



Convention on the Rights of the Child

Distr.: General
17 September 2013

Original: English

Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Second to fourth periodic reports of States parties
due in 2010

Fiji^{*, **}

[8 August 2011]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document has not been formally edited.

** Annex II is reproduced in the language of submission only.

Acknowledgements

The National Coordinating Committee on Children (NCCC) Committee acknowledges the contribution of the following agencies in completion of this report:

- UNICEF Pacific for Funding and Technical Support;
- NCCC Members and Subcommittee Chairpersons;
- Various Government Ministers and Department for the Statistics and Information;
- Kasey Tyler (UNICEF Volunteer);
- Consultants Pumau & Nair Lawyers;
- Permanent Secretaries for the Ministry of Education, Ministry of Health, Solicitor General and Heads of Departments;
- Govind Sami;
- Permanent Secretary for Social Welfare, Women & Poverty Alleviation.

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Abbreviations and acronyms

AFP	Acute Flaccid Paralysis
AHD	Adolescent Health Development
ANC	Antenatal Clinics
ARH	Adolescent Reproductive Health
ART	Anti Retroviral Treatment
AusAID	Australian Agency for International Development
AYAD	Australian Youth Ambassadors for Development
BFHI	Baby Friendly Hospital Initiative
C&P	Care and Protection
CAS	Curriculum Advisory Service
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CSEC	Commercial exploitation of children
CWMH	Colonial War Memorial Hospital
DoSW	Department of Social Welfare, Women and Poverty Alleviation
DPP	Director of Public Prosecutions
EPI	Expanded Programme of Immunization
FA	Family Assistance
FHRC	Fiji Human Rights Commission
FJHC	Fiji High Court
FLJSP	Fiji Law and Justice Sector Program
FLR	Fiji Law Reports
FNCDP	Fiji National Council for Disabled Persons
FPBS	Fiji Pharmaceutical and Biomedical Services
FSN	Fiji School of Nursing
HART	Housing Assistance Relief Trust
HBAS	Hospital based active surveillance (HBAS)
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights

ICESCR	International Covenant on Economic, Social and Cultural Rights
IDCB	International Day of Children's Broadcasting
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INPEP	Integrated National Poverty Eradication Program
IYCF	Infant and Young Child Feeding
JICA	Japanese International Cooperation Agency
KLF	Kids Link Fiji
KOICA	Korean International Cooperation Agency
LBR	Late Birth Registration
MAS	Meconium Aspiration Syndrome
MCH	Maternal Child Health Care
MDG	Millennium Development Goal
MOH	Ministry of Health
MR	Measles Rubella
NACA	National advisory committee on Aids
NCCC	National Coordinating Committee on Children
NCF	National Curriculum framework
NCHP	National Centre for Health Promotion
NFNC	National Food and Nutrition Committee
NNS	National Nutrition Survey
NZAID	New Zealand Aid Program
OHCHR	Office of the United Nations High Commissioner for Human Rights
PEMAC	Physical Education, Music and the Arts and Crafts
PLWHA	People Living with HIV/Aids
PM/PTCT	Prevention of Mother/ Parent to Child Transmission
RHD	Rheumatic Heart Disease
SAAC	Substance Abuse Advisory Council
SDL	Soqosoqo Duavata Ni Lewenivanua
SIA	Supplementary Immunization Activity
SPC	Secretariat of the Pacific Community
SCF	Save the Children Fiji

STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
TC	Tropical Cyclone
TVET	Technical and Vocational Education and Training
U5MR	Under-five Mortality Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHW	Village Health Workers
VIDA	Volunteering for International Development from Australia
VKB	Vola Ni Kawa Bula
WHO	World Health Organization

For all intents and purposes, this document refers to all citizens of Fiji as Fijians. The indigenous people of Fiji are referred to as iTaukei.

I. Summary

1. Fiji ratified the Convention on the Rights of the Child in 1993 and is a signatory to the subsequent Optional Protocols¹. The initial report (CRC/C/28/Add.7) was considered by the Committee in 1998. This document therefore combines the 2nd, 3rd and 4th reporting requirements of Fiji.

2. In the reporting periods, huge financial constraints have been faced in health, justice and social welfare systems in Fiji. The constraints of insufficient funding and staff shortages have hindered progress in achieving the goals set by advocates.

3. Health services are becoming increasingly informed on how to address general health needs including programs for pregnant and lactating mothers, media education on hygiene practices and growing immunisation coverage. However, services are constrained by inappropriate resource levels, high turnover of staff and qualified people, migration and geographic isolation of some communities. Citizens of Fiji are enjoying increased life expectancy and a decreasing birth rate as information about reproductive health becomes available. Of increasing concern worldwide and also in Fiji is the escalation of non-communicable diseases which may be a result of a move away from traditional diets and exercise and reliance on cheaper, less nutritious food. Immunisation and hygiene are also issues of particular attention.

4. Primary education is accessible to most children. When children leave their community to attend school, boarding facilities sanctioned by Ministry of Education are available to those who prefer to board. This option eases the burden of travel and time on children. Primary education is now compulsory from age of six up to the year the child turns 15². Education fees are subsidised by Government and as such, parents are not required to pay school fees. However other fees may be imposed, for example, for building maintenance, books and administrative costs.

5. Students are also required to purchase uniforms, bags and other incidentals. Accordingly, the cost of education can be prohibitive to some.

6. All children are free to participate in leisure, sporting and cultural activities in both their school and leisure time. Children can be seen playing outdoor games like rugby, soccer and netball in rural and urban communities all over Fiji.

7. As the role of the child changes, the Government is challenged to respond. Accordingly, there has been substantial attention paid to developing legal processes that give new rights and protection mechanisms to those under 18 years of age. In doing so, the Government has recently introduced the following:

- Employment Relations Promulgation (2007);
- Domestic Violence Decree (2009);
- Crimes Decree (2009);
- Child Welfare Decree (2010).

¹ The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (signed 16 September 2005); and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (signed 16 September 2005).

² Education (Establishment and Registration of Schools) Regulations.

8. Changes in the role of the child are also reflected by new protections of a child's right to access to information (*Media Decree*).

9. Fiji is committed to realising the objectives of the Convention on the Rights of the Child and is working to strengthen the networking amongst the members of the National Coordinating Committee on Children (NCCC). We hope this report will be an opportunity to demonstrate both our successes and areas in which Fiji is still progressing.

II. Introduction

10. Children of Fiji grow up knowing they are an intrinsic part of a wider family. The importance of this network can be observed at family events, social occasions, religious festivals and gatherings of kin groups, both immediate and extended. The increasing progress of the identification of a child as an individual, and in a context that is separate from the family unit, remains foreign and uncomfortable to some. Nevertheless, social conditions are changing and Fijian people are being increasingly influenced by international norms. Expectations are changing quickly and modern social ills such as drug abuse, divorce, abuse and homelessness are now apparent in Fiji.

11. These conditions and political changes have impacted upon the implementation of the Convention.

12. This report reflects on Fiji's achievements, challenges and the administrative, judicial and legislative processes adopted by the State to pursue the implementation of the Convention.

13. This report allows us the opportunity to reflect on the ways in which Fiji can improve circumstances of its children. In doing so, Fiji celebrates the progress it has made since the submission of its initial report in matters including legal conformity, child participation, right to education and cultural affairs. However, growing poverty, unemployment, underemployment especially among educated youth, as well as urban migration, have all affected the further realisation of children's rights.

14. This report was contributed to by members of Fiji's National Coordinating Committee on Children (NCCC). Its membership comprises representatives from Government institutions, Non-Government Organisations and Faith Based Organisations and is currently chaired by the Permanent Secretary of the Ministry of Social Welfare, Women and Poverty Alleviation (MoSW). In 2000, the NCCC agreed to send in one report contributed to by all the NCCC members. Accordingly, to our knowledge, there will be no shadow report from the non-Government or other social organisations.

15. The NCCC continues to strive for better response and participation of all its member agencies. The list of the members of the NCCC can be found at Annex 2.

16. We would like to acknowledge and thank the members of the NCCC, MoSW and UNICEF Pacific for their support in finalising this report.

III. General measures of implementation (arts. 4, 42 and 44, para. 6, of the Convention)

A. Legal conformity with the provisions of the Convention

17. Subsequent to the comments of the Committee on the Rights of the Child at paragraph 27 of their concluding observations (CRC/C/15/Add.89) Fiji has enacted the

Child Welfare Decree 2010, Domestic Violence Decree 2009, the Crimes Decree 2009 and the Family Law Act 2003 to protect the interests of children³.

18. Fiji's High Court has cited the Convention on the Rights of the Child (CRC) as a means of reinforcing the country's obligation to protect the safety of children in Fiji. In the case of *Qiladrau v State* [2000] FJHC 248; [2000] 1 FLR 130 (30 June 2000), Pathick, J stated that "an aggravating feature in this case is that acts of this nature clearly violate the rights of children that are enunciated in the United Nations Convention on the Rights of the Child which Fiji had ratified in 1993...The law is there to protect such children who are often in a vulnerable position."

19. The Court has also recognised the role of the CRC and has used it to establish, for example, that Fiji's children have the right not to be subject to torture⁴ or imprisonment⁵, that considering the best interest of the child is important⁶ and that each child has the right to know their parents⁷.

B. Comprehensive national strategy and corresponding plan of action for children, implementation and evaluation

20. There is no singular strategy or plan of action in Fiji for children. Fiji's children are part of a wider family and community group and so are protected by the same standards as any other citizen.

C. Information regarding which Government authority has overall responsibility to coordinate implementation of the Convention and its Optional Protocols

21. The Permanent Secretary of the Ministry of Social Welfare, Women and Poverty Alleviation (MoSW) is the Chair of the National Coordinating Committee on Children (NCCC) which seeks to bring together Government and non-government organisations interested in matters relating to children.

22. The Department of Social Welfare (DoSW) of the Ministry of Social Welfare & Poverty Alleviation is responsible for administering and disbursement of funds for the Family Assistance Allowance, Care and Protection Allowance and the Poverty Alleviation Project Funds, adoption services, child care services, probation services, marriage counselling and managing associated statistics. The authority over such child matters is not exclusive to the MoSW however as issues such as health, education and juvenile justice also sit within other Ministries. Accordingly, where capacity allows, the MoSW seeks to progress the principles of the CRC with interagency partners including the Fiji Police, Ministry of Health, Ministry of Education and Ministry of Youth and Sports.

³ The *Children and Young Persons Act* referred to in Fiji's initial report was not made law as it was no longer required as the issues are addressed in the above Act and decrees.

⁴ *Seniloli v Voliti* [2000] FJHC 234; [2000] 2 FLR 6 (22 February 2000).

⁵ *State v NT* [2003] FJHC 339; HAC001.2003S (31 July 2003).

⁶ *YuenHei Ha* (2004) FJHC 12 Misc. No. 39 of 2004.

⁷ *Ali v Hakim* [2008] FJHC 53.

D. Information on whether there is a budget for the implementation of the Convention that can be clearly identified and monitored

23. There is no one identified Government agency that has the responsibility of progressing the implementation of the Convention nor is there an identified budget for such implementation. The NCCC secretariat and chair sits with the MoSW. In order to continue running the NCCC and associated activities funds are drawn from other non associated provisions.

24. The only identifiable budget dedicated to implementation is from UNICEF Pacific which contributes a minimum amount of money to the NCCC through their partnership agreement (Multi-year Work Plan 2011-2012) with the Fiji Government. Rather than funding, however, it is UNICEF's role to provide technical assistance if required.

E. International assistance and development aid

25. Fiji continues to cooperate and partner with various international organisations based in the capital, Suva. Organisations in Suva include UNICEF Pacific, UNDP, ILO, UNAIDS, OHCHR, UNESCAP and Save the Children amongst others. Fiji Government works closely with these organisations in order to achieve the best outcomes for the Fijian community.

26. Most notably, AusAID has allocated \$570,000 for child specific projects over the 2011-2012 period. This money is administered by UNICEF Pacific and is directed towards Government projects subsequent to the findings of the "Baseline Report for creating a future free from violence, abuse and exploitation" released in 2010.

F. National human rights institute for monitoring implementation and receiving complaints

27. Fiji established the Fiji Human Rights Commission (FHRC) in 1999 through the *Human Rights Commission Act 1999* which has now been repealed by the Human Rights Commission Decree 2009.

28. The FHRC is responsible for the protection and promotion of human rights so that a human rights culture can be built and strengthened in Fiji.

29. The FHRC is also mandated to educate the public about human rights, make recommendations to the Government about matters affecting human rights and perform such other functions as may be prescribed by the President by Decree.

30. The FHRC Decree further empowers the Commission to investigate complaints and allegations of human rights violations and unfair discrimination matters. The FHRC can also refer cases to the courts through their Proceedings Commissioner for further consideration as well as provide advice to Government on existing or proposed legislation.

31. The FHRC has a 'Child Rights Desk Officer' who is legal specialist that can assist with any issues relating to the rights of the child.

G. Measures that have been taken to make the principles and provisions of the Convention and Optional Protocols widely known to adults and children

32. The MoSW and UNICEF Pacific have been working together to promote the CRC in the community. The Baseline Research Report and subsequent work of the Social

Welfare Officers and the Community Programme Officers in the Divisions and the Districts with respect to the Rights of the Child and Prevention of Child Abuse, Neglect and Abandonment & Stop Child Labour. This has included working with Suva's Hibiscus Carnival⁸ contestants to represent child rights to the public, the Fiji Police Blue Light program that visits schools promoting youth leadership and social responsibility, establishing the Blue Ribbon campaign against child abuse in conjunction with Parents against Child Abuse and Neglect (PCAN) and other general child advocacy programmes by the MoSW and NGO's (Non-Government Organisations).

H. Efforts undertaken to make reports and concluding observations widely available to the public, civil society, business, unions, religious organisations, and media as appropriate

33. After recommendations from the initial report were received, a workshop on implementation of the concluding observations was organised by the MoSW. Representatives from the Government of Fiji, the FHRC, NGO's, youth representatives, trade unions, academics, faith based and community organisations, young people and United Nations representatives attended to discuss the concluding observations and recommendations.

34. Fiji's initial report and subsequent concluding observations are also accessible on the Office of the United Nations High Commissioner for Human Rights (OHCHR) website. Fijians have easy access to internet through both computers and phones.

I. Efforts undertaken to make reports and concluding observations widely available to the public at large at the national level

35. Public campaigns such as the Blue Ribbon campaign and the International Children's Day, Human Rights Day and other school activities that include children promote the rights of children based on the CRC. For example, "Get Set" is a children's television program on after school that often has segments on children's rights. The Fiji Police Blue Light program also helps to inform school children of their rights and obligations to the community. The Pacific Children's Programs (PCP) was a joint AusAID and Fiji Government program that started in 2003 and continued until 2006. The PCP aimed to increase family, community and Government responsibility for child protection.

36. Information from NGO's and civil society members including the Women's Crisis Centre, Save the Children also seek to encourage children and parents to become familiar with the principles of the CRC.

37. As mentioned above, Fijians also have easy access to information on internet through both computers and phones and through international media.

⁸ "Suva's Hibiscus Carnival" is an annual event to select Fiji's Miss Hibiscus. It also celebrates Fiji culture and is a general time of celebration in Suva.

J. Cooperation with civil society organisations, including non-governmental organizations and youth groups and how they are involved in planning and monitoring the implementation of the Convention and Optional Protocols

38. National Co-ordinating Committee for Children (NCCC): The NCCC was established as a Cabinet subcommittee after the ratification of the CRC in 1991 to ensure support, follow-up and implementation of Government's commitment to implementation of the Convention. The NCCC is made of NGO's, civil society organisations and Government stakeholders. After the CRC Committee's comments on Fiji's initial report were handed down, relevant stakeholders attended a national workshop to discuss the road forward. At the conclusion of the workshop it was recommended that an Advisory Panel be created and, significantly, include children. It was also suggested that the NCCC be provided with statutory powers in partnership with the Prime Minister's Office in order to enhance NCCC's capacity.

39. However, these recommendations were not implemented. It has subsequently become a struggle for the MoSW to maintain significant attendance and participation of NCCC members at the NCCC meetings. Further, there are currently no funds to establish or maintain a dedicated secretariat for the NCCC. As a result, the effectiveness of the NCCC is waning. Obtaining cooperation and commitment to update this report, for example, has been difficult despite the efforts of the MoSW.

40. *Youth*: Fiji's peak youth body is the National Youth Council. Members meet with the Department of Youth and Sports (DoYS) on a quarterly basis to discuss issues of immediate concern. The importance of the Convention and its implementation is currently being discussed by the DoYS and UNICEF Pacific with possibility of training opportunities.

IV. Definition of the child

41. The terms 'infant', 'child', 'juvenile', 'youth' and 'young person' are all used in Fijian law. However, as set out below, the terms are not used consistently and are unique to each piece of legislative writing.

Table 1

<i>Source</i>	<i>Condition</i>	<i>Age</i>
Education Act	Age of pupils	Admission allowed if over 6 years
Compulsory Education Regulations, 1997	Age of pupils	6-15 years or Class 8
Adoption of Infant Act	Definition of infant	Under 21 years
Crimes Decree 2009	Criminal responsibility	Between the ages of 10 and 14, subject to knowledge that the act was wrong, or over 14 years of age
Crimes Decree 2009	Sexual consent	A child under the age of 13 is incapable of giving consent; it is no defence to a charge of indecent assault that a child under the age of 16 consented; a person who has carnal knowledge of someone unmarried and under 18, against the will of their parents and taken out of their possession commits a

<i>Source</i>	<i>Condition</i>	<i>Age</i>
		summary offence
Crimes Decree 2009	Medical treatment	Duty of a person that has charge of a child under 14 years to provide the necessities of life; duty of a person who has contracted to provide necessities of life to a person under 16
Domestic Violence Decree 2009	Definition of child	Under 18 years
Employment Regulations Promulgation 2007	Definition of Child	Under 18 years old, notably children between 13-15 may be employed in light work and general employment is permitted from 15 years
Family Law Act 2003	Definition of child	Under 18 years
Immigration Act	Definition of child	Under 21 years (s.2(1)) or under 18 years (s.17)
Juveniles Act	Definition of child	Under 14 years
Juveniles Act	Definition of juvenile	Not attained 17 years and includes a 'child' and a 'young person'
Juveniles Act	Definition of young person	Attained 14 and not attained the age of 17 years
Juveniles Act	Criminal responsibility	Over 10 years, and under 12 years, subject to knowledge that act or omission was wrong
Marriage Act (Amendment) Decree 2009	Age for marriage	18 years and over (increased and same for boys and girls)
Media Industry Development Decree 2010	Definition of child	Under 14 years
National Employment Centre Decree 2009	Definition of child	Under 15 years
Prisons and Corrections Act 2006	Young prisoner	18 years or less, unless vulnerable then up to 21 years
Prisons and Corrections Act 2006	Definition of child	18 years or less, unless vulnerable then up to 21 years

V. General principles

A. Non-discrimination (art. 2)

42. *Citizenship*: A child born in Fiji on or after the 10th of April 2009 may become a citizen by way of birth, registration or naturalisation under the *Citizenship of Fiji Decree 2009*. A foreign child adopted by a citizen when the child was under the age of 18 years may become a citizen by registration.

