme', 'high' or 'medium', comprising: waterborne and foodborne diseases (extreme risk); vector-borne diseases, malnutrition, NCDs, temperature-related illnesses, occupation-related illnesses (high risk); and respiratory infections, skin conditions, eye diseases, mental health disorders, and traumatic injuries and deaths (medium risk).<sup>162</sup>

### **3.6.5. Data collection and collation**

While there are gaps in the quantitative and qualitative data surrounding some areas of child and maternal health, the availability of DHS data mean that there is information around most key health and nutrition indicators. It will be essential to continue to gather and disaggregate this data by several different factors, for example, by age, gender, education level, rural/urban and ethnicity, to facilitate full analysis of trends and patterns over time and to support effective programming.

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162 WHO. 2015. Human health and climate change in Pacific island countries, [http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf), 2015, pp. 104-105.

# 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 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.<sup>163</sup> Evidence also suggests that poor WASH access is linked to growth stunting.<sup>164</sup> Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.<sup>165</sup> This chapter assesses and analyses the situation in Vanuatu regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress in WASH since 1990.<sup>166</sup> 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 SDG WASH targets.<sup>167</sup> It uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladder representing progress towards the SDG targets.<sup>168</sup> The sections within this chapter utilise the relevant service ladders to assess Vanuatu's progress towards meeting the SDG targets.

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163 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](http://iris.wpro.who.int/bitstream/handle/10665.1/13130/9789290617471_eng.pdf) [05.06.17].

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

165 Ibid.

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

167 Ibid.

168 Ibid.p. 2, 7.

## Key WASH-related SDGs

WASH SECTOR GOAL <sup>III</sup>	SDG GLOBAL TARGET	SDG GLOBAL INDICATOR
<b>Achieving universal access to basic services</b>	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as <b>access to basic services</b>	1.4.1 Population living in households with access to basic services (including <b>basic drinking water, sanitation and hygiene</b> )
<b>Progress towards safely managed services</b>	6.1 By 2030, achieve universal and equitable <b>access to safe and affordable drinking water</b> for all  6.2 By 2030, achieve access to <b>adequate and equitable sanitation and hygiene</b> for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.1.1 Population using <b>safely managed drinking water services</b>  6.2.1 Population using <b>safely managed sanitation services</b>  6.2.1 Population with a <b>basic handwashing facility</b> with soap and water available on the premises
<b>Ending open defecation</b>	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and <b>end open defecation</b> , paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1 Population practising open defecation

Vanuatu has a National Water Strategy 2008-2018, a National Environment Policy and Implementation Plan 2016-2030, and the Climate Change and Disaster Risk Reduction Policy 2016-2030. These documents constitute the WASH policy framework, and are backed up by a legal framework that includes the National Water Resources Act (2002), which, according to the National Water Strategy, is yet to be implemented fully. This is supported by the Water Supply Act 1985, the Public Health Act (1994) and the Public Work Act. It is useful to note that the National Water Resources Act (2002) does not include sanitation, which falls under the responsibility of the Ministry of Health,<sup>169</sup> and has been reported to lag behind the water sector in terms of policy development and resource allocation.<sup>170</sup>

### 4.1. Climate change, disaster risk reduction and WASH

The risk context in Vanuatu is severe. The National Vanuatu Climate Change and Disaster Risk Reduction Policy 2016-203 notes that Vanuatu is: “one of the most highly exposed countries in the

169 National Water Strategy 2008-2018, p. 12.

170 *UN-water global analysis and assessment of sanitation and drinking-water 2014 report: investing in water and sanitation: increasing access, reducing inequalities* (WHO, 2014). Country fact sheets: [http://www.who.int/water\\_sanitation\\_health/glaas/2014/country-highlights/en/](http://www.who.int/water_sanitation_health/glaas/2014/country-highlights/en/).



world to disaster risks,” given that it is vulnerable to “volcanic eruptions, earthquakes, tsunamis, cyclones, climate variability, storm surge, landslides, droughts and flooding”<sup>171</sup> in the so-called ‘ring of fire’.<sup>172</sup> Despite these vulnerabilities, the 2017 INFORM Index for Risk Management by the Inter-Agency Standing Committee considers the risk level of natural hazard and exposure for Vanuatu to be in the category of ‘medium and stable’.<sup>173</sup>

While climate change and natural disasters have an impact across many sectors, including health outcomes (see section 3.6.4), the implications for WASH are pronounced, as climate change and natural disasters can disrupt the water and sanitation infrastructure set out by the Key Findings in the Government Assessment in relation to Cyclone Pam in 2015:

- 1. Many communities cannot access safe water sources. An estimated 68 per cent of the rainwater harvesting catchment structures are broken, 70 per cent of the wells have been contaminated, and piped water systems have been damaged. Water quality is poor everywhere except Port Vila, resulting in a health risk.**
- 2. 68 per cent of the sanitation superstructures have been destroyed, resulting in an increase in open defecation, which was reported to be up to 45 per cent in some places. Open defecation presents urgent health, protection and dignity risks to children, women, and vulnerable groups.**
- 3. Only 30 per cent of households report hand washing, posing a risk of communicable disease. Some bathing facilities are unsafe.**<sup>174</sup>
- 4. Nearly all sanitation superstructures have been destroyed, especially those made of bush materials, with little availability of materials for rebuilding. Women, children, and vulnerable people now lack privacy and, in some cases, safe, bathing facilities.**
- 5. Substantial increase in open defecation and sharing of latrines by multiple people due to lack of private toilets. 30 per cent of the communities reported that they have resorted to open defecation since the cyclone, compared to 2.5 per cent rural open defecation baseline (2013 Demographic and Health Survey).**
- 6. Nearly all sanitation substructures are intact, with less than 10 per cent damage from flooding.**<sup>175</sup>

Safe use of rainwater was also affected through the El Niño drought of 2016, during which there was a shortage of water, which also led to food insecurity.<sup>176</sup>

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171 Vanuatu Climate Change and Disaster Risk Reduction Policy 2016-2030.

172 National Water Strategy 2008-2018. Op. cit. p. 8.

173 Inter-agency Standing Committee INFORM Results 2017 Report, p. 24. Available at: <http://www.inform-index.org/Portals/0/InfoRM/INFORM%20Global%20Results%20Report%202017%20FINAL%20WEB.pdf?ver=2016-11-21-164053-717> [09.06.17].

174 Second Phase Harmonized Assessment Report Vanuatu: Tropical Cyclone Pam, 2015, p. 1.

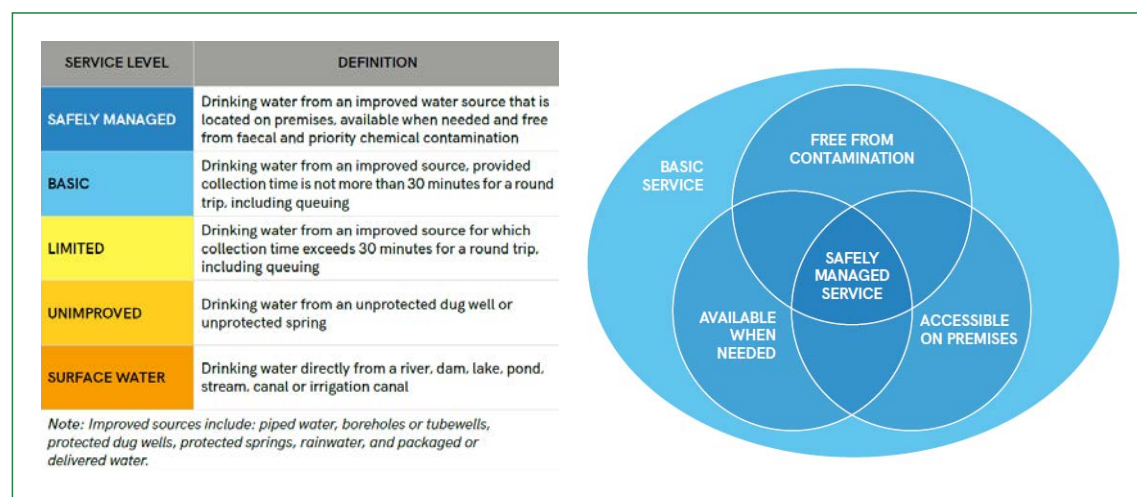
175 Ibid. p 19.

176 CARE, “Cyclone Pam 1 year on: Vanuatu faces ‘double crisis’ as El Nino drought takes hold, CARE warns” 12th March 2016, <https://www.care.org.au/media/media-releases/cyclone-pam-1-year-on-vanuatu-faces-double-crisis-as-el-nino-drought-takes-hold-care-warns/>.

## 4.2. Access to improved water sources

For a country to meet the SDG 6.1 criteria for a **safely managed drinking water service**, the population should use an improved water source fulfilling three criteria: it should be accessible on the premises; water should be available when needed; and the water supplied should be free from contamination.<sup>177</sup> 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**.<sup>178</sup> The immediate priority in many countries is to ensure universal access to at least a basic level of service.<sup>179</sup>

**Figure 4.1: JMP service ladder for improved water sources**



Source: JMP<sup>180</sup>

No estimate of the population using safely managed drinking water services is available for Vanuatu, as data are not available in relation to the proportion of the population using an improved source that is available when needed, or to the population using an improved source that is free from contamination (two of the three criteria).<sup>181</sup> According to 2017 estimates, however, as of 2015, 90.5 per cent of the population had access to basic drinking water services (access to an improved water source within a 30 minute round trip).<sup>182</sup> Thus, Vanuatu has yet not reached SDG target 1.4, and Figure 4.2 shows that Vanuatu ranks tenth out of 14 PICTs in provision of drinking water services as per the JMP service ladder.

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

178 Ibid.

179 Ibid., p. 10.

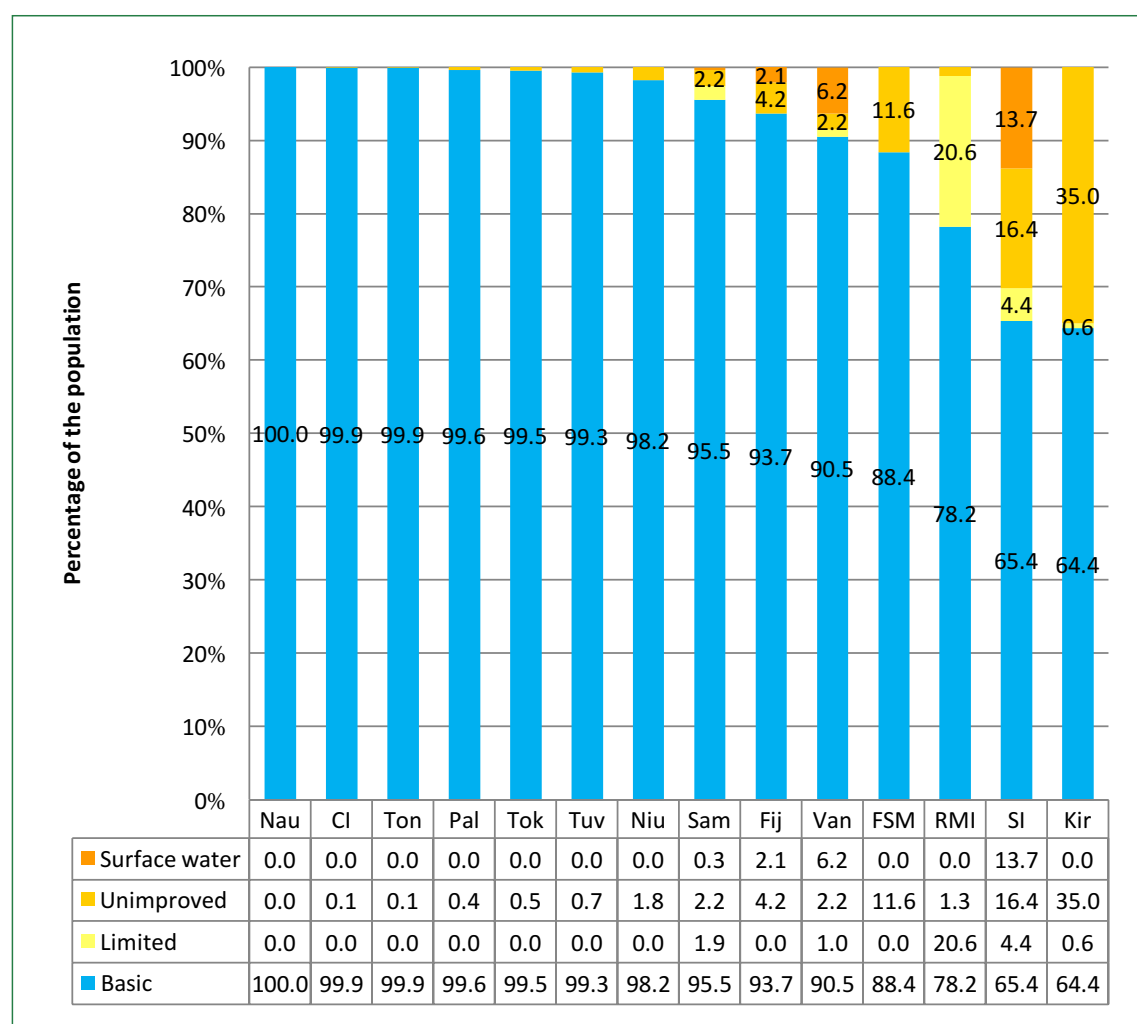
180 Ibid.

181 JMP data for the Cook Islands available from <https://washdata.org/data#!/cok> [02.08.17].

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

Of the population with access to improved water (91.6 per cent), 32 per cent had access to piped water, while 59.5 per cent had access to non-piped sources and, of the 91.6 per cent, 50.2 per cent had access on the premises.<sup>183</sup> Women and girls worldwide bear responsibility for water collection (in 8 out of 10 households with water off-premises), so the limited access in Vanuatu likely puts a particular burden on women and girls.<sup>184</sup> According to a 2009 study on Gender and WASH in Vanuatu, “in some rural locations in Vanuatu, time lost to families in collecting water can amount to five hours per day,” a burden which is often borne by female members of the household.<sup>185</sup>

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



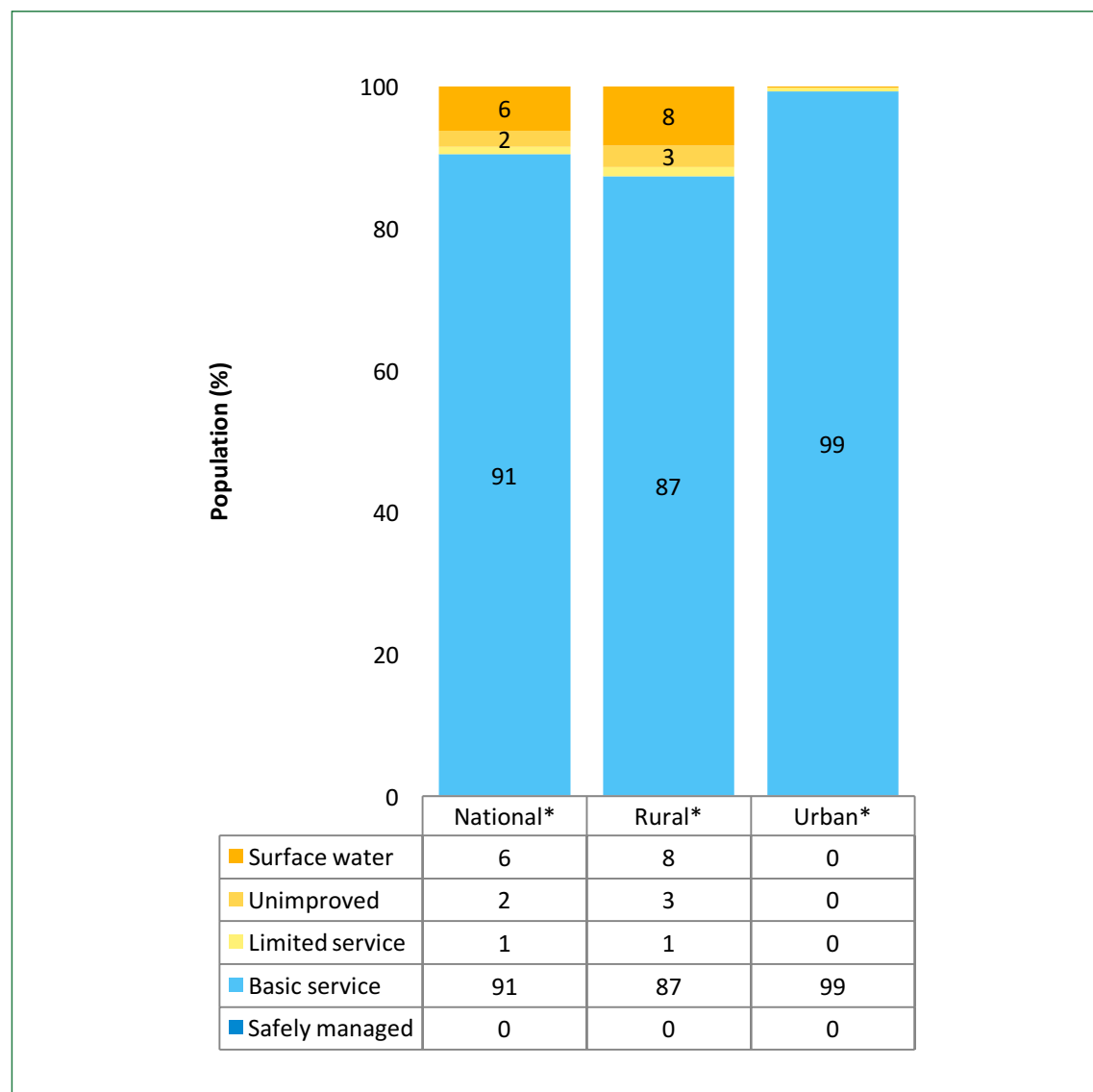
Source: JMP<sup>186</sup>

183 Ibid.

184 Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines. Op. cit.p. 11.

185 Willetts, J. et al. 2009. How do we better address gender in Pacific water and sanitation initiatives? Vanuatu Case Study: [http://www.genderinpacificwash.info/system/resources/BAhbBIsHOgZmljwYMDExLzAxLzExLzLxLzMyLzQ5LzZc3Ni9pc2ZfaXdkYV92YW51YXR1X2Nhc2Vfc3R1ZHKucGRm/Isf\\_iwda\\_vanuatu-case-study.pdf](http://www.genderinpacificwash.info/system/resources/BAhbBIsHOgZmljwYMDExLzAxLzExLzLxLzMyLzQ5LzZc3Ni9pc2ZfaXdkYV92YW51YXR1X2Nhc2Vfc3R1ZHKucGRm/Isf_iwda_vanuatu-case-study.pdf) [09.06.17].

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

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

Source: JMP<sup>187</sup>

Disaggregated data estimates for 2015 suggests disparities between urban and rural areas, with basic drinking water coverage approximately 12 per cent lower in rural areas.<sup>188</sup> Urban-rural differences can also be seen in the methods of accessing improved water, with access to piped sources estimated to be considerably lower in rural areas, at 23.5 per cent, compared to 56.2 per cent in urban areas (estimates for 2015).<sup>189</sup>

Table 4.1 shows estimated progress between 2000 and 2015, indicating that access to basic services steadily increased from 81.6 to 90.5 per cent.

187 JMP data for Vanuatu. Op. cit.

188 Ibid.

189 Ibid.

**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	Safely managed drinking water
2000	82.6	81.6	1.0	10.9	6.6	50.1	32.5	44.6	-	-	-
2005	83.6	82.6	1.0	10.0	6.5	48.9	34.6	45.4	-	-	-
2010	87.6	86.6	1.0	6.0	6.3	40.5	47.1	47.8	-	-	-
2015	91.6	90.5	1.0	2.2	6.2	32.0	59.5	50.2	-	-	-

Source: JMP<sup>190</sup>

Data estimates by JMP prior to 2015 did not use the ‘ladder system’ and thus cannot be used to estimate the population with access to basic or limited drinking water services. This data also used a slightly different definition of ‘improved water’ whereby, until 2017, bottled water was considered an ‘unimproved’ source.<sup>191,192</sup> Further, data estimates up until 2015 drew on 1,982 sources, while the 2017 JMP database includes 4,710 data inputs, 3,408 of which are used to produce estimates. Therefore, 2015 and 2017 data are not directly comparable. However, looking at the trend of access in improved water prior to 2000 can still provide insight into general progress. Estimates provide that in 1990 improved water access was 62 per cent, showing that Vanuatu has achieved significant improvements in the last 25 years.<sup>193</sup>

### 4.3. Access to improved sanitation facilities

To meet **SDG 6.2 (safely managed sanitation service)**, Vanuatu’s population should have access to 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.<sup>194</sup> If excreta from improved sanitation facilities are not safely managed,

190 Ibid.

191 Bottled water is considered ‘improved’ for drinking only when the household uses an improved source for cooking and personal hygiene.

