



Situation Analysis of Children in Nauru



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Executive Summary

Introduction

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

Nauru is the smallest republic in the world, composed of only one island, with an area of 21 km². Nauru had a population of 10,084 as per 2011 census, with around 38 per cent of the population below the age of 15 years and 19 per cent between the ages of 15 and 24 years. Nauru's economy is heavily dependent on phosphate mining, which has stripped about four-fifths of the land area. The population suffers from the air pollution caused by intense phosphate mining. Nauru hosts the Australian-run Regional Processing Centre, where, as of August 2016, 422 asylum-seekers and refugees (including 49 children) are held in 'detention-like conditions'.¹

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

Key barriers and bottlenecks

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

Climate change and disaster risks: Rising sea levels and droughts threaten Nauru's potable water supplies and food security. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realization of children and women's rights. Phosphate dust pollution, caused by extensive phosphate mining, together with changing wind patterns and rising temperatures, poses significant health risks to children and women in Nauru.

Financial and human resources: Despite Nauru's status as an upper-middle-income country, it continues to rely heavily on external development aid and volatile revenue from phosphate mining. The country is plagued by high youth unemployment rates, and a significant proportion of the population continues to live below the basic needs poverty line. A lack of available resources across nearly all government departments translates into a lack of financial resources for the delivery of services and systems for children, but is also linked to a lack of human resources (training and expertise) in several sectors. Nauru's health sector, for example, is heavily reliant on expatriate professionals on short-term contracts, leading to significant fluctuations in the quality and coverage of services provided.

The **geography** of Nauru, in particular remoteness and transportation constraints, creates significant

¹ Human Rights Council, Report of the Special Rapporteur on the human rights of migrants on his mission to Australia and the regional processing centres in Nauru, 24 April 2017, para. 72.



barriers to the realization of children and women's rights. With only one aircraft serving the country, the provision of key services, such as access to specialized medical care abroad, is severely restricted.

Immigration detention: Children and women living in Nauru's detention facility were found to be at a high risk of experiencing violence (including physical and sexual violence) and suffering from mental health problems.

Cultural norms and approaches: Cultural norms, attitudes and traditions were found frequently to act as barriers (but, in some cases, also as enablers) to the realization of children and women's rights in several sectors in Nauru. Traditional and customary justice processes are frequently resorted to in Nauru, which can be particularly problematic in relation to sexual offences against children and domestic violence. Traditional gender roles support and facilitate violence against women and girls, and marginalized groups.

Data availability: There are useful data sources in some sectors in Nauru, such as the 2007 Demographic and Health Survey, the 2011 Global School-Based Health Survey and the 2014 Family Health and Support Study. However, this report also identified several data gaps, and the absence of these data is, in itself, a key finding. Existing survey data are rarely broken down by gender, location or household wealth, sometimes as a result of the small size of survey samples. There is limited evidence on the quality of health services and equipment at Nauru's two health facilities. There is also limited to no information on WASH in schools, menstrual hygiene management and access to WASH for vulnerable groups. There is a lack of data around children with disabilities, other vulnerable groups and out-of-school-youth. Further, there is lack of data on specific types of child rights violations, such as child labour and sexual exploitation. Owing to access restrictions, there is limited information on the situation of children and women in Nauru's immigration detention centre.

Snapshot of outcome areas

<p>Health</p>	<p>Nauru's child mortality rates have been declining over the past decades. However, the country still has one of the highest child mortality rates in the PICTs region, and it has not been able to meet international child mortality reduction targets. Immunization coverage for vaccine-preventable diseases is near universal, with some gaps in relation to follow-up vaccines. Nauru has an estimated 71 TB cases per 100,000 population, which places it at the lower end of the regional TB prevalence range. The maternal mortality ratio stands at zero; however, estimates are unstable given the small number of vital events in Nauru. Antenatal coverage for at least one visit stands at a near-universal 95 per cent. All pregnant women in Nauru give birth in the presence of a skilled health professional and in a health facility. At 36 per cent, contraceptive prevalence in Nauru is in the middle range of the PICTs region. Unmet need for family planning appears to be particularly high among younger women. Sexually transmitted infections are a significant health problem: among the 84 per cent of Nauru's total population tested for chlamydia, around 21 per cent tested positive. 30 per cent of school children aged 13–15 report having attempted suicide, suggesting adolescent mental health is a significant concern in Nauru.</p>
<p>Nutrition</p>	<p>In Nauru, 24 per cent of children under five years are stunted – one of the highest stunting rates in the region. Childhood wasting is less prevalent, at 1 per cent, compared with a regional average of 5 per cent. Anaemia represents a severe public health issue, affecting 51 per cent of under-five year olds and 44 per cent of pregnant women. 27 per cent of Nauru's children have low birthweight – the highest prevalence rate in the whole Pacific region. Nauru is one of the most obese nations in the world: 44 per cent of school children aged 13–15 are overweight and 17 per cent are obese. 67 per cent of children receive exclusive breastfeeding for the first six months after birth, which is already above the 50 per cent World Health Organization target for 2025.</p>
<p>WASH</p>	<p>Improved water coverage in Nauru stands at a near-universal 97 per cent, which is above the regional average. However, access to improved sanitation facilities is much more restricted, at only 66 per cent. Open defecation is still practised by an estimated 3 per cent of the population. Nauru is extremely reliant on consistent rainfall for its water supply. Droughts and rainfall shortages during climatic extremes such as El Niño periods exacerbate Nauru's already very limited freshwater supply. Nauruan schools are frequently forced to close because they have no water for drinking and toilet flushing.</p>

<p>Education</p>	<p>Up-to-date statistical information on the education sector is limited for Nauru. Persistence of a long-standing truancy problem and accessibility of education for refugee and asylum-seeking children, as well as for disabled children remain areas of concern for Nauru's education sector. The net enrolment ratio (NER) for early childhood education (ECE) was 78.1 per cent as of 2015, with a notable proportion of children falling outside the official ECE age group. The primary education NER stood at 76 per cent, with trends pointing downwards. The NER for lower secondary school stood at 55.4 per cent, and that for upper secondary school at 35.3 per cent. This is particularly concerning since secondary education up until the age of 18 is compulsory in Nauru.</p>
<p>Child protection</p>	<p>Despite a relatively robust legal framework that seeks to protect children from violence, available data indicate that children in Nauru experience violence in several contexts, including within the home, in schools and in the community. Women and girls who live in the Australian-run migrant detention facility are particularly vulnerable to physical and sexual violence, with multiple reports of sexual assault or harassment, including groping, touching, explicit threats, demands for sex and attempted rape. Child labour and exploitation are not major concerns in Nauru.</p>
<p>Social protection</p>	<p>Incidence of food poverty in Nauru is zero. However, 24 per cent of the population was found to be living below the basic needs poverty line in 2013. Households with children and young people are particularly at risk of poverty. A recent assessment of Nauru's social protection system ranks it second lowest within the PICTs group in terms of the system's comprehensiveness and impact. Social assistance payments are relatively low, and insufficient to lift beneficiaries out of poverty. The contributory pension scheme is limited to formal sector workers, and excludes the majority of workers in the informal economy – therefore does not target the poorest members of society.</p>

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
AU\$	Australian Dollar
BNPL	Basic Needs Poverty Line
CEDAW	Convention on the Elimination of Violence Against Women
CERD	Committee on the Elimination of Racial Discrimination
CESCR	Committee on Economic, Social and Cultural Rights
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DFAT	Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
DoE	Department of Education
DVU	Domestic Violence Unit
EAPRO	East Asia and Pacific Regional Office
EFA	Education For All
FAO	Food and Agriculture Organization of the United Nations
FLE	Family Life Education
FSM	Federated States of Micronesia
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GLAAS	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
GPI	Gender Parity Index
GSHS	Global School-based Health Survey
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICM	Integrated Case Management
ICT	Information and Communications Technology
IHMS	International Health & Medical Services
ILO	International Labour Organization
JMP	UNICEF/WHO Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
MDG	Millennium Development Goal
MoHMS	Ministry of Health and Medical Services
MoHA	Ministry of Home Affairs
MP	Member of Parliament
NCD	Non-Communicable Disease
NER	Net Enrolment Ratio

NGO Non-Governmental Organization

NMDI National Minimum Development Indicator

OCHA United Nations Office for the Coordination of Humanitarian Affairs

OHCHR Office of the United Nations High Commissioner for Human Rights

PCV3 Pneumococcal Conjugate Vaccine

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

PNG Papua New Guinea

RMI Marshall Islands

RONAdapt Nauru's Framework for Climate Change Adaptation and Disaster Risk Reduction

Rotac Rotavirus

RPC Regional Processing Centre, Australia's offshore detention facility

SDG Sustainable Development Goal

SitAn Situational Analysis

SOWC State of the World's Children

SP Strategic Programme

SPC Pacific Community

SPI Social Protection Indicator

SPREP Secretariat of the Pacific Regional Environment Programme

TB Tuberculosis

TVET Technical Vocational Education and Training

UN United Nations

UNDP United Nations Development Programme

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

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

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

UNISDR United Nations International Strategy for Disaster Reduction

UPR Universal Periodic Review

US\$ United States Dollars

WASH Water Sanitation and Hygiene

WHO World Health Organization

1.

Introduction

1.1. Purpose and scope

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

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

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

- To strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.²

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10–19) and youth (aged 15–24).³ In addition, it includes an assessment and analysis of the situation relating to women, to the extent that it relates to outcomes for children (e.g. regarding maternal health).

1.2. Conceptual framework

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

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

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

- **Bottlenecks and barriers analysis:** A structured analysis of the bottlenecks and barriers that children/groups of children face in the realization of their rights, with reference to the critical conditions/determinants⁴ (quality; demand; supply and enabling environment) needed to ensure equitable outcomes for children).

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

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

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

The analysis is also informed by:

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

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

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those who suffer the worst deprivations in society, have access to the resources and services necessary for their survival, growth and development.⁵ In line with this approach, the analysis included an examination of gender disparities and their causes, including a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints facing children according to their gender.

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

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

Table 1.1: Assessment and analysis framework by outcome area

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

5 UNICEF NYHQ, ‘Re-focusing on Equity: Questions and Answers’, November 2010, p. 4.

WASH	<ul style="list-style-type: none"> - CRC (Article 24) - SDGs (particularly SDG 6 on ensuring availability and sustainable management of water and sanitation for all)
Education	<ul style="list-style-type: none"> - CRC (Articles 28 and 29) - Article 13 of ICESCR - SDGs (particularly SDG 4 on ensuring inclusive and quality education for all and promoting lifelong learning) - Comprehensive School Safety Framework¹
Child protection	<ul style="list-style-type: none"> - CRC (Articles 8, 9, 19, 20, 28(2), 37, 39 and 40) - SDGs (particularly SDGs 5, 8, 11 and 16)
Social protection	<ul style="list-style-type: none"> - CRC (Articles 26 and 27) - ICESCR rights to social security (Article 9) and adequate standard of living (Article 11) - SDG target 1 (end poverty in all its forms everywhere)

1.3. Methods and limitations

This SitAn includes a comprehensive review, synthesis and examination of available data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys; administrative data from government ministries and non-governmental organizations (NGOs); and other published reports.⁶ Key datasets were compiled from the UNICEF Statistics database (available on <https://data.unicef.org/>) and the Pacific Community's (SPC's) National Minimum Development Indicators (NMDI) database (available on <https://www.spc.int/nmdi/>).⁷ The 2016 State of the World's Children (SOWC) report was utilized as it offered the latest available reliable data (available on <https://www.unicef.org/sowc2016/>). SPC's NMDI database also compiles data produced through national sources.⁸ Other institutional databases, such as those of the World Bank, the UNICEF/World Health Organization (WHO) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), WHO and the UNESCO Institute of Statistics were also found to be relevant.

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

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

6 These datasets were reviewed and verified by UNICEF.

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

8 The database is updated as new data become available.

on existing published reports and, therefore, some areas in the analysis were not subject to robust and recent research; again, gaps are highlighted as necessary.

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

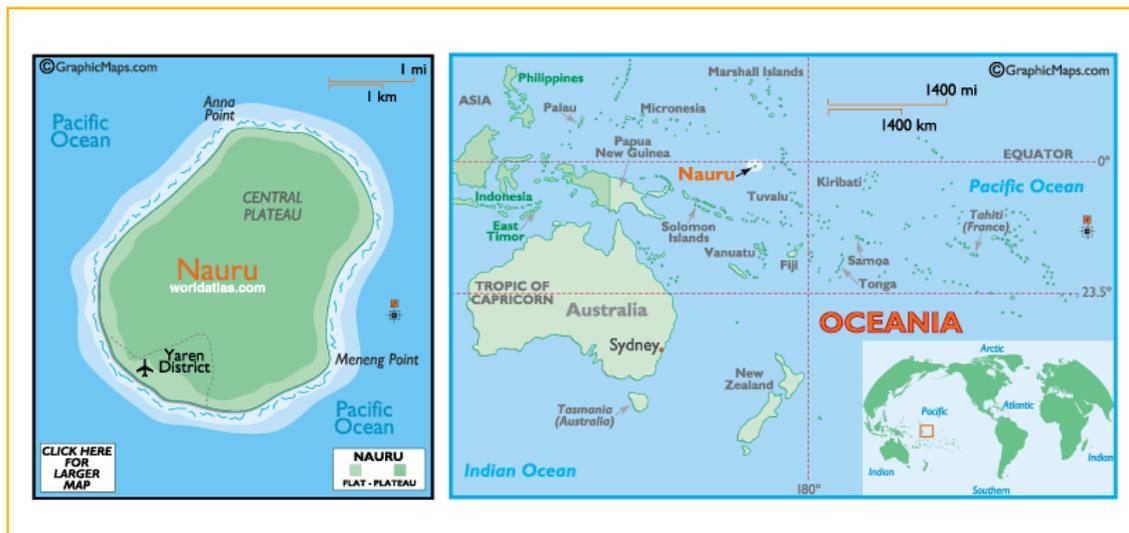
1.4. Governance and validation

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

2.

Context

Figure 2.1: Map of Nauru



Source: World Atlas⁹

2.1. Geography and demographics

Nauru is the smallest republic in the world, composed of only one island, with an area of 21 km².¹⁰ Based on the 2011 census, the total population was 10,084 (5,105 males and 4,979 females). Population growth between 2006 and 2011 was 1.8 per cent. However, current population growth

9 <http://www.worldatlas.com/webimage/countrys/oceania/nr.htm> [18.08.17].

10 BBC News, 'Nauru Country Profile', on <http://www.bbc.co.uk/news/world-asia-pacific-15433616> [18.08.17].

is higher and was estimated to be around 2.9 per cent in 2011; if this rate persists, the population is expected to reach 20,000 people in 2038.¹¹

According to the 2011 census, over 50 per cent of the population is under the age of 24 and the median age is 21.5 years. A total of 37.8 per cent of the population (3,813 people, 1,984 males and 1,829 females) are children under the age of 15, while 19.4 per cent are between the ages of 15 and 24 years (1,948 people, 993 males and 955 females).

In 2002, according to the census, about 25 per cent of the total population was made up of non-Nauruan nationals; in 2011, this had decreased to 6 per cent, mainly because of the return of more than 1,000 I-Kiribati and Tuvaluan former phosphate workers back to their home countries in 2006.

The population is considered completely urban (100 per cent in 2015), according to the census. There is no official capital in Nauru; however, the government offices are located in Yaren District.¹² Yaren had a population of 4,800 in 2010.¹³

The population of Nauru is composed of 12 tribes, symbolized by the 12-pointed star on the Nauru flag. The tribes are believed to be a mixture of Micronesian, Polynesian and Melanesian descent.¹⁴ In the 2011 census, 2,009 people identified with the Iruwa tribe, making this the largest tribe. This is followed by the Eamwit tribe (1,972) and the Eamwitmwit tribe (1,758). It is worth noting that the proportion of people who did not identify with a tribe increased from 1 per cent to 6 per cent of the population between 2002 and 2011.

Nauruan is the official language spoken at home by 93 per cent of the population; however, English is widely understood and spoken and is used for governmental and commercial purposes. About 2 per cent of the population speaks English at home; other languages are used by about 5 per cent of the population, including I-Kiribati (2 per cent) and Chinese (2 per cent).¹⁵

2.2. Main disaster and climate risks

According to OCHA, Nauru is a country at low risk of being hit by natural disasters.¹⁶ Nauru is known to be free from intense natural disasters, and the island experiences only the aftermaths of severe weather such as cyclones, hurricanes and strong storms from neighbouring countries, in the form of heavy rainstorms and rough seas. No volcanic activity threatens the island and, despite several tsunami alerts and warnings of earthquakes in distant parts of the Pacific region, the island

11 Nauru Bureau of Statistics, 'Republic of Nauru National Report on Population and Housing, National Census 2011', on http://www.spc.int/nmdi/nmdi_documents/2011_NAURU_CENSUS_REPORT.pdf [18.08.17].

12 CIA, 'Nauru', <https://www.cia.gov/library/publications/the-world-factbook/geos/nr.html> [18.08.17].

13 The Commonwealth, 'Nauru', on <http://thecommonwealth.org/our-member-countries/nauru> [18.08.17].

14 Government of Nauru, 'Our Country', on <http://www.naurugov.nr/about-nauru/our-country.aspx> [18.08.17].

15 <https://www.cia.gov/library/publications/the-world-factbook/geos/nr.html> [18.08.17].

16 OCHA, 'Country Profiles: Nauru', on <https://www.unocha.org/legacy/pacific/country-profiles/nauru> [18.08.17].

itself has suffered none of these. King tides are the most prominent ocean risks, crossing the coastline roads of Nauru and obstructing them with sea and beach debris.¹⁷

However, the country's small size and geographical isolation means its capacity to respond to potential disasters is a concern. The main climate-related threats concerning Nauru are droughts, given the country's close proximity to the equator, as well as the increasing potential for tidal surges and sea level rises caused by climate change.¹⁸

Nauru is one of the three great phosphate rock islands in the Pacific Islands, and mining commenced in the early 1900s.¹⁹ Since then, mining has stripped about four fifths of the land area. Nauru and its population suffer from the air pollution caused by intense phosphate mining, with phosphate dust prevalent throughout the island.²⁰

Nauru's natural disaster preparedness framework is the National Disaster Risk Management Plan (2008), which provides an overarching framework to support national disaster risk reduction and disaster risk management planning. The Plan is consistent with the Pacific Regional Framework for Action for Building the Resilience of Nations and Communities to Disasters (2005–2015).²¹

2.3. Government and political context

In 1947, Nauru became a UN trust territory; it came under Australian, British and New Zealand authority but was effectively administered by Australia. After declaring independence in 1968, Nauru implemented a Westminster-style constitutional democracy. In 1999, Nauru became a full member of the Commonwealth and the UN.²²

Since June 2013, His Excellency Baron Waqa, MP, has been the president of Nauru, performing both head of state and head of government functions.²³ The president is appointed from among the country's 19 MPs. He chooses his Cabinet of usually six ministers from among these MPs, including himself. Two MPs are female, of whom one is appointed minister for education, home affairs and land management.²⁴ The judiciary comprises a Supreme Court, a District Court and a Family Court; on request, final appeals can be taken to the High Court of Australia.²⁵

17 Committee on the Rights of the Child, 'Consideration of Reports Submitted by States Parties under Article 44 of the Convention', on http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRCpercent2fCpercent2fNRUpercent2f1&Lang=en [18.08.17].

18 OCHA, 'Country Profiles: Nauru'.

19 Government of Nauru, 'Our Country'.

20 The Commonwealth, 'Nauru'.

21 http://pacificdisaster.net/pdnadmin/data/original/NRU_2008_DM_Plan.pdf [18.08.17].