43. With respect to birth registration, children are required by law to be registered within two months of birth under the *Births, Deaths and Marriages Registration Act*. Children are categorised as either Fijian, Indian or General on their birth certificates for statistical purposes. However, as of 2011 all citizens of Fiji are to be referred to as Fijians while the country's indigenous people are to be called iTaukei.

44. *Education*: Every child in Fiji has the right to basic education and to equal access to educational institutions. Religious or cultural communities have the right to establish and maintain places of education and manage them. While the admission policy may be administered based on a need to maintain its special character, those concerned in its management must ensure that it is open to all qualified students without discrimination on any ground and in accordance with the *Human Rights Commission Decree 2009* and the *Education Act*.
45. *Race*: Fiji has ratified the International Convention on the Elimination of All Forms of Racial Discrimination (1965) (CERD). For further information please refer to Fiji's CERD Report submitted in 2006 (CERD/C/FJI/17).
46. *Sex*: In 1999 Fiji removed two reservations (art. 5a and 9) with respect to its ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). For further information please refer to Fiji's latest CEDAW report submitted in 2009 (CEDAW/C/FJI/2-4).
47. *Labour*: The removal of any form of discrimination against workers by the *Employment Relations Promulgation 2007* applies to all citizens.
48. *Disability*: The Fiji National Council for Disabled Persons (FNCDP) was created under the Fiji National Council for Disabled Persons Act 1994. Functions of the FNCDP include acting as a coordinating body, creation and implementation of a national policy of disability in Fiji and advocating for funding from local and international aid donors.
49. A National Baseline Disability Survey was launched in 2001 and recorded 11,402 people with disabilities in Fiji.
50. The National Policy of Persons Living with Disabilities 2008-2018 is currently in place and seeks to contribute to building a society that demonstrates respect for all people by dismantling barriers and building institutions that are inclusive and that allow people to participate fully and equally.
51. The FNCDP Baseline Disability Report (2008-2009) showed that 13.3% were special children, that is, 1,511 out of the total of 11,402 people with disabilities.
52. Fiji also signed the Convention on the Rights of Persons with Disabilities on 2 June 2010.

B. Best interests of the child (art. 3)

53. *In Court*: Fiji's courts consider the best interests of the child when assessing custody, guardianship, welfare, and advancement or education of children as set out in Division 10 of the *Family Law Act 2003*. It instructs the court to take into account a child's best interests when determining matters including parenting plans (s56), parenting orders (s66), the need for supervision by welfare officers (s72), recovery orders (s72) and welfare orders (s116). Under this Act, in determining what is in the best interests of the child the court is directed to consider matters including wishes of the child, the relationship of the child to each parent, the effect of separation from a parent on the child and any practical difficulties such as expense or distance (s121(2)).
54. Fiji's High Court has applied the concept of the best interests of the child in recent cases including *Ceva v Sovasova [2008] FJHC 280* which sought a ruling on a child's habitual residence and *Ali v Hakim [2008] FJHC 53* where a revocation of adoption was being considered.

55. *Labour*: The protection of children in the labour market is provided for under the Part 10 of the *Employment Relations Promulgation 2007* the objects of which are 1) To prohibit work which, by its nature of the circumstances in which it is carried out, is likely to harm the health, safety or morals of children; 2) To establish the circumstances and ages which children may work and 3) To confer certain rights on children and provide protection in view of their vulnerability to exploitation.

56. *Adoption*: The *Adoption of Infants Act* requires the court to be satisfied that the order will be for the 'welfare of the infant' (s.8 (b)). This is consistent with Article 21 of the CRC. There is no strategy to determine the extent of the practice of informal adoption arrangements between members of extended family and this is not covered by the *Adoption of Infants Act*. The legislation also prohibits international adoption under s. 6(4) which states that 'an adoption order shall not be made in favour of any applicants who is not resident in Fiji...' Fiji acceded to the 1993 Hague Convention on the Protection of Children and Cooperation in respect of Intercountry Adoption and so Fiji recognises that it is obliged to review and regulate for the international movement of children. The Act is under review by the Law Reform Commission.

57. *Marriage*: The *Marriage Act (Amendment) Decree 2009*, raising the age for marriage for girls from 16 and equalising it for both boys and girls at 18 years;

58. *Other*: Relevant Fijian ministries, including the MoSW, the Ministry of Health and the Ministry of Education in collaboration with the Police work together towards interagency cooperation on matters concerning children with the aim of serving the best interest of the child. Age restrictions, as set out in part two, apply for matters of labour, education, medical procedures and criminal responsibility to ensure responsibility does not outrun a child's capacity.

C. The right to life, survival and development (art. 6)

59. *Protection of life*: The *Crimes Decree 2009* protects children from trafficking (Division 6), genocide by forcible transfer (s.81) and criminal liability for children under 10 years (s.26-27). It also makes abortion an offence under Part 14.

60. Capital punishment is not permitted by law in Fiji and the registration of all deaths of a suspicious nature must be managed by the police, whether the death is of a child or an adult.

61. In addition to outlawing harm to others, Cabinet has approved the Mental Health Decree 2010 which enhances care for the mentally vulnerable in the community. The aim is to protect survival by decreasing the risk of self harm and harm to others of people who are emotionally or otherwise unstable. It also assists the accessing of services that are crucial for a meaningful and functioning life.

62. Suicidal behaviour among Fiji youth is increasing. In 1999 approximately 40% of all suicide cases were under the age of 25. In 2001 52% of all suicides and attempted suicides were under the age of 25. Just as many women commit suicide as men. In 2001, 9% (22) of all suicides and attempted suicides were children aged 0-16. Forty-three percent (104) were aged 16-25. In 1999 there were more deaths by suicide (88) than by all other major public health concerns such as drowning (64), road accidents (62) or dengue fever (64).

63. In the 9 year period 1993 to 2001 there were a total of 822 suicides, an average of 91.3 suicides a year and a total of 961 attempted suicides, an average of 106.7 a year. The majority of the cases were Fijians and 40% were under the age of 25.

64. A study on suicide rates in Fiji stated that for the population as a whole, the standardised rate for suicide in 2002 was 15 per 100,000 for males and 11 per 100,000 for females⁹. It is recognised however that the rates of suicide are different for separate ethnic groups. For example, the rate of suicide of iTaukei is up to 6 times lower than the rate of suicide of Fijians.

65. In 2004, Fiji's National Committee on the Prevention of Suicide (NCOPS) held its first ever National Consultation Forum on Strategies for the Prevention of Suicide. In November 2010, Fiji celebrated World Health Month and representatives acknowledged that the lack of data is a hindrance to assisting people with mental health issues. Activities to promote mental health were organised by Suva's specialist mental health hospital St Giles, the Ministry of Health and a local organisation 'Youth Champs for Mental Health'.

66. *Protection of Development: The Family Law Act 2003* states that children must receive adequate and proper parenting to help them achieve their full potential. The Act also makes provision for extra resources for supporting children and families. The parents or stepparents of a child have a primary duty to maintain the child. The father of a child not married to the child's mother must make a proper contribution towards the maintenance of the mother for the childbirth maintenance period in relation to the birth of the child.

67. The *Compulsory Education Order 1997* regulates attendance of school children between the age of six and the completion of Class 8, or the age of 15, whichever is reached sooner. A recommendation of the Education Commission Review states that this Order be monitored and enforced throughout the country in order to ensure that all children attend primary school on a regular basis.

D. Respect for the views of the child (art. 12)

68. Youth Participation is encouraged through a range of forums run by Government, non-government organisations and churches. The Provincial Youth Forum of Fiji is an umbrella body for 15 Provincial Youth Councils and 50 to 60 youths who provide quarterly feedback to the Department of Youth and Sports. Representatives also sit on the newly established National Youth Council of Fiji. Children also participated in the Pacific Regional Consultation on Violence against Children which was run in 2005 with the assistance of UNICEF Fiji and Save the Children Fiji. A National Youth Parliament was convened in 2004 but has been inactive since 2006.

69. There is also a special children's insert in the newspaper every week called Kaila with the by-line "Young minds in action".

70. Save the Children Fiji facilitates a child led group called the Kids Link Fiji (KLF). This particular children's group involve themselves in research, promotion and advocacy of children's issue in relation to the CRC. The group members are strictly Under 18's. The children are involved at all levels The KLF received the Global Alexander Bodini San Marino Award for achievements by a child-led organisation in 2009.

71. The Department of Youth and Sport also coordinates National Youth Week which celebrates young people's contribution to community and nation building. The National Youth Day holiday was not officially celebrated in 2010 due to a natural disaster but some youth groups continued with their planned programs where possible.

⁹ Foster; Kurulea; Auxier; A Note on recent trends in suicide in Fiji, *Journal of Pacific Rim Psychology*. 2007.

72. Every year an inter-school musical talent competition, *Tadra Kahani* (Dream Story), is organised by Communications Fiji in partnership with the Ministry of Education. Primary and secondary schools from all over Fiji participate. Each year a theme relevant to children is chosen. For example, previous themes have included ‘Millennium Development Goals’, ‘Rights of the Child’ and ‘Climate Change’. Schools also participate in national oratory competitions in partnership with different development agencies, for example, Save the Children Fiji.

73. Suva also hosted the Pacific Youth Festival in 2009 which enabled approximately 400 participants from 30 countries to discuss issues that affect youth and help build a better place within Pacific countries. The subsequent Suva Youth Declaration is now being used to raise concerns about challenges to development facing young people and as a guide to the development of the forthcoming Pacific Youth Strategy 2011-2015.

74. Fiji is also a popular destination for the Ship of the World Youth program which brought 310 youths to Suva in 2011 for cultural exchange opportunities including Fijian participants.

VI. Civil rights and freedoms

A. Birth registration, name and nationality (art. 7)

75. *Registration and nationality*: Children born in Fiji whose father or mother are Fiji citizens automatically become Fiji citizens. Under the Citizenship of Fiji Decree 2009, a child born outside Fiji may become a citizen by registration on or after the commencement date if, at the time of the child’s birth, either parent was a citizen.

76. The Committee on the Rights of the Child, in its concluding observations (para. 35) in light of Article 7 recommended appropriate measures to improve the birth registration system. Parents must take a Birth Notification form from the place of delivery and submit it to the Fiji Island Bureau of Statistics. The system is now computerised and data on late registration is also collected. The system is now showing areas of improvement as a result of awareness campaigns. However, accessibility to registration points remains an issue when it comes to registration.

77. The Citizenship of Fiji Decree 2009 states that citizenship may be acquired by birth, registration or nationalisation (s.6). An infant found abandoned in Fiji is deemed to have been born in Fiji in the absence of proof to the contrary (s.7). Under the Births, Deaths and Marriages Registration Act it is the duty of the Registrar to register all births without charge (s.3). It is the responsibility of every parent or occupier of the house in which the child was born to register the child within two months of the birth (s.11). A penalty may be imposed for registration 12 months after the birth.

78. A foreign child under the age of 18 who has been adopted by a Fijian citizen may register for citizenship. The child may apply for citizenship at any time during his or her lifetime, provided that he or she has been lawfully present in Fiji for a total of 3 of the 5 years immediately before the application is made.

79. International organisations in Fiji, including UNICEF, WHO, SPC and UNFPA, have conducted regional workshops on the importance of making birth registration accessible.

80. A child born in Fiji out of wedlock requires the consent of the biological father to register his or her father’s name on the birth certificate.

B. Preservation of identity (art. 8)

81. *National identity*: Fiji is a multi-racial country and all its people are accorded respect and the right to live harmoniously with due deference to their customs and traditional way of life. Every person is free to practice their culture and religion within the boundaries of the law.

82. Indigenous Fijian (*iTaukei*) and Fijians live together whilst maintaining their respective religion, language and culture. English is often the language used in business or to talk to someone of another culture. However, it is common for people of the same culture to speak Fijian or Hindi to each other. The Hindi version spoken in Fiji is unique and has no written equivalent.

83. The Fijian Affairs (Amendment) Decree 2010 was approved by Cabinet in June 2010. The new law effectively replaces the word “Fijian”, “indigenous” or “indigenous Fijian” with the word “*iTaukei*” in all written laws, and all official documentation when referring to the original and native settlers of Fiji. All Fiji citizens are now called Fijians rather than indigenous Fijian or Indo-Fijian. The Ministry of *iTaukei* Affairs manages programs including the Native Lands Appeal Tribunal, the *iTaukei* Institute of Language and Culture and the Native Lands and Fisheries Commission.

84. *Religious identity*: Fijians celebrate various faith based holidays including Easter, EidulFitar, Diwali and Christmas and it is not unusual for all citizens to join in celebrations. Public Holidays are declared for occasions such as Eid, Diwali and Christmas thereby celebrating Fiji’s three major religious traditions.

85. Every faith based community or denomination and every cultural or social community has the right to establish and maintain places of education and worship and to manage them, whether or not they receive financial assistance from the state. Parents are free to choose schools run by religious organisations where they believe their children’s cultural and social identity will be preserved or enhanced. The Education (Establishment and Regulation of Schools (R 9(1))) states that while a school may give preference to pupils of a particular race or creed, no pupil shall be denied admission solely on the grounds of race or religion.

86. Prior to the abrogation of the Constitution in 2009, the Constitution expressly provided for freedom of religion.

87. *iTaukei identity*: A child (ex-nuptial) will require the consent of the mother’s mataqali or clan to register the child in the mother’s clan and claim access to full rights under this clan. For a child (ex-nuptial) to register under his or her father’s mataqali then proof of paternity and the consent of the mataqali is required.

88. If an *iTaukei* woman gives birth to a child out of wedlock and there is no father on the birth certificate then the child is automatically registered in the Volani Kawa Bula (VKB) under her name. If their father is *iTaukei* and registered on the birth certificate then the child is registered under his name in the VKB.

89. The Native Land Commission handles registration with the VKB. Registration can be made through the provincial offices throughout the country. Birth registration is processed by the Registrar General Officers throughout the country and through district council offices. As yet the two systems of registration are not linked.

90. Registration with the VKB remains very important for *iTaukei* identity. Registration entitles a child to access land and apply for certain scholarships.

C. Freedom of expression (art. 13)

91. However, this freedom is subject to the *Public Emergency Regulation 2009*, which was further extended in November 2010, and which prohibits any publication or broadcast which may cause disorder or give undue demands to Police or Armed forces.

92. If directed by the Permanent Secretary of Information publication and broadcast of any materials must be submitted before publishing or broadcast.

93. The Regulation also restricts meetings or assemblies where no permit has been granted.

94. This a temporary measure taken by Government as normalcy returns.

95. Further, a child is free to express themselves in court or custody matters, where the courts must consider any wishes expressed by the child and any other factors (such as the child's maturity or level of understanding) that the court thinks are relevant.

96. It is common for children to be involved in school sports, drama productions or art exhibitions. Children may also be involved in cultural or religious groups that allow for free expression of faith or traditional practices. Children participate in local TV shows and a weekly newspaper pull out called Kaila.

97. The role of the child is changing in Fiji. Children have access to information and methods of expression via television, mobile phones and the internet that their parents did not. Accordingly, like other unique cultures, Fiji is determined to retain traditional language, dance and culture but also to make the most of new information technologies. Freedom of expression allows for both the new and the traditional to be utilised.

D. Freedom of thought, conscience and religion (art. 14)

98. This right extends to the right of religious communities or denominations to provide religious instructions as part of any education provided by them, whether or not they are in receipt of any financial assistance from the State. However, this right is subject to such limitations prescribed by *Public Emergency Regulation* and other laws that protect the rights and freedoms of others, public safety, public morality, public health or to prevent a public nuisance.

E. Freedom of association and of peaceful assembly (art. 15)

99. Currently freedom of association and assembly is subject to Public Emergency Regulation 2009. This Regulation prohibits any procession, meeting or assembly at any place in Fiji without a proper permit from the Commissioner of Police or Commanding Officer or Officer in Charge of the District Police Office.

100. Section 94 of the Employment Relations Promulgation allows people 15 years and above to join and trade union and vote in trade union elections.

F. Protection of privacy (art. 16)

101. If necessary, a child can seek to enforce this right through the courts or by approaching the Fiji Human Rights Commission and making a complaint that their rights have been violated. The Commission may then choose to litigate on behalf of the child.

102. The issues of confidentiality for child health services, reproductive health treatment, social welfare issues and legal services are addressed through the Child Welfare Decree, other relevant legislation and general public service values and conduct requirements. Social welfare, education, health, police and legal professionals are mandated to report harm that has happened, is likely to happen or is happening to a child. Otherwise, they must keep personal health data confidential.

G. Access to appropriate information (art. 17)

103. Children in Fiji have access to whatever information they may need unless that information affects national security, public safety, public order, the rights and freedoms of others. Libraries, internet and television are widely available throughout Fiji.

104. *Media Industry Development Decree 2009*, Code of Ethics and Practice Schedule 1 provides how the media should impart information and their responsibility where children are concerned.

105. Fiji Media Watch, a charitable organization whose mandate is to raise awareness on the impact of the mass media in Fiji, conducts awareness workshops for communities through its Media Education programme. Parents are taught to screen information that is accessible to children, ensuring that information is appropriate.

106. There is open dialogue about what is appropriate viewing for children and opinion pieces in the newspaper often comment on the locally produced children's shows. There is a local children's TV character that wishes all children goodnight at 7.30pm indicating that the information after this time may not be appropriate. Local ratings are also attached to all programs and movies.

H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or other punishment (art. 37 (a))

107. There is zero tolerance on Corporal Punishment. In response to the ongoing discussions among teacher, parents and children on the issue of corporal punishment, a number of organisations offer training and awareness for schools in alternative forms of punishment including Human Rights Commission Education and Training Officer, Fiji Council of Social Services, Save the Children's Fund Fiji, Pacific Children's Programme.