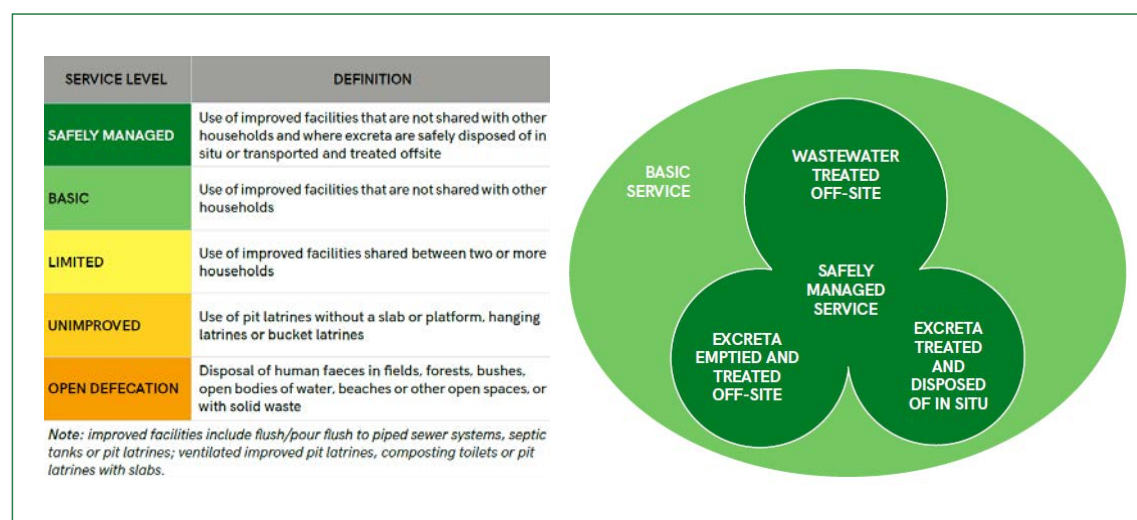
192 UNICEF and World Health Organization (2015) Progress on Sanitation and Drinking Water – 2015 update and MDG assessment available at [http://www.who.int/water\\_sanitation\\_health/publications/jmp-2015-update/en/](http://www.who.int/water_sanitation_health/publications/jmp-2015-update/en/) p. 52.

193 Ibid. p. 75.

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

people using those facilities will be classed as having access to a **basic sanitation service (SDG 1.4)**, while using improved facilities that are shared with other households is classified as having a **limited service**.<sup>195</sup> Under **SDG target 6.2, specific focus is placed on ending open defecation**.<sup>196</sup> While SDG target 6.2 aims to progressively raise the standard of 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.<sup>197</sup>

**Figure 4.4: JMP service ladder for improved sanitation facilities**



Source: JMP<sup>198</sup>

No estimate of access to safely managed sanitation service is available for Vanuatu, as data on excreta disposal is unavailable.<sup>199</sup> Estimates from 2017 suggest that access to basic sanitation is at a much lower level than access to basic drinking water. 2017 JMP figures provide that 53 per cent of the population had access to basic sanitation facilities and that 27 per cent only had access to unimproved facilities, making it the third lowest-performing PIC in provision of sanitation facilities as per the JMP service ladder (see Figure 4.5).<sup>200</sup> Thus, Vanuatu is far from reaching SDG 1.4 and needs to show considerable progress to meet this target by 2030.

195 Ibid. pp. 8-9.

196 Ibid.

197 Ibid. p. 10.

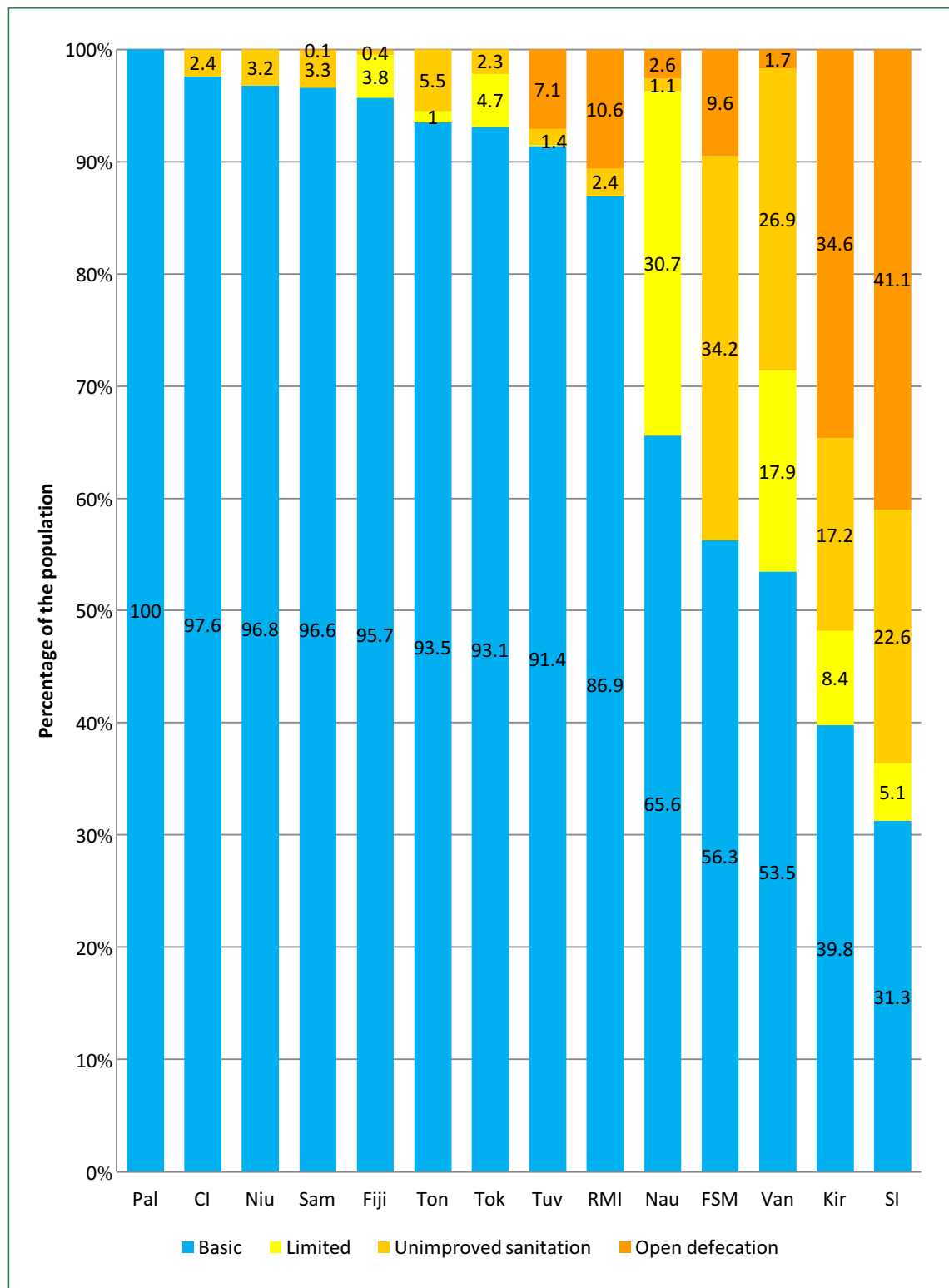
198 Ibid.

199 JMP data for Vanuatu. Op. cit.

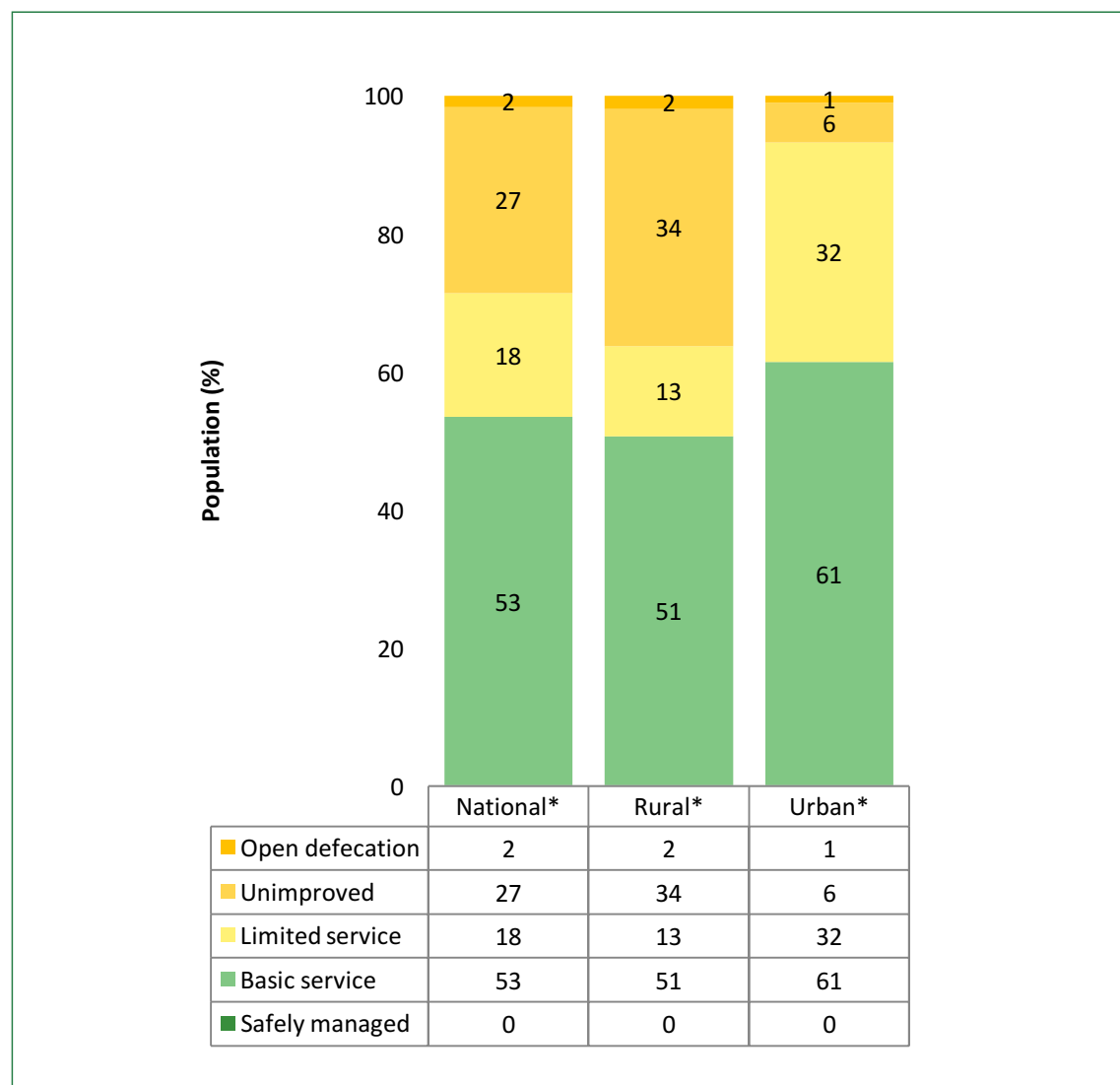
200 Ibid.



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



Source: JMP<sup>201</sup>

**Figure 4.6: Provision of sanitation services, 2017 estimates**

Source: JMP<sup>202</sup>

Figure 4.6 shows significant disparities in access to basic sanitation facilities between urban and rural areas in Vanuatu. Disparities are particularly stark in relation to the proportions of the population depending on limited and unimproved services. While in urban areas, as of 2015, 6 per cent of the population had access only to unimproved services, in rural areas the proportion depending on unimproved services was as high as 34 per cent: one third of the population.<sup>203</sup>

Table 4.2 indicates that very little progress has been made in improved sanitation services in Vanuatu over the past 15 years, suggesting that it is unlikely to meet SDG target 1.4 by 2030 unless progress accelerates significantly.

202 Ibid

203 JMP data for Vanuatu. Ibid.

**Table 4.2: Provision of sanitation services, 2017 estimates**

Year	Improved sanitation	Improved and not shared (basic)	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed in situ	Emptied and treated	Wastewater treated
2000	70.1	53.0	17.1	28.1	1.8	32.0	13.5	7.5	-	-	-
2005	70.5	53.1	17.4	27.7	1.8	31.4	14.2	7.5	-	-	-
2010	70.9	53.3	17.6	27.3	1.7	30.8	14.9	7.5	-	-	-
2015	71.4	53.5	17.9	26.9	1.7	30.2	15.7	7.6	-	-	-

Sources: JMP

According to SDG target 6.2, all States should end open defecation by 2030. The most recent estimates (2017) for Vanuatu provide that rates of open defecation stood at 1.7 per cent in 2015: the lowest figure among PICTs where open defecation is still practiced.<sup>204</sup> Thus, Vanuatu is not far from reaching SDG target 6.2. However, with slow progress over the past 15 years (a decrease from 1.8 to 1.7 per cent, see table 4.2), and a slight increase in defecation rates in urban areas during the same period (from 0 per cent to 1.1 per cent) further efforts are required if the target is to be met by 2030.

#### 4.4. Hygiene practices

According to SDG target 6.2, Vanuatu 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.<sup>205</sup>

204 Solomon Islands (41.1 per cent), Kiribati (34.6 per cent), RMI (10.6 per cent), FSM (9.6 per cent), Tuvalu (7.1 per cent), Nauru (2.6 per cent), Vanuatu (1.7 per cent).

205 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](http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf) [27.03.17].

The presence of a handwashing facility with soap and water on the premises has been identified as the priority indicator for global monitoring of hygiene under the SDGs.<sup>206</sup> Households meeting this criterion meet the criteria for a **basic** hygiene facility (SDGs 1.4 and 6.2).<sup>207</sup> Households with such a facility that lack water or soap are classified as having a **limited** facility, and distinguished from households with no facility at all.<sup>208</sup>

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

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

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

Source: JMP<sup>209</sup>

Recent data on hygiene practices in Vanuatu is limited. The 2013 DHS observed about 67 per cent of households with dedicated places for hand washing. In urban areas, 75 per cent of households had access to soap and water, compared to only 45 per cent in rural areas. Availability of soap and water increased to 81.1 per cent in the richest quintile of households, and was as low as 20.4 per cent in the poorest quintile.<sup>210</sup>

Another area that is crucial in WASH security is the hygienic disposal of faeces. According to the 2013 DHS, nearly two thirds of households in Vanuatu disposed of children's faeces hygienically (63 per cent), with 20 per cent of households throwing it into the rubbish, 8 per cent rinsing it away in a ditch or drain and 4 per cent leaving it in the open. As children get older, and presumably as they are toilet trained, the prevalence of hygienic stool disposal increases. Children living in

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

207 Ibid.

208 Ibid.

209 Ibid.

210 Vanuatu DHS 2013. Op. Cit. p. 28.

households with improved sanitation are more likely to have their faeces safely disposed of if the improved toilets are not shared (64 per cent) than if they are non-improved or shared (61 per cent). It is perhaps surprising that children in the lowest wealth quintile are more likely to have faeces contained than those in the highest wealth quintile (74 per cent compared to 39 per cent). Children's faeces were found to be more likely to be contained in rural areas and with mothers of lower educational attainment.<sup>211</sup> This may be because children's stools in urban areas are more likely to be disposed of in household rubbish.<sup>212</sup>

## 4.5. WASH in schools, menstrual hygiene management and disabilities

According to a 2015 Call to Action by the Ministry of Education and Training (MOET), only 29 per cent of hand washing facilities in schools are in "good condition."<sup>213</sup> The key findings of this report were:

- Some 79 per cent of schools are "supplied" with an improved water source, but this is bottlenecked by the poor condition of water supplies. Twenty-nine per cent of school water supplies are in poor condition, indicating poor maintenance.
- Hygiene education is "supplied" in 94 per cent of schools but the quality of hygiene education shows a severe bottleneck. This indicates the need to improve training and monitoring of education.
- While 22 per cent of schools have hand washing facilities near the toilets (demand), 55 per cent of households have a place for hand washing with soap and water (social norm). This indicates that the social norm at home is not being transferred to school.<sup>214</sup>

According to data collected by MOET in 2015, there was a slight increase in the number of schools with access to clean and safe water<sup>215</sup> between 2014 (41.4 per cent) and 2015 (42.3 per cent).<sup>216</sup> It has not been possible to locate data around the WASH within schools in informal settlements.

Limited access to sanitary materials and a lack of appropriate WASH facilities in schools have been shown to negatively affect girls in several ways, for example, by leading to bullying and harassment, reducing self-confidence, concentration and school attendance during menstruation,

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211 Ibid. p. 144.

212 Ibid. p.

213 MOET Call to Action 2015, [https://moet.gov.vu/docs/policies/WASH per cent20in per cent20Schools per cent20- per cent20Call per cent20to per cent20Action\\_2016.pdf](https://moet.gov.vu/docs/policies/WASH%20in%20Schools%20-%20per%20Call%20to%20Action_2016.pdf) p. 6.

214 Ibid. p. 14.

215 Defined as suitable for drinking and fresh and clear when seen (this can take many forms: distilled, mineral or even tap water).

216 MOET, Annual Statistical Digest Ministry of Education And Training (MOET), 2015, [https://Moet.Gov.Vu/Docs/Statistics/Annual per cent20statistics per cent20digest per cent20for per cent20the per cent20ministry per cent20of per cent20education\\_2015.pdf](https://Moet.Gov.Vu/Docs/Statistics/Annual%20statistics%20digest%20for%20the%20ministry%20of%20education_2015.pdf) P 41.

and even school drop-out.<sup>217</sup> Despite the importance of addressing the issue of menstrual hygiene management (MHM), **there appears to be very little information on MHM programmes for girls and young women in Vanuatu.**

A recent regional report on MHM in East Asia and the Pacific examines MHM in Fiji, Kiribati, Solomon Islands and Vanuatu. The report suggests that Vanuatu is lagging behind in initiating formative research on MHM.<sup>218</sup> Table 4.3 summarises the findings of the regional study.<sup>219</sup> Note that no progress has been achieved in the provision of teaching and learning materials on MHM in any of the four PICTs.

**Table 4.3: Snapshot of progress on MHM in four PICTs**

	Solomon Islands	Fiji	Vanuatu	Kiribati
Government leadership on MHM, coordination and MHM in policiesw	4	4	1	3
Formative research on MHM	4	1	1	2
MHM in the curriculum	2	1	2	2
Teacher training relevant to MHM	1	1	3	2
Teaching and learning materials on MHM	1	1	1	1
School WASH facilities	3	3	3	1
Stakeholder engagement on MHM	4	3	3	2

Source: UNICEF 2016<sup>220</sup>

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

218 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. P. 14.

219 Ibid.

220 Ibid.



On a positive note, MHM has been incorporated into the teacher training curriculum of the Vanuatu Institute of Technology (until 2016 on an elective basis for year 1, compulsory thereafter) by the Live and Learn Organisation NGO.<sup>221</sup> Data appear to be lacking on access to WASH for persons living with disabilities and other disadvantaged groups in Vanuatu.

## 4.6. Barriers and bottlenecks

### 4.6.1. Climate and disaster risks

First and foremost among the barriers and bottlenecks to the realisation of WASH-related rights in Vanuatu, particularly in recent years, has been the challenges and risks posed by climate change and natural disasters, including Cyclone Pam (2015), which resulted in extensive damage to infrastructure, and the El Niño droughts (particularly 2016), which resulted in water shortages and food insecurity.<sup>222</sup> The Government is aware of these risks and has undertaken extensive planning alongside international development organizations to mitigate them, but these challenges will continue to threaten children (and women's) access to WASH; making their health and development outcomes intrinsically related to the development of robust and resilient infrastructure and services.<sup>223</sup>

### 4.6.2. Resources and monitoring

According to the UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLASS) 2014 for Vanuatu, financing and resourcing of WASH is generally poor. For example, there is, "a government defined financing plan/budget for the WASH sector which is published and agreed" for urban drinking-water only (i.e., not rural drinking-water, national hygiene or urban or rural sanitation).<sup>224</sup> Accordingly, there is monitoring of urban drinking water only, and not of other WASH areas.<sup>225</sup> There is no human resource strategy for sanitation and drinking water in Vanuatu, as of 2014.<sup>226</sup>

### 4.6.3. Geography and infrastructure

The assessment of WASH in Vanuatu indicates that there are challenges associated with geography and infrastructure – with a finding that WASH services are less accessible in remote (rural) areas.

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221 Ibid. p. 60.

222 Care International: <https://www.care.org.au/media/media-releases/cyclone-pam-1-year-on-vanuatu-faces-double-crisis-as-el-nino-drought-takes-hold-care-warns/> [09.06.17].

223 WHO. 2015. Human health and climate change in Pacific island countries, [http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf), 2015, p. 10.

224 Vanuatu GLASS 2014 Report, 2014, [http://www.who.int/water\\_sanitation\\_health/monitoring/investments/vanuatu-10-nov.pdf?ua=1](http://www.who.int/water_sanitation_health/monitoring/investments/vanuatu-10-nov.pdf?ua=1) [09.06.17].

225 Ibid.

226 Ibid.

This is perhaps not surprising given the topography of Vanuatu, the overall limitations of resources and funding and the commensurate concentration of services in urban areas.

#### **4.6.4. Equity**

An equity analysis of provision of and access to WASH in Vanuatu is important because the assessment indicates a divide between urban and rural access to services. The GLASS assessment suggests that populations living in remote, rural areas are less likely to access WASH facilities and services, which can lead to poorer health outcomes.<sup>227</sup>

# 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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The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following “interrelated and essential features”: availability; accessibility; acceptability; and adaptability.<sup>228</sup> The right to education is also contained in the SDGs, which recognise that “quality education is the foundation to improving people’s lives and sustainable development.” Goal 4 requires States to “ensure inclusive and quality education for all 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 Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework sets out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education.<sup>229</sup> These pillars should also guide the development of the education system in Vanuatu, which is vulnerable to disaster and risk. Unfortunately, quantitative data on the impact of natural disasters on school infrastructure and school attendance is unavailable. However, it is known that natural disasters have an impact on children’s schooling in Vanuatu, in terms of reduced access to schools and school closures due to infrastructural damage caused by increases in rainfall.<sup>230</sup> Furthermore, anecdotal evidence suggests that children in Vanuatu are often kept out of school in the aftermath of a natural disaster to help their families with clean-up activities.<sup>231</sup>

The education framework in Vanuatu is principally governed by the Education Act No. 9 of 2014 (‘Education Act’). The stated purpose of the Education Act is to “provide a clear directive for the development and maintenance of an effective and efficient early childhood and care, primary and secondary education system for the benefit of Vanuatu and its people.”<sup>232</sup> The Education Act

228 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.