22 Encyclopaedia Britannica, 'Nauru', on <https://www.britannica.com/place/Nauru> [18.08.17].

23 Ibid.

24 Pacific Women in Politics, 'National Women MPs', on <http://www.pacwip.org/women-mps/national-women-mps/> [18.08.17].

25 Encyclopaedia Britannica, 'Nauru'.

Nauruan citizens aged 20 years and older elect the Parliament every three years unless it is dissolved through a vote of no confidence. There are no recognized political parties within Nauru's Parliament, and voting in general elections appears to be based more on family ties than on policies. After two decades of political stability after independence Nauru's political system became more instable, with 23 administration changes between 1989 and 2011. In 2010, this came to a political stalemate between the government and the opposition, and a state of emergency was declared. Frequent changes of the government have had implications for the implementation of national policies and reforms.²⁶

Nauru's National Sustainable Development Strategy 2005–2025 sets out strategies and goals to improve the country's education system, including vocational training. Long-term milestones to be realized by 2025 are improved quality and broadened scope and reach of education across the country.²⁷

Under the Department of Education (DoE), the Directorate of Youth Affairs, working under the National Youth Policy 2008–2015, supports youth inclusion in policy and strategy across government, liaises with youth stakeholders, initiates youth programming and supports youth workers and the National Youth Council.²⁸

The Regional Processing Centre in Nauru

As of official figures from June 2016, 442 asylum-seekers and refugees, including 49 children and 55 women,ⁱ were being detained at the Australian-run offshore Regional Processing Centre (RPC); however, newspaper reports suggest several hundred more live on the island. The first RPC was established in 2001 and was in use until 2007. After a short period of closure, it was reinstated in 2012. There have been numerous reports of assault, sexual abuse, self-harm attempts and appalling living conditions endured by asylum-seekers and refugees living in the RPC.ⁱⁱ In exchange for hosting the RPC on Nauru, the Australian government has provided millions of dollars in aid to the Nauruan government.^{iv}

Chapter 6 on 'Child Protection' provides more detailed information on the situation in the RPC. Where relevant, the situation of children and women in the RPC is discussed separately within the different chapters of the SitAn in order to highlight their unique problems and vulnerabilities.

26 UNDP Pacific, 'About Nauru', <http://www.pacific.undp.org/content/pacific/en/home/countryinfo/nauru.html> [18.08.17].

27 www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/nauru/nauru_development_strategy_2025_en_2005.pdf [18.08.17].

28 Youth Policy, 'Nauru', on <http://www.youthpolicy.org/factsheets/country/nauru/> [18.08.17].

2.4. Socio-economic context

Nauru's current National Development Plan, the National Sustainable Development Strategy 2005–2025, has as its vision 'A future where individual, community, business and government partnerships contribute to a sustainable quality of life for all Nauruans', taking into account the 'decline in socio-economic conditions' over the 10 years prior to the development and implementation of the Plan. In light of this vision and background context, the Plan focuses on sustainable, stable governance, infrastructure, economy, social services and food development.

Nauru's gross domestic product (GDP) per capita was US\$ 8,052.88 in 2015²⁹ and the World Bank classified the island as a high-income country in 2017.³⁰ In 2015–2016, Nauru received a total of AU\$25.2 million in Australian official development assistance (ODA) and AU\$27.1 million in the previous year. Australia's aid supports Nauru's public sector, infrastructure, health and education services.³¹

Phosphate mining has been Nauru's backbone industry since the 1900s and has brought relative wealth to the small island. However, during the 1980s, the major Australian market collapsed, leading to a huge decline in phosphate exports. Combined with poor management of the investment portfolio of the Nauru Phosphate Royalties Trust, and the collapse of Nauru's financial system, Nauru's small economy was crippled and the nation struggled to find alternative income sources. Since 2008, however, large-scale second-level phosphate mining has regained economic strength, with GDP growing substantially in recent years.³²

The 2012–2013 Household Income and Expenditure Survey (HIES)³³ found that 24 per cent of the Nauruan population lived below the basic needs poverty line and an additional 28.3 per cent were vulnerable to falling into poverty. Female-headed households are more likely than male-headed households to be or fall below the poverty line. One quarter of children under four years old and one fifth of children aged five to 14 were living below the basic needs poverty line in 2013–2014. Only 18 per cent of children under four and 32 per cent of children aged five to 14 were found not to be living in poverty or vulnerable to falling into poverty.

There is a high level of inequality in Nauru, as measured by the Gini Coefficient, at 0.52 in the 2013–2014 HIES. High levels of inequality are also evidenced by the share of the poorest quintile in total consumption, estimated at around only 12 per cent, compared with 30 per cent of total

29 <http://data.worldbank.org/country/nauru?view=chart> [18.08.17].

30 World Bank, 'List of Economies March 2017', on <http://databank.worldbank.org/data/download/site-content/CLASS.xls> [18.08.17].

31 DFAT, 'Nauru Aid Program Performance Report 2015-16', <http://dfat.gov.au/about-us/publications/Pages/nauru-aid-program-performance-report-2015-16.aspx> [18.08.17].

32 UNDP Pacific, 'About Nauru'.

33 Nauru Bureau of Statistics and UNDP Pacific, 'Nauru Hardship and Poverty Report: Analysis of the 2012/13 Household Income and Expenditure Survey', on <http://nauru.prism.spc.int/nauru-documents?view=download&format=raw&fileId=92> [18.08.17].

household expenditure for the highest quintile. Youth unemployment is estimated to be a very high 44 per cent in the HIES, compared with overall unemployment rates of 23 per cent in 2014.³⁴

2.5. Legislative and policy framework

Nauru's legal system is based on the British common law system whereby the Parliament is required to adopt and incorporate any international instruments into the country's domestic laws.³⁵

In June 2016, Nauru's Parliament passed the Child Protection and Welfare Act, which is the key law relating to the protection of children and children's rights.³⁶ The Act establishes that any law relating to the rights of children (defined as those under the age of 18 years) or provisions in relation to dealing with children in any manner or context must be applied subject to the Act; in cases of inconsistency the provisions of the new Act prevail (Article 6).

The Constitution of Nauru further provides in its preamble for the 'protection of the Fundamental Rights and Freedoms', without distinction of any kind as to race, place of origin, political opinions, colour, creed or sex. Even if children are not mentioned specifically, their protection under this provision is implied.³⁷

Children in Nauru are protected from violence by a legal framework that includes the Child Protection and Welfare Act 2016, the Crimes Act 2016 and the prohibition of corporal punishment under Section 37 of the Education Act 2011; however, a clear prohibition of corporal punishment in the home is lacking. Nauru ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2013 and a Nauru National Disability Policy has been drafted.³⁸

2.6. Child rights monitoring

Nauru ratified the CRC in 1994 and in 2000 became a signatory to its Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on children involved in armed conflict.

Nauru submitted its first to sixth combined report in 2016, due in 1996. The Committee on the Rights of the Child reviewed the report in September 2016. Nauru has undergone two Universal Periodic Review (UPR) processes, in 2011 and 2015.³⁹

34 <http://data.un.org/CountryProfile.aspx?crName=nauru> [18.08.17].

35 The Supreme Court of Nauru made this clear in the decision 'In Re Adoption of "B-R" [2013] NRSC 11'.

36 https://www.unicef.org/eapro/media_25562.html [18.08.17].

37 Committee on the Rights of the Child, 'Initial Reports of States Parties Due in 2011, Nauru', on http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRCper cent2fCper cent2fNRUper cent2f1&Lang=en

38 Committee on the Rights of the Child, 'State Party Report: Nauru', 2016.

39 <http://www.ohchr.org/EN/HRBodies/UPR/Pages/NRindex.aspx> [18.08.17].

No independent human rights institution or similar independent body for the monitoring of human rights exists in Nauru, nor any mechanism for the monitoring of children's rights.⁴⁰ An independent human rights institution, or entity with responsibility for monitoring children's rights, would be considered crucial to ensuring the respect, protection and fulfilment of the rights of children, not just Nauruan citizens but also other children within the jurisdiction of Nauru, including within the RPC, or other children who are not considered citizens under the Naoero Citizenship Act 2005 (see sub-section 6.1.5).

Table 2.1: Nauru's treaty reporting obligations

	Status	Past reports	Next report due
CRC	27 July 1994	Cycle I due: 25 August 1996 Submitted: 11 January 2016 (1st–6th report combined)	25 August 2021
CRC OP1	8 September 2000 (S)	-	-
CRC OP2	8 September 2000 (S)	-	-
CEDAW	23 June 2011 (A)	Cycle I–II due: 23 June 2013 13 January 2016	Not decided
CESCR	N/A	-	-
ICCPR	N/A	-	-
CRPD	27 June 2012 (A)	-	-
CERD	12 November 2001 (S)	-	-
ILO No 138	Not a member of ILO		
ILO No 182	Not a member of ILO		

Source: OHCHR⁴¹

There has also been a lack of incorporation of human rights treaties into Nauru's domestic law.⁴² In its Concluding Observations on Nauru's Initial Report on the CRC, the Committee on the Rights of the Child also raised concerns regarding the insufficient coordination of activities relating to the implementation of the CRC at cross-sectoral, national and local level, and recommended Nauru take steps to establish a mechanism in this regard.

40 Committee on the Rights of the Child, 'Concluding Observations on the Initial Report of Nauru', 2016 on <http://www.refworld.org/docid/587ce6df4.html> [18.08.17].

41 http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=121&Lang=EN [28.06.17].

42 Amnesty International, 'Submission for the UN Universal Periodic Review', 23rd Session of the UPR Working Group, 2–3 November 2015, on https://www.upr-info.org/sites/default/files/document/nauru/session_23_-_november_2015/ai_upr23_nru_e_main.pdf [18.08.17].

3.

Health and Nutrition

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

Key Health and Nutrition-related SDGs

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

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

The analysis here takes a ‘health systems approach’. A country’s health system includes ‘all organisations, people and actions whose primary intent is to promote, restore or maintain health’.⁴³ According to WHO/UNICEF guidance, the following six building blocks make up a country’s health system: 1) leadership and governance; 2) health care financing; 3) health workforce; 4) information and research; 5) medical products and technologies; and 6) service delivery.⁴⁴ The analysis of the underlying causes of shortcomings and bottlenecks in relation to child (and maternal) health and nutrition in Nauru takes these building blocks of the health system into account (where relevant). Furthermore, cross-references to other relevant parts of the SitAn (e.g. WASH) are made where necessary, given that the causes of shortcomings in health systems are often multi-faceted and interlinked with other areas covered in the SitAn.

3.1. Child mortality

Neonatal mortality (0–28 days), infant mortality (under one year) and under-five mortality in Nauru have been declining over the past decades. However, despite this progress, Nauru has not been able to meet international development goals related to child mortality.

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

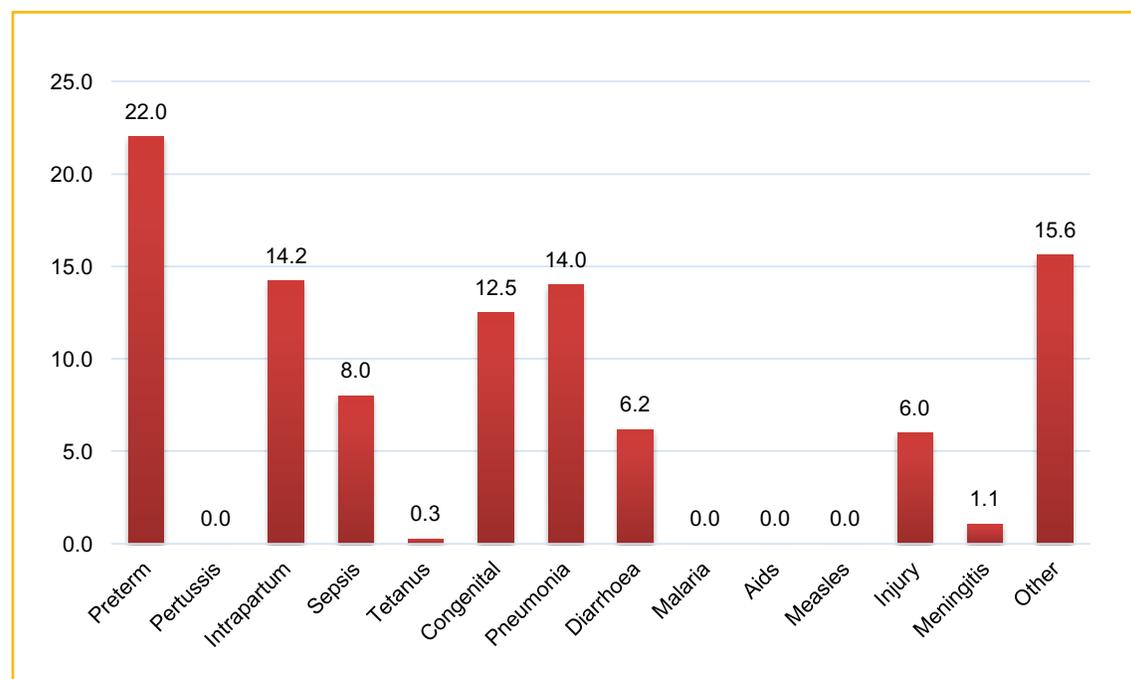
44 Ibid.

According to the latest national estimates summarized in the 2016 SOWC dataset, the under-five child mortality rate in Nauru stands at 35 deaths per 1,000 live births as of 2015, which represents a 38 per cent reduction since 1990. Note that, as of 2015, the rate in Nauru remains somewhat higher for boys (39/1,000) than for girls (32/1,000). The 35/1,000 average means Nauru has not yet reached SDG 3.2 on under-five child mortality: a reduction to at least 25/1,000 by 2030.

The infant mortality rate (for under one year olds) was estimated to stand at 29/1,000 as of 2015, which represents a 35 per cent reduction from 44/1,000 in 1990. The SDGs do not include an explicit target linked to infant (under-one) mortality, but instead focus on under-five mortality and neonatal mortality. Neonatal mortality in Nauru is estimated to stand at 23 deaths per 1,000 live births. This means Nauru has also not yet met the SDG 3.2 target for neonatal mortality, which aims for a rate of 12/1,000 by 2030.

Latest UNICEF causes-of-death data suggest that pre-term (22 per cent of all deaths) and intrapartum complications (14 per cent), congenital diseases (12 per cent), pneumonia (14 per cent), sepsis (8 per cent) and diarrhoea (6 per cent) were the main causes of death in under-five children in Nauru in 2015 (see Figure 3.1). In this respect, it is important to note that the small overall number of deaths makes it difficult to accurately report cause-specific mortality rates for Nauru, as only a few cases can significantly alter the causes of death 'hierarchy'.

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



Source: UNICEF statistics 2016⁴⁵

Available information on the underlying causes of child mortality in Nauru is very limited. According to data from the 2007 Nauru Demographic and Health Survey (DHS), infants and children have a greater probability of dying if they are born to mothers who are too old (> 35 years) or too young (< 18 years), if they are born after a short birth interval (< 24 months) or if they are of a high birth order (fourth child or higher).⁴⁶ The DHS data suggested that only 22 per cent of births in Nauru were *not* in any of these high-risk categories. A total of 58 per cent of births in Nauru were in at least one of the 'avoidable' high-risk categories.⁴⁷

3.2. Child health, immunization and communicable diseases

According to the most recent UN SOWC estimates, 69 per cent of children under five with suspected pneumonia in Nauru are taken to a health provider. This rate of health provider access in cases of suspected pneumonia is below the regional average for East Asia and the Pacific (73 per cent). Only 23 per cent of children under five with diarrhoea are estimated to receive oral rehydration salts, significantly below the regional average of 46 per cent for East Asia and the Pacific (excluding China).⁴⁸

Significant data gaps in relation to child health in Nauru remain. For example, there appear to be no data on disparities between urban and rural areas (or wealth quintiles) in relation to diarrhoea treatment in the country.⁴⁹ While SOWC 2016 data suggest that around half (51 per cent) of all under-five year olds with fever are taken to a health professional, there seem to be no quantitative data on the availability of insecticide-treated nets or the proportion of children sleeping under nets in Nauru. The gaps in the data in relation to malaria may not be too problematic, though, given that malaria is normally not present in Nauru, unless contracted abroad.⁵⁰

Dengue fever, a mosquito-borne viral disease, is, however, a serious health risk in Nauru. According to media reports, Nauru suffered a severe dengue fever outbreak in early 2017, with 750 confirmed cases, including more than 50 cases in Nauru's RPC. Nauru's health system has reportedly been overwhelmed by this outbreak, with limited testing kits available on the island.⁵¹

Immunization coverage for vaccine-preventable diseases is near-universal in Nauru, with some gaps in relation to follow-up vaccines. UN estimates suggest that around 80 per cent of under-one year olds in Nauru are fully immunized against diphtheria, tetanus, and pertussis and that almost all (96 per cent) are immunized against measles.⁵²

46 Nauru Bureau of Statistics, SPC and Macro International Inc., 'Nauru 2007 Demographic and Health Survey', on http://www.pacificdisaster.net/pdnadmin/data/original/NRU_2007_DHS_report.pdf [25.04.17], p. 97.

47 First order births to mothers aged 18–34 years are considered an unavoidable risk category (*ibid.*, p. 96).

48 Note that SOWC estimates for oral rehydration coverage are significantly below the latest UNICEF estimates, which suggest 47 per cent of children under five with diarrhoea receive salts. See <https://data.unicef.org/country/nru/> [25.04.17].

49 Note that Nauru's population is frequently classified as completely urban (see e.g. 2007 DHS, p. 3).

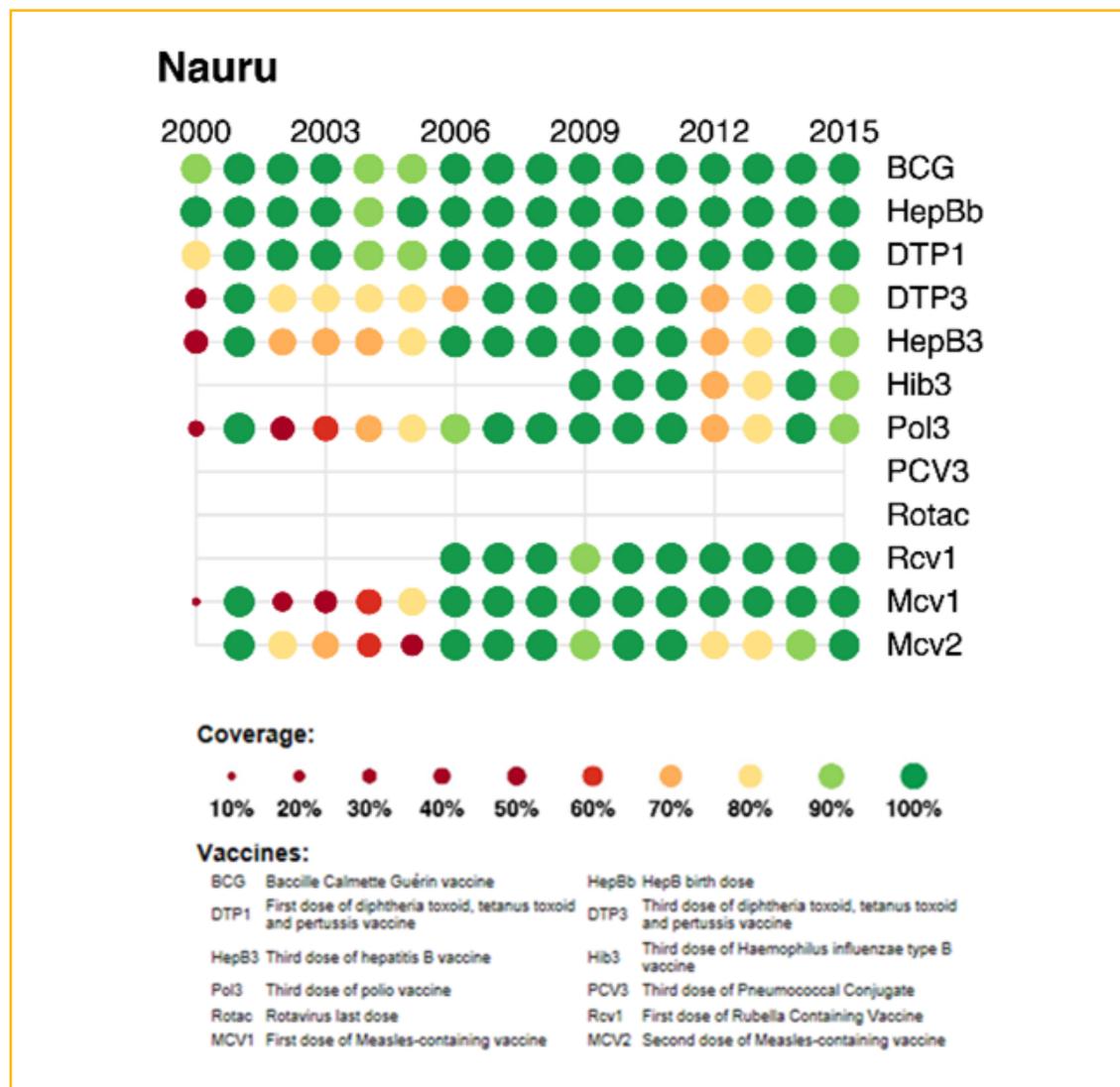
50 NHS, 'Nauru', on <http://www.fitfortravel.nhs.uk/destinations/australasia-pacific/nauru.aspx> [08.05.17]

51 The Guardian, 'Nauru Details Two Detention Centre Guards after Revoking Visas', 2017, on www.theguardian.com/world/2017/mar/21/nauru-detains-two-detention-centre-guards-after-revoking-visas [08.05.17].