108. A study done by the Fiji Women's Crisis Centre found that up the 81.2% of male and 75.8% of female respondents reported being hit in their home¹⁰. Whilst there is potential protection from violence under provisions in the Juveniles Act, the Crimes Decree and the *Family Law Act* these are not generally interpreted as applying to childrearing.

109. The Penal Code has been replaced by the *Crimes Decree* and the Criminal Procedure Code by the *Criminal Procedure Decree*. The *Criminal Procedure Decree 2009* specifies the sentences which may be passed by the court (ss.6, 7, 8, 9). All sentences must be in accordance with the *Sentencing and Penalties Decree 2009*. There is no provision for corporal punishment in any of the three new Decrees.

¹⁰ FWCC (2001), "The incidence, prevalence and nature of domestic violence and sexual assault in Fiji: a research project of the Fiji Women's Crisis Centre", Suva, Fiji Women's Crisis Centre.

Measures to promote physical and psychological recovery and social reintegration of child victims

110. *Trauma*: Outpatient or Emergency physicians are often the first to come in contact with child victims. Child specialists are used for examination and treatment and, if necessary, a child may be referred to law enforcement, counsellors or social workers for further assistance.

111. Under the child Welfare Decree 2010, all professionals are required to report to the Permanent Secretary MoSW as soon as possible and the first door of assistance is the local district and divisional Social Welfare Office. The Fiji Women Crisis Centre together with the Police Sexual Offences Units in Suva and Nausori provides some support to children and their families. Fiji Women's Crisis Centre (located in 4 urban centres) provides trained counsellors who can provide support to child and adult victims and guide them to support services and community awareness programmes throughout the country. Churches and non-government organisation may also provide some support for survivors of abuse.

112. *Assistance*: The Ministry of Social Welfare, Women & Poverty Alleviation has a 917 telephone line through which all reported cases are responded to. The Fiji Women's Crisis Centre has a general helpline for people at risk and can refer children on to social welfare if appropriate. Volunteers have also recently set up the 'Salvation Army Lifeline' and training for counsellors commenced in Suva in 2010.

113. A plan is being considered by non government organisation Homes of Hope (Joy International) offering a confidential telephone hotline for women who are considering abandoning their babies which is an emerging problem. Assistance is also available from Salvation Army and other NGO's for women and children at risk.

114. *Capacity*: Diplomas, certificates and degrees in Social Work and Counselling are offered by various tertiary institutions in Fiji. However, it is notable that trained specialists such as occupational therapists or speech pathologists are generally not available in Fiji. They may however be present in a volunteer capacity through programs such as Australian Youth Ambassadors for Development (AYAD) or Volunteering for International Development from Australia (VIDA), JICA, PEACE CORP Volunteers and KOICA.

115. *Legal protection*: Under the *Juveniles Act*, the DoSW is mandated to protect children who are at risk. DoSW places children at risk into places of safety including family placements, residential homes and private homes.

116. The Fiji Government acknowledges that more effort is required to ensure that the various Police Protocols are fully implemented and that Police investigators and prosecutors use all available resources to protect children during investigative and judicial procedures. For example, the Office of the Director of Public Prosecutions (DPP) established a Child Protection Unit in 2010 and now follows the process of speaking to child victims before trial. This contact can include a visit to the courtroom before the trial, application for the court to be closed and the presence of a family member or social welfare officer throughout. The use of screens has also been used in court to protect the child from viewing or from viewing the alleged perpetrator. Legal Aid has one lawyer who is responsible for all juvenile matters in the juvenile court.

VII. Family environment and alternative care

A. Family environment and parental guidance (art. 5)

117. Most Fijians grow up in, or at least are a member of, an extended family group. As time goes by, however, the nuclear family is becoming increasingly common. In this modern context, the *Family Law Act 2003 Division 2* sets out responsibilities of parents in the context of a dispute or separation.

118. *Separation*: Each parent maintains the duties, powers, responsibilities and authority which by law parents have in relation to children despite change in the nature of the relationship of the parents (s.45-46). Families can access assistance with respect to counselling, parenting plans, maintenance orders and injunctions where required. The *Family Law Act* also directs the court to consider the best interests of the child and the child's wishes when administering a matter before them (s.120-122). Further, there are provisions for separate representation of children when required for the child's welfare (s.125).

119. *Custody*: Under section 39(1) of the *Juveniles Act*, any person who is parent or legal guardian of a juvenile shall be presumed to have custody of that juvenile, thus parents or legal guardians should be responsible for guiding the child. This Act also provides for the Director of the DoSW to assume the care and protection of juveniles placed both in and out of out of home care.

120. *Duties*: Policies and procedure guidelines are currently in place with the DoSW, MoE, Department of Youth and Sports, Ministry of Health, Fiji Police Force and the Judiciary that reaffirm the responsibilities, rights and duties of parents, members of the extended family and the community to provide appropriate guidance and direction to the child.

121. The Child Welfare Unit in the MoSW was formed in 1996. The Ministry places a child at risk in institutional care as a last resort. The child will remain with his or her natural family or extended family unless it is in the child's best interests to be removed. The majority of child abuse victims either remain with their immediate families or live with relatives. Professional support services are provided to the child and family. The MoSW has introduced minimum standards of care for the residential homes and certification is provided to the Homes upon annual audits.

122. *Assistance*: Community education and awareness programmes are conducted by various stakeholders. Some also offer a range of support services.

123. The Department of Youth and Sports 'Positive Mental Attitude' (PMA) program was phased out in 2007 and was replaced by an empowerment program entitled Seeds of Success. That target spiritual, mental economic, physical and social aspects of one's life.

124. There is an urgent need for specialist professional counsellors to provide services for children and families in crisis. Whilst Government and non-governmental organisations provide some counselling skills, training for staff, ongoing training and up skilling of staff is crucial for staff to be able to serve parents and children as effectively as possible. The current public service staffing freeze affects the delivery of these services.

125. In 2010, the MoSW has signed a memorandum of understanding with Pacific Counselling and Social Services (PCASS), a non government organisation which is located in the main urban centres of Fiji to provide counselling services by the trained professional

counsellors to the survivors of abuse and violence and for general counselling services as well.

B. Parental responsibilities and assistance (art. 18, paras. 1 and 2)

126. *Responsibilities:* Under the *Juvenile Act*, both parents are liable for prosecution if they abandon or neglect their children. The *Family Law Act* provides that each of the child's parents have equal parental responsibility for child, with parental responsibility meaning all the duties, powers, responsibilities and authority which by law, parents have in relation to children.

127. The MoSW assists families to meet their responsibilities through two divisions. The Income Support Division is responsible for all cash grants. The Child & Family Division handles more focused programmes to strengthen family responsibilities and improve child rearing practices. Programmes include counselling for married couples, counselling for adults and young offenders in conflict with the law, and management of child protection cases in general.

128. The MoSW has implemented the graduation programme Mentoring and Monitoring of Children for the Social Welfare Beneficiaries with the Ministry of Education for tertiary education enrolments, scholarships and gainful employment with the aim to break the cycle of poverty. The MoSW works with the National Employment Centre (NEC) in terms of referrals for job employment opportunities for Social Welfare Recipients who have the ability to work.

129. *Assistance:* The Family Assistance Scheme provides monthly cash assistance for marginalized groups living in poverty such as deserted wives, the elderly, the disabled or chronically ill, prisoners' dependents and widows. Family Assistance minimum has doubled from the 2006 rate of \$30 to \$60. Families of the scheme can now receiving from \$60-\$100 per month. In March 2010 a Food Voucher of \$30 was introduced to recipients of Family Assistance and later the Care and Protection recipients. As at 2009, 27,000 families were approved for Family Assistance Allowance.

130. Bus Fare Transport Subsidy is being provided for the school children by the Ministry of Education. The MoSW together with the Fiji Bus Operators Association provides bus fare subsidies for senior citizens aged 60 years and over and for People with Disabilities.

131. A Care and Protection Allowance is granted to parents and caregivers who have dependent children under their care who are at risk of being deprived of their education, health and other basic needs through poverty. A family may receive F\$30 - \$100 of assistance per month depending upon the number of children, and age of the children. Other financial assistance provided by voluntary social welfare organisations also may be received.

Table 2
Family Assistance Recipients 1995-2010

<i>Year</i>	<i>Total</i>
1995	9,245
1996	10,070
1997	10,785
1998	11,680
1999	11,813

<i>Year</i>	<i>Total</i>
2000	13,443
2001	16,603
2002	19,250
2003	20,333
2004	20,499
2005	22,534
2006	26,282
2007	24,751
2008	26,926
2009	21,505
2010	24,692

Table 3
Family Assistance statistics 1995-2009, number of people receiving assistance

<i>Year</i>	<i>Care and Protection Assistance</i>	<i>Family Assistance</i>	<i>Housing Assistance</i>	<i>Income Assistance</i>	<i>Fire Victim Assistance</i>
1995	346	9245	310	36	0
1996	144	10070	130	14	0
1997	152	10785	149	3	0
1998	139	11680	138	1	0
1999	93	11813	85	8	0
2000	88	13443	85	3	0
2001	308	16603	219	53	36
2002	404	19250	291	86	27
2003	530	20333	461	63	6
2004	293	20499	250	27	15
2005	473	22534	408	33	32
2006	393	26282	532	61	92
2007	326	24751	43	61	41
2008	320	17603	48	20	40
2009	361	21505	186	14	77

Source: Statistics accessed from MoSW.

132. The Poverty Alleviation Fund, set up in 1992 and administered by the MoSW, provides cash grants to existing recipients of Family Assistance, Care and Protection Allowance or After Care Fund to set up a small micro-enterprise venture or to build a home. The Fund has expanded to assist needy families who have lost their homes in fire.

133. The Poverty Alleviation Fund is a potential resource for families. A total of 278 projects were funded in 2009. Majority of the projects funded were housing projects. From a total of 278 projects funded 188 were for housing, and 12 for income generating. Assistance to fire victims in cash grants totalled 65.

134. The Housing Assistance Relief Trust (HART), a non-government organisation based in many urban centres, provides housing for a nominal rent to those in most need, predominantly single-parent families.

135. Habitat for Humanity was registered in Fiji in 1991 and also works within Fiji. In the first two quarters of 2010, 729 families had been served through new houses, rehabilitation and repairs.

136. Some civil society organisations provided shelter for women and children who may have to find alternate accommodation. For example, the Salvation Army Church have set up Family Care Centres in the three urban centres to provide sheltered homes for women with children that have been victims of domestic violence. Homes of Hope provides accommodation and skills training to young single women with children. The National Employment Centre set up by the Government also links up with the Fiji Employers Federation to provide job employment opportunities for the unemployed and the Social Welfare Beneficiaries.

C. Separation from parents (art. 9)

137. *Family separation*: Normally, a child's place is with his or her parents. However, it is not unusual for a child to move to live with relatives to attend school, live at the school during the week and return home at weekend or live at a boarding school until the end of the school term.

138. Where parents are separated parenting orders can be sought through the court. A parenting order confers on the person the duties, powers, responsibilities or authority in relation to the child (Family Law Act, s.47). Where it is necessary, the court can offer counselling and include welfare officers in the discussions (ss. 49-54). Parenting plans are also recognised to formalise a child's living arrangements, contact with each parent, maintenance and any other aspect of parental responsibility (s.57). This plan can be registered in court (s.59) however the court may vary the plan if it is in the best interests of the child (s.60).

139. The Family Law Act, Division 12 recognises the need for care or excluded orders to be made beyond the Fiji Islands. Further, obligations under parenting orders relating to taking or sending children from Fiji are also addressed under Family Law Act, Division 6.

140. All orders are subject to appeal or judicial review.

141. *Forced separation*: Forced separation only occurs where there is some form of abuse or neglect by the immediate family. The Juvenile Act states that if a parent abandons a child or if their parent is suffering from some mental or physical infirmity then the Director of Social Welfare has a duty to assume care of the child. This is in pursuant to Division 10 of the Family Law Act 2003 which enforces the Best Interests of Children and the Representation of Children. Where there are judicial proceedings a child's wishes are to be taken into account by the court (s.122).

142. *Leaving Fiji*: In cases where a parent wants to take a child out of Fiji, the consent of the other parent must be sought first if there is a custody order that needs alteration. Legal proceedings will be required to alter the custody order. The underlying notion at all times is that the court shall regard the interest of the child as being the paramount consideration.

143. Where a child is taken out of the country without the written permission of relevant persons s.81 of the Family Law Act states the offender is liable for a fine of \$10,000 or imprisonment for 3 years.

D. Family reunification (art. 10)

144. Where children are separated from their family, the MoSW always encourages children and guardians to communicate with the parents and family members, even if they are residing abroad. Communication plans would be part of the parenting order that goes to the Family Court and would be implemented on the basis of the best interests of the child. In cases where they have difficulties locating or communicating with the family members in international locations the MoSW can facilitate communication through that country's national social services body.

E. Recovery of maintenance for the child (art. 27, para. 4)

145. Division 7 of the *Family Law Act 2003* states that parents of a child have the primary duty to maintain the child. The court must consider the financial support necessary for the maintenance of the child and determine the financial contribution necessary for the maintenance of the child that should be made by a party, or by parties, to the proceedings (s.89). Either or both parents can claim child and spousal maintenance as well as child residence and contact. Where a party does not contribute as required the other party may go to court to enforce the payments.

146. Under the Juvenile Act a Contribution Order can be made against the parent of a child who is the subject of a Care Order. This order ensures that parents are responsible for the child's maintenance, whilst they are a ward of the State (s.71).

147. Under the new Domestic Violence Decree orders can also be sought for urgent monetary relief if the child needs money for school, food, shelter or clothes.

F. Children deprived of family environment (art. 20)

148. Residential homes: Under the *Juveniles Act*, the MoSW has a duty to promote the best interests and welfare of a child (s.38). The MoSW oversees the seven approved children's residential homes in the country that seek to provide emotional and psychological care to children who are removed from their homes under the Court Order or cannot return to their homes. In partnership with AusAid, the Fiji Law and Justice Sector and MoSW developed Minimum Standards for Children in Residential Homes which was endorsed by Cabinet. Training on Minimum standards was undertaken by Social Welfare officers and residential care providers. Every child under state care is required to have a Care Plan.

149. Minimum standards are overseen by the MoSW in these homes. Foster care placement can also be an alternative care arrangement for these children.

150. Under the *Juvenile Act* s.50(2), children may remain in residential care until the age of 17 years, however an extension to 18 years is possible with approval from the court.

151. There are also five non-government residential homes run by the Salvation Army, Homes of Hope (for young girls with children who are victims of domestic violence) and Loloma Home in Sabeto, Nadi. For example, the Half-Way Home, established in 1997 by the Salvation Army, provides shelter for young women (aged 17 and above) who are placed under the care of the Director of Social Welfare through a Court Order. These young women have been unable to be reunited with their family at the end of their formal care placement and require further rehabilitation and shelter.

152. *Juvenile offenders*: Juvenile offenders are normally released on bail but where they are remanded in custody the offender resides at a residential centre known as the Boys Centre or Mahaffy Girls home, rather than in a detention facility. This allows the child to continue schooling whilst also having restrictions on their movements.

153. Whilst there are gender based facilities for wards of the state, female juvenile offenders may be kept with girls in residential care facilities.

G. Periodic review of placement

154. All children placed in the children's residential homes have their Care Plan reviewed on a quarterly basis by the MoSW. To assist in the transition there is a legal provision for a child to board out either to his or her family or close relatives prior to the expiry of a Care Order if it is assessed to be in the child's best interests.

155. Children may be placed in one of seven child welfare facilities. In the central division there are five homes – the Boys Centre (for juvenile offenders), the Happy Home, Dilkusha Girls Home, St. Christopher's Home and Mahaffy Girls Home (for residential and juvenile offenders). In the Western Division there are two homes – Treasure Home and Veilomani Boys Home. There are no child welfare facilities in the Northern or Eastern Divisions however non-government residential homes can provide for children in these locations.

Table 4

Admission for Residential Care

<i>Year</i>	<i>No of Admissions</i>
1995	62
1996	64
1997	99
1998	84
2008	72
2009	63
2010	75
Total	519

Source: Social Welfare Department Statistics.

H. Adoption (art. 21)

156. The *Adoption of Infants Act 1945* defines the adoption requirements for 'infants', defined as people under the age of 21 (s.3). An adoption order shall not be made except with the consent of every relevant person to the matter (s.7). The Supreme Court has authority over adoption matters (s17).

157. It is unlawful for any adopter, including parent or guardian, to accept payment in consideration of the adoption, except with the sanction of the court (s.18).

158. The current Adoption of Infants Act 1945 does not legislate for international adoption. Fiji is not a signatory to the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption.

159. Under the Juvenile Act, once a plan for adoption is proposed for a child, an application for a Care Order is made, placing the child in the custody of the MoSW which then facilitates the adoption process. The MoSW has a screening process for applicants seeking to formally adopt a child. This process determines the suitability of prospective adoptive parents.

160. The Court appoints MoSW as Guardian Ad-Litem for the duration of the application and they are obliged to uphold the best interest of the child during the investigation process and provide a Guardian Ad- Litem report.

161. The MoSW may arrange Foster Care placements and Guardianship Orders as alternatives to adoption.

162. In the event a child is placed with the adoption order applicants, there is a minimum trial period (probationary) of adoption supervision by the Department.

Table 5

Local Adoption Application/Placements by the Department of Social Welfare

<i>Year</i>	<i>Number</i>
1995	266
1996	232
1997	202
1998	94
1999	114
2000	77
Total	985

Source: Department of Social Welfare Statistics.

Table 6

Guardian Ad-Litem Report for Legal Adoption 1995-2007

<i>Year</i>	<i>Number</i>
1995	222
1996	308
1997	213
1998	195
1999	131
2000	189
2001	307
2002	345
2003	263
2004	261
2005	190
2006	249
2007	296
2008	271
2009	170

<i>Year</i>	<i>Number</i>
2010	243

Source: Department of Social Welfare Statistics & High Court of Fiji Statistics.

163. In 2008, the MoSW formalised a National Adoption and Foster Care Panel in an effort to centralise placement of children in view of adoption and monitor all children under the care of the state. Apart from screening prospective adoptive applicants, the Panel is sent bio data of children for matching processes.

164. Review on progresses of children on placement in view of adoption is done after the first three months of placement. Another two bi-annual progress reports are done which can be done both post-placement and post adoption reports.