229 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, [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].

230 UNICEF, *Children and climate change: Climate change impacts on children in the Pacific: Kiribati and Vanuatu*, p 20.

231 Ibid.

232 Section 1; The Education Act sets out the framework for early childhood and care education (ECCE), and primary and secondary education, including years of entry, duration, language policy, a prohibition against discrimination of children in terms of admission and treatment in education, functions of the MOET at national and local levels, and procedures for registering schools.

falls short of making primary education free. However, it places a duty on the child's parents to ensure between the ages of 6 and 14, the child must attend a kindergarten or school.<sup>233</sup> Unlike its predecessor, the Education Act makes legal provision for Early Childhood Care and Education (ECCE).

The Education Act was passed amid a series of education reform policies and roadmaps, most notably the Vanuatu Education Sector Strategy 2007-2016. The Strategy recognized that Vanuatu was not on track to meet its MDG and EFA Goals by 2015, or to meet its obligation to ensure the provision of free, compulsory primary education for all children, as required under the CRC and International Covenant on Economic, Social and Cultural Rights.<sup>234</sup> It therefore set out a series of goals and indicators to establish "student-centred education that is accessible, relevant, sustainable, responsive, and of good quality"; to guarantee every young person: (i) pre-school and basic education to year 8;<sup>235</sup> (ii) "expanded opportunities" for secondary, technical, tertiary and higher education; (iii) support for parents and communities to participate in and manage their schools; and (iv) a well-managed and accountable education system.<sup>236</sup>

The Vanuatu Education Sector Strategy 2007-2016 has governed education policy over the last decade and was supplemented by the Vanuatu Education Road Map 2010-2012, which provided a more focused strategy for meeting its MDG and EFA Goals by 2015, and, most recently, the Vanuatu Education Sector Programme Plan 2013-2017, which aims to revitalize these efforts by introducing "achievable mid-term targets" whilst staying true to the overall objectives of the Road Map.<sup>237</sup> Following the conclusion of the Vanuatu Education Sector Strategy in 2016, the Government endorsed the interim Vanuatu Education and Training Sector Strategy (2017-2018), and will develop a longer-term Education and Training Sector Strategy (2019-2029) over the next two years.<sup>238</sup>

Against this backdrop, government education expenditure increased from 6.1 per cent of GDP in 2011 to 7.3 per cent of GDP in 2015, with a total annual budget of VUV4,303.7 million (2015),<sup>239</sup> demonstrating the Government's continuing commitment to developing this sector. However, education expenditure as a percentage of Vanuatu's total recurrent budget decreased from 27 per cent in 2012 to 24 per cent in 2015.<sup>240</sup>

Vanuatu is heavily dependent on donor support to implement its education reforms. In 2015, it received VUV896.6 million from donors (with an actual expenditure of VUV763.5 million).<sup>241</sup>

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233 Section 7.

234 Vanuatu Education Sector Strategy 2007-2016, Annex 1 (Issues and Constraints Facing the Education Sector), point 1, p. 33.

235 Including "literacy, numeracy, life skills, and livelihood skills, respect for our history and culture, and respect for human rights."

236 Namely, one which "focuses on building the human resources of Vanuatu, improving learning, living, and working opportunities, and enabling young people to contribute to the productive sectors in both rural and urban areas"; Vanuatu Education Sector Strategy 2007-2016, paragraph 3.2.

237 Vanuatu Education Sector Programme Plan 2013-2017, p. 3.

238 UNICEF written comments to Coram International, April 2017.

239 "The total of education expenditure is defined as the total general (local, regional and central) government expenditures on education (current, capital, and transfers) and it includes expenditure funded by transfers from international sources to government as percentage of a GDP"; MOET, *Annual Statistical Digest 2015*, p 12.

240 MOET, *Education Statistical Digest 2015*, p. 44.

241 Ibid. p. 46.



According to 2015 figures, Australia provides 84.5 per cent of donor contributions to education development, followed by UNICEF (4.1 per cent), Japan (4.06 per cent), Publications Revenue (2.2 per cent), the UN (1.9 per cent), UNESCO (1.8 per cent), New Zealand (0.4 per cent).<sup>242</sup>

## 5.1. Early childhood education

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

The Education Act defines ECCE as “all child education and care programs and services for pre-primary education aged children including pre- schools and kindergartens.”<sup>243</sup> Kindergarten (*kindy*) is defined as a “holistic and play-based program” for children from 3 to 6 years of age, which prepares them for primary school.<sup>244</sup> ‘Pre-schools’ are centres established by communities and churches, or privately owned, that also provide education to children aged 3 to 6.<sup>245</sup> As primary school commences at the age of 6, it is understood that pre-schools and kindergartens target children aged 3 to 5. Other ECCE programmes outlined in the national policy framework include ‘home-based programmes’ for children aged 0 to 6 that are run by parents trained by Provincial Pre-School Coordinators and have less than 10 children, and ‘childcare centres’, which are full-day programmes for children aged 0 to 6 under qualified teachers, health workers and care givers.<sup>246</sup>

Historically, ECCE has been viewed as separate to the rest of the education system in Vanuatu, and ECCE centres and programmes have mainly been run by local community groups. However, over recent years, MOET has been taking important steps to regulate and improve provision of ECCE. In addition to the specific provision made for ECCE in the Education Act, the Vanuatu Education Sector Strategy 2007-2016, Vanuatu Education Road Map 2010-2012 and Vanuatu Education Sector Programme Plan 2013-2017 all focused on the development of ECCE as part of their core objectives,<sup>247</sup> including the development of a national pre-school curriculum, which was achieved in 2012 through the introduction of the Vanuatu National Curriculum for Kindergarten.<sup>248</sup>

As part of these reforms, MOET has issued an ECCE Policy to ensure that all children have access to quality ECCE and that they “achieve their full developmental potential, will be healthy, well-

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242 Other donors contribute less than 1% of the total of donor contributions; MOET, *Education Statistical Digest 2015*, p. 46.

243 Section 3.

244 Note, however, that the law excludes places that are operated by a church or religious body that provides instructions wholly or mainly of a religious nature or are exempt by regulations; Education Act 2014, section 3.

245 ECCE Policy, p. 5.

246 Ibid.

247 For example, an objective of the Vanuatu Education Sector Strategy was to support one year of pre-school for every child by age 5 and promote the importance of pre-school and early childhood development; p. 20.

248 Vanuatu Education Sector Strategy 2007-2016, parts 3.2 and 5.1-5.2.

nourished and safe, and will be prepared for achieving success in school and life.”<sup>249</sup> The ECCE Policy aims to do this by focusing on three key areas: improving the quality of ECCE (improving teacher capacity and professional development); ensuring equitable access to quality ECCE for all young children, including children with disabilities (ensuring the availability of sufficiently trained teachers and the establishment of child-friendly learning environments); and establishing effective and efficient management of ECCE services (developing effective and efficient partnerships between the management of ECCE centres and other key stakeholders).<sup>250</sup> Importantly, the ECCE Policy refers to the EFA framework and human rights as guiding principles in the ECCE Policy, and must be “paramount in all programs and services developed and delivered in the country.”<sup>251</sup> Furthermore, the Government is preparing a five-year strategic plan to further strengthen equitable access to quality ECCE services.<sup>252</sup>

In 2015, there were 576 ECCE institutions,<sup>253</sup> and while many are attached to primary schools.<sup>254</sup> A very small proportion of the education budget is allocated to ECCE (VUV4 million in 2015, compared to VUV1,843 million to primary, VUV1,283 million to secondary, and VUV190 million to post-secondary education),<sup>255</sup> because ECCE receives the bulk of its funding from local communities and donor agencies such as Save the Children and World Vision.<sup>256</sup> In practice, ECCE centres are predominantly kindergartens and pre-schools; formal programmes for 0- to 3-year-olds do not exist.<sup>257</sup> The provision of early childhood education (ECE) via pre-schools and kindergartens is the focus of the remainder of this section.

### 5.1.1. Access to early childhood education

Although enrolment figures indicate that ECE enrolment of 3- to 5-year-olds increased between 2011 and 2015,<sup>258</sup> the proportion of ECCE-aged children enrolled in kindergartens remained low, so Vanuatu cannot be said to have met EFA Goal 1. The ECE net enrolment ratio (NER) (42.7 per cent; 2015)<sup>259</sup> indicates that over half of the child population aged between 3 and 5 are not enrolled in formal ECE: a figure that has remained steady since 2010.<sup>260</sup> The ECE gross enrolment ratio (GER), however, increased from 58.2 per cent in 2010 to 64.5 per cent in 2015, but indicates that a significant proportion of children enrolled in ECCE fall outside the official age group of 3 to 5

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249 ECCE Policy, 2010. Op. cit. part 5.1.

250 Ibid. part 5.3.

251 Ibid. part 7.4.

252 UNICEF written comments to Coram International, April 2017.

253 MOET, Annual Statistic Digest 2015, p. 8.

254 Although the proportion of privately-run ECCE centres has decreased over the last decade, in 2015, none were government-run and the majority (66.8%) were private (compared to 30.4 per cent community-run and 2.8 per cent government-assisted church institutions); MOET, Annual Statistic Digest 2015. Op cit. pp. 23-24.

255 Ibid.p. 44.

256 Ibid.p. 17.

257 MOET and UNICEF, *Situational Analysis 2012*, p. 3.

258 From 20,333 in 2011 to 22,177 in 2015; MOET, Annual Statistic Digest 2015, p. 12.

259 MOET, Annual Statistic Digest 2015. Op. cit. p. 15.

260 2010: 40.5 per cent; 2011: 40.6 per cent; 2012: 44.4 per cent; 2013: 42.7 per cent; 2014: 42.8 per cent; 2015: 42.7 per cent; MOET, Annual Statistic Digest 2015, p. 15.

years,<sup>261</sup> most likely due to late entry and high repetition rates. According to MOET, in 2015, 34 per cent of children in ECE were overage (aged 6 to 10).<sup>262</sup> Studies also suggest that ECE enrolment is lower among younger children in the ECE age-range; in 2013, a study found that of the 121 child participants in the 3- to 5 age group, the vast majority of 5-year olds attended kindy (97 per cent), compared to 68 per cent of 4-year-olds and 27 per cent of 3-year-olds.<sup>263</sup> Anecdotal evidence suggests that drop-out and withdrawal rates from ECE are high,<sup>264</sup> although there is limited data to verify whether this is true. Nevertheless, improved ECE access is clearly essential for Vanuatu to get on track to meet SDG 4.2 by 2030.

There is little disparity in ECE enrolment rates between boys and girls. The NER, GER and ECE-primary transition rates for both<sup>265</sup> have been fairly even since 2011,<sup>266</sup> with the Gender Parity Index (GPI) for ECE GER and NER remaining between 0.97 and 1.01 between 2011 and 2015.<sup>267</sup> There appear to be geographical disparities in ECE enrolment. The ECE GER ranges from 80.3 per cent in Shefa to 121.4 per cent in Tafea,<sup>268</sup> while the NER ranges from 45.5 per cent in Torba to 58.5 per cent in Tafea,<sup>269</sup> although caution should be exercised regarding these figures due to challenges in accurately estimating the number of 3- to 5-year-old children at provincial level.<sup>270</sup>

Of concern is the significant decline in the percentage of new entrants in Year 1 of primary school with ECCE experience, which decreased from 70.5 per cent in 2010 to 41.9 per cent in 2015,<sup>271</sup> although according to Vanuatu's National EFA Review 2015, more urban provinces recorded higher percentages than rural provinces (based on data up to 2014).<sup>272</sup>

### 5.1.2. Quality of early childhood care provision

Improving the quality of ECE has been a key feature of Vanuatu's education reform initiatives over the last decade, although there is limited data to assess their success. The Government has recently drafted minimum standard guidelines for ECE and is developing a monitoring and evaluation framework to further strengthen ECE centre quality control systems.<sup>273</sup> A recent knowledge, attitudes and practices (KAP) study conducted in 2013 found that children who

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261 MOET, Annual Statistic Digest 2015. Op. cit. p 15; UNESCO, *Pacific Education for All 2015 Review*, p 13

262 Ibid. p 25; see also MOET, *Vanuatu Education for All National Review*. Op. cit. pp. 15-16.

263 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*, 2013, p. 35.

264 MOET, National ECCE Framework, p. 3.

265 NER: 42.7 per cent for boys and 42.8 per cent for girls in 2015; GER: 65 per cent for boys and 64 per cent for girls in 2015; ECCE-primary transition: 41 per cent for boys and 43 per cent for girls in 2015; MOET, Annual Statistic Digest 2015, pp 16 and 24-25.

266 Ibid.

267 Ibid. pp. 24-25.

268 Ibid. p. 25.

269 Ibid. p. 26.

270 UNICEF written comments to Coram International, April 2017.

271 MOET, Annual Statistic Digest 2015. Op. cit. p. 15.

272 MOET, *Vanuatu Education for All National Review*, 2015, p. 16.

273 UNICEF written comments to Coram International. Op. cit.

participated in kindergarten had significantly higher scores on the assessment of school readiness milestones.<sup>274</sup>

MOET has taken important steps to strengthen ECE teacher training, in order to improve ECE quality. Investment in this area between 2007 and 2012 reportedly resulted in 606 ECE teachers (and 1,420 primary teachers) being trained.<sup>275</sup> Further, diploma-level courses are due to be introduced at Vanuatu Institute of Teachers' Education for ECE teachers in 2018.<sup>276</sup> However, ECE teacher training requires further development.<sup>277</sup> Only 50.9 per cent of ECE teachers were certified in 2015: a slight decrease from 51.7 per cent in 2014.<sup>278</sup> Similarly, just under half (49.1 per cent) of ECE teachers were qualified in 2015: a figure that remained fairly steady compared to the previous few years (51.8 per cent in 2013; 48.3 per cent in 2014).<sup>279</sup>

Teacher certification figures vary considerably depending on the type of education authority and geographical area, suggesting that the quality of ECE education may vary considerably depending on location. Over half (55.5 per cent) of teachers in private ECE centres were certified, compared to a very low 28.3 per cent in government-assisted church ECE centres, and 42.3 per cent in community ECE centres.<sup>280</sup> The percentage of certified teachers across provinces also varies from 24.5 per cent in Tafea to 35.2 per cent in Shefa, 43.9 per cent in Penama, 65.2 per cent in Sanma, 70.3 per cent in Torba and 73.8 per cent in Malampa.<sup>281</sup>

The pupil-teacher ratio further suggests a need to improve ECE quality, as it increased between 2009 and 2015 from 13.5 to 15.9.<sup>282</sup> The ratio is also considerably higher in urban ECE centres, reaching an average of 25.1 in 2015, compared to 14.6 in rural ECE centres,<sup>283</sup> which is closer to the recommended standard of 15:1.<sup>284</sup>

The 2013 KAP study found that parents engaged in early learning activities with their child in two thirds of households surveyed, with singing as the most popular type of early learning activity.<sup>285</sup> Reading and looking at picture books and spending time with children to count, draw and name things were the least common activities.<sup>286</sup>

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274 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*, 2013, p. 36.

275 MOET, *Vanuatu Education for All National Review*. Op. cit. p 16

276 UNICEF written comments to Coram International. Op. cit.

277 Vanuatu distinguishes between *certified* teachers (namely, teachers that have completed specialized post-secondary teacher training, with or without other post-secondary qualifications and qualified to teach) and *qualified* teachers (namely, a teacher who has completed some training and/or post-secondary studies but has not undertaken any *specialized teacher training*, so although they have a qualification, they have not been trained to teach); MOET, Annual Statistic Digest 2015, p. 40.

278 MOET, Annual Statistic Digest 2015, p. 10.

279 Ibid. p. 40.

280 Ibid. p. 10.

281 Ibid.p. 39.

282 Ibid.p. 33.

283 Ibid.

284 World Bank Group and UNICEF, SABER ECD Report 2013, p. 19.

285 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*, 2013.

286 Ibid.

### 5.1.3 Bottlenecks and barriers in early childhood care and education

The absence of *free, compulsory* ECE provision in Vanuatu and the dependence on private and community-run ECE is often cited as one of the most significant barriers to children accessing quality ECE, and a driver of low ECE NER. ECE centres rely on parents' fees, which are used to fund facilities, resources and teacher salaries.<sup>287</sup> As a result, parents and carers, particularly from poorer families, may decide not to send all or some of their children to ECCE programmes, or to wait until older children leave school before sending in their younger child, which may also account for higher GER rates.<sup>288</sup> It is therefore unsurprising that reports often cite that ECCE centres in poorer areas cannot afford to establish or maintain quality, as they face difficulties in paying teacher salaries, upgrading facilities and ensuring that all children have access to appropriate learning resources,<sup>289</sup> further limiting availability and access to quality ECCE. The number of ECCE centres in Vanuatu therefore fluctuate from year to year, as their operation depends on the ECCE owners' wishes and access to funding.<sup>290</sup>

However, studies suggest that financial constraints are not the main driver of low NER. According to MOET, many parents do not value the importance of ECCE for younger children,<sup>291</sup> which may contribute to the low NER. A further reason appears to be parents and carers being unable to travel the long distances that may be required to drop-off or pick up their child up. Indeed, only 5 per cent of participant mothers in the MOET-UNICEF 2013 KAP study reported financial constraints as a reason for their child not attending kindergarten, and only 13 per cent reported that the centre was too far from their home.<sup>292</sup> The most common reason (cited by 32 per cent of participants) for not sending children to kindergarten was that they were considered too young.<sup>293</sup> Further, the study found that children's attendance in kindergarten was not significantly correlated with socio-economic status, including maternal level of education and household assets.<sup>294</sup> Perceptions of the quality and relevance of ECCE may also be contributing to low NER; in the 2013 KAP study, 61 per cent of respondent mothers reported that their child had learned 'a little' from kindergarten, whilst 13 per cent reported that their child did not learn much at all.<sup>295</sup>

The dependence on the community and parents' fees to fund ECCE centres means that ECCE providers face difficulties in attracting, motivating and keeping qualified staff through the payment of competitive salaries,<sup>296</sup> which, together with increasing enrolment, is contributing to increasing pupil-teacher ratios. This barrier is particularly acute in rural areas where ECCE teachers may even

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287 MOET and UNICEF, *Situational Analysis 2012*, p. 3.

288 MOET, National ECCE Framework, p. 3.

289 Ibid. ; see also ECCE Policy.

290 MOET, *Vanuatu Education for All National Review*, 2015.

291 MOET, National ECCE Framework. Op. cit. p 4; MOET, *Vanuatu Education for All National Review*. Op. cit. p 52.

292 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*, 2013, p. 35.

293 Ibid.

294 Ibid.

295 Ibid.p. 36.

296 MOET, National ECCE Framework. Op. cit. p. 3.

be paid in-kind or through an allowance.<sup>297</sup> Training costs and the distances ECCE teachers are required to travel to access training are prohibitive, and act as further barriers to developing a cohort of skilled, qualified ECCE teachers.<sup>298</sup>

The quality of ECCE may be affected by the difficulties faced in managing the 100 or more dialects spoken in Vanuatu, in addition to the official languages of English, French and Bislama.<sup>299</sup> The National Curriculum for Kindergarten and Vanuatu National Language Policy 2012 state that children should be educated in their home language at kindergarten although how this will be implemented is not clear, there being no implementation plan or support to guide teachers in using mother-tongue in the early years.<sup>300</sup>

There is very little data on early ECCE (namely for children aged 0 to 3) so further research in this area is necessary. The 2013 KAP study found that the main reason that singing songs was the most popular type of early learning activity for children amongst parents (as opposed to reading and counting) was limited access to books:<sup>301</sup> a barrier which may be significantly affecting the quality of ECCE at home.

In terms of governance, limited MOET capacity has meant that implementation of the ECCE Policy is slow and incomplete.<sup>302</sup> According to the 2012 MOET-UNICEF Situational Analysis of Early Childhood Education, there was only one 'national preschool coordinator' within MOET, supported by only six provincial staff members with varying capacities, making monitoring of ECCE centres and mentoring of ECCE teachers difficult (particularly as regional staff were not reimbursed for travel expenses).<sup>303</sup> This capacity is much needed, as the Vanuatu National EFA Review 2015 highlights a need for MOET to develop closer partnerships with local communities and other ECCE service providers to ensure that ECCE remains a priority target.<sup>304</sup> There is also reportedly little awareness of the Vanuatu Minimum Quality Standards amongst schools, and this has therefore not been fully implemented in ECCE or other settings.<sup>305</sup>

The MOET Vanuatu Education Management Information System does not collect ECCE data on children with disabilities, which is a significant gap,<sup>306</sup> as is the lack of more complete data on ECCE attendance and completion, and availability of resources per child.

Poor infrastructure is a barrier to ECCE and primary and secondary schools, and is discussed in more detail in section 5.2.

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297 Ibid. p. 7.

298 MOET and UNICEF, *Situational Analysis 2012*. Op. cit. p. 3; MOET, *Vanuatu Education for All National Review*. Op. cit. p. 44.

299 MOET and UNICEF, *Situational Analysis 2012*. Op. cit. p. 8.

300 MOET, *Education for All National Review*. Op. cit. p. 47.

301 MOET and UNICEF, *Study of Parental Knowledge, Attitudes and Practices related to Early Childhood Development*. Op. cit.