52 UNICEF statistics, on <https://data.unicef.org/country/nru/> [25.04.17].

Estimates provided by the WHO Global Health Observatory also indicate that Nauru has achieved near universal immunization coverage for 10 out of 12 universally recommended vaccines, with no coverage data available on the third dose of the pneumococcal conjugate vaccine (PCV3) and the rotavirus (Rotac) vaccine (see Figure 3.2). Note, however, that these estimates do not necessarily capture rates among children living in the RPC, where coverage may be significantly lower.⁵³

Figure 3.2: Immunization coverage in Nauru



Source: WHO Global Health Observatory 2016⁵⁴

53 See e.g. The Guardian, 'Nauru Detention: Serious Health Risks to Children Revealed in Confidential Report', 2014, on <https://www.theguardian.com/world/2014/may/30/nauru-detention-serious-health-risks-to-children-revealed-in-confidential-report> [25.04.17].

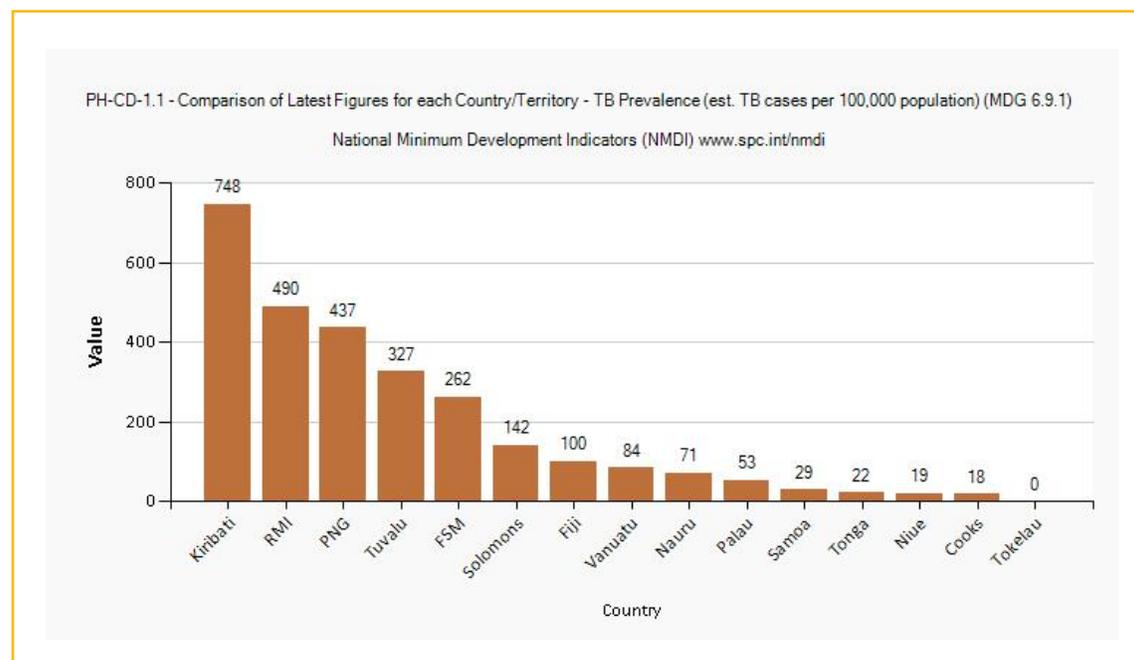
54 These WHO estimates are based on data officially reported to WHO and UNICEF by UN Member States as well as data reported in the published and grey literature. WHO's immunization coverage data are reviewed and the estimates updated annually. See <http://apps.who.int/gho/data/node.wrapper.immunization-cov?x-country=NRU> [25.04.17].

Results from the 2007 DHS in Nauru indicated that, while 86 per cent of under-five children were fully vaccinated, only 38 per cent were fully vaccinated 12 months after birth, which, according to the DHS report, suggests a pattern of delayed immunization in the country. DHS data on vaccination coverage in Nauru are not broken down by gender, location or household wealth, given the small sample size.⁵⁵

SDG target 3.3 encourages all countries to eradicate TB by 2030. According to NMDI data, Nauru had an estimated 71 TB cases per 100,000 population, which places the country at the lower end of the regional TB prevalence range (see Figure 3.3 for a regional comparison).⁵⁶ Note, however, that Nauru has far fewer inhabitants than 100,000, which makes the TB prevalence rate somewhat misleading. According to WHO data, there were a total of 18 individuals in Nauru living with TB, as of 2015. WHO estimates also suggest that TB treatment coverage stood at around 87 per cent, as of 2015, which suggests most TB-positive individuals in Nauru have access to health care.⁵⁷

Importantly, it is likely that these figures do not include individuals detained in the RPC, where TB prevalence may be significantly higher and treatment coverage significantly lower. For example, a 2014 report suggests children detained in the RPC are not adequately screened for diseases, with up to 50 per cent thought to carry latent TB.⁵⁸

Figure 3.3: TB prevalence by country



Note: RMI = Marshall Islands

Source: NMDI data 2016⁵⁹

55 P. 115.

56 NMDI data, on https://www.spc.int/nmdi/communicable_diseases [25.04.17].

57 WHO 'Tuberculosis Country Profiles', on <http://www.who.int/tb/country/data/profiles/en/> [25.04.17].

58 The Guardian, 'Nauru Detention: Serious Health Risks to Children Revealed in Confidential Report', 2014.

59 https://www.spc.int/nmdi/communicable_diseases [25.04.17].

3.3. Maternal health

According to SDG 3.1, all countries should aim to reduce the maternal mortality ratio to less than 70 per 100,000 live births by 2030. According to 2016 SOWC estimates, Nauru has a maternal mortality ratio of zero per 100,000 live births.⁶⁰ However, it is important to note that estimates for Nauru are quite unstable, given that they are typically based on a very small number of deaths (or no deaths) per year. For example, the Commonwealth Secretariat reports that, for the period 2007–2011, Nauru had a reported maternal mortality ratio of 300 deaths per 100,000 live births.⁶¹ Perhaps as a result of the small overall number of maternal deaths in Nauru, there is little to no information on the immediate and underlying causes of maternal mortality.

Under the CRC, Nauru has an obligation to ensure appropriate pre- and post-natal health care for mothers.⁶² Existing data suggest that overall coverage rates for pre- and post-natal health care in Nauru are good, with some room for improvement in relation antenatal follow-up visits.

Estimated antenatal coverage for at least one visit stands at 95 per cent in the 2016 SOWC, which indicates that initial antenatal health care is accessible to the overwhelming majority of pregnant women in Nauru. However, antenatal coverage for at least four visits is estimated to stand at a much lower 40 per cent, which suggests gaps remain in relation to the continuity of antenatal care throughout pregnancy. DHS data from 2007 also showed that the median duration of pregnancy for the first antenatal visit was 5.7 months, which suggests Nauruan women start antenatal care at a relatively late stage in their pregnancy.

The 2016 SOWC data also suggest that an overwhelming majority of pregnant women in Nauru give birth in the presence of a skilled health professional (97 per cent) and that all deliveries (99 per cent) take place in a health facility (institutional delivery). Caesarean sections are carried out in 8 per cent of births in Nauru.

Similar to antenatal care coverage, the existing data suggest post-natal care coverage rates are high in Nauru. For example, the 2007 DHS found that more than 80 per cent of women who had had live births had received post-natal care, with 66 per cent of mothers receiving care within the critical first two days after delivery.

There appear to be no data on rural–urban disparities in relation to births attended by a skilled health professional. This is likely because Nauru is frequently classified as completely urban.

60 Note that the World Bank and the UN Population Division produce internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, which are unfortunately not available for Nauru. See <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [25.04.17].

61 Commonwealth Health Online, 'Nauru', on http://www.commonwealthhealth.org/pacific/nauru/child_and_maternal_health_in_nauru/ [25.04.17].

62 Article 24(2)(d) of the CRC and CRC General Comment No. 15, on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health, paras 51–7.

3.4. Violence against women and girls

Violence against women and girls is a key public health concern; however, there are very limited data on the issue in Nauru. According to UN Women, Nauru has no domestic violence, sexual harassment or human trafficking legislation in place.⁶³ A more detailed discussion of violence against women and girls in Nauru is provided in Chapter 6 on 'Child Protection'.

3.5. Adolescent health

Nauru's population is relatively young, with 57 per cent of the total population under the age of 24 and only 3 per cent at 60 years or above, as of the 2011 census. The median age of the population was 21.5 years in 2011, compared with 19.4 in 1992, which suggests the overall population of Nauru has grown older since the early 1990s.

3.5.1. Fertility and contraceptive use

It appears to be fairly common for women in Nauru to have children at a relatively young age. According to the 2011 census, teenage fertility levels – the number of births to women aged 15–19 years – remains very high, with an average of 81 births per 1,000 women in this age bracket. According to the 2007 DHS data, 18 per cent of surveyed women aged 20–49 had already given birth to at least one child by the age of 18 years, with the proportion increasing to 35 per cent by the age of 20 years. Teenage pregnancies affect young women's educational and economic prospects and those of their children, as children of teenage mothers tend to have poorer health and education outcomes.

There are no World Bank estimates on adolescent fertility rate trends in Nauru.⁶⁴ SOWC 2016 data suggest that, as of 2015, there were 106 births per 1,000 women aged 15–19 in Nauru, which is a significantly higher adolescent birth rate than the East Asia and Pacific average of 22/1,000 and also higher than the rate in the 2011 census report.

SOWC data on marriage rates among the adolescent population group highlight significant inequities between genders. While the percentage of men in this age group currently married or in union is estimated at 9 per cent, the percentage doubles to 18 per cent when looking at women in the same age group. The marriage rate for adolescent girls is also significantly higher than the regional average of 6 per cent for East Asia and the Pacific. Previous research has shown that early marriage reduces the likelihood that married women will have equal decision-making power in relation to family planning and contraceptive use.⁶⁵

63 UN Women, 'Nauru', <http://asiapacific.unwomen.org/en/countries/fiji/co/nauru> [25.04.17].

64 See <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=NR> [07.03.17].

65 See Plan International, 'Getting the Evidence: Asia Child Marriage Initiative', 2015, on <https://plan-international.org/publications/getting-evidence-asia-child-marriage-initiative> [29.03.17].

Contraceptive prevalence⁶⁶ in Nauru is relatively low. It is estimated that contraceptive prevalence in Nauru stands at around 36 per cent of the population, which is significantly lower than the regional average of 63 per cent for all of East Asia and the Pacific.⁶⁷ DHS data from 2007 reveal a direct association between use of modern family planning methods and the number of children Nauruan women have. For example, while only 6 per cent of women who have yet to have children indicated that they used modern contraception, this figure increased to 46 per cent for women with five or more children.

The 2007 DHS data suggest that 24 per cent of currently married women in Nauru have an unmet need for family planning, with unmet need for limiting lower (7 per cent) than unmet need for spacing (16 per cent).⁶⁸ Unmet need for family planning appears to be particularly high among younger women. The DHS data suggest that more than 37 per cent of women aged 20–24 currently have an unmet need for family planning. This figure drops dramatically when looking at women in older age brackets, with, for example, only 17 per cent of women aged 35–39 reporting an unmet need for family planning. Unmet need for family planning also appears to be highest among women in wealthier households (27 per cent in the highest wealth quintile compared with 17 per cent in the lowest wealth quintile). It is unclear what factors are driving these wealth disparities, but it may be that differences in female labour force participation rates as well as social expectations around childbirth between women from poorer and wealthier backgrounds contribute to this pattern.

The existing data also highlight demand-side constraints that affect family planning in Nauru. Overall, it appears that demand for contraceptive methods is relatively low in the country. The DHS data suggest that about 59 per cent of all married women have a demand for family planning, whether this demand is met or unmet. It appears that dominant social and religious norms are the main underlying factor suppressing demand for contraceptives among Nauru's population. For example, the 2007 DHS found that one in every four married women aged 15–49 did not intend to use contraception because of principled opposition to contraceptive methods (12 per cent religious prohibition and 12 per cent own opposition), followed at a much lower level by method-related reasons (16 per cent), fear of side-effects (9 per cent) and lack of knowledge about methods (5 per cent). Besides principled opposition to contraceptives, it appears that the desire to have as many children as possible significantly suppresses demand for contraceptives in Nauru, with 27 per cent of surveyed women giving this as their primary reason for not intending to use contraceptives.

3.5.2. HIV/AIDS and sexually transmitted infections

According to the 2016 Global AIDS Progress Report from Nauru, there have been four cumulative cases of HIV as of 2015. Three cases were found in expatriates/foreigners and only one case was found in a Nauru citizen. As of 2015, none of the HIV-positive individuals was resident in Nauru.⁶⁹

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

67 SOWC 2016; the regional average excludes China.

68 Women who do not want any more children or who want to wait two or more years before having another child but are *not* using contraception are considered to have an *unmet need* for family planning.

69 MoHMS, 'Nauru Global AIDS Progress Report', 2016, on http://www.unaids.org/sites/default/files/country/documents/NRU_narrative_report_2016.pdf [11.04.17].

Perhaps as a result of the small overall number of cases, there are no available estimates for HIV incidence (in children and women), mother-to-child transmission rates, anti-retroviral therapy coverage or HIV-related deaths in Nauru. According to the 2016 AIDS Progress Report, HIV testing rates are higher among the female population of Nauru (55 per cent as of 2012) compared with the male population (45 per cent as of 2012), which is because HIV testing in Nauru has traditionally focused on pregnant women in antenatal consultations. There is no compulsory HIV testing in Nauru, except for individuals detained in the RPC, where all new arrivals are tested.

The 2016 AIDS Progress Report suggests unprotected sexual activity, particularly among young people, is among the most significant risk factors associated with HIV. For example, it cites 2007 DHS data showing that more than 34 per cent of men and 10 per cent of women aged 15–49 reported having more than two partners in the previous 12 months, with only 4.6 per cent of women and 10.2 per cent of men reporting having used a condom.⁷⁰ The percentage of respondents who had ‘higher risk sexual intercourse’⁷¹ was particularly high among teenagers (i.e. the age group 15–19), with 70 per cent of female and 56 per cent of male respondents in this age group engaging in higher risk sexual intercourse.

Limited knowledge about HIV/AIDS was also identified as a key risk factor in the 2016 AIDS Progress Report. For example, the report cites DHS data suggesting that only one third of (female and male) respondents knew that HIV could not be spread through mosquito bites and that close to half of all respondents did not rule out HIV being transmitted through supernatural means.⁷²

There have been very few new data since the 2007 DHS, making it difficult to establish whether there have been any changes in knowledge and sexual behaviour over the past 10 years.⁷³

The few data that are available suggest sexually transmitted infections are a significant problem in Nauru. For example, the 2016 AIDS Progress Report notes that, of the 84 per cent of the total population that was tested for chlamydia, around 21 per cent tested positive.⁷⁴ These relatively high rates raise concerns about potential future increases in HIV cases, as they indicate that the underlying behavioural risks for HIV transmission are significant.

3.5.3. Substance abuse

According to SDG target 3.5, Nauru should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol. Available information on alcohol use among the *adult* population suggests this is a major problem in Nauru, and one that primarily affects men. For example, a 2016 regional review of evidence on alcohol use in the Pacific indicates that 60 per cent of men and 28 per cent of females aged 25–64 years currently drink alcohol in Nauru (i.e. had consumed alcohol in the previous

70 P. 14.

71 Defined as having sex with a person who is neither a spouse nor a cohabiting partner (see 2007 DHS, p. 173).

72 P. 14; see also 2007 DHS, p. 164.

73 MoHMS, ‘Nauru Global AIDS Progress Report’, 2016, p. 14; see also 2007 DHS, p. 7.

74 P. 7.

12 months). Worryingly, among all ‘current drinkers’, 89 per cent of men and 80 per cent of women were classified as ‘heavy drinkers’ – defined as individuals consuming on average six or more standard drinks per day.⁷⁵ A 2007 report by the Asian Development Bank (ADB) also found that around 50 per cent of adults in Nauru engaged in binge drinking, often using illegal, home-distilled alcohol.⁷⁶

The available data also suggest that alcohol consumption is very common among Nauru’s under-age (under-18) population. The most important national data source in this respect is the Global School-Based Health Survey (GSHS), which was implemented in Nauru in 2011, using a representative sample of 578 pupils aged 13–15 (in Grades 7–12). According to the GSHS data from 2011, 74 per cent of pupils aged 13–15 reported having consumed alcohol before the age of 14 years. A total 22 per cent of surveyed pupils aged 13–15 indicated that they had consumed alcohol on at least one day during the 30 days before the survey was implemented.⁷⁷ Alcohol consumption appears to be higher among boys (27 per cent) than girls (18 per cent), according to the GSHS data.⁷⁸ While these gender differentials in relation to alcohol consumption may reflect real differences in behaviour between boys and girls, it is important to note that survey findings may also reflect differences in *reporting* between boys and girls, which may be influenced by (gendered) social norms that make alcohol consumption by boys/young men more acceptable.

As with alcohol consumption, tobacco use is also quite common among Nauru’s youth population. Around 22 per cent of pupils aged 13–15 surveyed in the 2011 GSHS indicated that they had smoked cigarettes on at least one day during the previous 30 days, with girls more likely to report having used tobacco (24 per cent) than boys (19 per cent).⁷⁹ It appears that many children in Nauru are introduced to tobacco at a very early age, with 92 per cent of pupils who had previously smoked indicating that they had first tried a cigarette before the age of 14 years. Tobacco use is the only risk factor common to all four main non-communicable diseases (NCDs)⁸⁰ and exacerbates virtually all other NCDs.⁸¹

3.5.4. Mental health

Nauru’s mental health legislation, the Mental Health Ordinance 1963, is out-dated and not consistent with international standards – focusing heavily on involuntary treatment but not on

75 Kessaram, T. et al., ‘Alcohol Use in the Pacific Region: Results from the STEPwise Approach to Surveillance, Global School-Based Student Health Survey and Youth Risk Behaviour Surveillance System’, *Drug and Alcohol Review*, July 2016: 412–23.

76 As cited in MoHMS, 2014, ‘Nauru Family Health and Support Study’, p. 17.

77 2011 GSHS Factsheet, on http://www.who.int/chp/gshs/Nauru_GSHS_FS_2011.pdf?ua=1 [12.04.17].

78 Note that confidence intervals are not reported, so it is not possible to establish whether this difference is statistically significant.

79 Again, confidence intervals are not reported, so it is not possible to establish whether this difference is statistically significant.

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

81 Ibid.

patient and family rights and responsibilities. Replacement legislation was apparently drafted in 2007 but has not yet been passed, as of May 2017. A draft mental health policy has also been developed, but as of May 2017 it appears not to have been adopted.⁸²

Nauru's health information system does not allow the precise quantification of the prevalence of mental disorders (in the general population as well as adolescents), and the lack of data was highlighted in a 2012 situation analysis of mental health in Nauru.⁸³ However, existing data suggest that adolescent mental health is an area of concern.

The 2011 GSHS collected limited information about adolescent mental health. For example, the GSHS data indicated that 30 per cent of all pupils aged 13–15 had attempted suicide during the 12 months before the survey was implemented, which is worryingly high. Male pupils were slightly more likely to report having attempted suicide (32 per cent) than female pupils (29 per cent).⁸⁴ Beyond the GSHS, there appear to be few quantitative data on the mental health of adolescents and children in Nauru. As a result, little is known about the mental health of Nauru's youth outside of the age range of 13–15 and about the mental health of out-of-school youth.