165. Informal adoption arrangements within extended families are still practiced in Fiji. An urgent survey of informal adoption is required to determine the scope of this issue. Children who are adopted via an informal arrangement are not guaranteed the same protection as those children adopted through the formal channel.

166. Currently, the MoSW oversees adoptions. However, there is no legislation that formalises this responsibility. A brief for a review of legislation is currently with the Fiji Law Reform Commission. It is recommended that a formal authority be created to oversee all formal and informal adoptions.

167. In cases where a child cannot be placed locally, overseas adoption placements are considered. At present, the Fiji Government, through the MoSW, is formally engaging with Australia and New Zealand to engage in inter-country adoption arrangements. However, as Fiji is not a signatory to the Hague Convention on Intercountry Adoption, it cannot easily involve itself in intercountry adoption with other countries.

Table 7

Overseas Adoption Placements 1995-2000

<i>Year</i>	<i>Country of Placement</i>		<i>Gender</i>	
	<i>Australia</i>	<i>New Zealand</i>	<i>Male</i>	<i>Female</i>
1995	9	3	4	8
1996	14	2	6	10
1997	5	1	5	1
1998	3	-	-	3
1999	4	2	4	2
2000	3	-	2	1
Total	38	8	21	25

Source: Social Welfare Department Statistics.

I. Illicit transfer and non-return (art. 11)

168. *Abduction:* Fiji has acceded to the Hague Convention on the Civil Aspects of International Child Abduction. The Convention seeks to protect the child from the harmful effects of their wrongful removal or retention and to establish procedures to ensure their prompt return. Legislative measures to ensure that the requirements of the Convention are met have yet to be developed.

169. A court may make any recovery order under s.109 of the Family Law Act. A recovery order may be ordered when the court requires the return of a child to a parent or a person with legal guardianship over the child.

170. Cases of child abduction are dealt with by the MoSW in close collaboration with the Attorney-General's Office of Fiji, which is the central authority for such matters. The MoSW has recorded five cases of child abduction since 2008.

171. *Trafficking*: There has been much attention drawn to this issue by civil society organisations, the US Government and the Fiji Government with respect to potential trafficking in both international and domestic terms. The Crimes Decree 2009 makes it an offence to traffic in persons and specifically children (ss.111-121). People smuggling is also an offence under ss.122-132 of the Decree.

172. Although Fiji has not signed the United Nations Convention against Transnational Organized Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, the recent Crimes Decree addresses the issues of concern in a manner consistent to the Convention. Fiji is currently ranked in Tier 2 (watch list) by the United States of America for Trafficking in Persons, moving up from Tier 3 in 2010.

173. Additionally, the Fiji Police have created a Human Trafficking Working Group and Save the Children Fiji has commenced a twelve month project on 'Combating Trafficking and other forms of Commercial Sexual Exploitation of Children in Fiji (CSEC)' supported and funded by the US Government.

174. The first case of domestic trafficking of a child was heard in Lautoka in February 2011 Court Ref: Lautoka Magistrates Court 1442-1447 of 2010 and CR 1455 -1465 whereby the child has been placed under the care of the Director of Social Welfare in residential care home.

175. There are currently no statistics on illicit transfer of persons to and from Fiji.

J. Abuse and neglect, including physical and psychological recovery and social reintegration (art. 39)

176. *Protection*: Every child in Fiji has the rights embedded in the CRC and the Universal Declaration of Human Rights, both of which have been ratified by Fiji. Where someone is concerned that their rights are not being met they may approach the Human Rights Commission governed by the Human Rights Commission Decree.

177. Fiji's Child Protection Program, formally the Pacific Children's Program, is the responsibility of the MoSW. In partnership with UNICEF Pacific the program was created to:

- Develop and monitor child protection information systems;
- Develop and coordinate preventative child protection programmes;
- Monitor and facilitate professional and community based child protection training; and
- Advocate for Child Protection in Communities in Fiji.

This program is very active despite resource and technical constraints resulting from the current Government staffing freeze and global economic circumstance.

178. *Abuse and neglect*: In 1998 the MoSW, in collaboration with the Ministries of Health, Education, the Fiji Police and the Office of the Director of Public Prosecution (DPP), developed the Inter Agency Committee on Child Abuse, Neglect and Abandonment

as a sub-committee of the NCCC. This guideline outlines the role and responsibilities of each agency in the intervention of child abuse cases and encourages the sharing of information through referrals and case conferencing whenever appropriate. Memorandums of Understanding are planned between these Ministries.

179. Child abuse may be reported to Police, hospitals, the MoSW and the Women's Crisis Centre. The *Child Welfare Decree* requires mandatory reporting of suspected abuse by professionals. The actual number of abuse cases is difficult to ascertain, however, as not all cases are reported to the authorities.

Table 8

**Child abuse cases reported to Social Welfare Department (1995-2009)
by type of abuse**

<i>Year</i>	<i>Beyond Control</i>	<i>Physical</i>	<i>Sexual</i>	<i>Emotional</i>	<i>Neglect</i>	<i>Abandon and lost</i>
1995	0	46	25	0	37	0
1996	0	36	19	0	78	0
1997	0	1	9	0	23	0
1998	51	49	34	35	127	31
1999	35	21	21	8	63	23
2000	21	36	27	15	36	17
2001	26	38	44	24	51	8
2002	29	42	42	5	67	30
2003	48	86	42	17	57	37
2004	27	33	55	9	75	42
2005	20	25	49	24	57	15
2006	42	54	66	56	107	34
2007	40	39	49	14	69	45
2008	59	68	112	19	112	34
2009	32	36	72	24	49	25
1995-2009	13%	18%	20%	8%	31%	10%

Source: Ministry of Women, Social Welfare and Housing 2011.

Table 9

Child abuse cases reported to Fiji Women's Crisis Centre (1995-2000)

<i>Year</i>	<i>Sexual</i>	<i>Physical</i>	<i>Social & Physical</i>	<i>Total</i>
1995	26	6	1	33
1996	17	10	2	29
1997	10	6	3	19
1998	25	25	3	53
1999	15	3	6	24
2000	15	6	27	28
Total	121	61	23	205

Source: Women's Crisis Centre.

180. Currently, there is no common data collection regarding child welfare. However, there are plans by the Fiji Police to establish a common data collection system. There is mandatory reporting required for professional groups working with children pursuant to the *Child Welfare Decree 2010*. However, these groups need to be trained to recognise signs of potential child abuse as well as how to respond appropriately. This is currently being considered by the Department of Education in the implementation of its new Departmental Child Protection Policy.

181. *Response:* The Fiji Police set up the Sexual Offences Unit in Suva in March 1995 to provide specialist services to victims of sexual offences. The Juvenile Bureau was disbanded in 1987 and re-established in 2002 as a specialist unit within the Fiji Police, however it has only 7 active members throughout Fiji. It is hoped that this can be expanded in the near future.

182. In 1995 and 2009, the MoSW and the DPP created their respective Child Protection Units. The DPP's unit specialises in sexual offences and has specialised prosecutors who seek to promote quick disposal of the cases in the best interests of the victims.

183. The Fiji Women's Crisis Centre reports a concern that traditional apologies (bulubulu) are being used in inappropriate circumstances such as reparations for sexual offences. Traditional leaders have been urged not to use the custom of seeking forgiveness and reconciliation through traditional ceremonies for serious criminal offences such as rape and assault. As a result, police have instituted a 'no drop' policy which does not allow a complaint of abuse to be withdrawn.

184. *Awareness:* Over the past decade, the MoSW has become the lead agency in awareness raising activities at community levels. NGOs have undertaken awareness raising activities on prevention of child abuse in conjunction with the MoSW and a variety of other organisations.

185. The Fiji Women's Crisis Centre leads the campaign to Stop the Culture of Violence against *Women and Children* by working with men and the perpetrators of violence. A series of workshops and public events are held during the 16 Days of Activism supported by the MoSW. A Blue Ribbon Campaign was also run in 2010, an annual event lead by the Ministry of Social Welfare and supported by UNICEF Pacific to raise awareness on child abuse. The 2010 campaign was titled "Supporting parents to stop child abuse" and included television and radio campaign to create awareness of the option of positive rather than physical discipline. Children also participate in international days of celebration such as World Children's Day.

186. *Recovery:* Support for the recovery of survivors of child abuse and neglect is limited. The Fiji Women Crisis Centre together with the Police Sexual Offences Units in Suva and Nausori provides some support to children and their families. Counselling survivors of child abuse is provided only by the Fiji Women's Crisis Centre (located in 4 urban centres) and Pacific Counselling and Social Services. There is a lack of medical specialists who can be called on to respond to such sensitive matters such as abuse and subsequent mental health issues. For example, Fiji does not have a permanent psychiatrist.

187. Street children, particularly in urban areas of Fiji, are again an increasing issue. Issues such as parents splitting up, step-parents and violence in the home are common reasons for a child to live on the streets. Some children try to make a living shining shoes or as wheelbarrow boys in urban areas.

188. A foster care kinship program is currently being developed by MoSW to provide placements for children at risk.

VIII. Disability, basic health and welfare

A. Survival and development (art. 6, para. 2)

189. *Mortality*: There has been little change in the Infant Mortality Rate (IMR) and the under-five mortality rate (U5MR) for the past 10 years. The 2015 MDG 4 targets for Fiji are unrealistic as the set targets are expected to be similar to Australia's current IMR. A more realistic IMR target for Fiji for 2015 is 12 per 1,000 live births and for the U5MR to be 18 per 1,000 live births.

Table 10
From 2007 Fiji Census

Life Expectation at Birth	2001		2007	
	Male	Female	Male	Female
Fijians	53.75	67.8	65.05	69.8

VITAL STATISTICS		2006[e]	2007[e]
Crude birth rate per 1000 population			
All Components		22.1	23.1
Crude death rate per 1000 population			
All Components		7.4	7.6
Estimated annual rate of population growth [%]			
		0.58	0.47

Table 11
Births 1996-2009

Year	Total
1996	17527
1997	17187
1998	17,280
1999	16,415
2000	16,391
2001	16,331
2002	16,109
2003	17,004
2004	16,749
2005	16,803
2006	17,534
2007	18,268
2008	18,037
2009	17,366

Table 12
Deaths 1996-2009

<i>Year</i>	<i>Total</i>
1996	4,410
1997	5,329
1998	4,982
1999	5,402
2000	5,673
2001	5,525
2002	5,356
2003	5,841
2004	5,361
2005	5,721
2006	5,903
2007	6,043
2008	6,158
2009	

Source: Bureau of Statistics, 2010.

Table 13
Vital and Health statistics

Vital and Health Statistics	2008	2009
Total live birth	18,944	18,166
Crude birth rate [per 1000 pop.]	21.5	20.6
Crude death rate	7.4	7.5
Rate of natural increase	1.4	1.3
Infant mortality rate [per 1000 live births]	13.1	25.7
Perinatal mortality rate	15.4	16.3
Neonatal mortality rate	9.0	10.2
Post neonatal mortality rate	4.1	5.5
Under five mortality rate	23.6	33.3
Maternal mortality ratio	31.7	27.3
Gross fertility rate/1000 CBA	99.0	94.1
Family planning protection rate	44.7	28.9

Source: Ministry of Health - Annual Report

190. Common childhood illnesses like chickenpox, infective diarrhoea and pneumonia are major causes of morbidity and mortality. Skin infections like scabies and sores infected by the Group A Streptococcus are major threats in the subsequent development of acute glomerulonephritis, a cause of serious kidney complications in children.

191. Deaths relating to the prenatal period (period from 28 weeks gestation until 28 days after birth) contribute 56% of all under-five deaths in children in Fiji. The majority of neonatal deaths (infants 28 days old and below) were in those older than 34 weeks gestation, with over 40% of these infants being of normal birth weight. The most common reasons for death in this age group were perinatal asphyxia and meconium aspiration syndrome (MAS). Most deaths occurred in the three divisional hospitals of CWMH (Suva),

Lautoka and Labasa. Under-resourced obstetric services and the quality of antenatal care services were found to be significant contributing factors. Acceleration of MDG4 progress could be made if attention was given to factors surrounding the perinatal period.

192. A sizeable proportion (44%) of all under-five deaths occurs after the perinatal period. Hence it should be noted that to achieve MDG targets, continuum of care is paramount. A number of factors including delayed health seeking behaviour due to lack of recognition of the severity of illness, transportation issues and delayed referrals from sub divisional hospitals were the most frequent factors associated with childhood deaths.

193. *Breastfeeding*: Breastfeeding rates in Fiji are low at six months of age despite relatively high levels of early initiation of breastfeeding. This could be due to women having to go back to work or the easy availability of breast milk substitutes. In general, there are few community supports for sustaining breastfeeding practices.

194. The adoption of the International Code of Marketing of Breast Milk Substitutes into national legislation has progressed. The National Breastfeeding Committee is the watchdog for any breach of the code by infant formula companies.

195. The Baby-Friendly Hospital Initiative (BFHI) was launched in Fiji in 1992. A Baby Friendly Hospital seeks to ensure a high standard of care for pregnant women and new mothers and encourages breastfeeding and educates them on the benefits of sustaining breastfeeding at least to six months. By 2008, all hospital facilities around Fiji had achieved Baby Friendly status.

196. The Ministry of Health with the support of UNICEF has recently produced a Breastfeeding Resource Package to support national efforts to promote the BFHI. These guidelines highlight and share best practice standards that can be adopted by any maternity facility seeking to become Baby Friendly. These Guidelines are currently being trialled and modified. A National Breastfeeding Policy has also been adopted.

197. *Elimination of Vitamin A Deficiency*: In 2008, a micronutrient survey was conducted in Fiji at three selected centres – Nadi, Nasinu and Savusavu. The study found an overall prevalence of vitamin A deficiency to be at 8.6% of the sample surveyed. This was significant for Fijian children and those below 2 years of age. There was no significant difference between boys and girls.

198. In 2009, a national iron and multivitamin supplementation program was launched to improve the nutritional status of school children, children below 5 years of age and women of child bearing age. This has successfully completed the initial phases for school children and is now targeting maternal child health clinics.

199. *Safe water, food and sanitation*: As with poor sanitation, the lack of these basic necessities, coupled with poor hygienic practices, could lead to many common childhood illnesses like diarrhoea, skin infections, typhoid, and worm infestation. There are education campaigns by the Government targeted at teaching the public about how to avoid typhoid and how to wash ones hands to avoid sickness. Since 2006, however, major typhoid outbreaks have occurs in all provinces in Fiji's main island. Both infrastructure and human behaviour can contribute to such outbreaks.

200. Funding for projects relating to improving water and sanitation facilities in these deprived communities could be accessed through the Small Grants Assistance of the NCHP or through other Government ministries like Provincial Development.

201. The Food Unit was approved by Cabinet in 2008 and was tasked with being the custodian of Food Safety Act 2003 and Food Regulation. This legislation was designed to

ensure that people are protected from the harmful effects of unsafe and unhygienic food practices.

202. The urban population has water direct to their houses. Most villages have running water at a central point for community use. Some areas may have natural springs or rivers. The quality of the water is variable depending on the location. There is also general availability of bottled water.

B. Health and health services (art. 24)

203. *Infrastructure:* Fiji has a well developed health care system and infrastructure. Newborn and child health care have a well-defined clinical component and a public health or preventive component.

204. Only four hospitals in Fiji can perform routine Caesarean sections and have specialist paediatricians (CWMH, Lautoka, Labasa and Suva Private Hospital). To perform Caesarean sections and care for sick newborns in hospitals in Sigatoka, Rakiraki, Savusavu, Lakeba and Nausori would require the upgrading of those hospital facilities.

205. *Cost:* There are about 75 registered General Practitioners distributed mainly to the urban centres. The cost of attending a GP varies as do prescription medications. Private health care costs are prohibitive to the ordinary Fiji citizen. There are no standard guidelines or policy on fees charged by the private health sector hence there is a wide range of different rates between practices. Services, including pharmaceuticals, are available at public hospitals however waiting times can be extensive.

206. *Health service delivery:* Public health care delivery in Fiji is provided through various levels of medical or technical sophistication. This can include Village (or Community) Health Workers (VHWs), nursing stations, health centres, sub divisional or district hospitals, divisional hospitals (3), and specialist hospitals like Tamavua, PJ Twomey (both specialise in cases of tuberculosis and leprosy), and St Giles Hospital (Mental Health).

Table 14

Structural levels of health services

<i>Level</i>	<i>Number</i>
Divisional Hospitals	3
Specialist hospitals	3
Sub divisional hospitals	16
Area hospitals	3
Health centers	78
Nursing stations	103

Source: MOH Annual Reports 2009.

207. There is no strategy or budget specific for child health interventions or activities. The Ministry of Health's (MoH) child health services cover a wide range of child specific health issues including:

- Clinical (hospital based) services for neonatal and child health

- Integrated Management of Childhood Illnesses (IMCI)
- Maternal Child Health Care (MCH) checks including Expanded Program on Immunisation (EPI)
- Baby Friendly Hospital Initiative (BFHI)
- Child nutrition including Infant and Young Child feeding (IYCF);
- School health
- Rheumatic Heart Disease (RHD) control
- Adolescent Health Development (AHD)
- Prevention of Parent to Child transmission of HIV (PPTCT)

Integrated Management of Childhood Illness (IMCI) was not operational in many of the divisions and shortages of IMCI drugs were common.

208. With the support of WHO and UNICEF Pacific Fiji adopted the electronic version of Teaching Integrated Management of Childhood Illness in 2008. This shortens the duration of training but improves quality of access to electronic information and teaching modules.

209. *Health Reforms*: The move towards decentralisation of programmes and services under the recent health reform aims to build infrastructure, capacity and resources at subdivisional level to be able to deliver a wide spectrum of services as adequately as possible within the constraints of available resources.

210. However these resources have been stretched which often compromises the quality of health services provided. The health sector reforms including the 2009 mandatory retirement of officers reaching the age of 55 years had left a huge gap in senior and middle management¹⁰.

211. The public health sector is financed through general taxation. Government annual funding has seen a small increase from 8% to 10% of total Government budget, which is stagnant at 3% of GDP.

Table 15

Annual Health Budget allocation

<i>Year</i>	<i>Budget in Fiji Currency (in millions)</i>	<i>% of National Budget</i>
2000	108.35	10
2001	91.02	8
2002	109.89	9
2003	116.35	8
2004	134.61	10
2005	136.88	9
2006	136.88	9
2007	155.37	9
2008	139.55	9
2009	152.06	8

Source: MOH Annual Reports.