302 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 15.

303 MOET and UNICEF, *Situational Analysis 2012*. Op. cit. pp. 2-3.

304 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 34.

305 Ibid. p. 46.

306 MOET, *Education Statistical Digest 2015*, p. 17.



## 5.2. Participation in primary and secondary education

EFA goals and SDGs include targets on primary and secondary education. According to SDG 4.1, by 2030, all girls and boys shall complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. 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.

### 5.2.1. Accessibility

Primary education in Vanuatu consists of six years (Years 1 to 6) and commences at the age of 6.<sup>307</sup> Secondary education consists of a further eight years (Years 7 to 14) and commences at the age of 12.<sup>308</sup> Neither is compulsory or free under Vanuatu law, and it remains the responsibility of parents to send children aged between 6 and 14 to school.<sup>309</sup>

Of the 433 primary schools in Vanuatu in 2015, the majority were either government run (70 per cent) or government-assisted church schools (26.3 per cent).<sup>310</sup> There are far fewer secondary schools, although their number increased from 92 to 96 between 2014 and 2015. Like primary schools, most secondary schools are government schools (55.2 per cent) or government-assisted church schools (35.4 per cent).<sup>311</sup>

In a drive to meet MDG 2.A and EFA Goal 2, the Vanuatu Education Road Map introduced a system of grants at primary level for government and government-assisted schools to alleviate the burden of school fees, which were considered the main driver of falling primary enrolment rates between 2005 and 2008.<sup>312</sup> According to the Vanuatu EFA National Review 2015, studies into the effects of the school grant found that it has alleviated financial burdens on poorer families and contributed to increased access.<sup>313</sup> A recent review by UNESCO International Institute for Educational Planning and UNICEF has reportedly found that the grant improved access in three ways: by increasing the interest of children in attending school (as some schools were reportedly using grant money to conduct awareness-raising activities); improving access to education at other levels as parents could use money otherwise spent on primary school fees to enrol children at preschool or secondary school; and by improving access to education at the correct primary school age (as parents no longer waited for elder children to complete school before enrolling their younger children).<sup>314</sup>

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307 Education Act 2014, sections 3 and 4.

308 Ibid.

309 Ibid.sections 3, 4 and 7.

310 The remainder are non-government-assisted church schools, private or community schools; MOET, *Education Statistical Digest 2015*. Op. cit. pp. 23-24.

311 Ibid.

312 MOET, *Vanuatu Education for All National Review 2015*. Op. cit. p. 17.

313 Ibid. p. 46.

314 Ibid.p. 44.

These findings are partially supported by recent NER figures. Although primary NER increased slightly from 86 per cent in 2012 and 2013 to 88 per cent in 2014, it decreased again in 2015 to 86 per cent.<sup>315</sup> In addition, the primary GER indicates that a significant proportion of children enrolled in primary school are overage, which is largely due to late starters and repetition.<sup>316</sup> From 2012 to 2015, the primary GER was around 118 per cent.<sup>317</sup> In 2015, approximately 1.2 per cent of students enrolled in primary schools were underage and 25.8 per cent students were overage.<sup>318</sup> Overage enrolment is further reflected in the low NER for 6-year-olds in Year 1 (33.1 per cent).<sup>319</sup> According to MOET, children as old as 18 are still in primary education.<sup>320</sup> This means that there are shortages of places for children who are ready to start primary at the age of 6.<sup>321</sup>

Secondary enrolment is significantly lower than primary enrolment, although the secondary NER increased from 31 per cent in 2012 to 35 per cent in 2015.<sup>322</sup> The secondary GER, which increased from 40 per cent in 2012 to 51 per cent in 2015, indicates that a significant proportion of children enrolled in secondary fell outside the official age group of 12 to 18.<sup>323</sup> Repetition rates at secondary level are low and have decreased between 2010 and 2015 from 2.8 per cent to 1.7 per cent,<sup>324</sup> although this must be viewed in light of the high drop-out rate.

A notable proportion of children drop out of primary school and, to a far greater extent, secondary education. However, secondary drop-out rates decreased between 2010 and 2015 from 39.9 per cent to 27.5 per cent, respectively,<sup>325</sup> whereas primary drop-out rates marginally increased from 6 per cent to 8.7 per cent.<sup>326</sup> In the same vein, survival rates to Year 6 were gradually increasing between 2012 and 2014 but dropped significantly from 79.2 per cent in 2014 to 64.6 per cent in 2015.

In terms of gender disparities, primary enrolment rates are slightly higher for boys than girls; the GPI for primary NER and GER remained between 0.96 and 0.98 between 2011 and 2015.<sup>327</sup> In contrast, secondary enrolment rates are noticeably higher for girls than boys, although the gap decreased between 2012 and 2015.<sup>328</sup> The GPI for GER increased from 1.08 to 1.13 between 2011

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315 MOET, *Education Statistical Digest*. Op cit. p. 13.

316 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 18.

317 2012: 120 per cent girls and 123 per cent boys; 2013: 117 per cent girls and 121 per cent boys; 2014: 118 per cent girls and 123 per cent boys; 2015: 116 per cent girls and 119 per cent boys; MOET, *Education Statistical Digest*. Op. cit. p. 12.

318 MOET, *Education Statistical Digest 2015*. Op. cit. p. 9.

319 Ibid. p. 17.

320 Ibid. p. 25.

321 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 15.

322 MOET, *Education Statistical Digest*. Op. cit. p. 13.

323 Ibid. p. 12.

324 Ibid. p. 15.

325 Ibid.

326 Ibid.

327 Ibid. pp. 24-25.

328 Ibid. pp 12-13. Between 2012 and 2015, the 4 per cent gap between the secondary GER for girls and boys narrowed to 2 per cent, although the secondary GER for girls remained higher at 52 per cent compared to 50 per cent for boys.

and 2012, but thereafter decreased to 1.05 in 2015.<sup>329</sup> The GPI for secondary NER follows a similar pattern, decreasing from 1.19 in 2012 to 1.14 in 2015.<sup>330</sup>

There are notable disparities in the enrolment rates across provinces at both primary and secondary levels. Tafea had the highest primary NER in 2015 (93.5 per cent), whereas Torba had the lowest primary NER at 79.1 per cent.<sup>331</sup> Between 2014 and 2015, the primary NER decreased in Sanma, Penama and Shefa but increased in Torba, Malampa and Tafea.<sup>332</sup> MOET highlights that special attention is required for Sanma, which experienced the biggest drop in primary NER of 7 per cent, and for Shefa, which experienced a drop of 4 per cent.<sup>333</sup> With regards to the secondary NER in 2015, Shefa had the highest rate at 68.6 per cent, with Torba again having the lowest at 27 per cent.<sup>334</sup> Yearly fluctuations in secondary NER are significant within provinces, suggesting issues with data quality. Most recently, for example, between 2014 and 2015, the secondary NER more than halved in Penama from 86.6 per cent to 35.7 per cent.<sup>335</sup>

### 5.2.2. Quality in primary and secondary education

Education reforms have focused heavily on improving the quality of primary education, including through the introduction of the Vanuatu Minimum Quality Standards for primary schools, the introduction of a new three-year diploma for trainee teachers in 2010, and the establishment of an 'In-Service Unit' at the Vanuatu Institute for Teacher Education that aims to develop teaching skills and professional development.<sup>336</sup> MOET has taken steps to support teachers in implementing the Vanuatu Minimum Quality Standards. It has appointed 'school improvement officers' (formerly 'zone curriculum advisors') to monitor, evaluate and provide feedback to teachers and local stakeholders on implementing these standards, and to provide monitoring updates to the Ministry on local needs.<sup>337</sup>

An evaluation<sup>338</sup> of the national curriculum developed pursuant to the Vanuatu Education Road Map reportedly concluded that the curriculum for primary and secondary schools was generally of good quality and complied with most modern pedagogic requirements.<sup>339</sup> The implementation and roll out of the curriculum were due between 2015 and 2018.<sup>340</sup> These curriculum reforms are reportedly supplemented by the production and dissemination of learning materials and teacher guides to support the curriculum, and changes to the assessment system at Years 8, 10, 12 and 13.<sup>341</sup>

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329 Ibid. pp. 24-25.

330 Ibid. p. 26.

331 Ibid.

332 Ibid.

333 Ibid.

334 Ibid. p. 26.

335 Ibid.

336 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 43.

337 Ibid.

338 It has not been possible to verify whether this evaluation was fully independent.

339 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 39.

340 Ibid.

341 Ibid.

Despite these efforts, challenges in attaining quality primary and secondary education remain. In 2012, Vanuatu held the Pacific Islands Literacy and Numeracy Assessment for pupils in Years 4 and 6 (of primary school), the results of which provide some indication of the quality of primary schooling. Girls generally performed better than boys in both Anglophone and Francophone schools.<sup>342</sup> However, in both types of schools, less than 50 per cent of the pupils in both grades were “performing at expected level” in both literacy and numeracy.<sup>343</sup>

Age-inappropriate learning environments are a challenge, not only due to poor infrastructure, but also because of mixed-aged classrooms, particularly in rural and remote areas where there are limited classroom spaces or not enough students.<sup>344</sup> This results in, for example, mixed age classrooms (6-year-olds in the same class as 16-year-olds).<sup>345</sup> Repeaters and late enrolment in primary education exacerbate this challenge.

Having remained steady between 2011 and 2014, the average primary repetition rate almost halved to 8.7 per cent in 2015, which may suggest an improvement in the quality of primary education. However, it is noted that primary drop-out rates are increasing.

Student-to-teacher ratios can be an effective indicator of educational quality, as they indicate the ability of teachers to dedicate attention and resources to students, as well as teaching efficiency. Furthermore, they indicate whether teachers are overburdened and therefore delivering lower quality teaching. In 2015, the primary student-to-teacher ratio was 24.6, whereas the secondary ratio was 20.6.<sup>346</sup> The ratios in schools in urban areas are reportedly far higher.<sup>347</sup>

Almost two thirds of primary teachers are certified to teach. Between 2014 and 2015, the percentage of certified teachers in primary schools slightly increased by 2 per cent to 63 per cent.<sup>348</sup> Over two thirds of secondary teachers are certified to teach, with 69.4 per cent of secondary teachers in 2015 having certification.<sup>349</sup> However, there are significant geographical disparities, suggesting that the quality of education may vary significantly across Vanuatu. In 2015, at primary level, Malampa has the highest percentage of certified teachers at 68.6 per cent, compared to Tafea, which has the lowest percentage of certified teachers at 49.3 per cent.<sup>350</sup>

In 2015, the disparities at secondary level were even greater, with 91.3 per cent of teachers having certification in Malampa, compared to 46.3 per cent in Tafea.<sup>351</sup> Further, since 2012, the numbers of primary and secondary teachers attending in-service training has been decreasing (2015 figures).<sup>352</sup> The supply of teachers has not been able to keep up with increased enrolment,

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342 Ibid. pp. 34-35.

343 Ibid.

344 Ibid. pp. 19 and 31.

345 Ibid.

346 MOET, *Education Statistical Digest*. Op. cit. p. 38.

347 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 32.

348 MOET, *Education Statistical Digest*. Op. cit. p. 39.

349 Ibid.

350 Ibid. 39-40.

351 Ibid.

352 Ibid. p. 40.

resulting in temporary hiring of unqualified teachers.<sup>353</sup> In terms of qualifications, around a third of teachers in primary and secondary schools have completed some form of training and/or post-secondary studies, but have no specialist teaching qualifications.<sup>354</sup>

Classroom resources are limited; there is a shortage of textbooks and teaching guides in all disciplines but particularly in basic and social sciences.<sup>355</sup> Secondary schools also lack specialised facilities and equipment, for example, science laboratories.<sup>356</sup>

### 5.2.3. Bottlenecks and barriers in primary and secondary education

Despite MOET efforts to improve primary education through the introduction of grants, free and compulsory primary education has still not been placed on a statutory or firm policy footing. MOET efforts to address financial barriers also reportedly do not match needs, as primary school budgets have not expanded to cope with increased enrolment.<sup>357</sup> Primary school heads have faced challenges in managing large grants awarded to their schools, the decision on how to spend the grant resting mainly with the school director with little community involvement.<sup>358</sup>

According to MOET, a lack of places in state schools, particularly the in urban areas of Port Vila and Loganville, means that parents have no choice but to send their children to a private school.<sup>359</sup> In addition, a lack of spaces and limited land on which to build new schools in urban areas means that some schools have resorted to taking on new students every two years, rather than every year.<sup>360</sup> Children also have to travel long distances to get to school, particularly in rural areas, resulting in prohibitive transport costs.<sup>361</sup> Other indirect costs, such as for school uniforms, may also dissuade enrolments.<sup>362</sup> Parents moving from one island to another also means that children are taken out of school.<sup>363</sup>

The grant scheme does not extend to secondary level (although the Government is said to be considering extending school grants to year 10), so children either delay enrolling or do not enrol at all.<sup>364</sup> Exams at the end of Years 6, 8 and 10, which determine eligibility to proceed through secondary school, may also be contributing to low NER and GER at secondary level.<sup>365</sup>

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353 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 35.

354 37 per cent at primary level and 30.6 per cent at secondary level; MOET, *Education Statistical Digest 2015*. Op. cit. p. 40.

355 Ibid. pp. 10-11.

356 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 22.

357 Ibid. pp. 10, 35, 44 and 46.

358 Ibid. pp. 35, 44 and 46.

359 Ibid. p. 44.

360 Ibid. p. 45.

361 Ibid. p. 44.

362 Ibid.

363 Ibid. p. 45.

364 Ibid. p. 22; UNICEF Pacific communication, July 2017.

365 Ibid. p. 22; MOET, *Education Statistical Digest*. Op. cit. p. 11.

The under-representation of boys in secondary education is a matter of concern and an area that requires further research, because the drivers for this trend are not clear.

Data on the participation of children with disabilities in primary and secondary is limited. According to MOET, approximately 2.9 per cent of students in primary schools in 2015 were identified as having a disability, some of whom were “not able to adapt themselves with the normal teaching and learning development in the classrooms,” resulting in them dropping out.<sup>366</sup> This area requires further research and attention, to ensure that all children have access to high quality education.

Despite MOET’s drive to strengthen teaching skills and qualifications, the National EFA Review 2015 states that there are still few opportunities for formal teacher training, and that existing training takes place in a “policy vacuum with no overall direction for teacher development.”<sup>367</sup> In addition, many school improvement officers do not have the means to visit schools, so teachers receive limited support in practice.<sup>368</sup> Initial teacher training at the Vanuatu Institute for Teacher Education is reportedly not closely linked to MOET needs or policies.<sup>369</sup> The teaching practice element also reportedly falls short of international standards.<sup>370</sup> However, school improvement officers and staff at the Vanuatu Institute for Teacher Education are an underused resource,<sup>371</sup> indicating that there is potential to further develop in these areas.

Reports suggest that social and cultural norms concerning the importance of school may be contributing to school repetitions and drop-out. For instance, the EFA National Review 2015 indicates that, for cultural reasons, some parents keep their children out of school for a year, for example, to participate in traditional festivals or even circumcision ceremonies.<sup>372</sup>

Poor infrastructure is a significant barrier to quality education. In 2010, approximately 50 per cent of all primary school classrooms were reportedly constructed of temporary or traditional materials, whilst 37 per cent were rated as being in good condition.<sup>373</sup> Australian and New Zealand Government funding has been used to fund Government efforts to improve infrastructure,<sup>374</sup> although an update review of school infrastructure is not available.

Disaster and climate risks significantly affect access to and quality of primary and secondary education. Many schools in Shefa and Tafea provinces were damaged by Cyclone Pam in 2015, resulting in children not going to school for a whole month, and may also explain a reduction in the primary GER between 2014 and 2015.<sup>375</sup>

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366 MOET, *Education Statistical Digest 2015*. Op. cit. p. 10.

367 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 46.

368 Ibid.

369 Ibid.

370 Ibid.

371 Ibid.

372 Ibid. p. 35.

373 MOET, *Education Statistical Digest*. Op. cit. p. 39.

374 Ibid.

375 MOET and UNICEF, *Situational Analysis 2012*, p. 10.

As for ECCE, there is a need to strengthen MOET capacity and review its monitoring framework to implement the full package of education reforms.<sup>376</sup> There is reportedly little awareness of the Vanuatu Minimum Quality Standards amongst schools, which have therefore not been fully implemented.<sup>377</sup> Accountability mechanisms for how grants are spent are weak with “a number of schools not following proper procedures.”<sup>378</sup> There are also gaps in the data collection system, which does not take account of the numbers of students transferring between schools during the year, which is estimated to be high.<sup>379</sup> In addition, some secondary schools are ‘technical’ schools, whilst some primary schools also include Years 7 to 8, which may skew data on primary and secondary participation.<sup>380</sup> However, steps have been taken to address shortfalls in monitoring and quality control. While there used to be both school improvement officers, working from a national focus and on minimum quality standards, as well as ‘zone curriculum advisors’, the roles have been integrated.<sup>381</sup>

### 5.3 Tertiary and Vocational Education

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

Tertiary and vocational education in Vanuatu are made up of a range of formal and informal courses and programmes. Formal tertiary education is offered at the University of South Pacific, which offers law degrees or other entry-level courses in the Faculty of Arts, Commerce and Science, and at Revans University, which specialises in undergraduate and post-graduate degrees in management and marketing. Both university campuses are based in Port Vila.

There is limited data on participation in formal tertiary education. Scholarship statistics suggest that young female people comprise a minority of those numbers enrolled in formal higher education, despite their higher participation in secondary school, and despite major scholarship schemes with a 50 per cent gender quota for awardees.<sup>382</sup> In 2010, only 185 of the 423 scholarships awarded went to female students.<sup>383</sup>

Informal education consists of a range of technical and vocational education and skills training (TVET) programmes; a network of rural training colleges (RTCs) managed by local communities, churches and private bodies that operate accredited learning programmes; and other private sector training institutions for IT and business management.<sup>384</sup>

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376 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 45.

377 Ibid. p. 46.

378 Ibid.

379 MOET, *Education Statistical Digest*. Op. cit. p. 27.

380 Ibid.

381 UNICEF comments to Coram International. Op. cit.

382 MOET, *Vanuatu Education for All National Review*. Op. cit. pp. 25 and 30.

383 Ibid. p. 30.

384 Ibid. p. 24.



Vanuatu Institute of Technology is the main TVET centre. It offers predominantly certificate courses in a range of subjects including accounting, art, automotive, building, IT, electrics, joinery, journalism, mechanics, office administration, tourism and hospitality.<sup>385</sup> It has a campus in Port Vila and two smaller provincial training centres in Sanma and Tafea provinces.<sup>386</sup> Whilst scholarships are available for courses at the Institute, these do not extend to transport, accommodation or subsistence.<sup>387</sup> Other TVETs include the Vanuatu Maritime College, Vanuatu Institute of Teacher's Education, Vanuatu Institute of Technology, Vanuatu Nursing College, Australian Pacific Training College, Vanuatu Agriculture College and Vanuatu Police College.

There are significantly fewer female graduates from TVETs than male (only 747 out of 2,129 in 2015). However, females comprise most graduates in teaching and nursing. Females comprised 3.2 per cent of graduates from the Vanuatu Maritime College, and 46.7 per cent from the Vanuatu Institute of Technology, whereas they comprised 60.5 per cent of graduates from the Vanuatu Institute of Teacher Education and 82.6 per cent from the Vanuatu Nursing College.<sup>388</sup>

Other TVET centres are established in Sanma, Malampa, Torba and Tafea province on an ad hoc basis by government ministries with the support of Australian Government funding. These centres provide modular courses that are adaptable depending on the economic and development needs of the province in which they are located.<sup>389</sup> There were 105 of these TVET centres in 2015, 37.5 per cent of which were related to tourism, 13.3 per cent to business, and 10.5 per cent to agriculture. The remainder were related to fisheries, forestry, IT, livestock, manufacturing and trades and services.<sup>390</sup> Enrolment in these centres has more than halved between 2011 (2,481) and 2015 (792).<sup>391</sup> In 2015, the number of males was approximately twice that of females.<sup>392</sup>

Vanuatu has established a national TVET qualifications framework that allows participants who undertake TVET programmes and collect 'accredited training units', which they can accumulate into a full qualification over time or use to revert back to the formal education system.<sup>393</sup>

RTCs operate under the auspices of the Vanuatu Rural Development Training Centre Association and provide formal education programmes accredited by the Vanuatu Qualifications Authority for young people who are outside the formal education system, focusing on training for employment in rural areas. The shared mission statement of the RTCs and Association is to empower the RTCs and Association and others "through skills training and non-formal education to facilitate improved life chances," and to "empower school push-outs, youth and interested public through provision of training in trade and vocational skills enabling self-reliance, self-improvement, self-employment, entry into the workforce, development of active leaders and citizens, and create pathways for

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385 Ibid. p. 23.