The 2012 situation analysis on mental health in Nauru laments that there is no separate budget allocation for mental health, and no medical staff dedicated to mental health. Limited mental health services are available only at one hospital (the Republic of Nauru Hospital), with one doctor and one locally trained nurse assistant having gained some mental health experience. A psychiatrist from Tonga visits Nauru around three times per year.⁸⁵ Overall, the situation analysis notes that Nauru's capacity to provide adequate mental health services is heavily reliant on expatriates and overseas assistance.

Anecdotal evidence suggest that mental health is a major problem affecting refugees and asylum-seekers detained in Nauru's RPC. For example, almost half of the 54 asylum-seeker children returned to Australia from the RPC in 2016 were diagnosed with mental illness.⁸⁶ Suicide attempts also appear to be common in the detention facility, with Amnesty International reporting that approximately 15 per cent of the 410 men, women and children (as of October 2016) had attempted suicide or had thoughts about harming themselves.⁸⁷

82 Tangitau, A. et al. 'WHO Profile on Mental Health In Development (WHO proMIND): Republic of Nauru', 2012, on http://apps.who.int/iris/bitstream/10665/85305/1/9789241504164_eng.pdf?ua=1 [09.05.17].

83 Ibid.

84 Note that confidence intervals are not reported, so it is not possible to establish whether this difference is statistically significant.

85 Tangitau et al., 'WHO proMIND: Nauru', 2012.

86 The Guardian, 'Almost Half of Children Returned from Nauru Have Mental Illness, Senate Told', 2016, on <https://www.theguardian.com/australia-news/2016/apr/21/almost-half-of-children-returned-from-nauru-have-mental-illness-senate-told> [10.04.17]

87 See Reuters, 'Australia-Bound Refugees Driven to Suicide on Nauru: Rights Group Amnesty', 2016, on <http://www.reuters.com/article/us-australia-asylum-idUSKBN12H0VP> [09.05.17]. See also Amnesty International, 'Island of Despair: Australia's "Processing" of Refugees on Nauru', 2012, on <https://www.amnesty.org/en/documents/asa12/4934/2016/en/> [09.05.17].

3.6. Nutrition

SDG 2.2 encourages states to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age (the WHO Global Nutrition Targets), and to address the nutritional needs of adolescent girls, pregnant and lactating women and older women.⁸⁸

According to WHO's Global Nutrition Targets, Nauru should, by 2025, aim to, achieve results in relation to stunting, anaemia, low birthweight, childhood overweight, exclusive breastfeeding in the first six months and childhood wasting.⁸⁹

WHO Global Nutrition Targets

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

3.6.1. Child stunting and wasting

According to the 2016 SOWC estimates (based on 2007 DHS data), prevalence of stunting (short height-for-age or 'chronic malnutrition') in under-five children in Nauru is estimated to stand at a very high 24 per cent. This rate compares unfavourably with the regional average for East Asia and the Pacific, which stands at 11 per cent as of 2015. DHS data from 2007 indicate a total of 8.5 per cent of under-five children being severely stunted, with childhood stunting is somewhat more prevalent in females under the age of five years (26 per cent), compared with males under the

88 See Sustainable Development Knowledge Platform, on <https://sustainabledevelopment.un.org/sdg2> [10.04.17].

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

age of five years (22 per cent). Children from households in the lowest wealth quintile are more likely to be stunted (52 per cent) than children from households in the highest wealth quintile (18 per cent).

High levels of stunting are associated with a high risk of frequent and early exposure to illness and/or inappropriate feeding practices. In the long run, stunted children are likely to have reduced work capacity as adults, which has negative impacts on economic productivity.⁹⁰

Childhood wasting (low weight-for-height or 'acute malnutrition') is estimated in the 2016 SOWC to affect only 1 per cent of under-five children in Nauru, which is below WHO's target of 5 per cent for the year 2025. Nauru's wasting prevalence rate also compares favourably with the regional average for East Asia and the Pacific, which stood at 4 per cent as of 2015.

3.6.2. Anaemia

Globally, it is estimated that maternal anaemia (low levels of functioning red blood cells) accounts for around 20 per cent of maternal deaths,⁹¹ increasing the risk of blood loss at delivery and post-partum haemorrhage.⁹² The nutritional status of the mother during pregnancy and lactation can also affect the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birthweight babies, who also have an increased risk of dying.⁹³ De-worming and iron supplementation can be effective in reducing anaemia in pregnant women as well as children.⁹⁴

According to FAO, anaemia represents a severe public health issue in Nauru, particularly among under-five children (affecting 51 per cent), as well as pregnant women (44 per cent) and non pregnant women (32 per cent).⁹⁵ The combined high rates of childhood stunting (discussed above), anaemia and obesity (discussed below) suggest that, while food is available, there appears to be an over-reliance on poor-quality food (i.e. foods that are high in sugar, salt and fat but low in natural fibre, vitamins and mineral).⁹⁶

3.6.3. Low birthweight and underweight

The SOWC 2016 data indicate that 27 per cent of Nauru's children have low birthweight, which is the highest prevalence rate in the whole Pacific region. According to FAO, Nauru's very high

90 2007 DHS, p. 136.

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

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

93 Ibid.

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

95 FAO, 'Nauru – Food and Nutrition Security Profiles', 2014, on http://www.fao.org/fileadmin/templates/rap/files/nutrition_profiles/DI_Profile_-_Nauru_280714.pdf [26.04.10].

96 See e.g. UNICEF, 'A Situation Analysis of Children, Women and Youth in Nauru', 2015, p. 27, on https://www.unicef.org/pacificislands/Nauru_Sitan_Report_Latest_pdf.pdf [25.04.17].

prevalence of low birthweight is a factor contributing to its relatively high child mortality rates.⁹⁷ DHS data from 2007 indicate that the likelihood that a child will be born with low birthweight increases if the mother is in the lowest wealth quintile (39 per cent), has her fourth or fifth child (38 per cent) or smokes (29 per cent). The SOWC 2016 data also suggest that 5 per cent of Nauru's children under five can be considered underweight. Nauru's underweight rate is the same as the East Asia and Pacific average (5 per cent).

3.6.4. Obesity

Nauru's disease burden associated with NCDs has increased rapidly since the early 1990s, with the country witnessing almost epidemic rises in premature deaths related to diabetes (a 213 per cent increase between 1990 and 2013) as well as ischemic heart disease (a 88 per cent increase).⁹⁸ The WHO Country Cooperation Profile 2013–2017 observes that NCDs such as diabetes, hypertension and obesity have become the leading causes of morbidity and mortality in Nauru.⁹⁹

Many of the above-mentioned NCDs are related to overweight and obesity. According to a recent WHO report, Nauru has the highest rates of obesity in the Pacific, with 72 per cent of men and 77 per cent of women classified as obese. Nauru also has among the highest incidence of diabetes in the world, with up to 30 per cent of the population diagnosed with Type II diabetes.¹⁰⁰

Obesity and overweight also appear to be a major concern for Nauru's children and adolescents. Data from the 2011 GSHS suggest that 44 per cent of school children aged 13–15 are overweight and 17 per cent are obese.

High prevalence of overweight and obesity is largely attributable to behavioural factors, in particular unhealthy dietary practices and limited physical activity. For example, a recent WHO report suggests Nauru's obesity problem can be traced back to the decline of traditional practices of fishing and gardening; modern diets now consist largely of imported Westernised food.¹⁰¹ Evidence from the 2011 GSHS also suggests Nauru's children do not exercise enough. For example, only 15 per cent of all surveyed children indicated that they had been physically active for a total of at least an hour per day on five or more days during the previous seven days; 33 per cent of students reported having spent three or more hours per day doing sitting activities. Overall, the GSHS data suggest girls are less likely than boys to engage in physical activity or exercise. Social norms may also play an important role in fuelling Nauru's obesity epidemic. For example, it has been suggested that 'generous proportions' are seen as a sign of prosperity in Nauruan society.¹⁰²

97 FAO, 'Nauru – Food and Nutrition Security Profiles', 2014.

98 Institute of Health Metrics, 'Global Burden of Disease Study 2013. Nauru', on https://www.thecommonwealth-healthhub.net/wp-content/uploads/2016/02/Nauru_CW_CountryProfile_Final_12_14_15.pdf [20.03.17].

99 WHO Country Cooperation Strategy for Nauru 2013–2017, p. 38.

100 Tangitau et al., 'WHO proMIND: Nauru', 2012.

101 Ibid.

102 See Marks, K., 'Fat of the Land: Nauru Tops Obesity League', *The Independent*, 2010, on <http://www.independent.co.uk/life-style/health-and-families/health-news/fat-of-the-land-nauru-tops-obesity-league-2169418.html> [13.04.17].

3.6.5. Breastfeeding

WHO recommends infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.¹⁰³ Exclusive breastfeeding rates appear to be relatively high in Nauru, with room for improvement. According to the most recent UN estimates, 67 per cent of children in Nauru receive exclusive breastfeeding for the first six months after their birth, which is above the 50 per cent target set out in WHO's Global Nutrition Targets for 2025. DHS data from 2007 indicate that in most cases breastfeeding is initiated shortly after birth, with 76 per cent of babies breastfed within one hour of birth and 90 per cent of babies within one day of birth.

WHO recommends breastfeeding be continued for at least 24 months after birth (with the introduction of complementary foods after six months).¹⁰⁴ DHS data from 2007 suggest the mean duration of breastfeeding among Nauruan children is 18.6 months, which is below the WHO's recommended duration.

3.7. Key barriers and bottlenecks

Nauru has a publicly funded formal health system that provides basic health care services to all Nauruan citizens free of charge.¹⁰⁵ Even though evidence on the health system in Nauru is very limited, the existing information suggests there are a number of important barriers and bottlenecks to further progress in the area of health, which are described below.

3.7.1. Transportation

A major challenge facing Nauru's health system relates to the remoteness of the island from other larger human settlements, and the difficulties associated with transferring patients in need of specialized health care abroad. WHO has noted that Nauru's health system is particularly vulnerable because of its isolation, with only one aircraft serving the country.¹⁰⁶

3.7.2. Climate and disaster risks

Climate change and extreme weather increase the threat of both communicable and non-communicable diseases, and can exacerbate existing bottlenecks and create additional barriers for individual's wanting to access health care.¹⁰⁷ A 2015 WHO report on climate change and health

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

104 See e.g. WHO, 'Exclusive Breastfeeding for Six Months Best for Babies Everywhere', 2011, on http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/ [25.04.17].

105 MoHMS Strategic Plan 2010–2015, on <https://dfat.gov.au/about-us/publications/Documents/health-sector-strategic-plan-2010-2015.pdf> [25.04.17].

106 Tangitau et al., 'WHO proMIND: Nauru', 2012.

107 WHO Country Cooperation Strategy for Nauru 2013–2017.

in the Pacific region suggests Nauru is one of the Pacific's most vulnerable countries to the impacts of climate change on health. The report highlights that Nauru is affected by a whole range of climate and disaster risks, including droughts, phosphate dust (caused by extensive phosphate mining), changing wind patterns and rising temperatures. The key climate-sensitive health risks in Nauru are poor air quality (from phosphate dust), compromised food security (owing to shrinking arable land), injuries and deaths from extreme weather events, water insecurity and water-, food- and vector-borne diseases.¹⁰⁸

According to Nauru's Framework for Climate Change Adaptation and Disaster Risk Reduction (RONAdapt), the country has very limited capacity to develop and maintain a disease surveillance system to provide early warning and timely response to disease outbreaks. The RONAdapt document also identifies the two greatest disaster-related risks to service delivery in the health sector as 1) possible relocation needs during extreme weather events (in particular the ability of hospitals continue to deliver daily treatments, such as to dialysis patients, if physical relocation of patients is required); and 2) supply chain disruptions that are a threat to medical treatment (medicines, energy, water).¹⁰⁹ The RONAdapt document sets out several activities for the health sector related to climate change adaptation and disaster risk reduction.¹¹⁰ It is not clear to what extent these activities have been implemented in practice.

3.7.3. Health financing

Overall, health financing in Nauru is adequate and per capita spending is above the PICTs average, according to NMDI data from 2011.¹¹¹ However, high travel costs associated with overseas referrals and heavy reliance on external donor assistance (in particular Australian development assistance) represent potential bottlenecks in relation to Nauru's health financing. In addition, it is important to note that the reduction in demand for phosphate, which was for a long time Nauru's main source of revenue, will significantly reduce government revenue and put strain on public finances.¹¹²

According to regional NMDI data, the Nauruan public health budget was 10.9 per cent of GDP as of 2009, which is the fourth highest figure in the whole PICTs group (including Papua New Guinea, PNG).¹¹³ Expenditure as a percentage of GDP is also significantly above the 'recommended' 5 per cent of GDP.¹¹⁴ However, government expenditure on health makes up only 6.9 per cent of total government expenditure, which, according to the NMDI database, is the lowest in the PICTs group (including PNG), suggesting health care ranks relatively low on the government's priority list (see Figure 3.4).

108 WHO, 'Human Health and Climate Change in Pacific Island Countries', 2015, p. 75, on http://iris.wpro.who.int/bitstream/handle/10665.1/12399/9789290617303_eng.pdf [13.03.17].

109 http://reliefweb.int/sites/reliefweb.int/files/resources/NRU_2015_ROMAdapt_Framework.pdf [13.03.17].

110 Ibid., see Table A2.2 'Priority CCA and DRR Activities for the Health Sector', pp. 39–40.

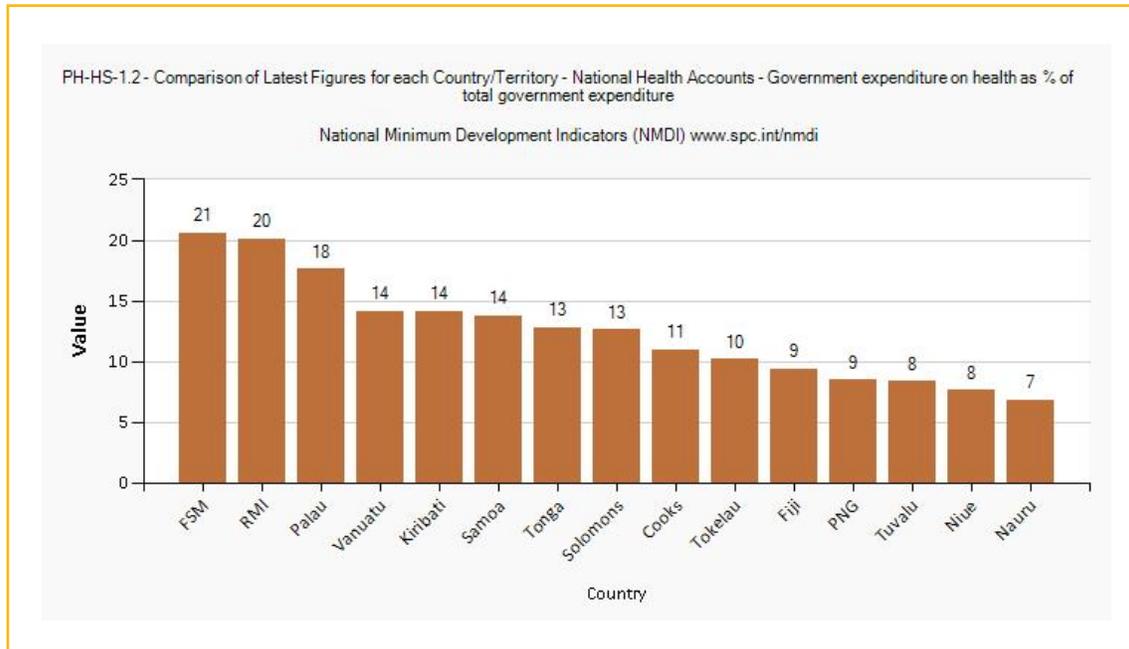
111 https://www.spc.int/nmdi/health_systems [12.04.17].

112 See e.g. Nauru Water and Sanitation Master Plan 2015, p. 3, on <http://ccprojects.gsd.spc.int/wp-content/uploads/2016/06/8.-Nauru-Master-Plan-Final.pdf> [10.05.17].

113 https://www.spc.int/nmdi/health_systems [12.04.17].

114 Note that the World Health Assembly never officially approved this often-cited 'WHO recommended 5 per cent threshold'. See e.g. http://www.who.int/health_financing/en/how_much_should_dp_03_2.pdf, especially Annex A [25.04.17].

Figure 3.4: Government expenditure on health as percentage of total government expenditure



Source: NMDI data 2016.¹¹⁵

Domestic revenue accounted for around 60 per cent of the health budget in the Nauru as of the 2010–2011 financial year. The other major source of funding for the health budget is Australian development assistance, which accounted for roughly 35 per cent of the budget in the same year. A significant proportion of health funding (34 per cent) is allocated to personnel costs (including the hiring of expatriate health professionals), the procurement of drugs and dressings (20 per cent) and medical services (14 per cent); relatively few resources are spent on training (6.8 per cent).¹¹⁶

Key risks to Nauru' health budget are thus the potentially high cost of travel for patients referred abroad (primarily to Australia) for specialized medical care, as well as overall declining government revenue. Another critical issue, also highlighted in the Ministry of Health and Medical Services (MoHMS) Strategic Plan 2010–2015, is Nauru's heavy reliance on external funding sources. As mentioned above, Australian contributions alone amounted to more than a third of the total health budget in 2010–2011, which raises questions of financial sustainability.

3.7.4. Health workforce

According to a recent WHO report, the number of doctors and nurses working in Nauru can vary significantly from year to year, as several expatriate health workers come for consultancies and

115 https://www.spc.int/nmdi/health_systems [12.04.17].

116 MoHMS Strategic Plan 2010–2015.

short-term contracts.¹¹⁷ As of 2009, expatriates made up 16 per cent of the total approved health workforce of 211 health workers, with nearly all physicians being non-nationals; as in many other countries in the PIC group, nurses make up the largest group within the health workforce of Nauru, with around 78 out of 211 approved health workers being nurses or nurse aides.¹¹⁸

Even though Nauru's health workforce coverage can vary from year to year, the existing data suggest the health worker–population ratio is typically above the regional average. Nauru had about 6.2 nurses per 1,000 individuals as of 2008, which is significantly above the PICTs regional average of 3.6/1,000 (including PNG). According to estimates from 2008, Nauru had 1 physician per 1,000 individuals, which is just above the PICTs average of 0.9 physicians per 1,000 individuals (including PNG).¹¹⁹ WHO has highlighted the lack of appropriately trained mental health professionals in Nauru.¹²⁰

The key bottlenecks in relation to the health workforce in Nauru appear to be an acute lack of adequately trained *local* health professionals, a heavy reliance on expatriate health workers on short-term contracts (leading to significant fluctuations in coverage from year to year), and difficulties associated with filling vacancies (which stood at 8 per cent of the work force as of 2011).¹²¹

3.7.5. Service delivery

Nauru's health system is public, with no private or non-government health service providers present on the island.¹²² There is only one hospital in Nauru (Republic of Nauru Hospital, 56 beds), which offers a number of medical and surgical specialties, including laboratory, radiological and pharmaceutical services.¹²³ Nauru Public Health Centre is the second of only two health facilities in Nauru, and focuses on preventative and primary health care services.¹²⁴ Patients with more serious conditions or requiring more urgent treatment that is not available in Nauru's hospital are eligible for referral overseas (usually Australia or India), at the expense of the government.

There is limited evidence on the quality of health services and equipment at Nauru's two health facilities, which makes it difficult to assess the state of health service delivery in the country. However, there is some evidence suggesting that pharmaceutical supply shortages represent a significant bottleneck in relation to the provision of health services. Nauru imports all pharmaceuticals from Australia and the Netherlands, and the Commonwealth Secretariat has noted that the country suffers from frequent shortages in pharmaceutical supply, as well as disruptions in distribution.¹²⁵

117 Tangitau et al., 'WHO proMIND: Nauru', 2012.

118 MoMHS Strategic Plan 2010–2015.

119 NMDI data, on https://www.spc.int/nmdi/health_systems [20.03.17].

120 Tangitau et al., 'WHO proMIND: Nauru'.

121 MoMHS Strategic Plan 2010–2015.

122 Ibid.

123 WHO Country Cooperation Strategy for Nauru 2013–2017.

124 MoMHS Strategic Plan 2010–2015.

125 Commonwealth Health Online, on http://www.commonwealthhealth.org/pacific/nauru/health_systems_in_nauru/ [09.05.17].

4.