212. Out of the total annual health budget, about 65% is spent annually on curative health services.

213. *New Health Facilities:* New hospital health facilities have been established in Nadi (Western Division), Vunidawa (Central Division), Taveuni and Labasa (Northern Division). New nursing stations have also been established in Nasava (Ra province, Western Divisions) and Loma (Nadroga province, Western Division).

214. *Pharmaceutical Services:* The new Japanese International Cooperation Agency (JICA) funded Fiji Pharmaceutical and Biomedical Services (FPBS) complex opened in 2004 and provides a more efficient storage and delivery service for Fiji in terms of drugs, therapeutic items, consumables, vaccines, and reproductive health commodities. Since 2009, all procurement for medicines and consumables are being centralised to the FPBS. Other pharmaceutical services are provided by the many private chemists and pharmacists in the private sector.

215. *Oral Health:* The 2004 National Oral Health Survey was published in 2007 and depicts the Current Disease Burden. Dental cavities are quite prevalent amongst Fijians; about 88.3% of six year olds had dental cavities of which 85.2% were still active and not treated. In the permanent dentition of the older age groups, the percentage of those affected by caries rose from 52.3% among the 12 year olds to 67.5%, 98.1% and 99.5% among 15-19 year olds, 35-44 year olds and 55-64 year olds respectively.

216. The first ever-National Oral Health Policy 2006 was developed by the Ministry to address the increased demands for oral health care and unmet treatment needs. Concurrently in response to the 2004 Survey results, the National Oral Health Strategic Plan 2007-2011 was compiled to encompass the promotion of oral health, prevention of oral diseases and the effective provision of oral health services.

217. *Human Resources:* Fiji continues to lose health care workers through the migration of doctors, nurses, and allied health workers to neighbouring developed countries of New Zealand and Australia. This has resulted in the shortage of experienced nursing and medical staff.

218. In 2005, the new TISI Sangam Nursing School in Labasa started enrolling student nurses for a three-year programme resulting in their first graduation in 2009.

219. In 2009, the two tertiary training health institutions – the Fiji School of Nursing and the Fiji School of Medicine – became part of the Fiji National University.

Table 16

Health Professionals Workforce as of December 2008

	<i>Establishment</i>	<i>Filled</i>	<i>Vacant</i>
Medical	396	337	59
Dental	201	192	9
Nursing	1811	1784	27
Pharmacy	84	80	4
Laboratory	134	125	9
Radiology	65	59	6
Physiotherapy	35	31	4
Dietetics and nutrition	58	54	4
Health Environment	119	115	4
Total	2903	2777	126

Source: MOH Annual Reports 2008.

220. The health professional to population ratio is doctors 1: 2,896 and nurses 1: 532.

221. The private health sector also provides an efficient and complementary health service to the urban areas of Fiji, with many private medical clinics and diagnostic centres and the Suva Private Hospital.

Table 17

Public Hospital Utilisation 2001-2009

<i>Indicator</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Total Outpatients	1,992,810	757,498	795,421	879,746	962,928	916,798	850,988	952,197	844,842
Total Admissions	59,950	62,079	63,863	65,528	66,330	69,593	66,778	71,166	68,930
Occupancy Rate	56.3	43.7	43.7	56.1	49.84	62.93	61.9	69.65	61.37
Average Daily Bed state	981	777	842	861	881.18	1078.6	1070	1214.01	1218.78
Average Length of Stay	5.9	4.6	4.8	4.8	4.85	5.66	5.8	6.23	6.45

Source: MOH Annual Report 2009.

222. *Costs of health care:* Health services provided through the public health system are free with the exception of certain services such as oral health. Free service extends to consultation, investigations, surgical procedures and some medicines amongst others. However, there are also provisions for fee-paying services at public health facilities and this includes patients referred from the private health sector.

223. Long waiting times, growing workloads and specialist costs are some issues that are affecting Fiji's public health system. Some General Practitioner services are available in towns or major areas for a fee.

224. *Partner Support:* Fiji's public health sector receives technical and financial assistance from following agencies:

- United Nations agencies of UNDP, WHO, UNICEF, UNFPA, UNAIDS, UNIFEM
- AusAID through the Fiji Health Sector Improvement Program
- JICA
- New Zealand Aid Program (NZAID)
- Korean International Cooperation Agency (KOICA)
- USAID
- SPC
- Global Fund

225. *Prenatal and Post Natal Services:* Approximately 97-98% of all births occur in a health facility with a skilled health attendant (nurse, midwife, or medical officer), 2% occur in a nursing station, and 1% delivered by Traditional Birth Attendants (TBAs).

226. The training of midwives by the Fiji School of Nursing (FSN) is an ongoing process to place skilled health staff in all health facilities with delivery/birthing provisions. Additionally, with the support of UNFPA, WHO, and SPC – clinical and specialist training of medical officers and midwives are provided under “Safe Motherhood” and “Making Pregnancy Safer” programmes.

227. The role of Traditional Birth Attendants (TBAs) has been reviewed in terms of their role in a modern society with changing expectations and technology. This involves training in basic anatomy and physiology, reproductive physiology, the antenatal and postnatal periods, the birthing process, and issues like infection control, breastfeeding initiation, and immunisation.

Table 18
Maternal mortality ratios 2001-2009

	2001	2002	2003	2004	2005	2006	2007	2008	2009
Maternal Mortality Ratio	29.0 (40.6)	23.5	22.3 (33.5)	33.9	50.5	43.5	31.1	31.7	27.5

Source: MOH data through MOH Annual Health Reports.

228. A recent unpublished study on maternal deaths showed that most of these tragic events occurred in health facilities and not in the community. Reasons given for such an outcome include delayed diagnosis, delayed intervention of appropriate care, and delayed access to skilled health personnel or facility¹¹.

Table 19
Maternal morbidity in Relation to Pregnancy 1999 and 2009

<i>Pregnancy-related Conditions</i>	1999		2009	
	No.	%	No.	%
Unspecified Abortion	981	28.1	202	8.9
Early Labour	807	23.2	340	15.0
Hypertension	426	12.2	557	24.5
Complicated Pregnancy	668	19.2	548	24.2
Hyperemesis Gravidarum	171	4.9	20	0.9
Infective Parasitic Conditions	160	4.6	322	14.2
Ectopic Pregnancy	156	4.5	261	11.5
Ante Partum Haemorrhage	116	3.3	18	0.8

Source: Ministry of Health.

229. *Nutrition:* In the year 2001, 22.06% (255) of the total women (1,156) who attended antenatal clinics and were delivered in the Northern Division were found to be anaemic. The Western Division showed that in year 2001, 28.6% (1,210) of the total number of women who attended the antenatal clinics (4,231) had a haemoglobin (Hb) level of less than 10.9%. Of these, 13.6% (165) had an Hb of less than 8.9g%.

230. Iron deficiency anaemia continues to be a major public health problem amongst all age groups in Fiji.

231. Fiji is engaging in a multi-pronged strategy to address the problem. While efforts are continuing to change dietary habits of the affected population groups, iron and folate tablets supplementation is also routinely administered to pregnant women during prenatal visits.

¹¹ Katoanga, Dr. Emergency Obstetrics and Neonatal Care Review Report, 2009.

232. Growth monitoring is an activity carried out in the Maternal and Child Health Clinics and during school visits. This activity needs strengthening, as infants after one year of age tend to be 'lost' until they enter primary school. Advocacy is needed to emphasize the importance of growth monitoring in children between the ages of 1 and 5 years, as a preventative measure against subsequent malnutrition and to promote optimal feeding practices.

233. Childhood under-nutrition is a common problem in Fiji. Fiji national survey data suggest that 19% of all Fijian children under 5 are underweight. To address this problem the Ministry of Health with UNICEF support has conducted a qualitative study of infant feeding practices in two pilot sites in Fiji. Research included the types of nutrition communication intervention that may be appropriate to prevent child under-nutrition. The formative research will be used to develop community-based cultural appropriate health education interventions to improve infant and child nutrition nationally. Currently the information materials are being trialled.

234. The School Canteen Project is an initiative of the National Food and Nutrition Committee (NFNC) of the Ministry of Health, to improve the content of food sold in schools. Three schools are involved in a pilot project that involves the provision of nutritious foods and snacks and guidelines for caterers.

235. The main cause of low birth weight in Fiji is pre-maturity. The national average of low birth weight is 10% of all births. Preventive measures on low birth weight begin with the prevention of premature labour. The Ministry plans to strengthen antenatal screening. Reproductive tract infection is a major cause of premature labour. With screening and prophylaxis treatment in the last trimester of pregnancy it is expected that the prevalence of reproductive tract infection and pre-maturity could be required.

236. Additionally, a major significant and worrying finding is that there is a significant increase of overweight in children; 12.9% (4.5%-1993) in 0-4 years 15.3% (5.9%-1993) in 5-9 years. Differences of 1993 and 2004 findings are significant especially amongst Fijians in both age groups.

237. The 2004 NNS also showed the presence of micronutrient deficiencies amongst women for vitamin A (13%), zinc (39%), and iron (24%).

238. Fiji's Flour Fortification Project was launched in June 2004. Under this Project, all wheat and flour products in Fiji are being enriched with iron, zinc, thiamine, riboflavin, niacin, and folic acid.

239. Growth and development monitoring activities is being carried out in all maternal and child health clinics. However, this activity needs strengthening, as infants after one year of age tend to be "lost" for follow-up monitoring until primary school entry.

240. The 2005 School Nutrition Policy developed by the collaborative efforts of the Ministries of Education and Health would strengthen the School canteen Project in improving the quality of foods and meals being sold in all schools in Fiji.

241. *Access to Family Planning*: There has been an increase in the use of modern methods of contraception in Fiji, from 30.68% in 1993 to 40.48% in 2000. Fijians remain the highest users (48.11%) of contraceptives, compared to iTaukei (40.23%). The reported prevalence of contraceptive use in both groups increased substantially from 1993 to 1998; for Fijians from 39 to 46% and for iTaukei from 25 to 43%.

242. Female sterilization remains the most preferred method of contraceptive although there appeared to be a gradual drop in reported use of such method from 1993 to 1997, with a slight increase noted in 2000.

243. Condom use increased from 9.97% in 1993 to 14.63% in the year 2000. To improve contraceptive access in rural communities, the Ministry of Health established a new cadre of volunteer workers called Community Based Distributors of Family Planning who provide family planning supplies in isolated villages. Furthermore the Ministry in the year 2000-2001 provided mobile caravans, motorcycles and vehicles to the divisions for family planning, antenatal and child health services.

244. The table below summarizes the prevalence of contraceptive acceptance in Fiji for the past 4 years by contraceptive method.

245. Significantly, there was a marked 25% decline in the number of women in the childbearing age group in Fiji giving birth over the past 4 years.

246. *Communicable diseases and Immunisation:* Fiji continued to enjoy a high coverage on all the vaccines administered in the Expanded Programme of Immunization (EPI). Hib was introduced to control meningitis in children. In 2003 the Measles Rubella vaccine (MR) was introduced for children aged 12 months with a second dose given at school entry. In 2006, the new Pentavalent Vaccine which combines 5 different antigens was introduced in Fiji and given as an injection at the ages of 6, 10 and 14 weeks.

247. Surveillance for Acute Flaccid Paralysis (AFP) has been an ongoing activity of the Ministry of Health since 1997. Currently 21 hospitals have been identified as surveillance sites and submit monthly surveillance reports. No new polio cases have been identified so far. Fiji was declared polio free in the year 2001.

248. A National mass measles campaign was again conducted in 2001 in Fiji. The national coverage was 88%.

249. A total of 130 cases were officially confirmed and reported. The majority of cases occurred in children below one year of age. A few adult cases were reported from Nadroga and Nadi.

250. There were no deaths recorded even though 25% of cases, of mainly children, were hospitalised for complications of pneumonia.

251. In response to this measles outbreak, a Supplementary Immunization Activity (SIA) was undertaken within 4-6 weeks to immunize 91,600 children from 6 months up to 6 years of age. At the completion of the campaign, 89,750 children were immunized, giving a successful coverage of 98%. There was no outbreak in 2008 reflecting an improved infant mortality rate of 13.1.

Table 20

Immunization coverage rates 2001-2009

<i>Vaccine</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
BCG	96.6	96.2	91.6	93.2	-	-	89.9	-	-
HBV3	78.3	83.9	73.3	75.4	-	-	84.5	-	-
OPV4	92.2	90.9	52.4	79.3	-	-	84.5	-	-
DPT/Hib3	91.2	85.1	61.9	74.5	-	-	83.6	-	-
Measles	85.0	76.0	47.1	68.8	-	-	80.1	-	-
Pentavalent 3	-	-	64.7	-	-	-	83.4	-	-

Source: MOH data collated through Consolidated Monthly Returns (CMRs).

252. The new National EPI Strategic Plan 2007-11 was developed in 2007 to provide the necessary support and guidance in ensuring that the routine immunization program in Fiji has good effective coverage.

Table 21

Incidence reporting of vaccine preventable diseases 2001-2009

<i>Vaccine</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
DPT	0	0	11	59	-	-	0	0	-
Polio	0	0	0	0	-	-	0	0	-
TB	136 (156)	134 (150)	137 (185)	134	-	-	45	-	-
Measles	109	305	19	37	-	-	21	33	-
Rubella	6	65	2	2	-	-	0	0	-
Meningitis	109	96	47	63	-	-	120	141	-

Source: MOH Annual Reports.

253. Hepatitis B control is now being implemented as a new initiative for achievement by 2012. A major focus of this EPI activity is the effort to administer and record the first dose of hepatitis B within 24 hours of birth.

254. The ongoing Hospital Based Active Surveillance (HBAS) of these major VPDs like Polio, measles, tetanus, etc., will ensure that any new cases are fully investigated and promptly managed. At present, the 21 sentinel sites are actively reporting such surveillance to the National Coordinator based at the Family Health Unit.

255. A focus on primary health care for parents and communities is required to increase the impact of health promotion and prevention strategies and interventions on child survival. This would contribute towards achieving not only MDG 4 but others on MDG 1 (nutrition), MDG 5 (maternal health), MDG 6 (STIs), MDG 7 (environment) and MDG 8 (essential medicines).

256. *Sexually Transmitted Infections/HIV:* Youth are particularly vulnerable to sexually transmitted diseases. High rates of teenage pregnancies and STI are indicative of youth sexual behaviour. Programmes to address these health concerns by the Ministries of Education include sexual health education in schools, sexual and reproductive health including access to contraception and family planning. Preventative community health programmes address alcohol, tobacco and other substance abuse, youth suicide and STI.

257. The STI clinic in Suva provides confidential clinical services for the treatment of sexually transmitted infections.

258. Data from the Ministry of Health of the numbers of young people (aged 19 and under) infected with either syphilis or gonorrhoea is given below. There is some indication that STI infection may be decreasing. Condom supply and use is increasing. Condom use as a means of contraception is used by 7-10% of the population. The main idea of an STI campaign is to target Fijian men (who are known to have the highest rates of STI and lowest condom use) in order to increase condom use.

259. The prevalence of sexually transmitted diseases are as follows:

Table 22
Number of confirmed cases of syphilis and gonorrhoea 1997-2009
(General population)

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>
1997	30	221
1998	52	280
1999	29	303
2000	27	177
2001	317	1,147
2002	592	1,262
2003	728	1,150
2004	853	1,157
2005	870	889
2006	658	858
2007	1142	1382
2008	1004	1064
2009	870	889

Table 23
Prevalence rates for gonorrhoea amongst young people

<i>Age group</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
10-14 yrs	3	1	5	5	2
15-19 yrs	225	165	126	200	110
Total	228	166	131	205	112

Table 24
Prevalence rates for syphilis amongst young people

<i>Age group</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
10-14 yrs	0	1	1	3	1
15-19 yrs	91	75	43	87	63
Total	91	76	44	90	64

Table 25
Attendance for 10-19 year olds at Suva Hub Centre 2005

<i>Clinic visit</i>	<i>Total</i>	<i>%</i>
First Visit	106	38.4
Second visit	170	61.6
Total	276	100

Source: Suva Hub Centre Annual Report 2005.

260. The table below shows the trend of newly diagnosed HIV cases.

Table 26
HIV rates for the period 2002-2009

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Newly diagnosed HIV cases	17	26	31	29	29	36	23	31	43	
Males	9	15	18	13	16	18	11	16	19	
Females	8	1	1	1	1	18	12	15	24	
0-9 yrs	0	1	3	3	2	1	0	2	5	
10-19yrs	1	1	0	0	1	3	1	0	1	
Cumulative National Total	85	111	142	171	200	236	259	290	333	354

Source: MOH Annual Report Statistics.

261. All antiretroviral drugs are provided free of charge by the Government of Fiji. Three maternity wards at three divisional hospitals look after HIV positive women with the aim to prevent mother to child transmission.

262. The Fiji response is documented in the multisectoral Fiji National HIV/AIDS Strategic Plan 2007-11 that was developed after numerous consultations with all stakeholders. The priority areas reflected in this strategic plan are:

- Priority Area 1: Prevention of HIV/AIDS & STI with identified vulnerable groups
- Priority Area 2: HIV/AIDS Clinical management, Drugs & Consumables Procurement, Laboratory Testing
- Priority Area 3: Continuum of Care for People Living with HIV/AIDS
- Priority Area 4: Surveillance, Monitoring and Evaluation
- Priority Area 5: Coordination and Governance

263. The Ministry of Health has adopted an interim working HIV Policy. Legislation addresses the criminal offence of wilful transmission which is covered under section 383 of the Crimes Decree of 2009.

264. *Consultation:* The First Pacific Regional Youth Congress on HIV/AIDS was convened in September 2002 in Fiji and brought together delegates from around the Pacific to address the particular needs of young people and to share innovative approaches in tackling the problem in the region.

265. The National Advisory Committee on AIDS (NACA) coordinates HIV programmes and activities in Fiji. The Minister for Health chairs this multi-sectoral forum, which comprises representatives from all major stakeholders in the campaign against HIV/AIDS. Events include a national campaign during World Aids day.