386 Ibid.

387 Ibid.

388 Ibid. p. 30.

389 Ibid. p. 24.

390 MOET, *Education Statistical Digest*. Op. cit. p. 32.

391 Ibid.

392 Ibid.

393 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 24.

progress in life.”<sup>394</sup> Encouragingly, their aims make direct reference to the MDGs and EFA goals, and seek “to promote, through non-formal education and training, the MDG and EFA in particular the following: eradicate extreme poverty and hunger, promote gender equality and empower women, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and develop a global partnership for development.”<sup>395</sup>

As part of a drive to improve the quality of training provided in RTCs, the colleges operated accredited learning programmes initiated by the Vanuatu National Training Council, to which the RTCs were required to make a formal application and pay fees. This is reportedly a main reason for the decline in the number of RTCs between 2009 and 2012.<sup>396</sup> Despite a small rise in 2013, the number of young people enrolled in RTCs declined from 1,181 in 2011 to 770 in 2015.<sup>397</sup> The majority of trainees in RTCs are male.<sup>398</sup> In 2015, the provinces with the most RTC trainees were Penama (31.3 per cent), followed by Sanma (22.5 per cent) and Tafea (21.4 per cent).<sup>399</sup> In 2015, almost half of the graduates from RTCs graduated in tourism and hospitality (42.9 per cent), followed by automotives (19.5 per cent), carpentry (16.5 per cent), building construction (10.2 per cent), homecare (6.5 per cent), electricians (1.4 per cent) and business (1.4 per cent).<sup>400</sup>

Data on literacy rates among the child population is unavailable. MOET has acknowledged the need to collect disaggregated, up-to-date data on literacy and numeracy among children and young people.<sup>401</sup> There is data on literacy rates for 15- to 24-year-olds (92 per cent for males and 93 per cent for females), although this was obtained from the 2009 census and is out-of-date.<sup>402</sup> The 2009 census found that the language abilities were much higher in urban than rural areas, and that the proportion of young speakers aged 5 to 14 was relatively low (in any language).<sup>403</sup>

### 5.3.1. Barriers and Bottlenecks

According to the EFA National Review 2015, post-secondary vocational training in Vanuatu is organised around ‘traditional gender roles’ with limited opportunities for females, although the nursing and teaching sectors are female-dominated.<sup>404</sup> Courses offered at the RTCs reportedly “cement gender roles” with technical courses such as carpentry targeting men, and tailoring, handicraft and food preparation courses for women.<sup>405</sup>

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394 Ibid.

395 Ibid.

396 Ibid.

397 MOET, *Education Statistical Digest*. Op. cit. p. 30.

398 Ibid.

399 Ibid. p.31; Shefa (14 per cent); Torba (5.7); Malampa (5.1 per cent).

400 Ibid.

401 MOET, *Vanuatu Education for All National Review*. Op. cit. p. 36.

402 Ibid., p. 21.

403 Ibid. pp. 26-27.

404 Ibid. p. 23.

405 Ibid. p. 24.

Formal tertiary education opportunities are in Port Vila or overseas, denying access to young people who may not want or be able to travel or leave home. This is a significant barrier for females.<sup>406</sup> The sustainability and roll-out of ad hoc TVET colleges is also dependent upon donor support.<sup>407</sup> Although Internet-based tertiary education is being promoted in Vanuatu, this is dependent on Internet access and therefore unlikely to reach women in rural areas who may be particularly affected.

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406 Ibid. p. 25.

407 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 experience violence, abuse or exploitation, and to ensure access to justice for children in contact with the law.

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

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

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

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

*Article 32 – The right to protection from economic exploitation*

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

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

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

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

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

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

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

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

In addition to the CRC, the SDGs 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 secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour and by 2025 end child labour in all its forms including recruitment and use of child soldiers	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age

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

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

risk factors, and strengthen children’s own resilience.”<sup>408</sup> 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.”<sup>409</sup> The main elements of a child protection system are:

### Main Elements of a child protection system

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

Source: Adapted from UNICEF Child Protection Resource Pack 2015

## 6.1. Child protection risks and vulnerabilities

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

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

409 Ibid.



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

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

#### 6.1.1.1. Violence in the home

Physical punishment of children is common in most households in Vanuatu. A 2014 UNICEF Report found that 84 per cent per cent of children aged 2 to 14 years old had experienced “violent discipline”; 72 per cent per cent had experienced physical punishment, and 77 per cent per cent had experienced psychological aggression in the month prior to the survey.<sup>410</sup> The prevalence of physical punishment (84 per cent) is highest among the PICTs for which data is available.<sup>411</sup> The same report found that 51 per cent of caregivers viewed physical punishment as “necessary to raising children”: one of the highest rates in all 59 countries included in the report.<sup>412</sup> The 2008 Child Protection Baseline Study similarly found that 78 per cent of adults reported that they “sometimes hit, smacked, pinched, kicked or flicked children or pulled or twisted their ears,” and 17 per cent of 16- to 17-year-old respondents had experienced these types of violence at home in the month before being surveyed. The most common implements used by adults to physically hurt children according to adult and child respondents, respectively, were: stick (44 per cent/ 43 per cent); open hand (37 per cent / 41 per cent); broom (11 per cent of children); and belt (13 per cent of children), and the vast majority indicated that “discipline” or “education” were the main reasons for the violence.<sup>413</sup>

Ni-Vanuatu children are also exposed to significant levels of family violence in their homes. A study published by the Vanuatu Women’s Centre in 2011 reported that 60 per cent of all ever-partnered women had experienced some form of intimate partner violence during their lifetime,<sup>414</sup> compared to a global average of 30 per cent<sup>415</sup> and a regional average rate of 48 per cent.<sup>416</sup> The Vanuatu survey found that rates of violence against women were higher in rural than urban areas.<sup>417</sup> Only in Fiji, Solomon Islands and Kiribati are life-time intimate partner violence rates higher.<sup>418</sup> The study also highlighted the impact of family violence on children. Of women who had ever been pregnant, 15 per cent reported having been hit during a pregnancy. In addition, 57 per cent indicated that their children either heard or saw incidents of violence, and 17 per cent indicated that their children were also beaten during a violent incident. Children living in families where their mothers are subjected to physical and/or sexual abuse were significantly more likely

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410 UNICEF EAPRO. *Hidden in Plain Sight: A statistical analysis of violence against children*. 2014. pp.96-99.

411 Palau, FSM, Solomon Islands, Fiji, Samoa, Kiribati and Vanuatu.

412 UNICEF EAPRO. *Hidden in Plain Sight*, Op. cit. pp. 153.

413 UNICEF Pacific. *Protect Me with Love and Care: A Baseline Report for Vanuatu*. 2008. p. 30.

414 Vanuatu Women’s Centre. *Vanuatu National Survey on Women’s Lives and Family Relationships*. 2011. p. 16.

415 Fiji Women’s Crisis Centre. *Somebody’s Life, Everybody’s Business!* 2013. p.3.

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

417 Vanuatu Women’s Centre. Op. cit. p. 16.

418 Fiji: 64 per cent; Solomon Islands: 65 per cent; Kiribati: 68 per cent.

to have a range of emotional and behavioural problems including aggressive behaviour, and were twice as likely as other children to repeat years of schooling or drop out of school.<sup>419</sup>

### 6.1.1.2. Violence in schools

Corporal punishment by teachers is also relatively common in Vanuatu. Of the school-going children interviewed as part of the 2008 Child Protection Baseline Survey, 27 per cent stated they had been physically hurt by a teacher in the month prior to the survey, with 17 per cent indicating that they experience this every month, and 9 per cent every week. The most common forms of violence experienced were hitting, smacking or having their ears hurt, and the most common areas they were hit were on the head, buttocks, back and side of the face. 'Hitting' is mostly done with an open hand, stick, ruler or duster.<sup>420</sup> In addition, 31 per cent of school-going child respondents reported having been called an inappropriate name by a teacher within the past month, mostly names related to school performance (stupid, lazy, idiot etc.) but also general swearing and some personal insults.<sup>421</sup>

Children are also exposed to relatively high rates of peer violence and bullying in schools. A 2011 Global School Healthy Survey found that two thirds of Ni-Vanuatu children were exposed to bullying in the month before the survey, and over half of all children were involved in a physical fight within the 12 months before the survey. The bullying rates are among the highest in the PIC region for countries for which data is available, and exceed the regional average of 45.4 per cent. The percentage of students involved in physical fights is slightly lower than the regional average of just under 50 per cent.<sup>422</sup>

**Table 6.1: Reported violence in schools among students age 13-15 years<sup>423</sup>**

Violence experience	Total (%)	Boys (%)	Girls (%)
In a physical fight one or more times during the 12 months before the survey	50.5	59.9	41.8
Bullied on one or more days during the 30 days before the survey	67.3	68.0	66.5

419 Vanuatu Women's Centre. Op. Cit. p. 18.

420 UNICEF Pacific. Protect Me with love and Care, Op. Cit., p. 133.

421 Ibid., p. 144.

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

423 Global School-based Health Survey. Vanuatu Factsheet. 2011. [http://www.who.int/chp/gshs/Vanuatu\\_2011\\_GSHS\\_FS.pdf](http://www.who.int/chp/gshs/Vanuatu_2011_GSHS_FS.pdf) [19.06.17]

### 6.1.1.3. Sexual Abuse, commercial sexual exploitation and trafficking in children

Child sexual abuse also appears to be a cause for concern in Vanuatu. The 2011 survey conducted by the Vanuatu Women’s Centre in 2011 found that almost 1 in 3 women (30 per cent) were sexually abused before the age of 15 years, with the majority of perpetrators being male family members and boyfriends. For more than 1 in 4 women (28 per cent), their first sexual experience was forced.<sup>424</sup> In addition, of the children who participated in the Child Protection Baseline Study, 15 per cent reported having been touched in a way that made them feel uncomfortable at home or in the community within the past month, and 21 per cent of school-going children reported having been touched inappropriately at school in the past month. This represented a total of 58 separate incidents of inappropriate touching involving 52 children (32 boys and 20 girls). In addition, 30 adult respondents stated that a child in their household had told them about being touched in a way that made them feel uncomfortable within the past month. Most children who reported that they had been inappropriately touched had been touched by an adult (58 per cent), with the remainder (42 per cent) being touched by another child. The most common places on the body where they were touched were the genital area (41 per cent), chest area (24 per cent), and buttocks (15 per cent). The majority of incidents took place in transit (33 per cent on the way home, to work, to school or place of worship) followed by at home (29 per cent) and then at school (26 per cent). Overall, boys were touched more by other children (particularly on the genitals and buttocks) whilst girls were touched more by adults (particularly on the breast and genitals).<sup>425</sup>

A 2015 comparative assessment by UNICEF and the United Nations Population Fund (UNFPA) noted “pockets of greater vulnerability” to violence against women and girls in Vanuatu, and in particular that “girls between 6-14 years old with low education and from a low-medium socio-economic background were at high risk of being abused.”<sup>426</sup> In addition, children from a previous relationship or adopted children are also reportedly most at risk of sexual abuse by a family member.<sup>427</sup> The United Nations Joint Programme submission to the 2014 Universal Periodic Review of Vanuatu reported that Vanuatu has one of the highest rates of incest amongst girls aged 15 years in the region and this continues to be a concern.<sup>428</sup>

Online sexual abuse is also an emerging threat to Vanuatu children, and is highlighted in the National Child Protection Policy 2016, which states: “threats related to cyberspace and information communications technology (ICT), in particular the use of internet, are a new and unexplored area in Vanuatu although findings of a small ‘test’ assessment in one Port Vila school in 2013 identified that online bullying, illicit content and online threats are taking place.”<sup>429</sup>

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424 Vanuatu Women’s Centre. Op. cit. p. 17.

425 UNICEF Pacific. Protect Me with love and Care. Op. cit. p. 46.

426 UNICEF/UNFPA. Harmful Connection: Examining the relationship between violence against women and violence against children in the South Pacific. 2015. p. 8.

427 Vanuatu Ministry of Justice and Community Services. Vanuatu National Child Protection Policy. Op. cit. p. 13.

428 Compilation of UN information. Universal Periodic Review: Vanuatu. 2014. Para.23. <http://www.ohchr.org/EN/HRBodies/UPR/PAGES/VUSession5.aspx> [19.06.17]

429 Vanuatu Ministry of Justice and Community Services. Vanuatu National Child Protection Policy. 2016. p.10. Citing Vanuatu Child Online Protection Assessment Report. 2013.

Limited data is available on commercial sexual exploitation of trafficking in children in Vanuatu. In its State Party Report to the UN Committee on the Rights of the Child, Vanuatu notes that, during a peer education activity held in Port Vila with 90 female sex workers and 56 men who have sex with men, it was reported that 9 per cent of the sex workers are between the age of 14 and 19 years.<sup>430</sup>

#### 6.1.1.4. Child labour

The 2016 SOWC Report reported that 15 per cent of children aged between 5 and 14 were engaged in child labour in Vanuatu (15 per cent of males and 16 per cent of females).<sup>431</sup> According to the National Child Protection Policy 2016, many children help their parents in family agriculture.<sup>432</sup> The US Department of Labor 2016 Country Report on the Worst Forms of Child Labor in Vanuatu found that, while information is limited, there is evidence of children performing dangerous tasks in agriculture and engaging in the worst forms of child labour, including in commercial sexual exploitation.<sup>433</sup>

#### 6.1.1.5. Child marriage

According to SOWC 2016 quantitative data, 3 per cent of women aged 20 to 24 were first married or in a union before they were 15, and 21 per cent before they were 18.<sup>434</sup> In its 2016 State Party Report to the UN Committee on the Rights of the Child, Vanuatu provided the following statistics on child marriage.

**Table 6.3: Child marriage**

	15 years		16years		17years	
	Male	Female	Male	Female	Male	Female
<b>VANUATU</b>	30	35	28	48	31	69
<b>URBAN</b>	9	9	4	6	11	14
<b>RURAL</b>	21	26	24	42	20	55
<b>PROVINCE</b>						
<b>TORBA</b>	0	0	0	1	0	4
<b>SANMA</b>	4	5	4	8	6	19

430 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 181.

431 Data recorded this rate of children involved in child labour between 2009-2015.

432 Vanuatu Ministry of Justice and Community Services. Vanuatu National Child Protection Policy. Op. cit. p. 14.

433 US Department of Labor. Worst Forms of Child Labor Report. 2016. p. 1. <https://www.dol.gov/sites/default/files/images/ilab/child-labor/Vanuatu.pdf> [19.06.17]

434 SOWC 2015.

<b>PENAMA</b>	5	4	3	9	3	6
<b>MALAMPA</b>	9	4	4	1	4	6
<b>SHEFA</b>	10	16	12	15	16	22
<b>TAFEA</b>	2	6	5	14	2	12

Source: 2009 population and housing census

### 6.1.2. Community Knowledge, Attitudes and Practices

Child-rearing in Vanuatu is strongly influenced by cultural practices and Christian teachings. *Kastom* is an important element of traditional Ni-Vanuatu life, defining many community beliefs, values and practices. Extended family and the '*wantok*' system provides security for families and acts as a social safety net for children when their parents are not able to meet their needs. Traditionally, the *wantok* system worked fairly well in providing social protection to its members, but it is reportedly coming under increasing pressure as a result of urbanisation, migration and social issues.<sup>435</sup>

There are high levels of social cohesion in Vanuatu, with much respect and trust given to chiefs and church leaders. Religion and *Kastom* co-exist in Vanuatu, and church leaders have a highly influential role in guiding people's behavior and actions. At the village level, authority rests with the chief, who mediates disputes with the aim of ensuring community peace and harmony. The National Child Protection Policy notes that this promotes community cohesion and cooperation, and ensures the integration of children into the fabric of the community. However, it may sometimes act to silence the needs and interests of victims.<sup>436</sup> In addition, customary practices in Vanuatu still result in children sometimes being exchanged or given as reparation during the resolution of a conflict, which promotes the view that children are objects.<sup>437</sup>

The Child Protection Baseline Survey found that adult respondents demonstrated a relatively high level of awareness of positive discipline techniques and proactive ways to show children that they are loved and cared for. When asked about the three best ways to discipline children, the vast majority (78 per cent) responded with examples of positive discipline, and only 10 per cent mentioned corporal punishment.<sup>438</sup> The report also noted generational change in parental discipline, with parents indicating a significant decrease in the use of corporal punishment and an increase in consulting children as compared to when they were children. The main reasons given for these changes were increased awareness about alternative forms of discipline, increased understanding about child rights, and the impact of Christianity.<sup>439</sup> Despite these shifting attitudes, however, corporal punishment remains commonly used as a discipline technique, and physical violence against children by parents, extended family members as well

435 UNICEF. Protect Me with Love and Care. Op. cit., p. 82

436 National Child Protection Policy. Op. cit., p. 17.

437 Ibid., p. 12.

438 UNICEF. Protect Me with Love and Care. Op. cit., p. 126.

439 Ibid., p. 127.

as teachers, police and village leaders is an accepted form of discipline thought to promote obedient and respectful behaviour.<sup>440</sup>

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

Studies have highlighted a number of social norms and community practices that impact on child protection in Vanuatu. In particular, the general acceptance of corporal punishment against children, the lack of awareness of the significant negative impact of verbal and emotional abuse and neglect on children, and the acceptance of violence as a corrective and disciplining tool in the family, village and institutions has been identified as a key factor underpinning children's vulnerability to violence.<sup>441</sup> The use of violence as a form of punishment and discipline is accepted and condoned as a 'normal' part of behaviour within many families and communities, and this normalisation of violence acts as a disincentive to women and children seeking help.<sup>442</sup>

The low status of women and children has also been cited as a factor contributing to children's vulnerability. *Kastom* has a significant impact on social and gender roles, and there is a strict division of responsibility and privilege between men and women, with men considered to be inherently superior. The National Child Protection Policy notes that this 'culturally embedded and pervasive gender inequality' can be harmful to children, and contributes to domestic violence. In addition, inter-generational transmission of domestic violence and child abuse in Vanuatu is common and complex, and embedded in the status of women and men.<sup>443</sup>

Fear, the culture of silence around violence against children and the perception that it is a private family matter perpetuate the cycle of violence and act as barrier to reporting and referral of cases. Violence and the fear of violence are reportedly profoundly disabling to children and many do not seek help for fear of retribution or because they feel shame and an unwillingness to talk about their problem. In particular, the taboo nature of sexual abuse and incest prohibit open discussion of the issues.<sup>444</sup>

Children's limited bodily autonomy and lack of empowerment to protect themselves are also a contributing factor to violence and exploitation. The Child Protection Baseline Survey found that, whilst most child respondents aged 16 to 17 had satisfactory levels of understanding of inappropriate touching, some did not fully understand what constitutes acceptable and unacceptable touching and when they should speak out, thus rendering them vulnerable to sexual abuse. Only 69 per cent of child respondents agreed that if someone offered them money, sweets, clothes or other things to touch their body, they should tell someone; 83 per cent disagreed that if a person touches them in a way that makes them feel uncomfortable, there is no need to tell anyone about it; and 93 per cent disagreed that adults and older children have the right to touch their body even if they do not want them to.<sup>445</sup>

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440 National Child Protection Policy, p. 12.

441 UNICEF. Protect Me with Love and Care. Op. cit., pp. 126-127; Vanuatu Women's Centre. Op. cit. p.15.

442 Vanuatu Women's Centre. Op. cit. p.15.

443 National Child Protection Policy, p. 12.

444 Ibid., p. 12-13.

445 UNICEF. Protect Me with Love and Care. Op. cit., p. 46, 169.

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

## 6.2. The child protection system

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

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

Vanuatu recently introduced the National Child Protection Policy 2016 – 2026 to provide an overarching framework for the development of the child protection system. Children’s right to care and protection has also been addressed under a variety of national laws:

#### Key Child Protection Laws

Child care and protection	Family Protection Act 2008; National Child Protection Policy
Child custody and maintenance	Maintenance of Children Act; Matrimonial Causes Act
Adoption	Adoption Act 1959 UK
Birth registration	Civil Status (Registration) Act
Child marriage	Control of Marriage Act
Child labour	Employment Act
Penalisation of physical abuse, sexual abuse, and sexual exploitation	Penal Code
Child victims and witnesses in criminal proceedings	Criminal Procedure Code; Police Guidelines for Handling Young Victims and Witnesses; Practice Direction for Juveniles in Contact with Court Process (pending)
Violence in schools	Education Act 2014; Child Safeguarding Policy 2017
Children in conflict with the law	Criminal Procedure Code; Vanuatu Police Force Police Guidelines for Handling Young People in Conflict with the Law; Practice Direction for Juveniles in Contact with Court Process (pending); Correctional Services Act.
Children with disabilities	Vanuatu National Disability Inclusive Development Policy 2016-2025
Child protection in emergencies	National Disaster Act 2000



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

### Legal Definition of the Child under Vanuatu Law

Definition of a child under child welfare law	None
Minimum age for marriage	18 or boys, 16 or girls
Minimum age for employment	14
Minimum age for engaging in hazardous work	15
Age for consent to sexual activity under criminal laws	15
Minimum age of criminal responsibility	10
Maximum age for juvenile justice protections	16

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

Vanuatu lacks a child protection law to: outline the State's responsibility to protect children; to provide the legal framework for prevention, early intervention and response services for children and their families; and to regulate adoption and other forms of alternative care. The only legal provision allowing the State to intervene to remove a child who is at risk of harm is a provision under the Penal Code allowing the court, in incest cases, to remove a girl under the age of 18 from a male perpetrator's custody and appoint another guardian.<sup>446</sup> The Family Protection Act 2008 also makes provision for temporary protection orders and protection orders prohibiting perpetrators of domestic violence from having any contact with the victim (including a child). This affords children some protection from violence by a family member, but is not an adequate substitute for comprehensive child protection interventions. In the absence of a national adoption law, the courts generally rely on the inherited UK Adoption Act of 1958, which has not been appropriately adapted to the national context or updated to reflect modern adoption practices.<sup>447</sup> Vanuatu is not a member of The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.