Water, Sanitation and Hygiene

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene, is crucial for achieving a whole range of development goals related to health and nutrition as well as education. For example, a lack of basic sanitation, hygiene and safe drinking water has been shown to contribute to the spread of water-related diseases (including diarrhoea), which are in turn a significant cause of under-five child mortality in the Pacific region.¹²⁶ Existing evidence also suggests poor WASH access is linked to growth stunting.¹²⁷ Furthermore, there is growing evidence that clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.¹²⁸ This chapter assesses and analyses the situation in FSM regarding children's access to improved water sources and sanitation facilities, as well as children's hygiene practices, using SDGs 6.1, 6.2 and 1.4 as set out in the table below as benchmarks.

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) has produced estimates of global progress on WASH since 1990. The JMP was previously responsible for tracking progress towards MDG 7c on WASH; following the introduction of the 2030 Sustainable Development Agenda, it now tracks progress towards the SDG's WASH targets. The JMP uses a 'service ladders' system to benchmark and compare progress across countries, with each 'rung' on the ladders representing progress towards the SDG targets.¹²⁹ The subsections below utilize the relevant service ladders to assess FSM's progress towards meeting the SDG targets.

126 WHO, 'Sanitation, Drinking-Water and Health in Pacific Island Countries. 2015 Update and Future Outlook', 2016.

127 UNICEF, 'Looking Back, Moving Forward. A Snapshot of UNICEF's Work for Pacific Island Children 2015–16', 2016.

128 Ibid.

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

Key WASH-related SDGs

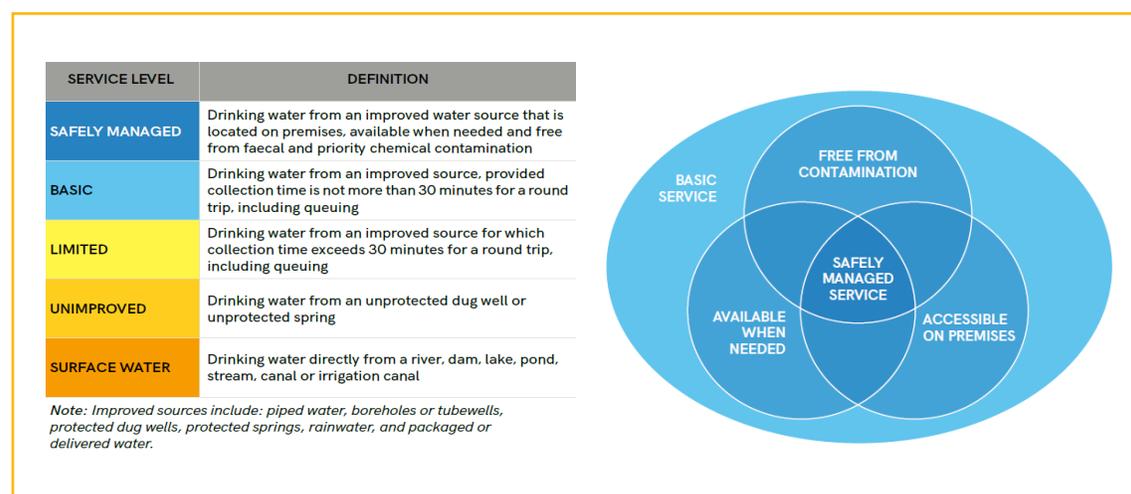
WASH sector goal ^v	SDG global target	SDG indicator
Achieving universal access to basic services	1.4 By 2030, ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources, as well as access to basic services	1.4.1 Population living in households with access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

4.1. Access to improved water sources

In order for a country to meet the criteria for a **safely managed drinking water service, SDG 6.1**, the population should use an improved water source fulfilling three criteria: it should be accessible on premises; water should be available when needed; and the water supplied should be free from contamination. If the improved source does not meet any one of these criteria, but a round trip to collect water takes 30 minutes or less, it will be classified as a **basic drinking water service (SDG 1.4)**. If water collection from an improved source takes longer than 30 minutes, the source is categorized as giving a **limited service**.¹³⁰ The immediate priority in many countries is to ensure universal access to at least a basic level of service.¹³¹

130 Ibid., p. 8.

131 Ibid., p. 10.

Figure 4.1: JMP service ladder for improved water sources

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

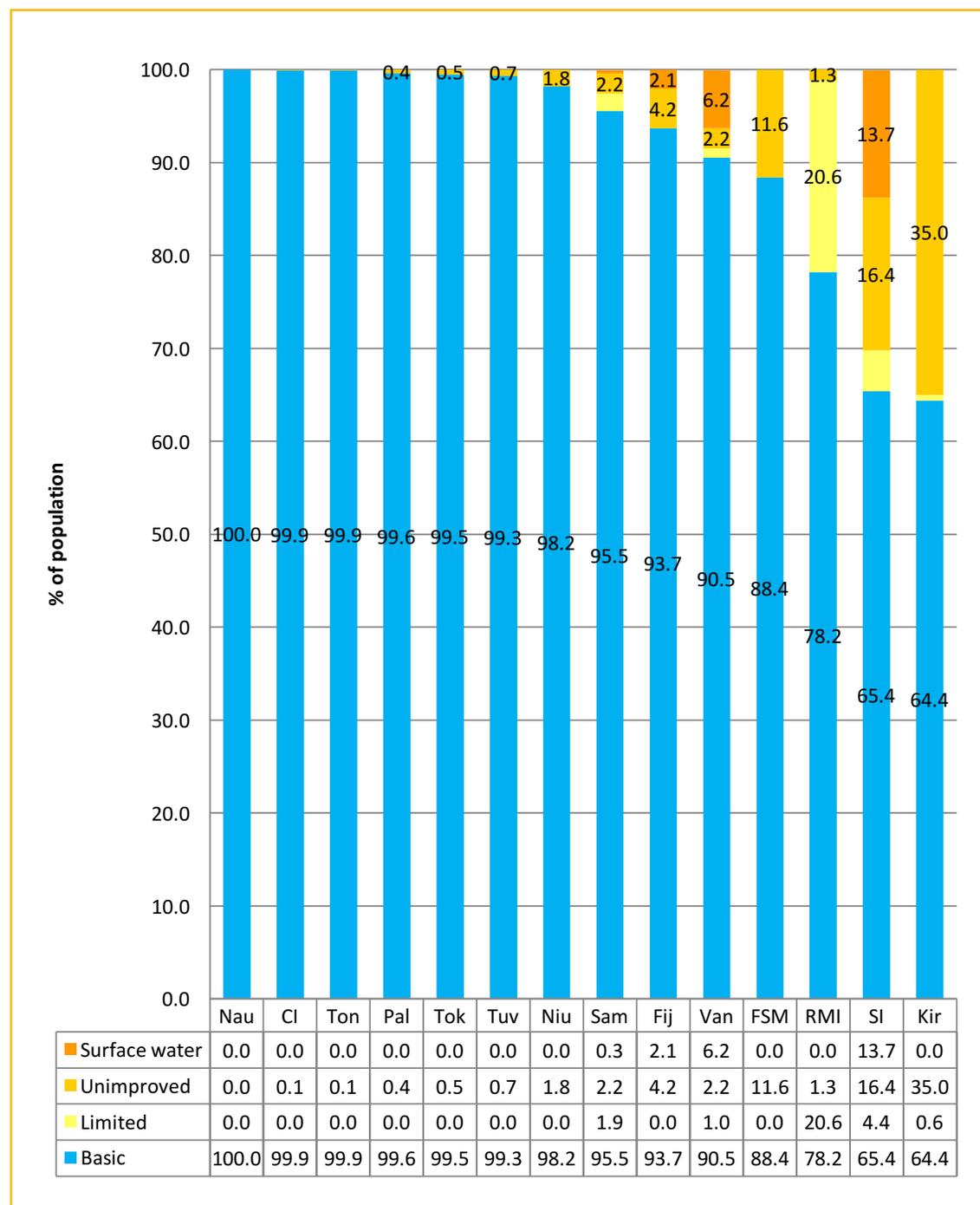
As an atoll country, Nauru's potable water is drawn primarily from rainwater, water imports, desalination of seawater and some shallow unconfined groundwater sources, which are reported to be frequently polluted by faecal matter.¹³² No estimate of the proportion of population using safely managed drinking water services is available for Nauru as data are not available in relation to the proportion of the population using an improved source that is accessible when needed and the proportion using an improved source that is free from contamination. JMP estimates from 2017, however, are that, as of 2015, access to basic drinking water services (access to improved services within a 30-minute round trip) in Nauru was universal, with the country thus meeting SDG 4.1.¹³³ As Figure 4.2 shows, this makes Nauru the highest achieving PIC in relation to access to water as measured by the JMP service ladders.

According to JMP estimates, as of 2015 68.4 per cent of Nauru's population had access to an improved water source that was piped, and 31.6 per cent had access via a non-piped source. A total of 99.4 per cent of the population had access to an improved source of water at premises, meaning this proportion of the population does not have to travel to access water, a task and burden often falling disproportionately on women and children. Remember that all of Nauru's population is considered urban, thus access rates are not disaggregated by rural vs. urban areas.

132 SPC, 'Water, Sanitation Program', on <http://www.pacificwater.org/pages.cfm/country-information/nauru.html> [19.08.17] and SPREP, 'Case Study: A Conjunctive Water Supply System for Nauru', on <https://www.sprep.org/pacc/experiences/water/case-study-a-conjunctive-water-supply-system-for-nauru> [05.05.17].

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

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



Source: JMP data¹³⁴

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

Source: JMP data¹³⁵

Table 4.1 suggests Nauru has been able to achieve a steady increase in the provision of basic drinking water coverage since 2000 (the first year for which JMP 2017 estimates are provided), with an increase of about 5 percentage points between 2000 and 2015.

Table 4.1: Provision of drinking water services, 2017 estimates

Year	Improved water	Improved within 30 mins (basic)	Improved more than 30 mins (limited)	Unimproved water	Surface water	Population using improved sources that are:				
						Piped	Non-piped	Accessible on premises	Available when needed	Free from contamination
2000	95.1	95.1	0.0	4.9	0.0	-	-	94.5	-	-
2005	97.1	97.1	0.0	2.9	0.0	-	-	96.5	-	-
2010	99.0	99.0	0.0	1.0	0.0	68.4	30.6	98.5	-	-
2015	100.0	100.0	0.0	0.0	0.0	68.4	31.6	99.4	-	-

Source: JMP data¹³⁶

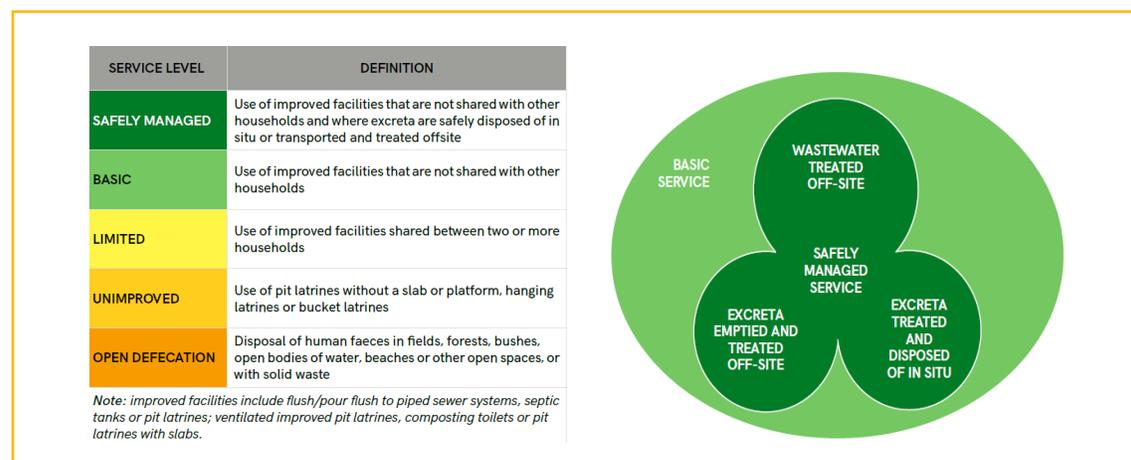
135 <https://washdata.org/data#!/nru> [02.08.17].

136 Ibid.

4.2. Access to improved sanitation facilities

In order to meet SDG 6.2 on safely managed sanitation services, people need to be using improved sanitation facilities that are not shared with other households, and the excreta produced should be either treated and disposed of *in situ*, stored temporarily and then emptied, transported and treated off-site or transported through a sewer with wastewater and then treated off-site.¹³⁷ If excreta from improved sanitation facilities are not safely managed, people using these facilities will be classed as having access to basic sanitation service (SDG 1.4); if using improved facilities that are shared with other households, this will be classified as having a limited service. SDG target 6.2 also puts a specific focus on ending the practice of open defecation.¹³⁸ While the target aims to progressively raise the standard sanitation services level for all, the immediate priority for many countries will be to first ensure universal access to at least a basic level of service.¹³⁹

Figure 4.4: JMP service ladder for improved sanitation facilities



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

No estimate of the proportion of population with access to safely managed sanitation services is available for Nauru as data on excreta management are not available. According to 2017 JMP estimates, as of 2015 96.3 per cent of the population used improved sanitation facilities. However, of this 96.3 per cent, 65 per cent of the population had access to improved and not shared facilities – that is, basic services – whereas 30.7 per cent had access only to improved and shared facilities – that is, limited services. Thus, as of 2015, only about one third of the population in Nauru has access to basic sanitation services and the country has some way to go to meet SDG 1.4.¹⁴⁰ The 2017 JMP Progress Report places Nauru as one of 24 countries in the world where at least one in five people used limited sanitation services in 2015.¹⁴¹ As Figure 4.5 shows, access to sanitation facilities in Nauru is among the poorest in the PICTs.

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

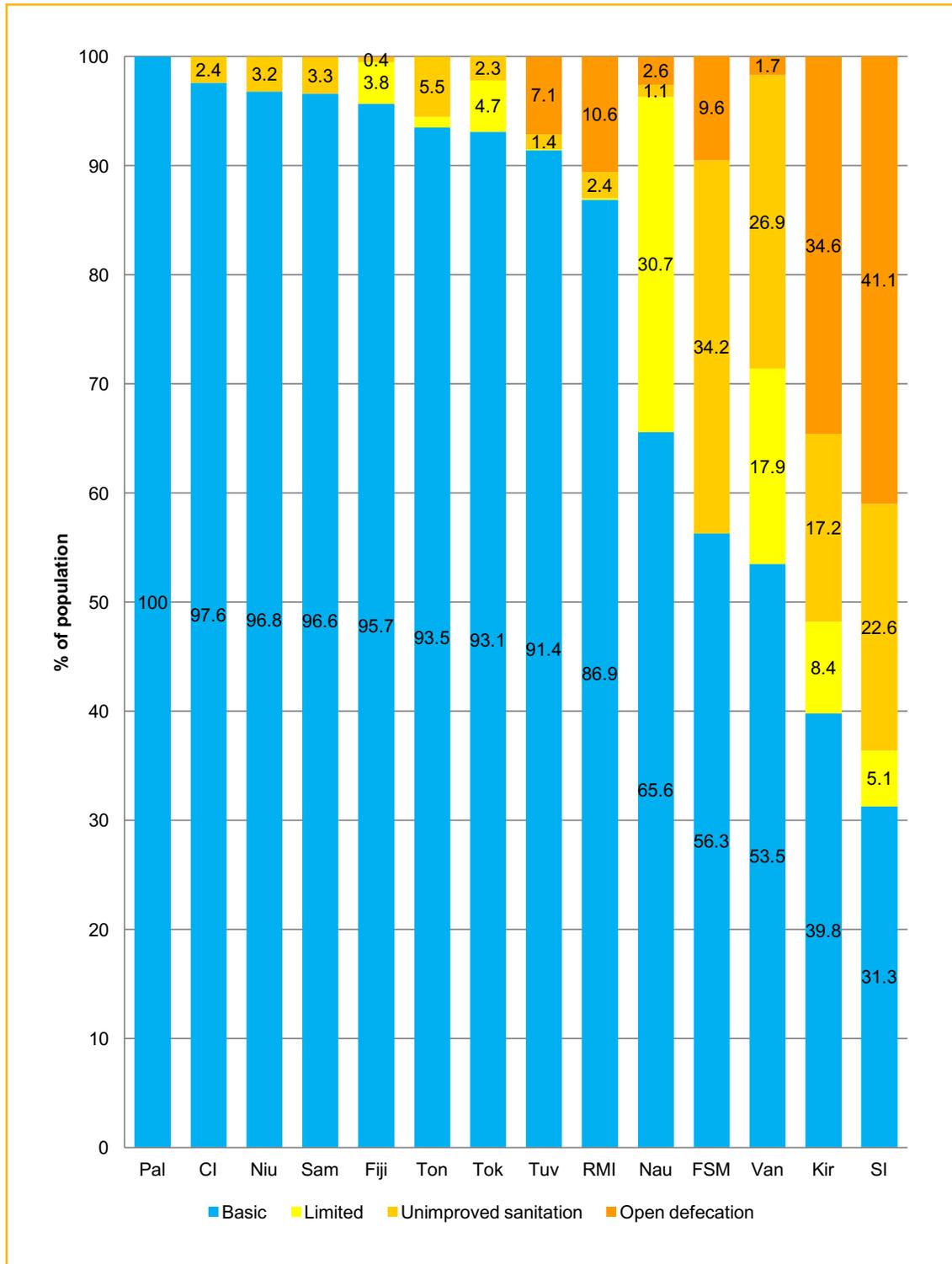
138 Ibid., pp. 8–9.

139 Ibid., p. 10.

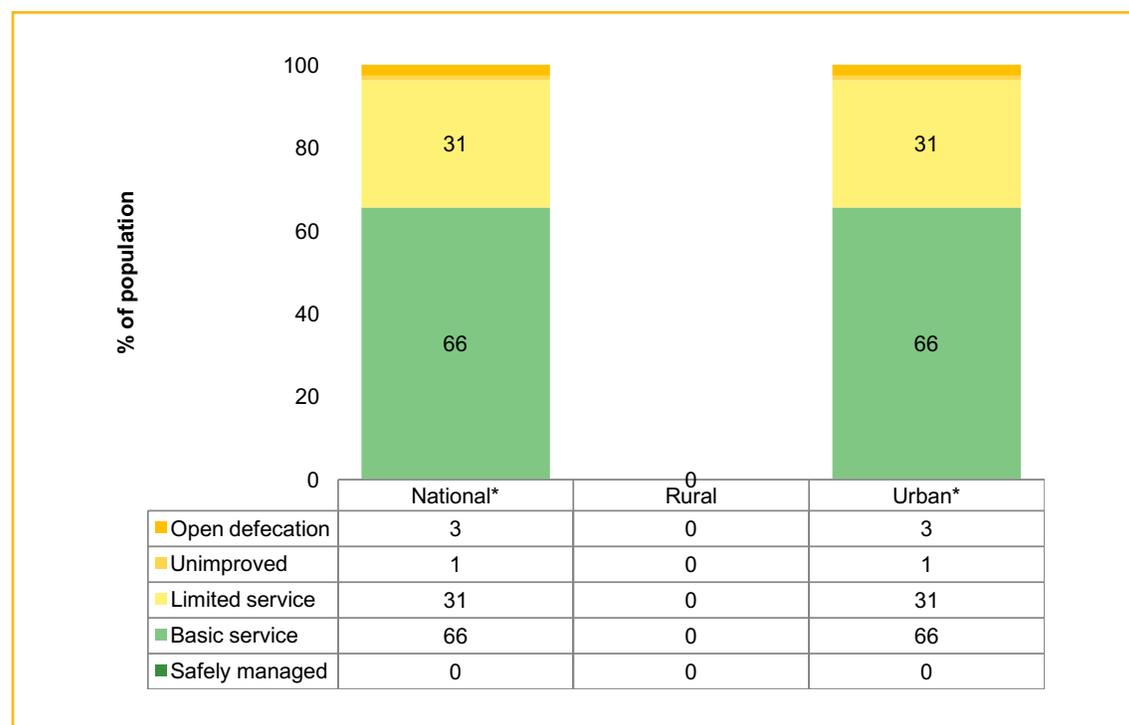
140 JMP data for Nauru on <https://washdata.org/data#!/nru> [02.08.17]

141 WHO and UNICEF, 'Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines', p. 15.

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



Source: JMP data¹⁴²

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

Source: JMP data¹⁴³

Table 4.2 provides an overview of trends in relation to access to basic sanitation facilities in Nauru over the past 10 years. These estimates show access rates were fairly constant between 2000 and 2015, with no improvements in the proportion of the population gaining access to basic services. This indicates that increased efforts will be required for Nauru to meet 2030 SDG targets.