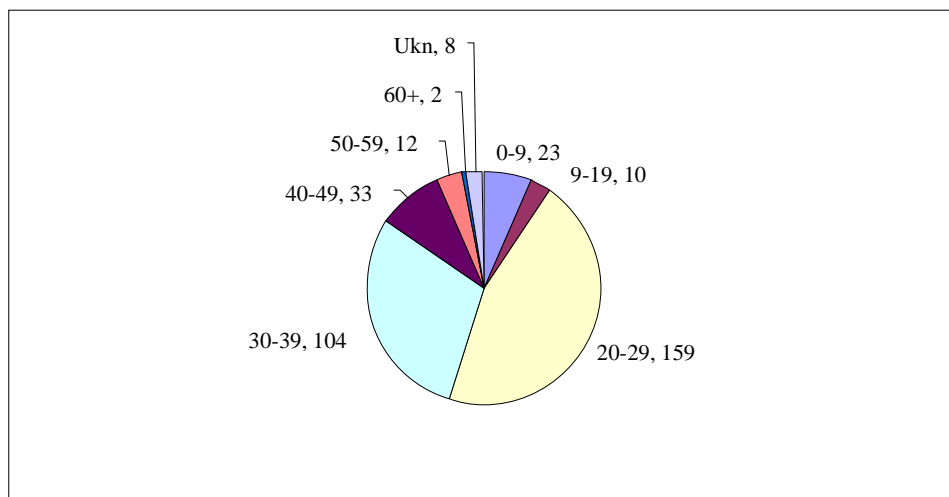
266. *Policy and effect:* Legislation and policy on Human Rights relating to all aspects of HIV is being addressed somewhat at a slow pace. This includes making HIV infection a notifiable disease in the revised Public Health Act as of public health importance. Other areas include HIV Policy for the Workplace to address discrimination against People living with HIV/Aids (PLWHA), special areas like the Military, Police, Prisons, and Tertiary Institutions. Section 6 of the Employment Regulation Promulgation also includes non-discrimination on state of health including real or perceived HIV status.

267. Since 2006, Fiji is able to conduct confirmatory tests for HIV status instead of having to send specimens across to Australia for confirmatory tests.

268. Since 2004, Fiji has been able to offer anti-retroviral treatment (ART) to PLWHA using accepted international criteria, guidelines and standards. Prevention of Mother to Child Transmission (PMTCT) of HIV is also being addressed through HIV Testing in antenatal clinics (ANC) with voluntary counselling and testing, and early treatment of pregnant mothers who are positive for HIV.

Figure 1

Proportion of HIV cases in Fiji by age group as of December 2009



Source: MOH NACA Reports 2009.

269. All blood and blood products that are donated and transfused in all Government health facilities are collected and thoroughly tested and strict quality control procedures put in place to ensure that blood and blood products given to patients are safe from the HIV virus and other infectious blood-borne diseases.

270. *People with disabilities:* According to the 1996 Census, 12,000 of the population are persons with disabilities. One of the first tasks of the Fiji National Council for Disabled Persons (FNCDP) formed under the *Fiji National Council Disabled Act 1994* was to conduct a national census on the size and characteristics of the disabled population in Fiji, including the number, location, and specific needs of children with disabilities. A budget for this survey has not been secured yet but consultations are underway with the Bureau of Statistics to include relevant disability questions in the 2007 National Census Survey Questionnaire. The FNCDP baseline disability report (2008-2009) showed that 1,511 of the 11,402 persons with disabilities that were captured in the survey (13.3%) were children.

271. The FNCDP is the umbrella organisation for all rehabilitation centres and disability-related organisations in Fiji and a member of NCCC. In November 2008, the FNCDP published the National Disability Policy that provides a framework for addressing disability and developing a more 'inclusive' Fiji. The Department of Social Welfare also has a role in demonstrating the commitment of all Government agencies and seeking the cooperation of the community to ensure the recognition and promotion of the National Policy Implementation Plan 2008-2018.

272. There is an early intervention support services titled Project Heaven. To date, under Project Heaven a total of 300,000 children have been screened for hearing and vision problems in the primary and secondary schools in Fiji, Rotuma, Rabi and Kioa. The project has found that 10% of children screened have visual or hearing concerns.

273. *Mental health:* Currently, Fiji has only one hospital that focuses on mental health concerns, St Giles in Suva. There is a lack of statistics on both youth mental health issues and mental health issues in general. Further training is required for medical professionals, particularly general practitioners, to recognise and treat mental illness.

274. In recognition of mental health as an important issue to be addressed, Cabinet approved the *Mental Health Decree 2010* in September 2010. This decree aims to promote issues relating to mental health giving regard to the principles approved by the WHO. It also prohibits discrimination on the basis of mental illness and establishes the Mental Health Review Board which represents the interests of mental health service users and their families.

275. Youth Champs for Mental Health is a network of youth who advocate in the area of mental health awareness issues. All members are either working in or are attached to different NGOs or Government departments. They endeavour to create awareness and end the stigma on Mental Health consumers and issues. YC4MH was formed out of a National Youth Forum on the formulation of a National Suicide Prevention policy in February 2008.

C. Reproductive health rights of adolescents and measures to promote a healthy lifestyle

276. *Reproductive health information:* Adolescent reproductive health (ARH) is a key component of the national Reproductive Health Programme, which is part of the public health Programme under the Fiji Ministry of Health.

277. The Adolescent Reproductive Health (ARH) component of the family Health Unit of the MOH is very active in areas of promoting health of children in schools. The ARH focuses on promoting health awareness through the media, faith-based organisations, in-school and out-of-school programmes. This is implemented in primary schools through the school health team visits with peer educators. Ongoing activities of ARH include in-service training of peer educators, counselling services, Life Skills, and training of teachers as school counsellors.

278. The adolescent health clinic was opened in 2002 and conducts leadership courses with schools and religious groups. A number of agencies have trained peer educators (Fiji Red Cross, Ministry of Youth, Reproductive and Family Health Association of Fiji and the Fiji Aids Task Force) to be used to guide youth in similar health clinics or talks.

279. A recent initiative between the Ministry of Health and Education involves the training of teachers in teaching adolescent health issues in the classroom. At present adolescent health topic are introduced as part of the Health Science curriculum in all primary schools.

280. The Family Life Education Programme is an optional curricular for Forms 3-6. This is a non-examinable course and schools are free to choose whether or not to teach it. Two thirds of the secondary schools in Fiji opt to teach this programme and the Ministry of Health will be working with the teachers to upgrade their knowledge and skills in teaching.

281. *Pregnancy*: The rate of teenage pregnancies is still an area of concern despite efforts being done to address this issue. The table below shows the prevalence of teenage pregnancy for past years. The rate of teenage pregnancy was 8.1 in 2006, 8.5 in 2007 and 6.6 in 2008: most of these were unplanned.

Table 27

Teenage pregnancy by age group 1996-2009

<i>Year</i>	<i>10-14</i>	<i>15-19</i>	<i>Total</i>
1996	20	2,401	2,421
1997	15	2,228	2,243
1998	16	2,046	2,062
1999	14	2,426	2,440
2000	8	1,932	1,940
2001	10	2,115	2,125
2004	36	1,147	1,183
2005	18	1,447	1,465
2006	13	1,504	1,517
2007	9	1,302	1,311

Source: Hospital Discharge Data and Adolescent Reproductive Health, MOH, 2007.

D. Measures to prohibit and eliminate all forms of harmful traditional practices, including, but not limited to, female genital mutilation and early and forced marriages

282. Fiji does not have harmful cultural practices that affect children.

283. The minimum age for marriage was increased from 16 years to 18 years for girls equalising it with boys by the Marriage Act (Amendment) Decree 2009.

284. Fijians sometimes follow the traditional practice of arranged marriages although this is becoming less common.

E. Measures to protect children from substance abuse

285. Fiji has a Substance Abuse Advisory Council (SAAC) under the Ministry of Education. Its role is to create a health-conscious society where individuals make wise choices about their health and well-being and where the use and abuse of drugs, alcohol, tobacco and other addictive substances pose no threat to the happiness, progress and prosperity of the people of Fiji. Over the last decade the key drugs of concern in Fiji have been repeatedly identified as cannabis, alcohol, yaqona (kava) and tobacco¹². Fiji's Illicit Drugs Control Act 2004 is an adaptation of the Regional Model Law on the Control of Illicit Drugs.

¹² Dr. Noere (2007), Substance abuse in primary health care. *Fiji General Practitioner*, 15(2): 8–10.

286. The Ministry of Education also has a policy on ‘Drugs and Substance Abuse in Schools’ which emphasises the prohibition of the possession, consumption, promotion, distribution or sale of all drugs including alcohol, tobacco and marijuana on school premises.

287. Section 91 (b) of the Employment Relations Promulgation prohibits the “use, procuring or offering of a child for illicit activities for the production and trafficking of drugs as defined in the relevant International Treaties”.

288. The Illicit Drugs Control Act in section 5 also provides that it is an offence for a person to supply posses and produce illicit drugs. The penalties are severe and can be up to a fine of \$1,000,000 and/or life imprisonment.

F. Measures to ensure the protection of children with incarcerated parents and children living in prison with mothers

289. Fiji’s only women’s prison is in Suva and allows mothers to keep their young children with them when incarcerated. This encourages continuity of breastfeeding and mother/child bonding. If children have no other family and are unable to live with their mother in prison the children will become the responsibility of the MoSW who will place them in care for as long as required.

1. Social security and child care services and facilities

290. *Financial hardship – care and protection:* There is increasing concern in the rise of single parent households headed primarily by women. One-fifth of all poor households are headed by a single person. Children in poor households may be denied many of the things they need for optimal development such as school costs, medical care, and a reasonable place to live. Many health problems are caused by poor sanitation and water supply.

291. Ten percent of all births are to single women. The relationship between single motherhood and financial hardship is evident. There have been reports of abandoned babies and infanticide. There is not a formal safety net to care for children when families cannot manage. Only 19% of maintenance orders are paid in full. Most receive between \$10-15 per week to support a child, which is inadequate to meet the child’s needs when the other parent has no work. As a result, many children are denied an education and a reasonable standard of living.

292. The MoSW Family Assistance Scheme provides monthly cash assistance for marginalized groups living in poverty such as deserted wives, the elderly, the disabled or chronically ill and dependents of prisoners. The Family Assistance scheme has been detailed above.

293. The Family Assistance and Poverty Alleviation Programs will continue to receive priority and through World Bank and AUSAID assistance, the Ministry is working on strengthening the delivery of its social protection programs. UNDP’s Financial Inclusion Programme is also providing technical assistance to assist the Ministry towards a progressive payment which entails an electronic payment system for the Family Assistance recipients. The objective is to assess the situations of cases accordingly and to ascertain the more deserving cases from those that will require to be weaned off the program. The FA Review exercise also served to address internal requirements to smoothly facilitate outputs projected for 2010-2014.

Table 28
Care and protection allowance paid 1995-2005

<i>Year</i>	<i>Amount paid to Families</i>	<i>Amount paid to Residential Homes</i>	<i>Amount (FJD \$)</i>
1995	72,568	22,545	95,113
1996	88,970	22,890	111,860
1997	85,840	23,758	109,598
1998	79,562	19,931	99,493
1999	64,245	38,045.36	102,290.36
2000	8,503	47,750	56,253
2003	105,057	81,250	186,307
2004	96,530	73,382	169,912
2005	54,030	66,460	120,490

Source: Department of Social Welfare.

294. The Department provides a financial contribution to children in residential care at the current rate F\$60.00 per month per child.

295. *Child care services and facilities:* The Ministry of Education has established a Mobile Playgroup Project. The project consists of a fully equipped vehicle. This was established in 2002 and visits economically disadvantaged families in squatter settlements and low cost housing communities in Suva and Labasa providing basic early childhood education services. It currently serves seven communities in Suva and one in Labasa (although initially there were five centres in Labasa, four communities have taken ownership of their centres and are recognized by the Ministry of Education as kindergartens) that have a high population density and no access to early childhood education.

296. The Programme also provides materials to kindergartens serving in disadvantaged communities. Staff trained in early childhood care and education work facilitate children's learning and development through songs, stories and play activities.

297. Some urban primary schools are now demanding a certain level of pre-school experience as a condition of entry. Demand for early childhood education is rising. In 2004 enrolments of children in pre-schools registered by the Ministry of Education totalled 8628. The total enrolment for 2005 was 10,260. Currently there are 513 pre-schools operating nationwide and supervised by the Senior Education Officer, Kindergarten in the Ministry of Education.

298. Limited access to early childhood education contributes to the poor quality of schooling of many children from low income families. Early childhood education facilities are available in urban centres and some settlements but few exist in the rural area, low cost housing and squatter settlements.

2. Standard of living

299. It is not uncommon for Fijians to live in a small and simple house with their extended family. Local houses, particularly in rural areas, are often simply decorated and made of basic materials such as corrugated metal and ply wood. Priority has been given to supplying villages and settlements with clean water as part of Fiji's residential development.

300. Many cane farmers lost their land during this period due to non-renewal of land leases. In 2007 (as in 1996) female unemployment is still about two times higher than male unemployment¹³. The 2007 unemployment rates are below.

Table 29
Unemployment rate by gender

Geogr. Sector	"Pure Unempl. Rate (%) acc. to ICLS definition			Unempl. Rate(%) acc. to ILO "availability" criterion		
	Persons	Males	Females	Persons	Males	Females
All	8.6	6.4	12.9	11.9	8.5	18.3
	9.8	7.9	13.1	13.6	10.6	18.5
	7.0	4.6	13.1	9.5	5.7	18.6
Rural	6.6	4.7	10.6	10.0	6.9	16.4
	6.9	5.2	9.9	N.A.	N.A.	N.A.
	6.2	4.0	13.1	N.A.	N.A.	N.A.
Urban	10.5	8.1	14.8	13.8	10.2	20.0
	13.8	11.8	16.7	N.A.	N.A.	N.A.
	7.6	5.0	13.1	N.A.	N.A.	N.A.

301. The overall unemployment rate has increased during the 1996-2009 period from 3.7 to 8.7%.

302. As a result of these economic and political circumstances the number of families forced to live in squatter settlements is rising. Ministry of Housing data indicate that as of December 2001 there were 56,400 individuals living in squatter settlements around the country. This represents 121 settlements and 11,280 families. By April 2002 this figure was up to 60,000 individuals. The majority of settlements are in the Western Division with Fijians making up the largest number of squatter population. Contributing factors include breakdown of the traditional family support structure, downturn of the economy and the expiry of land leases and uncertainty over renewal of leases. Over 80% of land in Fiji is Native Title, owned by iTaukei and leased to Fijians for housing and farming.

303. The Poverty Monitoring Unit continued its role through implementation of the Integrated National Poverty Eradication Program (INPEP). Various consultations had been conducted with the public sector, private sector, civil societies, non government organizations, provincial and district officers on how best Government can coordinate to reduce poverty to a negligible level by 2015. This initiative strengthened the coordination of the Integrated Framework for Rural Development between the Poverty Monitoring Unit and the Ministry of Provincial Development.

304. Habitat for Humanity, established in Fiji in 1991, provides low cost housing for families in both urban and rural locations. Assessment is based on three criteria: those in greatest needs, ability to repay material costs and willingness to provide labour. They have provided decent accommodation at an affordable price of as low as F\$5,500 for families in desperate need of homes.

¹³ Statistical news, 2007 Census of population and housing. 27 February 2009.

IX. Education, leisure and cultural activities

A. The right to education, including vocational training and guidance (art. 28)

305. *Education:* The Minister of Education directs schools to educate and train school-aged children (from 5 to 13 years for primary school and from 12 to 19 years for secondary school) to enable them to attain a basic education while preparing them for a responsible life in a free society. A child must turn 6 years old before June 30th in the year he or she begins school.

306. Education is compulsory up to Form 4 (approximately 15 years old) level of education. The current policy includes the provision of tuition fee assistance for all children in primary through to Form 4. Compulsory education is now up to Form 6 and tuition fee assistance is also provided. Form 7 tuition is provided. Other support provided includes transport assistance to students whose parents earn less than \$15,000, free text books to all primary schools and food vouchers to serving students especially in rural areas. Tuition grant is provided to all students passing the Fiji Schools Leaving Certificate Examination and enrolled in Form 7.

307. Although the Ministry of Education offers tuition fee assistance, in reality the cost of schooling can be a barrier to education for many children. With the permission of the Ministry of Education schools may charge other fees which can include levies for the construction, maintenance of school buildings, admission and administrative charges, salaries for support staff and for some extracurricular expenses, such as sport equipment, library books and excursions. This can led to a number of difficulties for children and families including some students dropping out of school or being sent home. Additional costs to parents for items such as uniforms, books and stationery supplies can vary between \$200-\$250 FJD per year for a primary school pupil and \$350-\$500 FJD per year for a secondary school student. Parents are also responsible for the cost of transporting children to and from school, although the Government provides free transport to children whose families earn less than \$15,000 and small grants to isolated rural communities to help transport children and teachers. Costs are mainly higher in urban than in rural schools. At present there is no system in place to monitor or set guidelines for these levies, however there is work progressing in the development of a framework aimed at standardising fees in schools.

308. There is anecdotal evidence that there is a relationship between poverty and school dropout. Poverty is the principle reason children leave school, either being unable to meet the financial costs of schooling or dropping out to support their families through menial employment. Children who leave school early may have opportunities for a reasonable livelihood if they reside in rural areas and have access to land. A growing proportion does not. Curtailed education particularly in the urban centres is known to contribute to unemployment, poverty and crime.

Table 30

Primary schools enrolment – 2008 & 2009 (Ministry of Education, 2011)

<i>Year</i>	<i>Class1</i>	<i>Class2</i>	<i>Class3</i>	<i>Class4</i>	<i>Class5</i>	<i>Class6</i>	<i>Class7</i>	<i>Class8</i>	<i>Total</i>
2008	17,562	17,123	16,697	16,988	17,270	16,903	14,968	15,211	132,722
2009	17,297	16,855	16,962	16,409	16,851	16,632	14,190	14,288	129,484

Table 31
Secondary schools enrolment – 2008 & 2009 (Ministry of Education, 2011)

<i>Year</i>	<i>Form 1</i>	<i>Form 2</i>	<i>Form 3</i>	<i>Form 4</i>	<i>Form 5</i>	<i>Form 6</i>	<i>Form 7</i>	<i>Total</i>
2008	2,389	2,572	16,293	15,463	14,085	14,089	4,888	69,779
2009	2170	2268	16,495	14,720	14646	13,923	4862	69,084

Table 32
Children aged 6-14 not attending schools in 1996 and 2009

<i>Age</i>	<i>Children not in school</i>			
	<i>Years</i>		<i>% of Age Group</i>	
	<i>1996</i>	<i>2009*</i>	<i>1996</i>	<i>2009*</i>
6	223	171	1.3	1.1
7	237	131	1.5	0.8
8	247	155	1.5	1.0
9	310	119	1.7	0.8
10	358	186	1.9	1.2
11	488	160	2.6	1.0
12	827	1015	4.3	6.3
13	1340	1207	7.3	7.4
14	2378	1408	12.9	8.5

Source: Ministry of Education 2011.