The Government has acknowledged these gaps and is in the process of developing a Child Protection Bill.<sup>448</sup> In the interim, guidance on the strategic direction of the child protection system is outlined in the National Child Protection Policy, which reinforces the Government's commitment to developing comprehensive prevention, early intervention and response services for children. The Policy emphasises that, given the limited funding available in Vanuatu to expand formal child protection services, the logistical challenges in providing services to remote islands, and the cultural barriers that need to be addressed to protect children from abuse and exploitation, the

446 Section 95.

447 Addendum to State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 106.

448 Ibid., para 123.

Vanuatu child protection system must build on positive traditional community-based systems, whilst at the same time strengthening mechanisms within the formal sector. The Policy outlines a number of strategic goals for strengthening the child protection system, including: strengthening knowledge and understanding of child protection; development of prevention and early intervention strategies that are relevant and appropriate to the context; development of organizational structures to provide oversight and ensure accountability; coordinated, collaborative, holistic and multi-disciplinary interventions by formal and non-formal (*Kastom*, religious, community-based) bodies, to ensure a continuum of care for vulnerable children; development of government standards and guidelines for child protection/working with children; strengthening of the legal framework for child protection; strengthening capacity of government stakeholders and service providers involved in the protection of children; and disaster risk reduction/preparedness and emergency responses that are sensitive to the very high risk of abuse, exploitation, and injury faced by children during disaster.<sup>449</sup>

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

Vanuatu's Penal Code criminalises a range of offences against children, including: assault; failure to provide necessities; abduction of a child under 18; incest; rape; sexual intercourse with a child under the age of 18 who is under the person's care and protection; sexual intercourse with a child under the age of 13 years (regardless of consent); sexual intercourse with a child between 13 and under 15 years (regardless of consent, but with a lower penalty); indecent assault of a child under 13 years; child prostitution; and using a child for pornographic purposes. These offences apply equally to boys and girls and generally carry penalties that reflect the grave nature of crimes against children. However, no provision is made to penalise trafficking in children, online grooming of children, and production, sale, and distribution of child pornography (other than in the context of general provisions relating to obscene material). The Government is reportedly in the process of developing an appropriate legislative and policy framework to combat cybercrime and promote internet safety and security, including child online protection.<sup>450</sup>

Vanuatu's Criminal Procedure Code does not include any special measures to facilitate children's evidence or reduce trauma at all stages of the criminal justice process. However, the Vanuatu Police Force (VPF) has issued a detailed Policy for Young Victims and Witnesses and accompanying SOPs to provide guidance to the police on how to handle child victim cases in a sensitive and effective manner, and on the importance of ensuring appropriate referral to follow-up services. In addition, the Courts have drafted a Practice Direction for Juveniles in Contact with Court Process which encourage the use of child-friendly practices (endorsement by the Chief Justice pending).

Vanuatu also lacks a comprehensive juvenile justice law, and existing laws provide limited special procedures for handling children in conflict with the law.<sup>451</sup> The minimum age of criminal responsibility is 10, which is qualified by a rebuttable presumption that a child aged 10 and under 14 is not capable of being criminally responsible, "unless it can be shown

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449 P. 22.

450 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 12.

451 *ibid.* para 308.

that the child was able to distinguish between right and wrong at the time of the alleged offence.<sup>452</sup> This 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 two-age rule as not affording sufficient protection to children.<sup>453</sup> Children accused of a crime are handled in accordance with the general criminal procedures applicable to adults, with the only special provisions being that children under 16 should not be imprisoned “unless no other method is appropriate,”<sup>454</sup> and that children under the age of 16 in correctional centres should be separated from adults “where practicable.”<sup>455</sup>

The VPF has issued Police Guidelines for Handling Young People in Conflict with the Law and accompanying standard operating procedures (SOPs) to provide police with guidance on dealing with children in conflict with the law in an appropriate and child-sensitive manner. The Guidelines and SOPs encourage the use of police diversion, emphasize the importance of contacting the child parent/guardian as soon as possible, provide instructions for child-sensitive interrogation and investigation techniques, restrict the use of force and restraints against children, and encourage immediate release of children from police custody wherever possible.

## **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**

Responsibility for child and family welfare in Vanuatu rests with the MJCS, which has established a Child Desk Office. The Child Desk Office has broad responsibility for child rights monitoring and coordination, but as yet no specific mandate for child protection other than in relation to advocacy.<sup>456</sup> It has two supervisors and five Child Protection Officers, including one Child Protection Officer in Port Vila and four in the provinces, currently supported with funding from UNICEF.<sup>457</sup> They have received some training in child protection, but are not qualified social workers.

Vanuatu’s child welfare service system is in the process of being developed, and there is currently no formal structure for the delivery of child welfare or child protection services.<sup>458</sup> The MJCS has initiated a phased project, with the support of UNICEF and Save the Children, to develop

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452 Penal Code, section 17(1).

453 UN Committee on the Rights of the Child, General Comment No. 10.

454 Penal Code, section 54.

455 Correctional Services Act, section 21(3). In its 2016 State Party Report, Vanuatu has advised that amendments have been proposed to the Correctional Services Act to replace ‘16’ with ‘18’.

456 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 77.

457 Interview with UNICEF Pacific Staff, 29/11/17.

458 National Child Protection Policy. Op. cit., p. 14.

an appropriate framework for the delivery of child and family welfare services. This will include a mapping of community practices and existing resources, pilot testing new initiatives, and developing a network of services and/or a functioning social welfare service unit.<sup>459</sup>

The bulk of the child protection work being done in Vanuatu relates to prevention, and this has primarily taken the form of general awareness and training on child rights and child protection.<sup>460</sup> The National Child Protection Policy notes that significant knowledge gaps persist around child protection, child abuse, the impact of abuse on child development, the practicalities of keeping children safe and what a person should do if they have concerns about a child. Very little has been documented around early identification and intervention work, although community-driven social protection initiatives such as provision of food, housing, medical costs and school fees to at-risk families do exist.<sup>461</sup>

Vanuatu does not yet have formal mechanisms for reporting and response to children in need of protection, and the majority of child protection concerns are currently managed through *kastom* and by informal service providers, including pastors, women's groups and NGOs.<sup>462</sup> When asked what they would do if a child in their care was badly hurt by someone, the vast majority of responses from adults who participated in the Child Protection Baseline Survey consisted of 'informal' actions, mostly asking the child what happened, confronting the perpetrator and reporting to traditional leaders. Only 14 per cent of respondents indicated that they would refer to formal service providers such as the police, health workers or teachers.<sup>463</sup>

Inter-agency protocols and procedures for responding to reported cases of children at risk or in need of protection have not yet been developed, though police SOPs emphasize the importance of referring child victim cases for appropriate follow-up.<sup>464</sup> The Child Protection Baseline Study found that just 11 per cent of child abuse cases are reported to police, and of those 95 per cent are diverted back to the community.<sup>465</sup> There is no specific instrument or body to co-ordinate formal and non-formal service delivery, nor are there systems, guidelines and standards for ensuring that children move through the continuum of care in a safe and timely manner,<sup>466</sup> or for ensuring oversight and quality control of services provided to children and families by NGOs and church groups.<sup>467</sup>

Key service providers within the formal system for reporting and responding to child abuse include the Police, Vanuatu Women's Centre (VWC), medical service providers, and the Courts. There are limited formal counselling or other services to support children and their families. The VWC supports domestic violence cases by filing claims on behalf of women victims, covering transport and emergency needs, undertaking advocacy with the Police,

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459 State Party Report to the UN Committee on the Rights of the Child. Op. cit., paras 11, 209.

460 Ibid., p. 15.

461 Ibid.

462 National Child Protection Policy. Op. cit. p.15.

463 UNICEF Pacific. Protect Me with Love and Care. Op. cit., p. 105.

464 State Party Report to the UN Committee on the Rights of the Child, Op. cit., para 197.

465 UNICEF Pacific. Protect Me with Love and Care. Op. cit., p. 105.

466 National Child Protection Policy. Op. cit.p. 17.

467 UNICEF. 2014. Child Protection Systems Governance in Four Pacific Countries, p. 48.

undertaking counseling, and arranging for places of safety. However, they work primarily with women and lack capacity in dealing specifically with children.<sup>468</sup> The VWC has reportedly been working in partnership with the Department of Women's Affairs to train counsellors to support children who are victims of sexual abuse.<sup>469</sup>

Vanuatu does not have a formal foster care programme or residential care facilities for children. Most children in need of alternative care are taken in informally by relatives. Vanuatu does not have a designated agency to manage the adoption process, including assessing prospective adoptive parents and conducting independent matching. In its State Party Report, Vanuatu noted that adoptions are primarily a private affair transacted between biological parents and adoptees, and the child is allowed, without any initial intervention by an agency or the court, to be placed in the custody of the adoptees. The Government acknowledged that this presents a considerable risk to children and plans to introduce new adoption legislation to address these gaps.<sup>470</sup> Statistics from the court indicate that between 2006 and 2011 there were 11 adoptions granted, and this increased substantially between 2012 and 2017 to 134 adoptions. Of these cases, 15 per cent were inter-country adoptions.<sup>471</sup>

Key barriers to the effective implementation of child and family welfare services in Vanuatu are limited human and financial resources and the cost and logistical challenges of delivering services throughout the country. The lack of perceived resources and capacity in child-protection related government institutions has also been identified as a barrier to reporting cases within formal structures, as this creates "reluctance at the community level to take this route for reasons to do with logistical constraints, expense and bureaucracy, length of time to resolve issues and the fear of potential reputational damage to the community if a case of abuse is not kept contained."<sup>472</sup> Financial considerations have also been highlighted as a key obstacle preventing community members from referring abuse cases to the formal system, including transportation costs to access police or medical services.<sup>473</sup>

The National Child Protection Policy recognises these challenges and notes that resources are "scarce," but commits to ensuring appropriation of necessary resources.<sup>474</sup> However, in its State Party Report, Vanuatu advised that there is no specific budget allocation for the implementation of the National Children Protection Policy. The Child Desk has a limited recurrent budget of VUVT. 2 million allocated every year for the operation and implementation of activities, and this was increased by a supplementary budget of VUVT 1.5 million in 2016 and 2017 to enable wider implementation and government ownership of child protection activities.<sup>475</sup>

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468 National Child Protection Policy. Op. cit. p.16.

469 Ibid.

470 State Party Report to the UN Committee on the Rights of the Child, Op. cit., para 109-110.

471 Ibid., para 163.

472 National Child Protection Policy. Op. cit., p.15. Citing Michael Copland and Goimel Soalo. Mapping Report, Informal and Formal Systems to Protect Children in Vanuatu. 2011.

473 Michael Copland and Goimel Soalo. Ibid.

474 MJCS. Vanuatu National Child Protection Policy. Op. cit. p.33.

475 State Party Report. Op. cit., para 1-2.

### 6.2.2.2. Access to child-friendly justice

Vanuatu has taken some steps to promote specialised handling of children as victims, witness and offenders. The VPF has established a specialised Family Protection Unit to deal with cases of domestic violence, including those involving children.<sup>476</sup> However more serious sexual offences against children continue to be handled by the Criminal Investigation Division.<sup>477</sup> There is currently no specialised unit for dealing with children in conflict with the law, but the establishment of a Juvenile Justice Unit is reportedly being considered, and strengthening juvenile justice is a priority in the VPF Strategic Plan 2016-2020.<sup>478</sup>

Following the introduction of the SOPs on children's cases, training modules were developed and in-service training provided to police to improve their knowledge and skills in dealing with children as victims, witnesses and offenders. A pocket-sized investigation checklist was also developed to provide a handy reference for police officers during the conduct of investigations.<sup>479</sup> However, despite these improvements, access to child-sensitive justice for child victims remains a challenge. A recent evaluation found that: police continue to lack sensitivity in handling child victims; children are frightened by the way police talk to them and find it difficult to report sexual violence; children and their families face financial barriers in accessing the police; police are slow to follow up on reports and cases involving children are not prioritised; and despite a 'no-drop' policy, police continue to refer reported crimes against children back to the community for informal resolution.<sup>480</sup> Police are also hampered by limited resources, including lack of space to interview children in private, lack of basic office resources in stations, limited transport, low staffing levels which make it difficult to accompany children to the hospital, and few agencies, other than WCC to which they can refer children for follow up services.<sup>481</sup> Similarly, whilst the SOPs and training have reportedly resulted in some improvements in police handling of children in conflict with the law, police continue to face a number of challenges, including having nowhere to detain children separately from adults.<sup>482</sup> Children continue to experience physical and verbal abuse at the hands of the police.<sup>483</sup>

Vanuatu's courts have reportedly also taken measures to introduce more child-sensitive practices. When dealing with children's cases, the Supreme Court dispenses with wigs and clears the courtroom, and in the Magistrates Court a more informal 'round table configuration' is used.<sup>484</sup> A Juvenile Court has recently been established in Port Vila.<sup>485</sup> However, as yet the courts are not using special measures to facilitate child victim's testimony such as screens, video-taped testimony or video-link.<sup>486</sup>

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476 Ibid.

477 UNICEF Pacific and Carswell Consultancy. Op. cit. p. 53.

478 Addendum to the State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 87.

479 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 48, 188.

480 UNICEF Pacific and Carswell Consultancy. Op. cit. p. 62.

481 Ibid. pp. 47-48.

482 Ibid. p. 53.

483 Ibid. p. 62.

484 Addendum to the State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 86.

485 UNICEF Pacific and Carswell Consultancy. Op. cit. p. 140.

486 Ibid., p. 56.

Alternatives to detention are available pre- and post-trial in Vanuatu. It appears that the use of custodial sentences for children is rare, with data from Correction Services indicating that 19 children were detained between 2007 and 2012 in correctional facilities.<sup>487</sup> Vanuatu does not have any formal programmes or services for the supervision, rehabilitation and reintegration of children subject to a non-custodial sentence, and reliance is generally placed on extended family, community leaders and church groups.<sup>488</sup> Children who are sentenced to a period of imprisonment are not separated from adults. The Government acknowledged in its State Party Report that the correctional center has limited options for separation of detainees, and that given the current low numbers of children in custody, strict separation would result in children essentially being in solitary confinement, which is not in their best interest. For now, children are typically placed with offenders who come from the same island groupings and carefully monitored by staff, but there are plans to build separate facilities for young offenders.<sup>489</sup> The Child Protection Baseline Report raised concerns about crowding, poor conditions and lack of separation of children from adults in police custody, the lack of training on children for prison staff, and the occasional use of physical punishment by prison officers.<sup>490</sup>

The use of informal justice is a strong theme in the delivery of child justice in Vanuatu. It is estimated that between 80 per cent and 90 per cent of the cases of children in conflict with the law are dealt with through informal mechanisms, i.e. through mediation by chiefs and religious leaders without approaching the police at all.<sup>491</sup> Cases which do reach the police are often diverted back to the community for resolution, a practice which has been used informally for years and now formally recognised by the Government in the VFP SOPS. Informal justice mechanisms can provide a positive, restorative alternative for resolving minor offending by children, and the Child Protection Baseline found that offences are most commonly resolved by a fine and other measures such as 'counselling'. However, of concern is that physical punishment is sometimes used as part of a community resolution, and informal resolutions are sometimes used for children who commit very serious crimes such as sexual offences,<sup>492</sup> where community capacity to provide appropriate support to address the underlying causes of the child's behaviour would be limited.

Informal justice mechanisms and *kastom* are also commonly used to resolve cases involving offences against children, including serious sexual offences, through the intervention of village chiefs, family, and religious leaders.<sup>493</sup> The National Child Protection Plan notes, for example, that "practices such as sending child survivors away to live with other relatives, compensating a family with the 'gift' of a child, or arranging for a child sexual abuse victim (or a sibling) to marry the perpetrator or other male community member are still practiced in some areas."<sup>494</sup> There is a general lack of guidelines and oversight of informal justice mechanisms.<sup>495</sup> Concerns have been raised that, while chiefs and community leaders play a vital role in administering community

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487 State Party Report to the UN Committee on the Rights of the Child. Op. cit., Data Appendix p. 21.

488 UNICEF Pacific and Carswell Consultancy. Op. cit., p.55.

489 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 315.

490 UNICEF Pacific. Protect Me with love and Care. Op. cit., p. 73.

491 Ibid. p. 143.

492 UNICEF Pacific. Protect Me with Love and Care. Op. cit., p.64.

493 Ibid., p. 73.

494 National Child Protection Policy. Op. cit. p. 16.

495 Ibid.



justice and resolving family conflicts, the welfare, protection and best interests of children are often not given adequate consideration.<sup>496</sup>

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

Vanuatu's education sector has taken steps to address violence in schools and to create a safe environment for children. Corporal punishment in schools is explicitly prohibited under the Education Act 2014 and the Teaching Service Act 2013. Minimum Quality Standards for Primary Schools were introduced in 2012, which require every school to develop and implement a 'Safe School Policy' addressing child protection, school safety, non-discrimination and emergency preparedness, and which includes a standard relating to preventing and responding to misconduct of students and teachers in relation to bullying, corporal punishment, verbal humiliation and sexual harassment. In addition, the MoET issued a comprehensive Child Safeguarding Policy in 2017, which includes the Government's commitment to protecting children from all forms of violence and to creating a safe, welcoming and inclusive school environment for children. The Policy includes a Code of Conduct for teachers and school staff, as well as reporting protocols and procedures. A 2-year implementation strategy calls for the roll-out of training and awareness of the policy.

Vanuatu's healthcare system has relatively good coverage in communities through its rural health centers and dispensaries, staffed by registered nurses and nurse-aids and supported by a network of paraprofessional Village Health Workers (VHWs) operating from community-based aid posts. These health workers could be mobilised to support prevention, early intervention and response services for children vulnerable to abuse. However, whilst some level of engagement by medical staff and VHWs in identifying and addressing children at risk and victims of abuse may be taking place, it has not been institutionalized in health care provision, nor is child protection mainstreaming reflected in institutional documents, training or guidelines.<sup>497</sup>

Vanuatu's labour sector has taken limited steps to address child labour. The Employment Act 1983 establishes 14 as the minimum age for labour and 15 for engagement in hazardous work. It also allows light work for children of any age, and light work in association or support of family members who are employed in that area of work from the age of 12.<sup>498</sup> In its State Party Report, the Government acknowledged that it had yet to take steps to address child labour, and in particular there had been no research, child labour inspections, no specific training on investigations and prosecutions on the worst forms of child labour.<sup>499</sup>

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

Vanuatu has an inter-agency National Child Protection Working Group (NCPWG), which acts as the coordinating body ensuring that all children in Vanuatu are protected from violence, abuse, exploitation and neglect, including during emergencies. The NCPWG is chaired by the

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496 Ibid., p. 15.

497 UNICEF Pacific. Child Protection Systems Governance Review. Op. cit., p. 41.

498 Sections 38-40.

499 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para 310.

Director General of MJoCS and includes representatives from the key government and civil society organisations working in children protection. Its responsibilities include: overseeing and coordinating the implementation of the National Child Protection Policy; advocating and mobilising coordinated, targeted actions amongst government and civil society to prioritise, support and resource child protection in Vanuatu; ensuring that child protection systems and activities are equitable and inclusive of all children; and advocating for the mainstreaming of child protection in all sectors, especially during emergency response and recovery.<sup>500</sup>

Effective planning, policy development and monitoring of Vanuatu's child protection system is hampered by the lack of a centralised child protection information management system and limited data on most child protection issues. Child Protection statistics are collected by several agencies (e.g. the police, health, VWC), but are not consolidated into a centralized data base. Each agency records data according to their individual policies and templates, making consolidation difficult. Where data is available, it is not used to identify trends, or to inform advocacy strategies, responses or priorities.<sup>501</sup> The National Child Protection Policy recognizes that establishing a centralized data base for receiving, analysing and generating data on child protection is critical to identifying prevalence, trends, priorities and informing programming and advocacy strategies.<sup>502</sup>

## 6.3. Other Child Protection Issues

### 6.3.1. Birth Registration

Birth registration in Vanuatu is governed by the Civil Status Registration Act and is compulsory and free for all.<sup>503</sup> The Act has been criticised for making birth registration cumbersome and creating barriers such as the need for physical movement of paper forms to record a birth.<sup>504</sup> However, there has been a celebrated increase in birth registration in Vanuatu in recent years, with the percentage of children aged below 5 who are registered increasing from 26 per cent in 2008 to 56 per cent in 2014.<sup>505</sup> In its 2016 State Party Report, the Government reported that there is “a 70 per cent coverage” for birth registrations.<sup>506</sup> As of October 2017, about 82 per cent of the population (229,822 of 278,726) and about 88 per cent of children under the age of 18 (109,122 of 124,406) have had their birth registered by Civil Registry Office (CRO). About 69 per cent (27,335 of 39,832) and 62 per cent (4,277 of 6,853) of children under the age of 5 and 1 respectively, have had their birth registered by CRO.<sup>507</sup> The rate was similar to the result of the national 2016 mini census,

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500 Addendum to the State Party Report to the UN Committee on the Rights of the Child, para 12-13.

501 National Child Protection Policy. Op. cit., p. 17-18.

502 P. 27.

503 State Party Report to the UN Committee on the Rights of the Child, para 153.

504 UNICEF Pacific. Partnerships Lifting Birth Registration Numbers in Vanuatu. 2014. p. 3. [https://www.unicef.org/pacificislands/04\\_CASE\\_STUDY\\_Vanuatu\\_.pdf](https://www.unicef.org/pacificislands/04_CASE_STUDY_Vanuatu_.pdf) [19.06.17]

505 Ibid. p. 1.

506 State Party Report to the UN Committee on the Rights of the Child. Op. cit., para. 155.

507 Civil Registry Office, Ministry of Internal Affairs.

which indicated that about 83 per cent of the population and about 86 per cent of children under the age of 18 possess a birth certificate.