According to SDG target 6.2, Nauru should aim to end any practice of open defecation by 2030. Most recent JMP estimates are that open defecation prevalence was 2.6 per cent in Nauru as of 2015. Further, as Table 4.2 indicates, open defecation rates actually increased in Nauru between 2000 (the first year for which JMP data are available) and 2015. Rates were estimated to stand at 0.9 per cent in 2000 but increased steadily to reach 2.6 per cent in 2015. Whether this is statistically significant would need to be determined, although does indicate it that increased efforts are required for Nauru to be able to meet this important WASH-related target by 2030. Nevertheless, although Nauru is one of only seven PICTs that has not met SDG target 6.2, it has the second lowest rate of open defecation practice (second only to Vanuatu, at 1.7 per cent).

Table 4.2: Provision of sanitation facilities, 2017 estimates

Year	Improved sanitation	Improved and not shared	Improved and shared (limited)	Unimproved sanitation	Open defecation	Population using an improved and not shared sanitation facility:					
						Latrines and other	Septic tank	Sewer connection	Disposed <i>in situ</i>	Emptied and treated	Wastewater treated
2000	96.5	65.7	30.8	2.6	0.9	30.1	19.9	15.7	-	-	-
2005	96.4	65.7	30.8	2.0	1.5	30.1	19.9	15.7	-	-	-
2010	96.4	65.6	30.7	1.4	2.2	30.0	19.9	15.7	-	-	-
2015	96.3	65.6	30.7	1.1	2.6	30.0	19.9	15.7	-	-	-

Source: JMP data.¹⁴⁴

4.3. Hygiene practices

According to SDG target 6.2, Nauru should, by 2030, provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Hygiene promotion that focuses on key practices in households and schools (washing hands with soap after defecation and before handling food and the safe disposal of children's faeces) is an effective way to prevent diarrhoea (and other diseases), which in turn affects important development outcomes such as those related to child mortality or school attendance.¹⁴⁵

The presence of a hand-washing facility with soap and water on premises has been identified as the priority indicator for the global monitoring of hygiene under the SDGs. Households with a hand-washing facility with soap and water available on premises will meet the criteria for a **basic** hygiene facility (SDGs 1.4 and 6.2). Households that have a facility but lack water or soap will be classified as having a **limited** facility, and distinguished from households that have no facility at all.¹⁴⁶

144 Ibid.

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

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

Figure 4.7: JMP service ladder for improved hygiene services

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

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

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

No data on hygiene practices are available for Nauru in the 2017 JMP study. The 2011 GSHS thus represents the most important publicly available, nationally representative data source on hygiene practices among children in the country.¹⁴⁷ According to these data, around 14 per cent of surveyed pupils indicated that they had cleaned or brushed their teeth less than one time per day during the previous 30 days, with girls (9 per cent) somewhat less likely to report *not* brushing their teeth at least once a day compared with boys (19 per cent).¹⁴⁸

The GSHS data also suggest that 8.5 per cent of pupils never or rarely washed their hands after using the toilet or latrine during the 30 days before the survey. Importantly, these data are self-reported, so do not necessarily capture hygiene *practices*, and are likely to overestimate the proportion of pupils washing their hands after toilet use, owing to social desirability bias. As with dental hygiene practices, it appears that girls (4 per cent) are less likely than boys (12 per cent) to report *not* washing their hands after latrine use.¹⁴⁹ Unfortunately, the GSHS data capture reported hygiene behaviour only of school children aged 13–15 (in Grades 7–12), so very little is known about children in other age groups and children who do not attend school (i.e. out-of-school youth).

If human faeces are not disposed of safely, diseases may spread, through direct or animal contact. Data from the 2007 DHS suggest that 48 per cent of households in Nauru dispose of children's stools in a safe and hygienic manner (by flushing them down the toilet or burying them) and 43 per cent dispose of children's stools by simply throwing them in the garbage. Households in the wealthiest quintile are most likely to do the latter (54 per cent), which may be the result of a

147 http://www.who.int/chp/gshs/Nauru_GSHS_FS_2011.pdf?ua=1 [12.04.17].

148 Confidence intervals are not reported, so it is not possible to establish whether this difference is statistically significant.

149 The reported confidence intervals overlap but the level of statistical significance is not reported.

greater availability of nappies in these households. It is unclear whether these DHS figures from 2007 still reflect hygiene practice in Nauru as of 2017.

4.4. WASH in schools, MHM and disabilities

Little information was obtainable on the situation of WASH in schools in Nauru. The National Water, Sanitation and Hygiene Policy, adopted in 2012, suggests Nauruan schools are frequently forced to close because they have no water for drinking and toilet flushing, and that theft of water from schools is a major issue.¹⁵⁰ Necessary sewerage repair works at Nauru Primary School alone are estimated to cost AU\$ 75,000, as per Nauru's Water and Sanitation Master Plan for 2015–2035.¹⁵¹

Data appear to be lacking on access to WASH for persons living with disabilities and other disadvantaged groups in Nauru. There is also little information on menstrual hygiene management (MHM) programmes in Nauru.¹⁵² Anecdotal evidence suggests women detained in the Australian-run RPC have limited access to menstrual hygiene products, but Australia's Department of Immigration and Border Protection has rejected these claims as incorrect.¹⁵³

4.5. Barriers and bottlenecks

Even though data on the situation of the WASH sector in Nauru are quite limited, the existing evidence suggests there are several key structural barriers and bottlenecks that could prevent Nauru from achieving further progress in the area of WASH.

4.5.1. Climate and disaster risks

As mentioned in the previous chapter, rising sea levels and flooding, desertification, drought, pollution from ships, coral reef erosion and typhoons are key risks facing Nauru. A recent WHO assessment report concluded that some of the key climate-sensitive health risks in Nauru were diarrhoeal diseases and vector-borne diseases, for which water safety has implications.¹⁵⁴ Water safety therefore needs to be treated as a top priority in preventing and/or mitigating climate-sensitive health risks in Nauru.

150 Draft National Water, Sanitation and Hygiene Policy, 2011, p. 5, on <http://nauruenv.appspot.com/file/page/Nauru%20Draft%20Water%20Policy%202011%2009%2005.pdf> [12.04.17].

151 Nauru Water and Sanitation Master Plan 2015, on <http://ccprojects.gsd.spc.int/wp-content/uploads/2016/06/8.-Nauru-Master-Plan-Final.pdf> [10.05.17].

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

153 The Canberra Times, 'Menstrual Cups Mooted as Nauru's Asylum Seekers Suffer Sanitary Product Restrictions', October 2015, on <http://www.canberratimes.com.au/act-news/menstrual-cups-mooted-as-naurus-asylum-seekers-suffer-sanitary-product-restrictions-20151014-gk8ugc.html> [13.04.17].

154 WHO, 'Human Health and Climate Change in Pacific Island Countries', 2015, p. 66.

As mentioned earlier, Nauru is also extremely reliant on consistent rainfall for its water supply. Droughts and rainfall shortages during climatic extremes such as El Niño periods exacerbate Nauru's already very limited freshwater supply. For example, during a three-year drought in the late 1990s, Nauru's desalination plant went out of service and Nauruans were forced to rely on contaminated ground water sources.¹⁵⁵

4.5.2. Financial resources

Inadequate financial resources are also likely to be a key barrier to more rapid progress in relation to improving access to WASH in Nauru. Unfortunately, it was not possible to obtain detailed information on WASH financing in Nauru. The country is not included in the Global Annual Assessment of Sanitation and Drinking-Water (GLAAS), which usually includes indicators for measuring the adequacy of funding.¹⁵⁶ However, the government has recently acknowledged that, since the shortfalls in revenue from phosphate mining, it has not been able to maintain national water assets and most of the old storage networks either suffer major losses or are out of order.¹⁵⁷

The Nauru Water and Sanitation Master Plan 2015–2035 sets out investment needs in the areas of water and sanitation over the next 20 years. According to this, decades of under-investment in Nauru's water and sewage infrastructure mean the country needs to spend approximately AU\$ 27.4 million on improving its water supply system and approximately AU\$ 37.1 million on sewage works (within the next 20 years and taking into account projected population growth).

4.5.3. Community awareness

A recent government report suggests community engagement and awareness are still relatively low in relation to water protection, efficiency and quality and sanitation impact on the environment.¹⁵⁸ Increasing community awareness on WASH issues will be key to reducing wastage and contamination and addressing demand-side constraints related to sanitation and hygiene practices.

4.5.4. Limited data

According to the National Water, Sanitation and Hygiene Policy 2012, there are no accurate data on water demand or use by different sectors or use from different water sources in Nauru. There also appears to be no monitoring system in place in Nauru to ensure equitable and fair use of water from public storage tanks.¹⁵⁹

155 ABC News, 'Fresh Outlook for Nauru's Water', July 2012, on <http://www.abc.net.au/news/2012-07-04/an-nauru-water-sanitation/4109148> [05.05.17].

156 UN-Water, 'GLAAS Report, on www.who.int/water_sanitation_health/monitoring/investments/glaas/en/ [05.05.17].

157 Government of Nauru, 'Mid-Term Report of the Nauru GEF Pacific IWRM Demonstration Project', undated, on <http://www.pacific-iwrm.org/mid-term-reports/GEF-Pacific-IWRM-Nauru-Draft-Mid-Term-Report.pdf> [05.05.17].

158 Ibid.

159 Draft National Water, Sanitation and Hygiene Policy, 2011, p. 5.

5.

Education

5.1. Context

Education is a fundamental human right, enshrined in Articles 28 and 29 of the CRC and Article 13 of the ICESCR. According to the UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following ‘interrelated and essential features’: availability; accessibility; acceptability; and adaptability.¹⁶⁰ The right to education is also contained in the SDGs, which recognize that ‘Quality education is the foundation to improving people’s lives and sustainable development.’ SDG 4 requires states to ‘ensure inclusive and quality education and promote lifelong learning for all.’ The SDGs build on the MDGs, including MDG 2 on universal primary education, and UNESCO’s Education for All (EFA) goals, which this chapter references throughout where relevant.

Key Education-related SDGs

SDG	Target	Indicators
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Proportion of children and young people (a) in Grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
		Participation rate in organized learning (one year before the official primary entry age), by sex

160 General Comment No. 13, on the Right to Education, 8 December 1999, para. 6

SDG	Target	Indicators
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	Proportion of youth and adults with ICT skills, by type of skill
4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
4.6	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
4.7	By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	Extent to which (a) global citizenship education and (b) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in (i) national education policies, (ii) curricula, (iii) teacher education and (iv) student assessment
4.A	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Proportion of schools with access to (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)

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

In addition to these rights and targets, the UNISDR and Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) Comprehensive School Safety Framework sets out three essential and interlinking pillars for effective disaster and risk management: safe learning facilities; school disaster management; and risk reduction and resilience education. These pillars should also guide the development of the education system in Nauru, which is vulnerable to disaster and risk. Unfortunately, data on the impact of natural disasters on school infrastructure and children attending schools during natural disasters were not available.

The school system in Nauru is administered by the DoE, guided through strategic plans, the most recent being the Footpath for Education and Training Strategic Plan 2008–2013, set out in the National Sustainable Development Strategy 2005–2025. Up-to-date statistical information and analyses are limited for Nauru: the DoE’s most recent annual report was published in 2011.

The education system in Nauru has four levels: early childhood education (ECE) (playschool, pre-school and preparatory school), primary school (Grade/Years 1–6), middle school (Grade/Years 7–9) and secondary school (Grade/Years 10–12). A fifth level serves youth and adults receiving learning and skills development and training.¹⁶¹ Education is provided by the government freely and is compulsory up to age 18 and includes ECE. This means Nauru is one of the only PICTs to make ECE compulsory.¹⁶²

161 Education and Training Strategic Plan 2008–2013, on www.unesco.org/education/edurights/media/docs/07712bcf3c71c7853a4d4628be2356b6843d5357.pdf [18.08.17].

162 A provision introduced in the 2011 Education Act; see Nauru Bureau of Statistics, ‘Youth Monograph, Analysis of the 2011 Nauru Population and Housing Census’, on <http://nauru.prism.spc.int> [18.08.17].

In its most recent Concluding Observations in 2016, the Committee on the Rights of the Child highlighted various key concerns regarding Nauru's education system, including a long-standing truancy problem, despite recent implementation of an anti-truancy policy. Additionally, the Committee highlighted concerns over the accessibility of education for refugee and asylum-seeking children. Furthermore, accessible education for disabled pupils and students remains an issue of concern, since presently disabled children do not have equal access to mainstream schooling. These challenges and inequities are discussed further throughout this chapter.

5.2. Early childhood education

According to the SDGs, by 2030 states are required to ensure that 'all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education'. EFA Goal 1 also requires the expansion and improvement of comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. There are five government schools in Nauru, offering three years of ECE: playschool, pre-school and preparatory school, serving children aged three to five.¹⁶³ Prior to 2000, Grade 1 was included in ECE-level education.¹⁶⁴ In 2011, there were 658 children enrolled across the three years of ECE. Of this total number, boys and girls were split equally (329 boys and 329 girls), with the majority of children enrolled in the final year of ECE, preparatory school. The largest numbers of children attended the Boe Infant School (225 students).¹⁶⁵

In 2015, the ECE net enrolment ratio (NER) was 78.1 per cent (80.7 per cent for males and 74.9 per cent for females), indicating that continued efforts are required to ensure universal ECE enrolment in the PICTs, particularly for girls. The gross enrolment ratio (GER) in 2015 was 85.8 per cent, indicating a notable proportion of children enrolled in ECE who fall outside (most likely above) the official age group. Further, in 2015, the GER was 81.2 per cent for males and 91.2 per cent for females, indicating a higher proportion of females than males enrolled in ECE who fell outside the official age group.¹⁶⁶

The ECE pupil–teacher ratio is 25.3:1, according to data from 2015.¹⁶⁷ This is far higher than the ratio recommended by the World Bank, of 15:1,¹⁶⁸ raising concerns related to the workload of teachers and the quality of teaching. Lack of up-to-date disaggregated data on the pupil–teacher ratio across the PICTs, as well as on other key quality indicators (classroom size, teacher qualifications, learning resources) is a key gap; such data would enable a more comprehensive analysis of the situation and of the barriers and bottlenecks to fulfilment of the right to ECE.

163 Education and Training Strategic Plan 2008–2013.

164 UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

165 Education and Training Strategic Plan 2008–2013.

166 DoE, Manager of Statistics, on the website of the Pacific Regional Information System, 12 June 2017, on <https://www.spc.int/nmdi/education> [22.06.17], although it has not been possible to verify these figures against their original source.

167 Ibid.

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

5.3. Primary and secondary education

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

In Nauru, primary education consists of six years (Years 1–6), for children aged six to 11, followed by middle school for three years (Years 7–9), for children aged 12 to 14, and finally secondary school for a further three years (Years 10–12), for children aged 15 to 17.¹⁶⁹

5.3.1. Access to primary and secondary education

Primary education is provided by four public primary schools and one private, Catholic-run school, Kayser College (providing combined primary and secondary education), which derives 80 per cent of its funding from the public sector.¹⁷⁰ Nauru has two secondary schools, one public, Nauru Secondary School, and the other Kayser College. Year 7 is a crucial year in the Nauruan education system, since the Republic of Nauru Scholarship examination is taken at this level. The scholarship allows students to attend school overseas in Fiji (formerly in Australia). The scholarships are highly competitive, with 275 students taking the exam in 2002 and only 11 being awarded the scholarship.¹⁷¹ Disaggregated data by gender on the number of children receiving scholarships are unavailable.

The GER for primary schools in 2015 was 106 per cent,¹⁷² marking an increase from the 100 per cent recorded in 2012 and indicating that the enrolment of children falling outside of the official age group is an issue in Nauru. The NER in 2015 was significantly lower, at 75.9 per cent, representing a significant decrease from the 93 per cent recorded in 2013. The NER indicates that Nauru did not achieve MDG 4 and that strengthened efforts are needed to address the barriers and bottlenecks to participation in primary education in order for Nauru to achieve SDG 4.1 by 2030.¹⁷³

There is a considerable difference between the enrolment rates for primary and secondary schools in Nauru. In 2015, the NER for lower secondary school was 55.4 per cent and that for upper secondary school 35.3 per cent. This is particularly concerning since secondary education up

169 Education and Training Strategic Plan 2008–2013.

170 UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

171 DoE, in UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

172 Nauru Educational Digest 2014.

173 DoE, Manager of Statistics, on the website of the Pacific Regional Information System, 12 June 2017, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify these figures against their original source.

until the age of 18 is compulsory. Although higher, the 2015 GERs for lower and upper secondary school (70 per cent and 47.3 percent, respectively) suggest a significant proportion of children enrolled in secondary school are older than the official age for secondary education.^{174,175}

Since 2014, Nauru's secondary schools have offered technical and vocational education and training (TVET) in construction, textiles, engineering and information and communication technology (ICT). Male students make up the majority of those enrolled in TVET courses, with females comprising 39 per cent of the total number of students.¹⁷⁶

One of the key concerns regarding accessibility of education raised by the Committee on the Rights of the Child in its Concluding Observations in 2016 was the high levels of student non-attendance, particularly in secondary schools. The National Sustainable Development Strategy 2005–2025 states that, at the time of publication (2005), there were truancy rates in some schools of up to 60 per cent, while the average truancy rate was 34 per cent. Nauru's most recent submission to the UPR identifies the issue of truancy as one of the greatest challenges facing the country's education system, which has led to the introduction of a truancy combating strategy. One of the measures of this strategy entails the provision of free lunches to all students through a school feeding programme. Additionally, the introduction of the Education Act 2011 has enabled the prosecuting and fining of parents who allow their children to truant. Nauru's submission to the UPR Process states that these measures have increased attendance by 20 to 30 per cent.¹⁷⁷

Up-to-date data concerning attendance, drop-out and survival rates in both primary and secondary schools are limited. However, those data that are available suggest these are areas of concern. According to Nauru's DoE Manager of Statistics, in 2011 93 per cent of pupils starting Grade 1 reached the last grade of primary school. This figure had decreased significantly to 67 per cent in 2014.¹⁷⁸ Further, the 2011 census indicates that, while 67 per cent of 13–18 year olds are full-time students, 28 per cent have left school and 4 per cent have never attended school.

There are gender disparities in access to education in Nauru. According to the DoE, the Gender Parity Index (GPI) for the primary GER in 2015 was 92 per cent, indicating that a higher proportion of males than females were enrolled in primary school. This marked a change from the 102 GPI recorded in 2012 and the 106 GPI in 2011, indicating that a higher proportion of females than males had been enrolled in primary school in those years. In 2015, the GPI for lower secondary GER was 100, indicating gender parity in the GER. However, a higher proportion of females than males were enrolled in upper secondary in 2015, as reflected by a GER GPI of 110.¹⁷⁹ According to the 2011 census, a larger proportion of boys than girls aged 13–18 had never attended school (5 per cent of males compared with 3 per cent of females), or had left school prematurely (30 per cent

174 Nauru Educational Digest 2014.

175 DoE, Manager of Statistics, on the website of the Pacific Regional Information System, 12 June 2017, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify these figures against their original source.

176 Nauru Bureau of Statistics, 'Youth Monograph, Analysis of the 2011 Nauru Population and Housing Census'.

177 National Report to the UPR Process, 2015, p. 19.

178 DoE, Manager of Statistics, on the website of the Pacific Regional Information System, 12 June 2017, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify these figures against their original source.

179 Ibid.

male compared with 25 per cent female). This gender disparity is common to many other PICTs, particularly in secondary schools, and highlights the need to address the particular barriers and bottlenecks hindering the participation of boys in secondary education.