309. The cost of education is the main barrier to children remaining in school. Other factors that keep children away from school include school admission practices, violence against children, religious beliefs and the inability of schools to meet the special education needs of some children. Approximately 1%-2% of children fail to enrol at Class One level and there is an increasing rate of children failing to re-enrol as the years proceed, particularly in the final two years. One of the other initiatives to reduce cost to parents is the provision of free text books to schools.

310. Primary school education is physically accessible to almost all children and there is a high rate of primary school enrolment and attendance¹⁴. Eighty percent of Primary schools are classified as rural and 38% classified as Very Remote. Most of these are wholly Fijian schools with small enrolment numbers. One-third of all primary schools have rolls of less than 100 pupils. The majority of these remote schools accept boarders. Schools with registered boarders receive Government grants. Further difficulties for rural schools include lack of communications, water and electricity.

311. The proportion of the National budget directed towards education from 2007-2009 has declined from 20% in 2007 to 16% in 2009. The 2009 Government budget for education was \$F278, 408, 800 and this was a reduction of about 6% compared to the allocation in 2008. About 40% of the Education Budget is allocated to Primary School Education.

¹⁴ National Education Report 2009.

312. Teacher to pupil ratio has improved slightly over the last decade, declining from 1:30 in 1994 to 1:26 in 2004 for primary education, and declining from 1:20 in 1994 to 1:17 in 2004 for secondary education. However, in both primary and secondary education, teacher to pupil ratio is higher for urban schools than rural schools.

313. With donor assistance the Ministry of Education is committed to improving the quality of education provided by primary and secondary schools by improving the quality of teaching, through raising entry qualifications into teachers' colleges, providing in-service courses in school management for head teachers, in service training and improving teaching and learning resources in schools.

314. *Special education*: The Education Act provides for special schools for children with disabilities. Fiji now has 17 Special Education Schools throughout the major cities and towns catering for more than 1200 students with physical, hearing, visual and intellectual impairment. An Inclusive Education Policy approved by the Minister for Education in 2010 is now being implemented in Fiji in association with the Fiji National Council for Disabled Persons Act 1994. The Policy will inform issues such as equity and quality of access.

315. Further support has also been pledged to the Special Education Section of the Ministry, early intervention and vocational training for young people with special needs.

316. Mainstream schools do not usually accept children with any form of physical disability because school buildings and facilities do not provide for such children, however there has been an increase in the number of students with visual and hearing impairments transitioned into mainstream schools. Most schools are not accessible to wheelchairs. However, the Public Health (National Building Code) Regulations require new buildings to accommodate the access needs of persons with disabilities.

317. Teachers at the 17 special education schools in Fiji have undergone special skills training to more effectively teach children with learning and intellectual problems. The pre-service teacher training programme, both for primary and secondary school teachers, incorporates programmes targeting students with special needs. In mainstream school there are support teachers from students with special needs particularly hearing impairment.

318. *Early Childhood Education*: There are more than 500 ECE centres operating in Fiji. There have been new developments in this area to improve quality of teaching and learning. The development of a new Curriculum guideline, the first to be developed in Fiji and aligned to the new National Curriculum Framework. The upgrading of the certificate level pre-service teacher training programme to advanced certificate was another milestone in Early childhood Education. Support provided to enhance education delivery also includes an increase in salary grant to pay qualified teachers teaching in the ECE centres across Fiji. Grants for infrastructure upgrading and equipment for the ECE centres has been provided to some of the deserving centres. The support provided is aimed at improving not only access but the quality of access for children in the ECE school age groups.

319. *Technical and Vocational Education and Training (TVET)*: Technical and Vocational courses are available for secondary school students and school leavers. Secondary schools have the option of including a technical or vocational stream in their curricula, and such courses are offered at 168 secondary schools, 60 of which are in rural areas.

320. Vocational Courses are of two years duration after completion of Form 4 and it includes carpentry and joinery, automotive engineering, catering, and tailoring Agriculture, Office Technology, Computer Studies, Fabrication & Welding, Marine Study, and Wood Craft. Start Your Own Small Business was developed in 2010 and teachers were trained and the implementation will be carried out in 2011.

321. Religious organisations and other NGOs such as Montfort Boys Town also offer vocational courses. Recognition and accreditation of courses are currently being carried out. There are 40 such programmes operating outside of the secondary school system that cater for youth who do not attain mainstream academic standards. They include religious vocational training, carpentry, farming, fishing, home economics, crafts, art, journalism, boat and house building, engineering, mechanical repairs and pre-school teacher training. However, there are insufficient programmes to meet the demand and costs can be high if they are not financially supported by the Government.

322. *Higher education:* Fifty percent of Government scholarships are awarded to iTaukei and fifty percent to students of other races. Other scholarships are provided to iTaukei students through the iTaukei Affairs Board or multi-ethnic scholarships for other races from Provincial Development. Scholarships are supposed to be awarded equally to males and to females however in practice this depends on the level of academic achievement, suitable students or the types of courses available. Students awarded scholarships are bonded to work in Fiji on completion of their studies. Community groups, foreign aid donors and corporate bodies also provide scholarships.

323. A new Student Loan Scheme for disadvantaged students who qualify to tertiary studies was established in the year 2000.

324. *Employment:* It is estimated that 17,000 people seek employment each year (15,000 of whom are school leavers). Of these 8880 are expected to get formal employment, leaving 8,200 job seekers who are obliged to enter the informal sector and cash crop/ subsistence agriculture.

325. It is now estimated that only 1 in every 2 school leavers is able to secure a permanent position in this sector. For both young men and women aged 15-24, the rates of unemployment rise as levels of education increases, with the higher rates for those with post-secondary studies. Thus the problem of unemployment is not only youth unemployment but of educated youth unemployment.

326. The Ministry of Youth developed a Youth Employment Policy Framework for Affirmative Action with the assistance of International Labour Organization. This framework was developed in collaboration with a variety of stakeholders from Government, non-Government organisations, the private sector and the National Youth Congress.

B. Aims of education (art. 29) with reference to quality education

327. The National Education system of Fiji aims to provide a holistic, inclusive, responsive and empowering education system that enables all children to realise their full potential, appreciate fully their inheritance, take pride in their national and cultural identity and contribute fully to sustainable national development.

328. The Ministry's guiding principles for education of Fiji's youth is that education should holistically develop and instil in every child the fundamental ethical, moral, social, spiritual and democratic values. Furthermore the objectives of education should emphasise the need for children to:

- Develop a sense of pride in their identity as citizens of Fiji through creative expressions in their learning experiences;
- Be motivated and trained to be lifelong learners;

- Be nurtured in order to live and fully participate in the global village; and
- Be better prepared for the world of work where rapid change is inevitable.

329. The Ministry of Education revised its National Curriculum Framework (NCF) in December 2006 and now has a confirmed syllabus until 2016. Major components on the implementation of the new NCF includes the development of syllabus for primary and secondary schools and the development of the resource materials such as teachers guides, pupils books and text books. Work in these areas is ongoing.

330. With new NCF, a new assessment framework is being developed not only to accommodate the abolishment of external examination but a more relevant and responsive assessment approach to support teachers in the timely detection of the learning needs of students and putting into place intervention programmes to address these needs.

331. Another programme implemented to address the quality of education in primary and secondary schools is the establishment of Distance Learning Centres. Currently there are 19 schools offering distance learning and the Ministry of Education has plans to expand to provide this opportunity to more deserving schools.

332. Another new initiative is the establishment of a student support services and support in this area will be decentralised to respond to the needs at the school level. Support in this area will include Career advisory and counselling services.

333. Additionally, the establishment of the Teachers Registration Board enables the Ministry of Education to carry out a screening process of teachers before they assume teaching responsibilities in schools.

C. Cultural rights of children belonging to indigenous and minority groups

334. All children, including those of minority communities, are encouraged to participate in cultural activities and artistic activities both at home and at school, to practice their own religion, and to learn their own language. Language and cultural education varies according to the student population and according to the policy formulated by each school. Where schools are exclusively attended by iTaukei or Fijian students, all core subjects in Classes One and Two are conducted in the vernacular language of the student with English being taught as a separate subject. From Class Three, all instruction is in English. In schools with a combination of races, all subjects are taught in English from Class One.

335. The Education Commission has recommended the strengthening of vernacular languages. The Ministry of Education is currently implementing a conversation language policy in Hindi and Fijian in all schools.

D. Education on human rights and civil education

336. The In-Schools Civic Education Programme is designed to facilitate the inclusion of human rights and civic education topics in both the primary and secondary school curriculum and support the teaching of these topics widely and thoroughly through incorporation into assessed subjects. The project supports the development of relevant civic education curricula, the production of related materials, the trailing of materials, the training of teachers on the teaching of these topics, and the introduction of the curricula into the formal school system. This programme is funded by the United Nations.

337. The UNDP National Initiative on Civil Education (NICE) Project is one component of the overall Fiji Good Governance Programmes on community civic education supported

by the United Nations. The NICE Project is aligned with the United Nations Development Assistance Framework (UNDAF) for the Pacific Sub-Region under the Principles of Good Governance and Human Rights. NICE is also closely linked with the Pacific Plan objective dealing with improved transparency, accountability and equity. The Project commenced in 2006 and is coming to its end on 31st March 2011.

E. Rest, leisure, recreation and cultural and artistic activities (art. 31)

338. Every child in Fiji has the right to leisure time and to participate in cultural activities, games and sports in their free time and as part of their school programme.

339. Physical education and sports are compulsory in the primary and secondary school curricula. All schools belong to national school organisations for specific sports such as athletics, martial arts, swimming, cricket, rugby league, rugby union, netball, hockey and volleyball. These sports organisations conduct inter-school sport competitions based on age-groupings. Some secondary school students are selected for national representation in international competitions. It is usual to see young people throwing around a rugby ball or kicking a soccer ball about in the afternoon. This kind of activity is important for fitness and social bonding.

340. Another important area of formal curricular in schools, which has been neglected in the past, is the area of Physical Education, Music and the Arts and Craft (PEMAC), which is compulsory from Class 1 to Form 4. Physical Education is also compulsory for Forms 5 and 6. Education officers from the Curriculum Development Unit monitor compliance of schools in these areas.

341. Specific recommendations from the Education Commission Panel on Physical Education, Music and the Arts and Craft included strategies for teaching the arts, focusing on the girl child and professionalising teachers. The development of this program is ongoing.

342. Unfortunately however some families can find it necessary to enter their children into some form of work such as gathering cans, selling fruit or begging instead of allowing them to have free time.

X. Special protection measures

A. Children outside their country of origin, asylum-seeking children, internally displaced children, migrant children

343. Fiji has not experienced a circumstance in which children from outside Fiji reach Fiji and claim asylum.

344. Children from outer islands can come to live with extended families in order to attend school. However, there have been reports of some of these children being made to work as, for example, wheel barrow boys and shoe shine boys, rather than go to school.

B. Children in armed conflicts, including physical and psychological recovery and social integration (arts. 38, 39)

345. There is no incidence of children in armed conflict in Fiji. Furthermore, legislation prohibits the admission of a child below 18 years into the military or discipline force such as police and prison wardens.

C. Children in situations of exploitation, including physical and psychological recovery and social reintegration

Economic exploitation and child labour

346. The Employment Relations Promulgation came into effect in April 2008 and it brought Fiji's labour laws more into line with ILO Conventions No. 138 and 182, which deal with minimum age of employment (15 years) and worst forms of labour. Fiji's labour laws seek to protect children by prohibiting the engagement of a child in any employment that could be harmful.

347. A 2011 ILO report on "Child Labour in Fiji"¹⁵ found that out of 214 children surveyed 170 were participating in child labour. While most of those found to be in hazardous work were between 15 and 17 years old, some children below the age of 12 were also found to be engaged in the worst forms of child labour – sexual exploitation and begging.

348. *Use of children in the illicit production and trafficking of drugs:* There is little to no information about the participation of children in production, trafficking and sales of drugs but for a single case of drug peddling of an underage person recorded by the Police in 2009¹⁶.

349. Tobacco and yaqona are the main drugs used by young people and selling of single cigarettes and selling cigarettes to under 18s has been outlawed. Marijuana use and glue sniffing is of increasing concern. Ecstasy, speed and cocaine are escalating problems. The Fiji Police now have a dedicated drug unit in cooperation with National Substance Abuse Advisory Council (NSAAC) under the Ministry of Education.

350. *Sexual exploitation and abuse:* The first Pacific Regional Conference on Preventing the Commercial Sexual Exploitation of Pacific Children was held in Suva in June 1998.

351. A situation analysis report in 2006 by Save the Children focused on Commercial Sexual Exploitation and Sexual Abuse of Children in Fiji and subsequently recommended intervention to curb this increasing and alarming problem.

352. The ILO recently released a report on Child Labour in Fiji¹⁷ identifying prostitution, pornography and sex trafficking as areas of concern. Factors contributing to the problem include urban migration, poverty, homelessness and living away from parents. The Government has reacted quickly and the Department of Immigration launched a "National

¹⁵ Child Labour in Fiji -A survey of working children in commercial sexual exploitation, on the streets, in rural agricultural communities, in informal and squatter settlements and in schools. International Labour Office, Suva: ILO, 2010.

¹⁶ This case was unreported due to the age of the child.

¹⁷ Child Labour in Fiji -A survey of working children in commercial sexual exploitation, on the streets, in rural agricultural communities, in informal and squatter settlements and in schools. International Labour Office, Suva: ILO, 2010.

Plan of Action to Eradicate Trafficking in Persons and Child Trafficking in Fiji” in February 2011.

353. Despite this response, information and basic data on child abuse, neglect, and abandonment remains a challenge. Some of the data is collated by the Police, Fiji Women’s Crisis Centre and the Fiji Women’s Rights Movement. Efforts are being made to establish a system of standardised reporting to allow for better coordinated data collection. Child abuse may be reported to Police, Hospitals, the Department of Social Welfare or the Women’s Crisis Centre. The Child Welfare Decree requires mandatory reporting by professionals, including lawyers, medical officers and police, of any suspected cases of child abuse.

354. Although there is no hard data on the number of child prostitutes, the problem clearly exists. The main causes of children entering prostitution are abuse suffered by the child within the family and economic factors.

Table 33

Child abuse: Age distribution by physical abuse

<i>Year</i>	<i>Age 0-13 years</i>	<i>14-16 Years</i>	<i>Total</i>
1995	61	139	200
1996	52	114	166
1997	56	123	179
1998	82	152	234
1999	102	155	257
Total	353	683	1,036

Source: Police Department.

Table 34

Child physical abuse age distribution 2005 - 2009

<i>Year</i>	<i>Age</i>	<i>Murder</i>	<i>A/Murder</i>	<i>Man-slaughter</i>	<i>AWITCGH</i>	<i>AOABH</i>	<i>Common Assault</i>	<i>Others Against Person</i>	<i>Total</i>
2005	Below 13 Yrs	0		0	2	32	11	0	45
	14-16 Yrs	0		0	2	25	14	2	43
	Total	0	0	0	4	57	25	2	88
2006	Below 13 Yrs	2	1	0	8	46	22	3	82
	14-16 Yrs	2	0	0	11	70	13	1	97
	Total	4	1	0	19	116	35	4	179
2007	Below 13 Yrs	0	0	0	20	68	26	1	115
	14-16 Yrs	0	0	0	10	110	17	2	139
	Total	0	0	0	30	178	43	3	254
2008	Below 13 Yrs	0	0	0	12	67	22	0	101
	14-16 Yrs	1	0	1	14	76	14	0	106
	Total	1	0	1	26	143	36	0	207
2009	Below 13 Yrs	3	0	0	14	53	13	5	88
	14-16 Yrs	1	0	0	12	73	15	5	106
	Total	4	0	0	26	126	28	10	194

Table 35
Child abuse: Age distribution by sexual abuse

Year	Age		Total
	0-13 years	14-16 years	
1995	33	69	102
1996	37	37	124
1997	29	121	150
1998	26	133	159
1999	44	113	157
Total	169	503	692

Source: Sexual Offences Unit: Police Department.

Table 36
Defilement of girls (under 16 years) from 2002-2009

Year	Age		Total
	0-13 years	14-16 years	
2002	6	27	33
2003	0	19	19
2004	1	7	8
2005	7	12	14
2006	6	14	20
2007	1	57	58
2008	4	96	100
2009	7	188	195
Total	15	79	94

Source: Police Department, Crime Statistics.

Table 37
Child sexual abuse age distribution, 2005-2009 (Victims)

Year/Age	Attempted Rape	Attempted Rape	DOGU 13Yrs	DOGB 13-16Yrs	Unnatural Offence	Indecent Exposure	Incest	Annoying a Female	Indecent Assault	Total
2005										
Below 13 Yrs	8	9	5	9	2	6	0		35	74
14-16 Yrs	13	8	10	31	1	0	0		25	88
Total	21	17	15	40	3	6	0		60	162
2006										
Below 13 Yrs	20	9	6	23	9	6	0		36	109
14-16 Yrs	26	7	7	34	3	2	1		40	120
Total	46	16	13	57	12	8	1		76	229

shoeshine license money and there have been unofficial reports that people implementing such programs exploit their authority to the detriment of the children.

E. Children in conflict with the law, victims and witnesses

363. *The Administration of Juvenile Justice (art. 40)*: Under the *Crimes Decree* a child cannot be charged with a criminal offence if he/she is under 10 or he/she is under 14 and did not know the act was wrong. Children up to the ages of 18 years will invariably get a non-custodial sentence for all but serious offences. Subject to judicial discretion, s.31 of the *Juvenile Act* provides that a juvenile may be imprisoned if found guilty of murder, attempted murder or manslaughter or of wounding with intent, only if the court is of the view that none of the other methods of dealing with him or her is suitable. Section 30 of the *Juvenile Act* provides that a custodial sentence should not be imposed on children and s.32 gives options for alternatives to custodial sentences.

364. A variety of measures have been adopted by the police to directly address the problems of crimes committed against and by children. With the support of UNICEF Pacific and the Australian Government, the Fiji Police Force (FPF) has re-established the Juvenile Justice Bureau. The Bureau is primarily set up within the FPF to ensure that the FPF adopts a uniform approach in handling juvenile offenders.

365. Officers use their discretion to work with children in conflict with the law with the aim of encouraging rehabilitation and reform. The officers in charge of various police stations throughout the country have the liberty to caution children in conflict with the law without resorting to judicial proceedings. This disciplinary power is invested on them under the Police Force Standing Orders.