The increase in birth registration has been attributed to a number of factors, including decentralisation of the birth registration process, introduction of birth registers in health facilities, partnership between agencies, including between the CRO and MOET to support late registration of children, development of e-databases for registration,<sup>508</sup> and piloting of mobile birth registration activities to facilitate registration in rural areas.<sup>509</sup> In addition, in the aftermath of Cyclone Pam, UNICEF worked with the Government to expedite and facilitate registration, and the re-issue of documents in affected areas.<sup>510</sup> Despite these developments, there are still some concerns over barriers to registration in rural areas.

### 6.3.2. Children with disabilities

Official statistics show that Vanuatu has a relatively small percentage of children with disabilities. However, the numbers are likely to be underestimated as families do not always report children with disabilities.<sup>511</sup> The Government has acknowledged that it is yet to establish proper statistics to ascertain the percentage of children with disabilities, and plans are in place for future surveys.<sup>512</sup>

Vanuatu ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2008. It currently lacks a national disability law, and disability is not explicitly included in the prohibited grounds of discrimination under the Constitution. However, the rights of persons with disabilities and the principle of non-discrimination were reinforced under the National Disability Policy and Plan of Action 2008-2015, which also included a specific policy directive to ensure that children with disabilities are given the fullest possible opportunity for education, and to provide equal opportunities for vocational training and employment. The Education Act 2001 specifically provides for non-discrimination on the grounds of disability and access to education by all children with a disability, and the Ministry of Education is implementing the Inclusive Education Policy and Strategic Plan 2010-2020. A new National Disability Policy 2016-2022 and community-based rehabilitation strategy are in the process of being finalised, and introduce a shift to a more inclusive approach to addressing the rights and needs of people with disabilities, including children.<sup>513</sup>

Vanuatu established a National Disability Committee in 2006 to oversee the implementation of the policy and ensure that provisions of the CRPD are mainstreamed in government and civil society initiatives, and provincial-level committees have been established in Tafea, Shefa and Malampa Provinces.<sup>514</sup> A Disability Desk Officer has been appointed under the Department of Women to

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508 UNICEF Pacific. Partnerships Lifting Birth Registration Numbers in Vanuatu. Op. cit. p. 1.

509 Compilation of UN information. Op. cit. para. 18. <https://www.upr-info.org/en/review/Vanuatu/Session-18---January-2014/Compilation-of-UN-information#top> [19.06.17].

510 UNICEF. UNICEF working with Vanuatu Government to support national birth registration campaign. 20 April 2015. [https://www.unicef.org/pacificislands/1852\\_23989.html](https://www.unicef.org/pacificislands/1852_23989.html) [19.06.17].

511 UNICEF 2011 Children of Vanuatu: Atlas of Social Indicators, p. 48.

512 Initial Report to the Committee on the Rights of Persons with Disabilities: Vanuatu. 2015, para 176.

513 Addendum to the State Party Report to the UN Committee on the Rights of the Child, para. 45.

514 Initial Report to the Committee on the Rights of Persons with Disabilities. Op. cit. para. 52-53.

monitor the implementation of disability-related policies, and to coordinate collaboration with government institutions, civil society and development partners.<sup>515</sup> Disability focal points have also been appointed at the Ministries of Health, Education and Infrastructure and Public Works to mainstream disability issues in their respective line ministries.<sup>516</sup> In addition, civil society organisations such as the Vanuatu Society for Disabled People (VSDP), the Disability Promotion and Advocacy Association and Sanma Frangipani Association are actively involved in advocating for the rights of persons with disabilities.<sup>517</sup>

In its State Party Report to the UN Committee on the Rights of the Child, the Government noted that Ni-Vanuatu with disability have significantly difficult life outcomes compared to people without disabilities and people with disabilities in other countries, including: relatively poor health; lower levels of participation in education, training and employment; social exclusion; lack of access to goods, services and facilities; ongoing discrimination; low self-esteem; and stigma.<sup>518</sup> It has also been noted that children with a disability and their families are not participating in society in similar ways to their peers without disabilities. There are cultural and religious beliefs, including that children with disabilities are a curse on the family or a punishment, which negatively influence public perceptions of them.<sup>519</sup> In addition, many families of people with a disability are extremely protective. These attitudes act as a barrier to health, education and employment opportunities for children with disabilities.<sup>520</sup>

Formal services to support children with disabilities and their families are limited, and as a result most of the support extended to children with disabilities comes largely from their extended family and other community members.<sup>521</sup> Early detection and rehabilitation services are carried out by the Disabled Persons Organisations, rather than the Ministry of Health. Detection and appropriate early interventions is done through field visits to homes and villages by officers of the DPO. In addition, community-based rehabilitation programs targeting both adults and children are operated by VSDP and the Sanma Frangapani Association (SFA). These programmes include visitation to homes of children with disabilities, empowerment training, sign language training, sports activities, computer training and sewing programmes for girls with disabilities.<sup>522</sup> Other NGOs are also working with the Government to provide mobility devices for children with disabilities. The Government allocates an annual budget to support the activities of these CSOs. However, limited funding and geographical challenges make it difficult for them to maintain regular community visits and to sustain community-based rehabilitation programmes.<sup>523</sup> There are currently no community based alternative care services or other support solutions for children with disabilities and their families, and very limited, if any, services for children identified, from birth, with developmental delays or impairments.<sup>524</sup> An Education surveys show that while schools are

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515 Ibid.

516 Ibid., para. 68.

517 UNICEF Pacific. 2017. Situation Analysis of Children with Disabilities in the Pacific Islands [publication pending], p. 4.

518 Addendum to the State Party Report to the UN Committee on the Rights of the Child, para. 132-134.

519 UNICEF Pacific. Situational Analysis of Children with Disabilities. Op. cit. p. 7-8.

520 Initial Report to the Committee on the Rights of Persons with Disabilities, Op. Cit. para 88.

521 UNICEF Pacific. 2017. Situational Analysis of Children with Disabilities. Op. cit. p. 13.

522 Initial Report to the Committee on the Rights of Persons with Disabilities. Op. cit. para. 183.

523 Ibid., para. 143-144.

524 UNICEF Pacific. Situational Analysis of Children with Disabilities. Op. cit., p. 19.

dealing with a number of students with disabilities, they do not have access to specialist support services.<sup>525</sup>

The Government acknowledges that greater national efforts are needed to address the gaps in the implementation of the previous national disability policy, to ensure necessary changes to transform the experiences of people with a disability, and to encourage more inclusive development and communities.<sup>526</sup>

### 6.3.3. Climate change and natural disasters

Vanuatu is highly exposed to earthquakes, tsunamis, volcanic eruptions and annual tropical cyclones. In the event of a natural disaster such as typhoon or tsunami, children are the most vulnerable population. Vanuatu has recognised that children are a vulnerable group requiring special protection in times of emergency. One of the key strategic goals under Vanuatu's National Child Protection Policy is ensuring disaster risk reduction/preparedness and emergency responses are sensitive to the very high risk of abuse, exploitation, and injury faced by children during disaster. In particular, the Policy includes plans to ensure that national emergency preparedness plans reflect rigorous and relevant child protection intervention, that children are engaged in disaster risk reduction (DRR) planning processes, and that child protection is mainstreamed into national emergency preparedness plans.<sup>527</sup>

The National Disaster Act 2000 provides the legal basis and framework for Vanuatu's disaster response. It established the National Disaster Committee and designated the National Disaster Management Office (NDMO) responsible for coordinating disaster response. The NDMO is guided by a 5-year NDMO Strategic Plan 2016 to 2020, and has developed the National Emergency Operation Centre Standard Operating Procedures, the Tsunami Response Plan and the Cyclone Support Plan. Vanuatu has also developed a Climate Change and Disaster Risk Reduction Policy 2016 to 2030, which articulates the vision, principles, strategic goals, priorities and strategies for the climate change and DRR into sustainable development processes. In addition, a Country Preparedness Package has been prepared as part of a joint initiative of the Government and the Pacific Humanitarian Team to help strengthen emergency preparedness and collaboration and promote awareness of and access to national and international tools and services. The Country Preparedness Package has a section on Gender and Protection, with a particular focus on children, and includes a number of CPiE preparedness and response tools, including a protection cluster checklist, tools for assessment, and referral pathway for gender-based violence cases (with a special focus on children).<sup>528</sup>

Line Ministries are directly engaged in disaster preparedness and response through the Vanuatu Cluster system. The lead government agency for the Gender and Protection cluster is the

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525 UNICEF 2011 Children of Vanuatu: Atlas of Social Indicators, p. 48.

526 Addendum to the State Party Report to the UN Committee on the Rights of the Child, para. 132-134.

527 P. 32.

528 Vanuatu NDMO and Pacific Humanitarian. 2017. Vanuatu Country Preparedness Package, p.3

Department of Women's Affairs.<sup>529</sup> Care International and Save the Children act as co-leads and focal points for gender and child protection respectively. The Gender and Protection Cluster aims to: develop knowledge and understanding of gender and protection issues in Vanuatu through advocacy, raising awareness, capacity building and technical advice for relevant stakeholders; actively encourage other Clusters/Sectors of the humanitarian community to mainstream gender and protection into their planning and activities, and to provide technical support for this process; identify protection issues and gaps (in times of preparation for and response to emergencies) and advocate to relevant authorities and other actors for action to address them; and play the lead role in the coordination of agencies involved in gender and protection activities to share information and respond to identified gaps. For the first time, the Gender and Protection Cluster played an integral part of the assessment and response to Tropical Cyclone Lusi in 2014.<sup>530</sup> In 2016, members of the Gender and Protection Cluster participated in a regional workshop related to gender and protection and facilitated a capacity strengthening national workshop in Vanuatu on Gender and Protection in Humanitarian Action.<sup>531</sup>

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529 Ibid., p. 11.

530 NDMO Website <https://ndmo.gov.vu/index.php/resources/clusters/88-clusters/91-gender-protection> [28.11.2017].

531 Ibid., p. 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.

UNICEF defines social protection as a “set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities<sup>532</sup> to poverty and deprivation, and mitigating their effects.”<sup>533</sup> Social protection systems are essential to ensuring that the rights of children to social security<sup>534</sup> and a standard of living adequate for their physical, mental, spiritual, moral and social development<sup>535</sup> 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.”<sup>536</sup> Effective social protection measures are also essential to achieving SDG 1 (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.

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

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

534 CRC, article 26.

535 Ibid, article 27.

536 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).<sup>537</sup>

## 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 \$1.90 a day	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.90 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.<sup>538</sup>

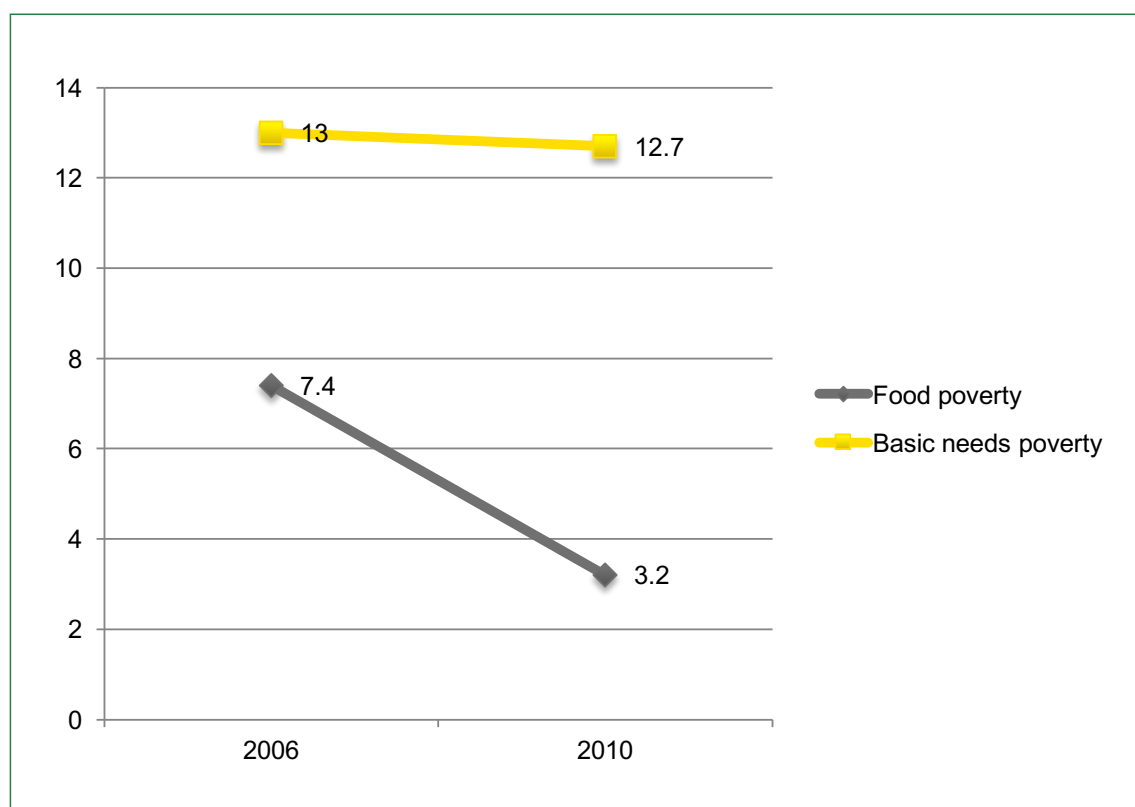
537 ILO and WHO, ‘The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor’, October 2009, available at: <http://www.un.org/ga/second/64/socialprotection.pdf>

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

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

According to the 2010 HIES, the percentage of individuals living in poverty decreased slightly from 13 per cent in 2006 to 12.7 per cent in 2010, while households in poverty increased slightly from 10.3 per cent in 2006 to 10.7 per cent in 2010. Rates of food poverty appear to be quite low, and have dropped significantly from 7.4 per cent of the population in 2006 to 3.2 per cent in 2010 (see Figure 7.1).

**Figure 7.1: Proportion of the population living under the food poverty and basic needs poverty lines, 2006 and 2010**



Source: UNDP<sup>539</sup>

While the rates of poverty appear to be declining, the rate of decline has been quite slow, which calls into question whether Vanuatu will reach SDG 1.2 (reduction by half of the proportion of the population living in poverty, using national poverty measurements) by 2030.

Poverty has been found to particularly affect children: nationally, 17 per cent of children were found to live below the basic needs poverty line (compared to 12.7 per cent of the total population) in

539 Extrapolated from HIES data in UNDP, Vanuatu Hardship and Poverty Report (2010).

2010.<sup>540</sup> 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.

While these traditional measures of poverty (based on income and consumption) demonstrate significant levels of poverty among children and young people, a high proportion of children have also been found to be living in poverty, according to multi-dimensional measurements. A multi-dimensional approach recognizes that poverty is multi-faceted, and broader than deprivation of income, and characterised by a range of deprivations (education, work, housing, communications and access to information and income). According to a 2012 UNICEF multi-dimensional assessment, 31 per cent of children were found to be experiencing 'moderate deprivation' in at least one of the non-income dimensions of poverty.<sup>541</sup> Moreover, 20 per cent of children were found to be experiencing 'severe deprivation' in at least one of the non-income dimensions of poverty (17 per cent in relation to health indicators and 51 per cent in relation to access to information).<sup>542</sup>

As in most countries, the national poverty averages in Vanuatu mask inequalities within the country. Disparities in the level of poverty were found to vary according to rural and urban location. In contrast to Fiji, food poverty and basic needs poverty levels are significantly higher in urban centres (Port Vila and Luganville) than rural areas (see Figure 7.2).

There was also some variation in the rates of decline in poverty level. The level in rural areas and Port Villa declined between 2006 and 2010 (from 11.5 per cent to 10 per cent, and from 20.1 per cent to 18.4 per cent, respectively). The sharpest increase was observed in Vanuatu's second largest city, Luganville, from 12.2 per cent in 2006 to 23.6 per cent in 2010.

The proportion of children living below the basic poverty line was found to be significantly higher in Port Villa (19.4 per cent) and Luganville (23.9 per cent) than rural areas (11.1 per cent).<sup>543</sup> The HIES refers to economic growth opportunities, such as tourism and remittances from overseas, which have benefitted Port Vila and rural areas, whereas Luganville has not had the same economic development. Luganville also has the largest average household size, which generates larger poor households compared to other areas.<sup>544</sup>

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540 UNICEF and Government of Vanuatu, *Vanuatu Child Poverty and Disparities Report* (2012).

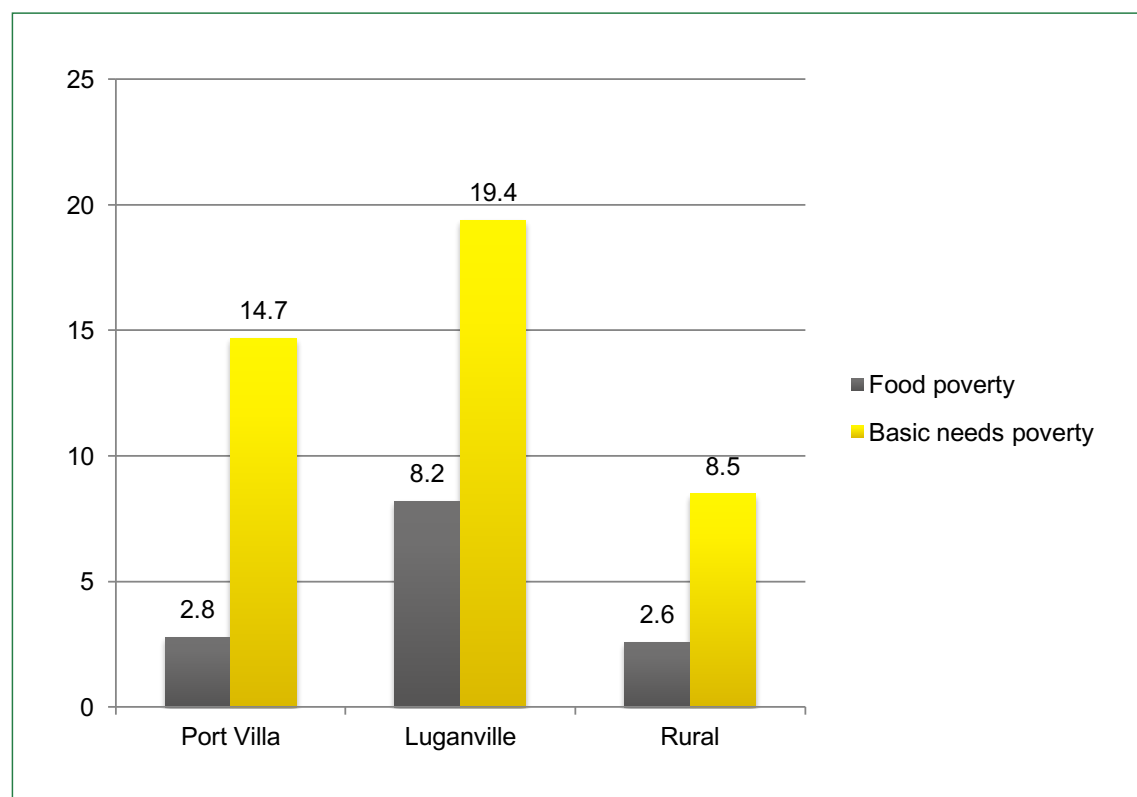
541 Ibid.

542 Ibid.

543 Ibid. para. 125.

544 Ibid.

**Figure 7.2: Proportion of the population living below the food poverty line and basic needs poverty line in Port Villa, Luganville and Rural Areas, 2010**



Source: UNDP<sup>545</sup>

However, based on a 2012 multi-dimensional assessment, child poverty rates were found to be much higher in some rural areas than urban areas, particularly in more remote provinces (Torba and Tafea). This is associated with the distance of these provinces from the capital and their reliance on informal labour and home production.<sup>546</sup> This is characteristic of the PICTs, where rural areas, particularly in more geographically isolated outer islands, tend to be poorer than urban centres:<sup>547</sup> a trend compounded by lack of access to basic services, including health and education.<sup>548</sup> According to a recent UNDP report, “the greater concentration of economic activity in urban areas, as well as the greater provision of public services, contributes to this trend.”<sup>549</sup>

Female-headed households were proportionately represented in the lowest wealth quintile according to the 2010 HIES (19.6 per cent of all female-headed households), and the lowest three deciles (29 per cent).<sup>550</sup>

545 Extrapolated from HIES data in UNDP, *Vanuatu Hardship and Poverty Report* (2010).

546 UNICEF and Government of Vanuatu, *Vanuatu Child Poverty and Disparities Report*. Op. cit.

547 UNDP, *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change* (2014), p. 20.

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

549 UNDP, *State of Human Development in the Pacific*. Op. cit.

550 Vanuatu National Statistics Office and UNDP, *Vanuatu Hardship and Poverty Report*. Op. cit. p. 14.

However, the rates of poverty and vulnerability to poverty among girls and women varied considerably across the country (see Table 7.1). Girls aged 0 to 14 appear to be particularly vulnerable to poverty in urban locations.