A further concern regarding accessibility, raised by the Committee on the Rights of the Child, relates to the provisions available to children with disabilities in the education system. Nauru has no explicit legal provision mandating the provision of services for people with disabilities, or their access to public buildings (including schools). Furthermore, children with disabilities are rarely given the opportunity to attend mainstream schools, with 'societal attitudes' driving parents to keep their children out, resulting in the majority of disabled children being enrolled in the Able Disable Centre (the only special needs school in Nauru, established in 2002).¹⁸⁰

In 2005, only six children were regularly attending the school, with many not attending regularly because of the poor quality of transportation available to take them from home to school. Furthermore, the quality of education delivered by the Able Disable Centre is of serious concern. Only one of the school's three teachers possesses teaching qualifications (in ECE), meaning the focus is more on providing care rather than teaching.¹⁸¹

The Committee on the Rights of the Child has urged the government to guarantee all children with disabilities the right to inclusive education in mainstream schools, regardless of parental consent, and to ensure the availability of specialized assistance in mainstream schools.¹⁸²

Disparities in access to education by child refugees and asylum-seekers are a further concern. The Committee highlights that refugee and asylum-seeking children do not have adequate access to full-time education, with those attending often dropping out prematurely as a result of bullying and stigmatization from pupils and teachers.¹⁸³ Data concerning the enrolment rates of refugee and asylum-seeking children in Nauru's public schools are unavailable. However, in Nauru's most recent UPR submission, the government details the provisions available to refugees and asylum-seekers in the RPC on the island. The report states that all services, including education for refugees and asylum-seekers, is provided by individual service providers contracted by the Commonwealth of Australia, through the Australian Border Force. Transfield Services' Welfare team provides education, recreation and cultural programmes, within RPCs 2 and 3, alongside Save the Children, which provides programmes in Centre 3.¹⁸⁴

5.3.2. Quality of primary and secondary education

One of the key indicators of the quality of education is the pupil–teacher ratio, as it suggests the ability of teachers to dedicate attention and resources to students. Furthermore, the ratio indicates whether teachers may be overburdened and therefore delivering lower quality teaching. In 2015 in Nauru, the ratio was 30:1 in primary schools, 21:1 in lower secondary schools and

180 Committee on the Rights of the Child, 'Concluding Observations', 2016, p. 10.

181 UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

182 Committee on the Rights of the Child, 'Concluding Observations', 2016.

183 Ibid.

184 UPR, 'Nauru, National Report', 2015.

11:1 in upper secondary schools.^{185/186} Figures from 2008 show that the ratio has not changed significantly in secondary schools, having been recorded at 14:1; however, the primary school pupil–teacher ratio was 22:1 in 2008, indicating an increase in the number of students or a decrease in the number of teachers between 2008 and 2014.¹⁸⁷ In March 2008, there were 140 teachers active in schools, 114 of them teachers, 16 specialist teachers in Sports, Library and ICT and the remaining 10 ‘principals’ or ‘teachers in charge’.¹⁸⁸ Up-to-date figures on the gender of teaching staff are unavailable.

The DoE’s 2011 Annual Report identified teacher qualifications as an area of concern, since only 9 per cent of teachers were recorded as having a degree, 6.4 per cent a diploma and 50 per cent a certificate; 34.4 per cent had no formal qualifications (acting as trainees or instructors). Teacher training has been lacking; in recent years, the only on-going source of in-country teacher training has been the Pacific Pre-School Teachers’ Certificate, offered by the USP Centre. Furthermore, the majority of teachers are qualified only in Pacific Pre-School Teaching (from USP), resulting in a surfeit of early childhood and primary education teachers and a shortage of teachers qualified at higher levels. As a result, many teachers teach classes without holding relevant qualifications.¹⁸⁹

A further issue for Nauru’s teaching system is understaffing. The shortage in teaching staff has led to increased pupil–teacher ratios, with impacts on the quality of teaching and learning in classrooms, and also to an increased focus on core subjects, to the detriment of non-traditional subjects that may benefit less academically inclined children.¹⁹⁰

Since 2008, the DoE has launched various initiatives to address the deficit in teacher qualifications. Capacity-building initiatives have included teacher up-skilling programmes with the collaboration of the University of New England and the University of the South Pacific.¹⁹¹ As a result, 2016 saw the first cohort of teachers graduate from University of New England with an Associate Degree in Pacific Education.

Further measures of the quality of education delivered are literacy and numeracy rates. While data for previous years are limited, NMDI estimates from 2010 place the Nauruan literacy rate for Year 7 pupils (11 years of age) at 26 per cent, and the numeracy rate for the same group at 25 per cent. These rates are particularly low, with disaggregated data showing even lower numbers of boys achieving the appropriate literacy level: 18.9 per cent compared with 33.1 per cent of girls.¹⁹²

185 DoE, Manager of Statistics, on the website of the Pacific Regional Information System, 12 June 2017, on <https://www.spc.int/nmdi/education> [12.06.17], although it has not been possible to verify these figures against their original source.

186 Nauru Educational Digest 2014.

187 Data from the intermittent years are unavailable and yet are necessary to enable a more informative analysis.

188 UNICEF, ‘A Situation Analysis of Children, Women and Youth, Nauru’, 2005.

189 Ibid.

190 Ibid.

191 UPR, ‘Nauru, National Report’, 2015.

192 Nauru Bureau of Statistics, ‘Youth Monograph, Analysis of the 2011 Nauru Population and Housing Census’.

5.4. Tertiary education

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

Information on the quality and accessibility of tertiary education in Nauru is limited. Currently, tertiary education in Nauru is provided by the USP Centre in Nauru, established in 1987. Courses are delivered by satellite transmission from the USP campus in Fiji, and local tutors provide guidance and tutorials. In 2003, the Centre had six full-time staff and a pool of part-time tutors. In 2003, there were 235 recorded enrolments, in preliminary, foundation, vocational degree and continuing education courses; 67 per cent were women. The most popular courses were foundation-level Communication and Study Skills, Pre-Tertiary English, Elementary Mathematics, Vocational Basic Management and English for Academic Purposes.¹⁹³

Further education faces significant challenges, indicated by the approximate 10 per cent success rate for students enrolled on USP courses.¹⁹⁴ This low figure is partly attributable to withdrawals from courses as a result of accessibility issues. Reasons for withdrawal include financial difficulties, infrastructural issues such as power outages preventing studying and petrol shortages on the island, affecting students' ability to travel to classes. Furthermore, fees for USP courses are expensive in relation to local income standards, ranging up to AU\$ 300 per course for degree courses, with some requiring significantly more investment for books and learning support materials.¹⁹⁵

193 UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

194 National Sustainable Development Strategy 2005–2025.

195 UNICEF, 'A Situation Analysis of Children, Women and Youth, Nauru', 2005.

6.

Child Protection

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

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

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

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

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

Article 32 – The right to protection from economic exploitation

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

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

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

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

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

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

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

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

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

Key Child Protection-related SDGs

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

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

UNICEF’s global Child Protection Strategy calls for creating a protective environment ‘where girls and boys are free from violence, exploitation and unnecessary separation from family; and where laws, services, behaviours and practices minimize children’s vulnerability, address known risk factors, and strengthen children’s own resilience’.¹⁹⁶ The UNICEF East Asia and Pacific Region Child Protection Programme Strategy 2007 similarly emphasizes that child protection requires

a holistic approach, identifying and addressing community attitudes, practices, behaviours and other causes underpinning children’s vulnerability, engaging those within children’s immediate environment (children themselves, family and community) and ensuring an adequate system for delivery of holistic prevention, early intervention and response services.

One of the key ways to strengthen the protective environment for children is through the establishment of a comprehensive child protection system. ‘Child protection systems comprise the set of laws, policies, regulations and services needed across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection-related risks.’¹⁹⁷ The main elements of a child protection system are:

Main elements of a child protection system

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

Source: Adapted from UNICEF Child Protection Resource Pack 2015

6.1. Child protection risks and vulnerabilities

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

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

There has been no systematic empirical study conducted in Nauru to determine the prevalence and incidence of violence, abuse, neglect and exploitation of children, and limited data are

available about commercial sexual exploitation of children, child labour, child trafficking and children in conflict with the law. Nonetheless, available information indicates that Nauruan children experience various forms of violence in the home, in schools and in the community.

6.1.1.1. Violence in the home

Nauru's 2016 State Party Report to the Committee on the Rights of the Child notes that corporal punishment in the home persists, where there is 'a thin barrier between discipline and child abuse.'¹⁹⁸ A 2015 review of Nauru's child protection system noted that parental neglect was also a significant issue, most commonly manifested in children being unsupervised, resulting in them getting into conflict with the law or being truant from school. Many community respondents who participated in the review referred to the number of children, especially young children, out on the streets late at night as evidence of poor parenting and neglect, especially linked with parents drinking and playing bingo.¹⁹⁹

Children in Nauru are also exposed to family violence in their homes. A 2014 Family Health and Support Study found that 48.1 per cent of ever-partnered women had experienced physical and/or sexual violence by a partner at least once in their lifetime, while 22.1 per cent had experienced such violence in the 12 months preceding the study.²⁰⁰ The proportion of ever-partnered women who have experienced lifetime intimate partner violence is approximately equal to the regional average for PICTs for which data are available, which is just above 48 per cent.²⁰¹ Among ever-pregnant Nauruan women who reported experiences of partner violence, 25.4 per cent experienced physical violence in at least one pregnancy. Nauru's State Party Report to the UN Committee on the Rights of the Child notes that, given many families in Nauru live in collective housing arrangements, most of these incidents of family violence likely occur in the presence of children.²⁰² A 2015 Child Protection System Review found that 'witnessing family violence' was one of the four main child protection concerns in Nauru, alongside corporal punishment, neglect and sexual abuse.²⁰³

6.1.1.2. Violence in schools

A WHO Global School-Based Student Health Survey (GSHS) conducted in 2011 revealed that nearly half of Nauruan children aged 13 to 15 had been in a physical fight one or more times in the previous year, with more than one in three seriously injured one or more times. Nearly one in four students had been bullied within the previous month. By comparison, the regional average (for countries with data)²⁰⁴ was 49.5 per cent for involvement in fighting and 45.4 per cent for bullying.

198 Paras 24 and 83. See also Global Initiative to End All Corporal Punishment of Children, Country Report for Nauru, on <http://www.endcorporalpunishment.org/progress/country-reports/nauru.html> [19.08.17].

199 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 24.

200 Government of Nauru and UNFPA, 'Nauru Family Health and Support Study', 2015, p. 10.i.

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

202 Para 182–183.

203 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 18.

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

Table 6.1: Violence and unintentional injury rates in 2011

	Girls	Boys	Total
Students in a physical fight one or more times during previous 12 months	42.2%	48.5%	45.2%
Students seriously injured one or more times during previous 12 months	35.6%	41.1%	38.7%
Students bullied on one or more days during the previous 30 days	37.9%	39.8%	38.9%

Source: GSHS 2011

No data are available on the use of physical punishment by teachers in Nauru. The 2015 Child Protection Systems Review notes that education officials interviewed as part of the study mentioned cases of bullying and intimidation of students by both teachers and other students; however, no statistical records are kept of such incidences.²⁰⁵

6.1.1.3. Sexual abuse

Child sexual abuse is a significant issue in Nauru, particularly for girls. Of the women interviewed as part of a 2014 Family Health and Safety Study, 30 per cent reported sexual abuse before the age of 15.²⁰⁶ This is quite a bit higher than the regional average among PICTs for which there are data, which is 17 per cent.²⁰⁷ Of the women who reported child sexual abuse, 11.5 per cent stated that the abuse first occurred between the ages of 10 and 14, and 4.7 per cent reported that it had occurred between the ages of 5 and 9. The most commonly mentioned perpetrators were male family members (12.2 per cent) and non-relative males (5.4 per cent). Police officer respondents reported that neglect, sexual assault and incest were the most common cases relating to children that they handled.²⁰⁸

No information was available on sexual abuse of boys.

6.1.1.4. Trafficking, commercial sexual exploitation and child labour

The 2015 Child Protection System Review suggests that trafficking in children, child labour and sexual exploitation are not considered a major concern in Nauru.²⁰⁹ No further information is available in relation to children's involvement in child labour, though a 2000 US State Department Report suggested children were involved in working in small family-owned businesses.²¹⁰

205 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 28.

206 P. 34.

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

208 P. 34.

209 P. 22.

210 Worst Forms of Child Labour, on <http://beta.globalmarch.org/worstformsreport/world/nauru.html> [19.08.17].

6.1.1.5. Child marriage

Child marriage continues to be an issue in Nauru. According to the Demographic and Health Survey (DHS) 2007, 2 per cent of Nauruan women aged 20–24 years were first married or in union before they were 15 years old, and 27 per cent before they were 18 years old.

6.1.2. Community knowledge, attitudes and practices

Most Nauruans live in extended families, though living within a nuclear family grouping is becoming increasingly common. As such, children generally benefit from multiple networks of care and protection within the extended family and clan system, providing opportunities for children to learn from and be cared for by other relatives if their parents cannot meet their immediate needs. There is a strong belief in Nauruan culture that all children should be cared for within their own family, and, where this is not possible, members of the extended family, or, occasionally, another family may intervene informally to help or assume care of the child. This is reportedly a widely accepted community response to prevent children from being neglected or abused and acts as an important safety net for children.²¹¹

Nauruan communities place significant emphasis on parental discipline as an important part of good care and protection of children so that they grow up to be 'good', 'well-behaved' people.²¹² Children are generally expected not to question the authority of their parents (or elders) and to abide by the rules that reinforce the social fabric and that support family and community harmony. Children must not bring shame upon the family through their poor social behaviour, and strict disciplinary measures are meted out to children who transgress the rules.²¹³

Nauru's State Party Report to the UN Committee on the Rights of the Child notes that 'the biblical belief of "spare the rod, spoil the child" is still a principle of discipline in the Nauruan society' and, although programs are in place to promote positive parenting, corporal punishment as means of child control is an accepted and expected parental obligation.²¹⁴ Many respondents who participated in the 2016 Child Protection System Review noted that it was not part of traditional Nauruan culture for adults to spend a great deal of time talking with children. However, many women respondents expressed knowledge of more positive parenting practices, highlighting the need to speak with and listen to children as an important aspect of caring for and protecting children.²¹⁵

The 2015 Child Protection System Review notes that parents and families are traditionally considered to have the right to bring up their children as they see fit, and there is a relatively high threshold for outside intervention to protect a child. Serious sexual and physical abuse are viewed as reportable offences, while other forms of maltreatment, including child neglect, corporal punishment, emotional abuse and witnessing violence in the home, are not widely understood as

211 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, pp. 31–2.

212 Ibid., p. 27.

213 Ibid. p. 32.

214 Paras 24 and 83. See also Global Initiative to End All Corporal Punishment of Children, Country Report for Nauru, on <http://www.endcorporalpunishment.org/progress/country-reports/nauru.html> [19.08.17].

215 P. 28.

harmful to children, or are not viewed as falling outside the boundaries of acceptable child-rearing practices.²¹⁶ When parents surpass acceptable norms of physical discipline or neglect (such as not properly supervising children or denying them food), there appears to be little sanction beyond a verbal chastisement by other family members, usually by a grandparent. The majority of child protection problems, including extremely serious cases, are reportedly resolved within the family; only when all other options have been exhausted do families ask for outside assistance.²¹⁷

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

A number of customs and social norms have been identified as contributing to Nauruan children's vulnerability to violence and abuse, including the widespread acceptance of corporal punishment to discipline children; the general acceptance of harsh discipline as a normal part of parenting, even when excessive force is used; the perception that violence within households is 'family business'; and cultural norms against interference in private family matters.²¹⁸

A strong culture of silence around issues of family and sexual violence contributes to children's vulnerability. The Child Protection System Review notes that there is great unease within the community about speaking on the issue of sexual abuse of children. Reasons cited for lack of reporting include fear of the household losing the breadwinner and fear of bringing shame on the family.²¹⁹ A 2014 Family Health and Support Study further noted that the country's small population size and the lack of privacy in the communities seem to have created peer pressure and stigma against reporting family violence.²²⁰

Nauru is traditionally a matrilineal society, and women are highly respected members of the tribes and the community.²²¹ However, a 2005 Situation Analysis suggests that the gradual erosion of the matrilineal society has resulted in a lack of protection and status accorded to women, which has made them increasingly vulnerable to violence.²²²

The 2015 Child Protection System Review also notes that, although Nauru's extended family network could be a source of protection for children, it also has the potential to contribute to children's vulnerability. The review cites 2011 census data indicating that, on average, there are six people per household, with one third of all people living in households with 10 or more people, and 10 per cent living in households with 15 or more people. Respondents who participated in the review identified a perceived increased risk to children arising from living in extended family situations, such as exposure to family violence, violence between children, excessive discipline by adults other than the parents and heightened risk of sexual abuse for girls.²²³

216 P. 22.

217 217 PP. 31–2.

218 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, pp. 23, 27; Committee on the Rights of the Child, 'Concluding Observations on the Initial Report of Nauru', 2016, para. 32; Government of Nauru and UNFPA, 'Nauru Family Health and Support Study', 2015, p. 17.

219 P. 25.

220 P. 17.

221 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para 19.

222 Cited in Government of Nauru and UNFPA, 'Nauru Family Health and Support Study', 2015, p. 16.

223 P. 26.

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

6.2. The child protection system

The government of Nauru has recently made significant progress in strengthening the national child protection system; however, some gaps and challenges remain.

6.2.1. The legal and policy framework for child protection

Nauru’s Constitution does not explicitly address children’s rights; however, Part II sets out a number of fundamental rights and freedoms that apply to all people in Nauru, including children. Children’s right to be protected from harm is highlighted as a key guiding principle under the Child Protection and Welfare Act 2016,²²⁴ and their care and protection has been addressed, with some notable gaps, under a variety of national laws:

Key child protection Laws

Child care and protection	Child Protection and Welfare Act 2016
Child custody and maintenance	Guardianship of Children Act 1975; Maintenance Act 1959
Adoption	Adoption Act 1965; Adoption (Amended) Act 2015
Birth registration	Births, Deaths and Marriage Act 1957
Child labour	None
Penalization of physical abuse, sexual abuse and sexual exploitation	Crimes Act 2016; Cybercrime Act 2015; Child Protection and Welfare Act 2016
Child victims and witnesses in criminal proceedings	Child Protection and Welfare Act 2016; Criminal Procedure Act 1972
Violence in schools	Education Act 2011
Children in conflict with the law	Child Protection and Welfare Act 2016; Criminal Procedure Act 1972; Correctional Act 2009
Children with disabilities	National Policy on Disability 2015
Child protection in emergencies	Framework for Climate Change Adaptation and Disaster Risk Reduction 2015

Legal definition of the child under Nauru law

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

6.2.1.1. Legal framework for child and family welfare services

The Child Protection and Welfare Act 2016 provides a comprehensive legal foundation for child and family welfare services in Nauru. The Act outlines the responsibility of the MoHA in the protection and welfare of all children, including provision of a full continuum of prevention, early intervention and response services;²²⁵ provides detailed guidance on the process for reporting, referral and response to children who have been or are at risk of harm;²²⁶ makes it mandatory for persons with care or supervision of children (including authorities in schools, churches, health facilities and places of detention) to report sexual abuse or exploitation of children (but not other forms of violence);²²⁷ introduces a system for assessing and certifying kinship and foster care providers; and outlines child-centred care standards applicable to all approved carers and care service providers.²²⁸ The Act reinforces the best interest of the child as a guiding principle; recognises Nauruan tradition, culture and community values except where this conflicts with the rights of children; and takes a family-centred approach to child welfare and protection.²²⁹ It also recognizes the over-arching responsibility of the state to protect children and gives the director of child protection services the authority to take action to protect a child from harm, including, where necessary, removing a child to a safe place and applying to the court for a child protection order.