366. The Juvenile Bureau is currently developing Standard Operating Procedures to guide the treatment of children in contact with the law.

367. MoSW, with the assistance of the AusAID/Fiji Law and Justice Sector Program, continues to run a community corrections based program where the young offenders are given non-custodial sentences and rehabilitated in collaboration with Community, Church leaders and Advisory Councillors. A similar scheme continues through the Yellow Ribbon program which seeks to reintegrate offenders back into their communities.

F. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial settings (art. 37 (b)-(d))

368. The detention or arrest of a child is of last resort. Where a child is detained they are to be kept apart from adults as far as practicable. Alternatively, a child may be informally cautioned, formally cautioned or formally cautioned and sent to counselling.

369. The Juvenile Act has provision for the MoSW to approve safe places for juveniles in conflict with the law or victims of abuse.

Table 38

Juveniles in detention centre (1995-2000)

<i>Year</i>	<i>Total</i>	<i>Region</i>	
		Rural	Urban
1995	33	13	20
1996	32	12	20

Year	Region		
	Total	Rural	Urban
1997	19	8	11
1998	24	13	11
1999	39	20	19
2000	24	19	5
Total	171	85	86

370. When a child reaches the age of 18 they can no longer reside in a youth detention facility as in *Neori Tamanivalu v State Crim.* Appeal No. AAU0035 of 2003S.

371. Legal counselling is provided to juveniles through arrangement by their welfare officers. Legal Aid Commission has made juvenile cases a priority and as such there is always a legal officer present during Juvenile Court sittings. They have also allocated one legal officer to visit juveniles in detention as part of their prison visit obligations.

372. With the technical assistance of AusAID under the Fiji Law and Justice Sector Program the MoSW, together with partner agencies and child residents have developed “Minimum Standards of Care for Children in Residential Placement” with subsequent certification for compliance.

G. The sentencing of children, in particular prohibition of capital punishment and life imprisonment (art. 37 (a))

373. The court is guided by the *Penalties and Sentencing Decree* 2009 when sentencing children. This decree ensures that imprisonment is of last resort.

374. Pursuant to s32 of the Juvenile Act, courts may choose to dispose of cases with options including fines, costs, good behaviour conditions, bail, and probation or detention orders. A Court may also enter a finding of guilty without entering a conviction, order a fine without entering conviction or seek assistance from traditional or community leaders to ensure juveniles are dealt with and supported by their community. There is no provision for Capital Punishment and Corporal Punishment in Fiji.

375. The Community Work Act Scheme has been in place since 1994. A child may be ordered to do community work where they are unable to pay a fine. Sixteen organisations have consented to provide community work placements for juvenile offenders sentenced with minor misdemeanours as a non-custodial alternative to sentencing. The MoSW manages this programme¹⁸.

H. Physical and psychological recovery and social integration of the child (art. 39)

376. There is limited support for children who have psychological problems as a result of abuse, trauma or their own destructive behaviour. Fiji has one mental health facility that may provide counselling. Beyond this, there are no identified services that encourage and

¹⁸ Sova re HRC.

support social reintegration. As a result, people may instead turn to people without medical qualification, such as church or community leaders, for support.

377. The Juvenile Justice system allows offenders to continue education, re-establish relationships with family and community and otherwise rehabilitate themselves for a new future.

I. Training activities developed for all professionals involved with the system of juvenile justice

378. UNICEF Pacific supports the Fijian Government to provide training to the judiciary, social welfare officers, the Department of Public Prosecutions and legal officers on the issues relating to juvenile justice. Training on the application of new decrees is also available and includes information sessions on the Child Welfare Decree for medical practitioners, social welfare officers, police officers and legal practitioners.

379. The joint UNICEF Pacific and Fiji Government Child Protection Multi-Year Workplan (2011-2012), funded by AusAID, has been adopted by lead agency MoSW, as well as Fiji Police, Ministry of Health, Ministry of Immigration, Ministry of Finance, Ministry of Education and Ministry of iTaukei (Fijian Affairs). Programme Component Result one requires parties to work towards increasingly protecting children through improvements to legislation and to the justice system.

380. Fiji Police note the level of child protection understanding as a particular issue that needs improvement within the Fiji Police Force. While an hour of basic training on victim sensitivity is offered for new recruits there is no specialist training available on managing child victims or witnesses. Further efforts are to be made to develop a new training curriculum on child protection and victim support.

J. Children belonging to a minority or indigenous group (art. 30)

381. Fiji's indigenous group represents the dominant population of Fiji and the Government has mechanisms in place through the Ministry of iTaukei to ensure younger generations learn their culture, tradition and values.

382. The education system provides lessons from the first year of school in Fiji's official language, English. Kids Link Fiji has identified the loss of cultural values as an issue particularly for ethnic minorities.

383. The vast majority of submissions to the Education Commission Panel advocated the compulsory learning of both Fijian and Hindi at all levels of school to facilitate tolerance and understanding of each other's culture and language.

384. Children with disabilities do not have access to custom built or specialised facilities beyond those provided at school and vocational programmes for persons with disabilities in Suva, Labasa and Lautoka. Teachers at these special schools often do not have specialist qualifications in special needs education. As a result, volunteers from Australia, New Zealand, Japan and the United States are invited to assist at these schools. Specialists such as speech therapists, occupational therapists and physiotherapists spend up to a year at the schools to assist the children and the teachers. Participants in the vocational programme make and sell things such as handicrafts, book binding and furniture which the organisation then sells with half of the profits going to the organisation and the other half to the participant.

385. There is one early intervention centre for young children based in Suva.

Annexes

Annex I

Recommendations of the Committee on the Rights of the Child and status of their implementation in Fiji

<i>Concerns</i>	<i>Recommendations</i>	<i>Response</i>
1. Need to harmonise legislation with the principles and provisions of the Convention, particularly the Children and Young Person's Act	<p>Accelerate legislation related to children's rights and ensure conformity with principles of the Convention on the Rights of the Child (CRC)</p> <p>CRC be taken into account in the Constitutional Amendment Bill</p> <p>Consider ratifying all other major international human rights treaties which all have an impact on the rights of the child</p>	<p>The Children and Young Person's Act was never enacted</p> <p>Since the last report the Family Law Act 2003 has been established</p> <p>The current Government has also enacted the Child Welfare Decree 2010; Domestic Violence Decree 2009; Crimes Decree 2009, Criminal Procedure Decree 2009, Sentencing and Penalties Decree 2009 that reinforce the rights of the child</p> <p>The Fiji Constitution has been abrogated as of April 2009</p> <p>Fiji has signed the Optional Protocols of the CRC (2005)</p>
2. Need for a systematic, comprehensive and disaggregated quantitative and qualitative data collection mechanism for issues covered by the Convention	<p>Strengthen efforts to work with the Coordinating Committee on Children</p> <p>Create a system for collecting disaggregated data</p>	<p>The National Coordinating Committee for Children was established in 1993 and is currently chaired by the Ministry of Social Welfare, Women & Poverty Alleviation. The NCCC is looking to assess its effectiveness by working with UNICEF's new NCCC toolkit</p> <p>A system for collecting data has not yet been created</p>
3. Concerned about the lack of an independent complaint and monitoring mechanism for children	Establish Ombudsman for Children or equivalent independent mechanism	Fiji works with a Human Rights Commission and that can represent the interests of children when required
4. Insufficient human and financial resources are allocated for the full implementation of the Convention	Ensure appropriate distribution of resources, budget allocation should ensure rights to the maximum extent of available resources	<p>Fiji is working within economic restraints.</p> <p>Fiji is committed to resourcing the Government Department's focus on children, including staff and training opportunities and has recently established a Child Protection Unit within the DPP in 2009.</p>
5. Lack of adequate and systematic training for professional groups working with and for children		Fiji does not have the same level of expertise that other countries may enjoy. As a result, Fiji relies on partnerships and support for training from international bodies to increase staff capacity.

<i>Concerns</i>	<i>Recommendations</i>	<i>Response</i>
		<p>Staff are encouraged to obtain further qualifications and attend training workshops as available – often conducted by United Nations agencies or other NGOs such as Save the Children</p> <p>Volunteers including speech pathologists and occupational therapists are in Fiji from countries including Australia and the European Union</p> <p>Additional assistance with capacity building and funding would be welcome</p>
<p>6. Not taking into account articles 2, 3, 6, 12 in legislation, administration, policies, programmes</p>	<p>Efforts to ensure non-discrimination, best interests of the child, survival and development and child’s opinion are considered in policy discussions and decision making as well as judicial and administrative procedures.</p> <p>Encourage systematic approach to increasing public awareness of right to participation of children</p>	<p>Role of Ministry of Youth</p> <p>National Youth Advisory Board and Council</p> <p>State of Pacific Youth Report 2005</p> <p>UN International Year of the Youth activities</p> <p>Kids Link Fiji associated with Save the Children, media creation supported by both STC and UNICEF, participation in national and international forums</p> <p>Kids Link – ‘Right to Education’ campaign</p> <p>Public Awareness of CRC techniques by govt</p> <p>Judicial process requires children’s opinions to be taken into account in 21(3), (4),(5),(7) Juvenile Act Cap 56</p> <p>(Note – this info should all be in the report)</p>
<p>7. Concern that minimum age for marriage is set at 16 for girls and 18 for boys</p>	<p>State party should harmonise the marriage age with CRC provisions</p>	<p>The Marriage Act (Amendment) Decree has altered the age of marriage for all to 18</p>
<p>8. Insufficient measures for achieving rights of vulnerable groups and also the term ‘illegitimate children’</p>	<p>More active approach to eliminate discrimination against, for example, the girl child, children with disabilities, children in care, children in rural areas, etc.</p>	<p>The term illegitimate has been changed. The Family Law Act 2003 no longer distinguishes one child from another.</p>
<p>9. Lack of conformity of birth registration system with article 7</p>	<p>Take appropriate measures to improve birth registration system</p> <p>Launch awareness raising campaigns regarding parents duty to register newborns</p>	<p>Citizenship of Fiji Decree – all persons who are born in Fiji or are assumed to be born in Fiji are citizens</p>

<i>Concerns</i>	<i>Recommendations</i>	<i>Response</i>
10. Need for explicit provisions in school regulations for banning of corporal punishment	Corporal punishment to be prohibited by law	Education policies including Child Protection Policy
	Raise awareness on negative effects of corporal punishment	Note consultations on Child Protection Policy
	Ensure discipline is administered in manner consistent with child's dignity	A high Court judgement first outlawed corporal punishment Plans are underway to increase awareness of alternate forms of corporal punishment for parents and teachers, including the Social Welfare 'Blue Ribbon' project 2010.
11. Insufficient awareness of and information on ill-treatment and abuse of children, also lack of resources and adequately trained personnel	Take all appropriate measures, including revising legislation, to prevent and combat ill treatment within the family	New decrees including Child Welfare Decree, Draft National Child Protection Policy, etc. Sentencing and Penalties decree
	Law enforcement to be strengthened with respect to such crimes including adequate procedures and mechanisms for dealing with complaints, special rules of evidence, special investigators	Crimes Decree (trafficking)
	Further measures, including legal reform, should be taken to fully implement article 34 re sexual exploitation	
12. Current adoption legislation does not reflect CRC principles	Encourage reform of legislation re adoption	Adoption Act Cap 58 places best interests of the child first. Selection process of applicants requires trained staff to focus on the laws that guide and govern Best Interests of the Children for selection of applicants as prospective parents. Duty bearers both court officials and DSW need capacity to apply the laws accurately in the best interests of the children.
	Consider acceding to the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption	
13. Concerned with prevalence of malnutrition and high rates of maternal mortality as well as limited health services on remote islands		
14. Concerned about adolescent health including early pregnancies and youth suicide	Promote adolescent health policies	Save the Children runs a mobile pre-school
	Suggests a comprehensive, multidisciplinary study to understand the scope of adolescent health problems, especially early pregnancies	No rehabilitation facilities but for juvenile detention facilities called the Boys Centre, Mahaffy Girls Home or adult mental health facility
	Recommends further efforts to develop child friendly care and rehabilitation facilities	

<i>Concerns</i>	<i>Recommendations</i>	<i>Response</i>
15. Insufficient measures to ensure effective access for children with disabilities to health, education and social services as well as lack of trained professionals	<p>Develop early identification programmes to prevent disabilities, identify alternatives to institutionalisation</p> <p>Envisage awareness raising campaign to reduce discrimination</p> <p>Establish special education and mainstream inclusion programmes</p> <p>Seek technical cooperation for training of staff</p>	<p>UNICEF did internal overview study of children with Disabilities in the Pacific.</p> <p>Fiji has community based rehabilitation for people with Disabilities run by Ministry of Health; Project Heaven since 1999</p> <p>Limited special schools, no integration policy</p> <p>Capacity building training on-going as part of DSW staff programs. Specialist training of staff would be welcomed, currently some training though counterparts from aid programs</p>
16. Concerned about compulsory primary education not fully in place, high dropout rates, unequal access to quality education and absence of pre-school system	<p>Take all appropriate measures to accelerate the full implementation of compulsory education system</p> <p>Improve access for most vulnerable</p>	<p>There is still some restriction on compulsory education due to cost of books, travel and uniform, etc.</p> <p>However, schools cannot send a child home due to non-payment of fees and can only have one fund raising event per year</p> <p>School leavers number about 17,000 p.a and out of whom only 2,500 find work. Contributes to high dropout rate from high school.</p>
17. Concerned about low minimum age for access to work (12 years) and lack of data on child labour and commercial exploitation of children	<p>Encourages Fiji to refer to international instruments that refer to minimum age for work</p> <p>Efforts should be undertaken to prevent and combat economic exploitation or work harmful to the child's health, education, etc.</p> <p>Particular attention to children working for their families</p>	<p>Consult ILO</p> <p>Increased to 15 years</p> <p>Working with families from 12-15yrs</p>
18. Insufficient measures to address drug and alcohol abuse	<p>Strengthen efforts to combat drug and substance abuse including public campaigns</p> <p>Support rehabilitation programs and consider seeking technical assistance</p>	<p>Campaign from Education – National Substance Abuse Advisory Council includes campaigning in schools. Increasing number of young persons in mental hospital due to marijuana abuse. Resource and capacity constraints for correct diagnosis and response treatment to young person's patients. Children more at risk.</p> <p>Police Juvenile Bureau do activities for awareness raising in schools on Juvenile Justice. Need for capacity building to right message as incorrect messages can aggravate rather than mitigate harm for children.</p> <p>No minor specific access to rehabilitation</p>

<i>Concerns</i>	<i>Recommendations</i>	<i>Response</i>
19. Insufficient rehabilitation measures for ill-treated or exploited children	Undertake efforts to establish a rehabilitation centre for victims of ill-treatment, sexual abuse or economic exploitation	Seven Residential Homes with Minimum Standards Compliance
20. Concerned about Juvenile Justice System's compatibility with international guidelines and	Fully integrate provisions re torture and deprivation of liberty (37), administration of juvenile justice (40), and rehabilitative care (39).	Fiji's laws were complemented by abrogated 1997 Constitution provision S42(3) which obligated courts to apply international conventions for the protection of rights. Juvenile Act Cap 56 protects child offenders in that detention is allowable only where the child is of unruly character. Common practice is Police diversion and court diversion S32 Juvenile Act Cap 56 though no firm data to verify numbers.
(a) Lack of legal counselling for children in care	Review provisions governing	
(b) Detention not used as a last resort	(a) Legal counselling for child in care in conflict with law	
(c) Poor state of detention centres	(b) Detention to be used only as a last resort	
(d) Low minimum age for criminal responsibility	(c) Condition of detention centres	
(e) Children between 17 and 18 not considered juvenile	Strongly recommend	
	(a) Raising minimum age for criminal responsibility	
	(b) Raise age to 18 years for children being considered in the juvenile justice system	
	Consider seeking international assistance in areas of juvenile justice	
	Initial report and replies be made widely available to the public to generate debate and awareness of the Convention	Responsibility of NCCC and Social Welfare

Annex II

[English only]

Current member agencies of the National Coordinating Committee on Children

Chairperson

Permanent Secretary Ministry for Social Welfare, Women & Poverty Alleviation

Subcommittees

Education

- Ministry of Education (CDU/Special Education Unit) – Chair
- Save the Children Fiji
- Fiji Early Childhood Association
- Hilton Special School
- Ministry of Youth
- National Planning Unit
- Fiji Muslim League
- Kids Link
- FCOSS
- Ministry of Fijian Affairs
- Virtues Project Fiji
- Vision Fiji
- Fiji Media Watch
- Family Life Counseling

Health

- Ministry of Health – Chair
- National Food and Nutrition Center
- Project HEAVEN
- Family and Reproductive Health Association
- Children's Hospital representative
- National Planning Office
- Ministry of Fijian Affairs
- Fiji National Council for Disabled Persons
- FCOSS

Family/Welfare

- Department of Social Welfare (Child & Family Services Division) – Chair
- Ministry of Youth
- National Council for Women
- Ministry of Women
- UNICEF
- Fiji Association of Social Workers
- Kids Link
- Family Life Counselling
- FCOSS
- Ministry of Fijian Affairs

- Fiji Muslim League

Legal

- Fiji Law Society – Chair
- Law Reform Commission
- Ministry of Justice
- Fiji Human Rights Commission
- Fiji Police Force
- Ministry of Home Affairs
- Ministry of Foreign Affairs
- Fiji Association of Social Workers
- Legal Aid
- Ministry of Labour, Industrial Relations and Productivity
- Ministry of Women, Social Welfare and Housing
- UNICEF
- Ministry of Fijian Affairs
- FCOSS

Media

- Save the Children Fiji – Chair
- Department of Information
- Fiji Women’s Crisis Center
- Vision Fiji
- Department of Social Welfare
- Child Protection Program
- Prime Minister’s Office
- Ministry of Information
- Bureau of Statistics
- OHCHR
- Kids Link
- FCOSS
- Fiji Media Watch

Interagency Committee on Child Abuse, Neglect and Abandonment

- Child Protection Program - Chair
- DPP’s Office
- Department of Social Welfare
- Ministry of Health
- Fiji Police Force
- Fiji Women’s Crisis Center
- National Planning
- Fiji National Council for Disabled Persons
- Save the Children Fiji
- UNICEF
- FCOSS

Child Labour TACKLE Subcommittee

- Ministry of Labour and Industrial Relations – Chair
- International Labour Organization (ILO)