**Table 7.1: Proportion of females living in poverty and vulnerable to poverty in Port Vila, Luganville and rural areas**

Category	Port Vila (urban)		Luganville		Rural	
	0-14 years	15 years plus	0-14 years	15 years plus	0-14 years	15 years plus
Females below food poverty line	3.9	2.5	9.1	9.1	3.1	2.4
Females below basic needs poverty line	20.4	17.5	24.9	23.8	11.1	9.4
Females highly vulnerable to poverty (income less than 20 per cent above the basic needs poverty line)	10.6	12.2	11.6	11.1	7.4	6.5

Source: UNDP<sup>551</sup>

Poverty is associated with larger households. Data demonstrates that in Vanuatu, households containing more than three dependents are more likely to be living in poverty.<sup>552</sup> Children living in elderly-headed households are more vulnerable to poverty on average; but children living in female-headed households are no more vulnerable than all children.<sup>553</sup>

Education level is also strongly linked to poverty. Households with no or only primary level education have been found to be more likely to be living below the poverty line, particularly in urban areas.<sup>554</sup>

One of the groups of children most affected by poverty is those with a disability. In Vanuatu, research primarily using Census data (2009) and DHS data (2013) found that people with disabilities are over-represented among the poorest wealth quintile. Over 30 percent of people with severe disabilities and nearly 30 per cent with mild or moderate disabilities are in the poorest wealth quintile, compared to just over 15 per cent of the population with no disability (due to the small number of children who identified as having a disability in the surveys, it was not possible to establish a meaningful association with poverty).<sup>555</sup> Disability has been recognized by Pacific Islanders as one of the primary causes of poverty and vulnerability.<sup>556</sup>

551 Extrapolated from HIES data in UNDP, Vanuatu Hardship and Poverty Report. Op. cit.

552 UNICEF and Government of Vanuatu, *Vanuatu Child Poverty and Disparities Report* (2012). Op. cit. ; UNDP, *Vanuatu Hardship and Poverty Report* (2010). Op. cit. para 125.

553 Vanuatu National Statistics Office and UNDP. Ibid.

554 Ibid.

555 Children, women and men with disabilities in Vanuatu (2014), p. 38.

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

The causes of child and family poverty in Vanuatu are complex, interconnected and open to fluctuation. As a small island economy, Vanuatu faces many of the general challenges confronting PICTs, including distance from global markets, limited and fragile resource bases, inability to achieve economies of scale, and vulnerability to changes in the global economy and natural disasters, which cause economic shocks.<sup>557</sup>

Slow economic growth and exposure of the economy to shocks has led to a poverty of opportunity in PICTs, including Vanuatu, which has a high and growing unemployment rate, particularly among young people. Across the Pacific, economies are not able to generate sufficient jobs for the number of job-seekers, and the large number of young people with inadequate skills contributes to the high unemployment rate.<sup>558</sup> Only 19 per cent of young people (aged 15 to 24) were in paid work in Vanuatu in 2009.<sup>559</sup>

Youth employment also tends to be informal and precarious, resulting in insecure livelihoods. Across the PICTs, “few young people find employment in the formal sector, and most Pacific youth work in the informal economy, such as subsistence production and other cash earning activities”; jobs that are often linked with “lower wages, poor working conditions and limited career prospects.”<sup>560</sup>

## 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, including persons living in poverty, persons with disabilities, the elderly and children); and social care services (child protection prevention and response services). There has been a growing recent acceptance that social security, particularly the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.<sup>561</sup> Cash transfers provide households with additional income that enables them to invest in children’s wellbeing and human development.<sup>562</sup>

The comprehensiveness and impact of Vanuatu’s ‘formal’ social protection system appears quite weak. The Asian Development Bank’s Social Protection Indicator (formerly Index) assesses social

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

558 Ibid.

559 Vanuatu National Statistics Office (2009) in ILO, *Youth employment brief: Pacific Island Countries* (2013), available at: [http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth\\_employment\\_policy\\_brief\\_pacific\\_islands\\_countries.pdf](http://www.youthmetro.org/uploads/4/7/6/5/47654969/youth_employment_policy_brief_pacific_islands_countries.pdf)

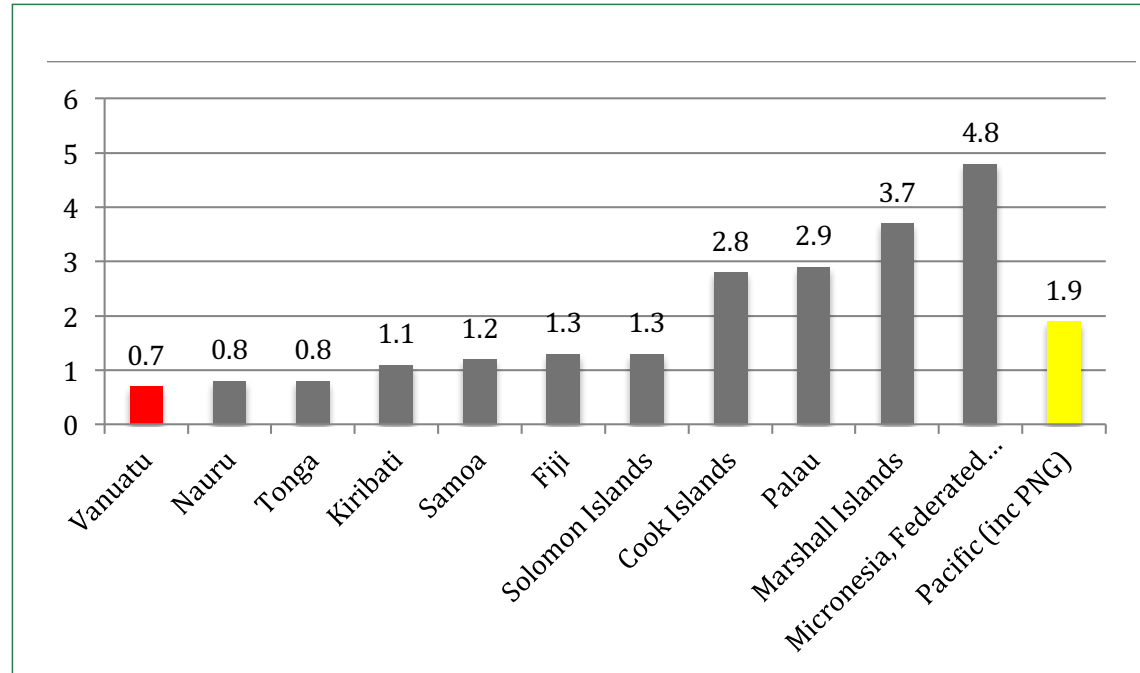
560 Ibid.

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

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

protection systems against several indicators to generate a ratio, expressed as a percentage of GDP per capita. In 2016, the Social Protection Indicator for Vanuatu was 0.8. This is below the Pacific regional average (including Papua New Guinea) of 1.9,<sup>563</sup> and the lowest among PICTs (see Figure 7.3).

**Figure 7.3: Social Protection Indicator by country<sup>564</sup>**



Source: Asian Development Bank<sup>565</sup>

The data also indicates that most social protection expenditure is on social insurance measures (contributory schemes), which has a social protection indicator of 0.7, while labour market programmes received 0.1 (there was no data on social assistance measures).<sup>566</sup>

Vanuatu, along with most other PICTs, has a contributory social protection system (most notably, the National Providence Fund). However, this is limited to formal sector workers, and excludes most workers who operate in the informal economy – it is therefore not targeted at the poorest members of society. These contributory schemes also tend to have a gender bias, since most formal sector workers are men.<sup>567</sup> Young women appear to have less access to employment than men, with 50.8 per cent participating in the labour market, compared to 62.8 per cent for young

<sup>563</sup> Asian Development Bank, *The social protection indicator: assessing results for the Pacific* (2016), p. 16.

<sup>564</sup> Please note that the Pacific-wide SPI aggregates include Papua New Guinea (PNG) and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

<sup>565</sup> Data extracted from Asian Development Bank, *The social protection indicator*. Op. cit. p. 16.

<sup>566</sup> Ibid.

<sup>567</sup> UNDP, *State of Human Development in the Pacific*. Op. cit.; Simon Feeny, 'Vulnerability and resilience in Melanesia: A role for formal social protection policies?' in Simon Feeny (ed), *Household vulnerability and resilience to economic shocks: Findings from Melanesia* (2016).



men (2012).<sup>568</sup> This is likely to be linked to a lack of employable skills and socio-cultural norms that relegate women to domestic work.<sup>569</sup> Young women commonly find low paid work in the informal economy.<sup>570</sup> Gender inequality in access to the labour market reportedly increased between 2006 and 2010, with economic growth concentrated in male-dominated industries, in particular construction (in which 94 per cent of workers are male).<sup>571</sup>

Vanuatu does not have any regular social transfer schemes, and this represents a significant gap. A Family Assistance Programme has been established by the MJCS, but this only provides small amounts to families on a temporary basis, where the family's livelihood depends on an inadequate source of income.<sup>572</sup>

Another component of social protection systems is activities aimed at generating and improving access to employment opportunities among young people. These activities have been very limited in Vanuatu and focus only on skills training (rather than, for example, cash payments for work or training).<sup>573</sup>

Asian Development Bank data also indicate the limited impact of social protection programmes in Vanuatu, in terms of the level of benefits and the targeting of beneficiaries. The social protection indicator for the depth of benefits in Vanuatu (the average benefits received by actual beneficiaries) was the highest among the PICTs, see Figure 7.4).

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

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

Overall depth	Social insurance	Social assistance	Labour market programmes
84.4	223.0	-	9.7

Source: Asian Development Bank<sup>574</sup>

568 ILO, *Key Labour Force Indicators: Vanuatu* (2012).

569 ILO, *Youth employment brief*. Op. cit.

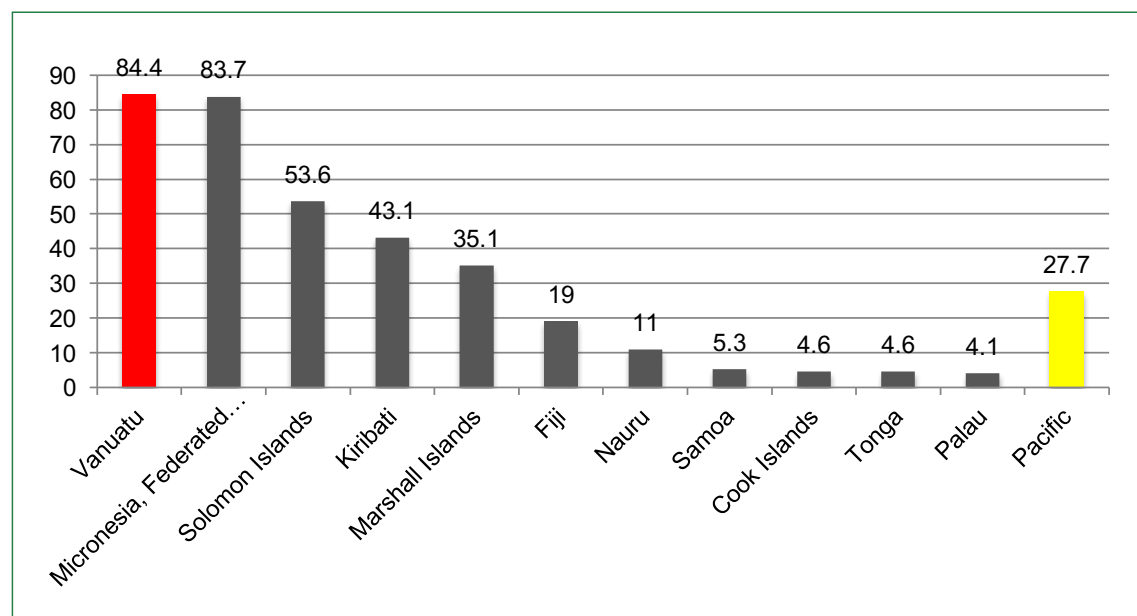
570 Ibid.

571 Vanuatu National Statistics Office and UNDP, *Vanuatu Hardship and Poverty Report* (2010). Op. cit. para. 93.

572 Asian Development Bank, Republic of Vanuatu: Updating and improving the Social Protection Index (2012), paras. 38 and 39.

573 Asian Development Bank, *The social protection index*. Op. cit. p. 59.

574 Ibid.

**Figure 7.4: Depth of social protection indicator, by country<sup>575</sup>**

Source: Asian Development Bank<sup>576</sup>

Breadth indicators represent the proportion of potential beneficiaries (those who could qualify for benefits) who actually receive social protection benefits. According to the Asian Development Bank assessment, Vanuatu has a low breadth indicator (see Figure 7.5).

The data for the Pacific also indicates that social protection schemes are not well targeted. When the SPI is disaggregated between the poor and non-poor, the non-poor are found to be the main beneficiaries of social protection programmes (the aggregate SPI for the poor in PICTs is only 0.2 per cent of GDP per capita, and 1.7 per cent of GDP per capita for the non-poor). This is due to the dominance of social insurance programmes.<sup>577</sup>

The targeting of social protection programmes also appears to have a gender dimension. The social protection indicator for women in the Pacific is 0.8 per cent of GDP per capita compared to 1.1 per cent for men.<sup>578</sup> This is attributed to the different access of women and men to social insurance measures.<sup>579</sup> Social insurance measures have a gender bias, as access is generally restricted formal sector workers, who are predominantly male.

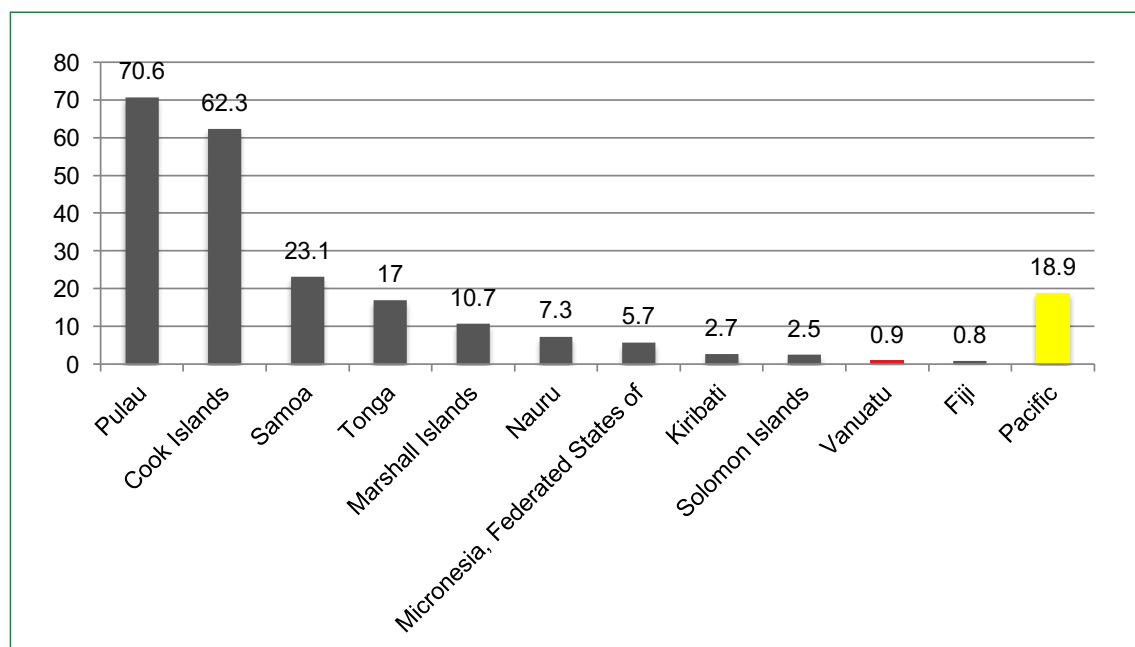
575 Please note that the Pacific-wide SPI aggregates include PNG and Timor-Leste, but do not include Niue, Tokelau or Tuvalu.

576 Data extracted from Asian Development Bank, The social protection indicator. Op. cit. p. 16.

577 Ibid.

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

579 Ibid.

**Figure 7.5: Breadth of social protection indicator, by country<sup>580</sup>**

Source: Asian Development Bank<sup>581</sup>

This indicates that only a small proportion of the population have access to the relatively generous benefits, and that most beneficiaries are likely to be in formal employment and receiving social insurance benefits.

It is noted that traditional social safety nets have an important role in Vanuatu. *Wantok* (extended family and communities),<sup>582</sup> religious organizations, NGOs and community-based organizations, remain relatively strong and assist people when needed. However, they are not always able to cope with the challenges Vanuatu faces (especially e.g., aggregate shocks, which affect whole communities and limit the ability of community members to support others). Moreover, “increasing modernisation, urbanisation and land disputes are contributing to a gradual weakening of traditional support systems.”<sup>583</sup>

Encouragingly, the Government has committed to a target of ensuring that no more than 2 per cent of persons are living below the basic needs poverty line.<sup>584</sup> However, the absence of a comprehensive social protection system is a significant gap. The lack of any social assistance programmes with wide coverage that provides cash transfers to those living in poverty and vulnerability impairs the ability of the country to lift its people out of poverty and create improved conditions for economic growth.

580 Ibid.

581 Data extracted from Asian Development Bank, The social protection indicator. Op. cit. p. 16.

582 *Wantok* translates as ‘one talk’ and means those that speak the same language including family and community ties.

583 UNICEF, *Policy brief: Child poverty and disparities in Vanuatu* (2012).

584 Though it is noted that the deadline to reach this target passed in 2015.



# Conclusions

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

## 8.1. Climate change and disaster risks

Vanuatu faces an increasing risk of extreme weather and natural disasters due to its location within the 'ring of fire', 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's and women's rights.

- Climate change and extreme weather increase the threat of communicable and non-communicable diseases and exacerbate existing bottlenecks and barriers to **health services** by affecting access and supply routes to sources of health care and **WASH** infrastructure and practices. Natural disasters increase **food and nutrition security**, while increasing the risk of food- and water-borne diseases.
- Disaster and climate risks affect access to and quality of **education** services due to damaged schools, challenges in access and diverted resources.
- Climate change and extreme weather and other disasters also impact upon **child protection**, by exacerbating the risk of violence against children, uprooting families and leaving children living in difficult and unsafe conditions.

## 8.2. Financial and human resources

Vanuatu is one of the world's poorest countries and is listed as a Least Developed Country on the Development Assistance Committee list of ODA recipients 2014-2016.<sup>585</sup> This leads to a lack of available resources across all government departments and a resultant lack of financial resources for delivery of services and systems for children. It also seems to be linked to a lack in human resources (training and expertise) in several sectors.

- Vanuatu has been noted to have an “inadequate recurring budget for **health**,”<sup>586</sup> while regional data suggests that its *per capita* expenditure on health is the lowest among the PICTs.<sup>587</sup> Absence of free **education** is often cited as one of the major barriers to enrolment of children in education in Vanuatu.
- A lack of financial resources translates to lack of appropriate equipment, particularly in the **health** and **WASH** sectors, but also in **justice** and **child protection**, where professionals lack access to basic items such as cars and petrol.
- The SitAn has revealed a lack of trained professionals in all sectors, including **health, WASH, education, child protection and justice**.

## 8.3. Geography

The Geography of Vanuatu plays a living role in the realisation of the rights of women and children.

- Those in rural and remote areas generally experience worse outcomes than those in urban areas, although there are also concerns about the realisation of rights, and around safety and security in urban informal settlements. Geography poses primary access challenges, to, for example, hospitals and healthcare centres, courts, police stations, schools and other government- and NGO-led facilities.
- The increasing drift from rural to urban areas is placing children at risk, not only because peri-urban settlements lack services and infrastructure.

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585 Note: According to UN General Assembly Resolution 68/L.20 adopted on 4 December 2013, Vanuatu is set to graduate from the least developed country category four years after the adoption of the resolution. <http://www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf>.

586 WHO Country Cooperation Strategy for Vanuatu 2013-2017, p 38.

587 [https://www.spc.int/nmdi/health\\_systems](https://www.spc.int/nmdi/health_systems) [13.03.17].

## 8.4. Equity

The analyses of WASH, health and education revealed discrepancies in the enjoyment of rights between rural and urban areas and across the wealth divide.

- As education is currently not free, there are serious equity concerns around enjoyment of the right to education.
- Access to services is linked to equity patterns, although in health and WASH analyses, it appeared that maternal education levels have a greater influence on outcomes than wealth.

## 8.5. Gender

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

- Traditional gender roles support and facilitate violence against women and girls and discourage reporting of such cases, because such violence is accepted and considered a private matter.

## 8.6. Cultural norms and approaches

Cultural attitudes, traditions and *kastom* (informal justice) were found to act as barriers to the realisation of children's rights in several sectors in Vanuatu.

- Reliance and preference for *kastom* 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. However, *kastom* practices in **child justice** may also contribute to the realisation of children's rights as they represent an informal 'diversion' option, and working with informal practices to support child-friendly justice should be explored.
- Although financial concerns are a barrier to enrolment in **schools**, cultural barriers also play a significant role, with concerns that parents do not value education, particularly for girls.
- Finally, traditional gender roles support and facilitate **violence** against women and girls and marginalised groups, including **children with disabilities**.

## 8.7. Impacts of poverty and vulnerability

The impacts of poverty are significant in Vanuatu 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 perpetuates cycles of poverty and has led to unhealthy behaviour, such as drug and alcohol abuse, and problems including mental health issues.

## 8.8. Absence of data

The 2013 DHS provides useful data for some sectors in Vanuatu. This is particularly true in relation to the health sector. However, this analysis has revealed several data gaps, and the absence of this data is in itself a key finding:

- There is a lack of data around children in contact with the law, and about child protection matters. Furthermore, there is lack of data around implementation of the child justice and child protection systems.
- There is extremely limited data around children with disabilities (although it is noted that data collection on disability was included in the recent DHS), gender disparities and other vulnerable groups.

### Footnotes from 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, available at [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) [24.01.17].
- II Government of Vanuatu. Health Sector Strategy 2010-2016, available at [http://www.wpro.who.int/health\\_services/vanuatu\\_nationalhealthplan.pdf?ua=1](http://www.wpro.who.int/health_services/vanuatu_nationalhealthplan.pdf?ua=1).
- III Table reproduced from Progress on drinking water, sanitation and hygiene. Op. cit., p. 2.





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And never give up.



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for every child