6.2.1.2. Legal framework for justice for children

Nauru has a modern and comprehensive legal framework criminalizing all forms of violence, abuse and exploitation of children. The Crimes Act 2016 criminalizes assault and causing harm, kidnapping and unlawful removal of a child, neglecting a child, failure to protect a child, incest and child pornography, and includes a separate section on sexual acts with children that provides for harsher penalties for rape, indecent acts, commercial sexual exploitation, taking images of private acts or private parts of a child and child sex tourism, all of which provide equal protection to boys

225 Sections 7–9.

226 Part 3.

227 Section 50.

228 Part 4.

229 Section 5.

and girls. The Child Protection and Welfare Act 2016 further criminalizes sale of children.²³⁰ In addition, a new Cybercrime Act was introduced in 2015 to combat the growing number of cases of sexual assault and abuse of children via social media.²³¹ This includes offences in relation to online solicitation of children,²³² cyberbullying,²³³ and online production, distribution, possession and accessing of child pornography.²³⁴ The previous Criminal Code allowed parents, teachers and others to use force against children ‘by way of correction,’ but this was not included in the new Crimes Act 2016, and as such all forms of corporal punishment against a child would constitute the crime of assault. However, the offence of ‘common assault’ includes a limiting clause stating that ‘conduct that is within the limits of what would be acceptable to a reasonable person as incidental to social interaction or community life cannot amount to an offence under this section,’ which could be interpreted to allow corporal punishment of children.²³⁵ The Education Act 2011 more explicitly prohibits corporal punishment in schools.²³⁶

Nauru’s domestic law on child justice

There is no comprehensive child justice law in Nauru, which means children’s cases are governed by the general laws relating to crime and criminal justice, including the Crimes Act 2016, the Criminal Justice Act 1999 and the Criminal Procedure Act 1972. However, the Child Protection and Welfare Act 2016 includes a number of provisions that seek to protect the rights of children involved in investigation and court procedures.

The minimum age of criminal responsibility in Nauru is 10 years.²³⁷ This is lower than the ‘absolute minimum age’ of 12 recommended by the Committee on the Rights of the Child.²³⁸ There is also a rebuttable presumption that children aged 10–14 years are not to be held criminally liable for acts or omissions, unless it can be shown that they were aware that their act/omission was ‘wrong’ at the time it was conducted.²³⁹ The Committee on the Rights of the Child has noted concern over the ‘split’ ages of criminal responsibility as they can cause uncertainty and confusion.²⁴⁰

The Child Protection and Welfare Act 2016 sets out guiding principles and special measures for handling cases ‘involving children’ at both the investigation and trial stage, which may be interpreted to apply to both children in conflict with the law and child victims/witnesses. This

230 Section 51.

231 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 40.

232 Section 15.

233 Section 22.

234 Section 14.

235 Section 78.

236 Section 37.

237 Crimes Act 2016, Section 40.

238 UN Committee on the Rights of the Child, General Comment No. 10, 2007, para. 31.

239 Crimes Act 2016, s. 41.

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

includes: that the best interests of the child must be the primary consideration; that the child's rights and interests must be protected at all stages of the proceeding and steps taken to reduce trauma and secondary traumatization; that children's views must be taken into account in accordance with their age and maturity; respect for the child's right to privacy; use of child-friendly interview environments and interview techniques; special facilities and appropriate processes for children with a disability; presence of a parent, guardian, legal representative or other appropriate support person at all stages of the investigation and trial proceedings; closed court proceedings; alternative arrangements for giving testimony such as the use of screens, video-taped evidence and closed circuit television; protection of children from direct confrontation with persons accused of violating their rights, and from hostile, insensitive or repetitive questioning or interrogation; and expedited investigations and court proceedings.²⁴¹ The right to legal assistance, which is to be provided without charge 'where the interests of justice so require', is established under Article 10(3) of the Constitution of Nauru (1968).

The Child Protection and Welfare Act 2016 also includes a number of evidentiary provisions designed to facilitate prosecution of sexual offences against children, including repeal of the corroboration requirement; prohibiting use of prior sexual conduct to establish consent; allowing expert evidence regarding patterns of disclosure or behaviour of children in cases involving sexual abuse; and a statement that proof of resistance is not required to establish non-consent.²⁴²

Nauru does not have a comprehensive juvenile justice law; the investigation, trial and sentencing of children in conflict with the law is guided primarily by the Criminal Procedure Act 1972, applicable equally to children and adults. With respect to sentencing of children, the Child Protection and Welfare Act 2016 states only that no child may be sentenced to death or to imprisonment for life, and that a sentence of imprisonment may only be imposed on a child only as a sentencing option of last resort.²⁴³ There are no provisions on pre-trial diversion of children, though the courts may promote and encourage 'reconciliation' for minor cases, including those involving assault.²⁴⁴ Courts also have discretion to discharge a convicted offender without imposing a sentence.²⁴⁵ Sentences for children convicted of offences in Nauru include a probation order, community service, fine and imprisonment.²⁴⁶ The Correctional Services Act 2009 requires juvenile prisoners to be housed separately from adults, and for male and female prisoners to be housed separately.²⁴⁷

6.2.2. Child protection structures, services and resourcing

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

241 Sections 54 and 55.

242 Section 55(1).

243 Section 48.

244 Criminal Procedure Act 1972 Section 123.

245 Criminal Justice Act 1999 Section 277(c).

246 Criminal Justice Act 1999 Part III and IV; Criminal Procedures Act 1972 Section 212A.

247 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 279.

6.2.2.1. Child and family welfare services

Primary responsibility for child and family welfare services in Nauru rests with the MoHA. In response to the recognized need to strengthen child protection services, the MoHA created the Child Protection Services Division in 2015. The Division has lead responsibility for the care and protection of children, including developing policies, plans and strategies to improve the welfare and protection of children; acting as focal agency within government for all matters relating to child protection; developing prevention, early intervention and response services; and receiving and responding to cases of child abuse and neglect.²⁴⁸

The Child Protection Services Division is headed by a director for child protection services and has a staff of 10 officers.²⁴⁹ None of the Child Protection Services Division staff are qualified social workers, but they have received orientation on their roles and responsibilities under the Child Protection and Welfare Act. In its Concluding Observations, the UN Committee on the Rights of the Child noted with concern that the staff of the Child Protection Services Division lacked training or formal experience in child protection and welfare, and recommended that the government develop a capacity-building strategy for the social welfare sector, including a programme of education and development on child well-being, welfare and protection for the MoHA and its divisions.²⁵⁰

Although Nauru lacks a comprehensive national child protection strategy, the Child Protection Services Division has developed a work plan outlining key strategies for prevention and response, including: promotional campaigns to raise awareness of child protection in all 14 districts through schools, communities and using radio and television; incorporating a Family Life Education (FLE) module into the school curriculum; promoting positive parenting; employing casual social work staff to network with the community and facilitate early identification and referral of families at high risk of domestic violence; developing a community safe house model to provide emergency accommodation for children; developing an effective and efficient referral system; and training of doctors and other medical staff.²⁵¹

The establishment of the Child Protection Services Division has reportedly led to increased reporting of cases of child abuse and neglect. Within its first year of operation, the Child Protection Services Division dealt with 17 cases, including five cases related to sexual abuse, five cases of non-sexual physical abuse and five cases of child neglect.²⁵² A case management framework has been established in the Division, with weekly meetings ensuring that children at risk are appropriately followed up to determine risk and safety issues, and to provide support for parents and families.²⁵³ In addition, an Integrated Case Management (ICM) Model for Responding to Family Violence and Child Protection was approved by Cabinet in early 2015 to

248 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 36; State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 98.

249 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 36; interview with UNICEF Pacific Staff [29.11.17].

250 Para. 8.

251 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, paras 79–92..

252 Ibid., para. 180.

253 Ibid., para. 104.

promote greater inter-agency collaboration between Home Affairs, Education, Police, Health, Justice and Border Control. The ICM model includes the establishment of two inter-agency case coordination committees – the Child Protection Integrated Case Coordination Committee and the Family Violence Integrated Case Coordination Committee – both of which report to and are overseen by a Governance Committee. The Child Protection Integrated Case Coordination Committee is responsible for managing reported cases of child abuse and neglect, including developing an appropriate intervention plan. The committee also identifies system gaps and issues and provides recommendations to address these gaps in a coordinated, whole of government approach.²⁵⁴

Social services to support children in need of protection and their families are limited. Nauru does not have a history of strong, active civil society organizations and the government provides most, if not all, social services. The Child Protection Services Division provides general case management and child-sensitive counselling.²⁵⁵ Alternative care is generally provided through kinship care or customary adoption, and Nauru lacks a formal foster care programme or residential care facilities for children.²⁵⁶ There is one safe house operated by the Women’s Affairs Division providing short-term accommodation, counselling and other support services to survivors of family violence, including assistance during legal proceedings. However, due to human resource shortages it cannot be staffed during a child’s stay.²⁵⁷ Refurbishments are reportedly underway to make the Safe House a more child-friendly environment, with suitable bedding, furniture and play equipment.²⁵⁸

In its Concluding Observations, the UN Committee on the Rights of the Child noted that it was seriously concerned at the insufficient refuge accommodation and counselling services for abused children.²⁵⁹ In addition, while the Committee ‘appreciates that kinship care is an integral part of Nauruan culture,’ it expressed concern at the ‘insufficient monitoring of the status and conditions of children placed in alternative care with extended family members’ and lack of information available on the formal adoption system.²⁶⁰

In general, the establishment of the Child Protection Services Division is a strong, positive step in the development of Nauru’s child protection system, and significant progress has been made in strengthening inter-agency coordination to support vulnerable children and their families. However, social welfare services remain limited, and the government has acknowledged that, being a newly formed office, the staff of the Division are still strengthening their networks and procedures.²⁶¹ Limited human and financial resources and lack of expertise in social work and child protection continue to be a challenge to the effective delivery of child welfare services.²⁶²

254 Government of Nauru and UNICEF, ‘Review of the Child Protection System in Nauru’, 2016, pp. 39–40; State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 104.

255 Government of Nauru and UNICEF, ‘Review of the Child Protection System in Nauru’, 2016, pp. 36, 44.

256 *Ibid.*, p. 30.

257 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 152.

258 *Ibid.*, para 202.

259 Para. 32.

260 Paras 36 and 38.

261 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 152.

262 *Ibid.*, paras 85–6.

6.2.2.2. Access to child-friendly justice

Nauru has yet to establish a specialized child justice system, but some steps have been taken to promote more specialized handling of cases involving children. The Nauru Police established a Domestic Violence Unit (DVU) in 2007, with a mandate to investigate all cases involving family violence and incidents of violence, abuse and exploitation of children.²⁶³ The DVU has three police officers who have received specialist training on family violence and sexual offences.²⁶⁴ However they have reportedly had limited training in dealing with child protection issues.²⁶⁵

Police officers who participated in the Child Protection System Review stated that the successful prosecution of child sexual abuse and incest offences was difficult due to problems obtaining sufficient evidence to be used in court, and they ‘found it particularly challenging dealing with cases involving children,’ noting that children faced pressure not to continue with prosecutions.²⁶⁶ According to the State Party Report to the UN Committee on the Rights of the Child, many cases are withdrawn by the victim at the investigation or prosecution stage due to reconciliation, fear of financial hardship and the protection of personal image as well as the family reputation.²⁶⁷ Overall, data show that approximately half of all domestic violence cases (involving both adult and child victims) received by the DVU between 2010 and 2013 were withdrawn.²⁶⁸ The UN Committee expressed deep concern about the limited capacity of the Nauruan police to investigate allegations of sexual violence against children; that investigative and other procedures fail to provide guarantees of redress and lack a child-friendly approach; and that there was insufficient cooperation and information-sharing among relevant agencies and inadequate follow-up of complaints.²⁶⁹

Nauru has no specialist prosecutors, lawyers or magistrates to deal with cases involving children as either victims/witnesses or offenders. All alleged offenders, including children in conflict with the law, are represented by the Public Defender.²⁷⁰ Most criminal matters are heard in the District Court, and cases involving accused children are not heard separately from other criminal matters. No information was available on the extent to which courts are implementing the child-friendly procedures introduced by the Child Protection and Welfare Act 2016, or on sentencing practices in child offender cases. Imprisonment of children in Nauru is reportedly extremely low, with only two juvenile prisoners confined to the correctional facility in the past five years.²⁷¹ Nauru has a separate custodial facility for children and young persons (under the age of 21), and the Department of Education offers classes twice per week.²⁷² In its Concluding Observations, the UN Committee on the Rights of the Child expressed concern at the absence of specialized magistrates for children, the insufficient application of recognized juvenile justice principles when dealing with children in

263 Ibid., para. 101.

264 Ibid., para 101–102.

265 Government of Nauru and UNICEF, ‘Review of the Child Protection System in Nauru’, 2016, p. 38.

266 Ibid., p. 20.

267 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, paras 178, 180.

268 Ibid., para. 182.

269 Ibid., paras 30–1.

270 Government of Nauru and UNICEF, ‘Review of the Child Protection System in Nauru’, 2016, p. 40.

271 Ibid., p. 28.

272 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 279.

conflict with the law, the failure of correctional services to meet internationally recognized juvenile justice standards and reports of ill-treatment of detainees, including children.²⁷³

Traditional and customary justice processes are reportedly heavily used in Nauru, both for children in conflict with the law and for those who are victims of violence. A recent UNICEF report on diversion and alternative sentencing in the Pacific Islands found Nauru was one of the three PICTs in which customary/traditional justice was used most often.²⁷⁴ Concerns have been expressed that informal resolution of child victim cases does not always adequately ensure the child's well-being and protection.²⁷⁵

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

Nauru's Department of Education has taken significant steps to promote the protection of children in schools. School rules and policies enforce a violence-free school environment, and section 37 of the Education Act 2011 explicitly prohibits corporal punishment in schools.²⁷⁶ An anti-bullying policy has been drafted and an anti-bullying programme introduced, and an FLE module has been incorporated into the Year 9 curriculum.²⁷⁷ The Department reportedly works closely with the Child Protection Services Division staff to identify and report cases of child abuse, and to provide counselling services for children and adolescents who are victims of violence.²⁷⁸ Each school has an education liaison officer who is often the first point of contact through which cases of child abuse or neglect are reported, and they are reportedly collaborating well with the Child Protection Services Division to ensure appropriate referral and follow-up.²⁷⁹

The Department of Education is also tackling child labour through a truancy policy that prohibits employers from recruiting persons under the age of 18 unless an exemption letter is lodged by the child's parents or guardians for approval to the Secretary of Education.²⁸⁰ The Child Protection and Welfare Act 2016 similarly states that it is the responsibility of employers to ensure that the consent of a parent has been obtained before employing a child under the age of 18.²⁸¹ However, apart from these requirements for parental consent, Nauru has no legal provisions on the minimum age of employment, or on prohibited harmful or hazardous forms of work for children.

The Ministry of Health has a significant role in child protection. The 2015 Child Protection System Review notes that both the hospital and the public health centres serve as entry points for victims

273 Para. 56.

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

275 Ibid.

276 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 83.

277 Paras 81, 238.

278 Ibid., para 102.

279 Review of the Child Protection System, Op. Cit., p. 86.

280 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 73. Section 17 (1) of the Education Act states that an employer who hires a school-aged child during school hours is penalized with AU\$1000 unless the child is registered for home education or has been issued with a certificate of exemption or is not attending school due to disciplinary circumstances such as expulsion.

281 Section 53.

of violence and abuse, particularly if there are associated physical injuries.²⁸² A full-time psychosocial counsellor has reportedly been employed at the national hospital to provide counselling to survivors of family and sexual violence.²⁸³ However, the Child Protection System Review found that there had been little training for nurses and doctors on how to identify child abuse cases, that health staff were unclear on where and how to report cases, and that no statistics were kept at the Public Health Centre on admissions due to suspected child abuse. In addition, public health nurses who provide outreach services, including education and support for parents and a young single mothers' support group, have not been trained on family violence or child protection issues, thus limiting their ability to play an important prevention and early intervention role. Obtaining reliable forensic evidence is also problematic in Nauru due to the lack of trained specialists and of sampling and processing equipment. Some child victims of sexual abuse reportedly undergo a forensic examination at the hospital, and samples are then sent to Australia for analysis.²⁸⁴

In order to address these challenges, the MoHMS plans to provide training for health staff in responding to family and sexual violence, including forensic medical examinations and presenting expert evidence in court.²⁸⁵ A working committee has also been set up with representatives from the MoHMS and Ministry of Justice (including the director of public prosecutions and the courts) to develop protocols and templates for medical staff to better report medical evidence to the courts.²⁸⁶

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

As noted above, Nauru has taken steps to strengthen inter-agency collaboration through the establishment of an Integrated Case Coordination Committee under the leadership of the MoHA. This body is primarily operational, rather than strategic, and focuses on inter-agency collaboration in response to individual cases. However, it also plays some role in identifying system gaps and challenges and making recommendations for reform.²⁸⁷ In its Concluding Observations, the UN Committee expressed its concern at the insufficient coordination of all activities relating to the implementation of the Convention and recommended that Nauru develop an effective mechanism for inter-agency coordination at the cross-sectoral, national and local levels and provide the necessary human, technical and financial resources.²⁸⁸

Effective planning, policy development and monitoring of the child protection system is also hampered by the lack of a centralized child protection information management system, and mechanisms for monitoring and oversight of child protection interventions. The Child Protection System Review notes that there are different *ad hoc* datasets held by individual agencies for

282 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 41.

283 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 43.

284 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 41.

285 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 43.

286 Government of Nauru and UNICEF, 'Review of the Child Protection System in Nauru', 2016, p. 41.

287 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 104.

288 Paras 10–11.

internal purposes, but these are not uniform or complete. The MoHMS and the Department of Education did not collect consistent departmental records of suspected or actual cases of violence, abuse, neglect or exploitation involving children, and the police DVU data do not distinguish cases of violence against women and violence against children. The courts occasionally collect and collate basic annual data for statistical reporting purposes, but data only began to be disaggregated in 2014 to provide insight into the number and type of criminal court matters in which women and children are the complainants.²⁸⁹ In its Concluding Observations, the UN Committee expressed its concern that the lack of a systematic mechanism of data collection has resulted in a scarcity of disaggregated data on children, particularly children with disabilities, children living in marginalized situations and asylum-seeking and refugee children.²⁹⁰

6.3. Other child protection issues

6.3.1. Birth registration

In its 2016 State Party Report to the Committee on the Rights of the Child, Nauru advised that all children born in Nauru must be registered within 21 days from the date of birth. Registration takes place at the Birth Registry and is free of charge.²⁹¹ According to the DHS 2007, 83 per cent of children under the age of five had their births registered at the time of data collection. Birth registration among the poorest 20 per cent of households was at 71 per cent. It stood at 88 per cent in the richest 20 per cent of households. This differential means it is 20 per cent more likely that a child in a rich household is registered than a child in a poor household. The government has acknowledged the need to strengthen coordination and streamline the birth registration process to ensure that it is easily accessible to all children.²⁹² The fact that submission of the birth certificate is required to receive newborn allowance of AU\$100 from the government is an incentive to register newborn children.

6.3.2. Children with Disabilities

Nauru's State Party Report to the UN Committee on the Rights of the Child states that, until recently, disability was considered a 'family onus, not a society one'.²⁹³ However, children with disabilities have now been identified as a priority issue for the government, and it has been incorporated into the mandate of the MoHA Child Protection Services Division. Nauru ratified the Convention on the Rights of People with Disabilities (CRPD) in 2013 and followed this up with the Nauru National Disability Policy 2015. The Policy provides for protection and guarantees of fundamental freedoms for persons with disabilities, and sets out a comprehensive framework to

289 P. 23.

290 Para. 14.

291 Para. 163.

292 Ibid.

293 Statement to the CRC Committee, Nauru, 2016.

address the needs and rights of persons with disabilities to improve the quality of their lives and their full and equal participation as empowered citizens.

Children with disabilities are not integrated into mainstream education, but instead attend the Able Disable Centre, established in 2002. In its 2016 State Party Report to the UN Committee on the Rights of the Child, Nauru noted that many children with disabilities are not identified due to the fact that '(a) some parents are over protective and are keeping or looking after their own children by themselves; (b) some parents are not comfortable with the Able Disable Centre staff being unqualified in specific areas within the child's special needs; (c) lack of specialized equipment and parts; (d) lack of resources; (e) no proper curriculum/program.'²⁹⁴

In its Concluding Observations, the UN Committee on the Rights of the Child expressed its concern that there is no explicit legal provision mandating the delivery of services for persons with disabilities or their access to public buildings, public spaces and all service delivery areas; that the inclusion of children with intellectual and psychosocial disabilities remains unsatisfactory owing to a shortage of trained specialists, including speech therapists, mental health professionals and psychologists; and that, owing to societal attitudes, parents may decide, without taking into account the child's best interests, that a child with disabilities will not attend a school providing inclusive education, resulting in the majority of children with disabilities attending the Able Disable Centre.²⁹⁵

6.3.3. Climate change and natural disasters

Nauru's 2015 Framework for Climate Change Adaptation and Disaster Risk Reduction states that the perspectives of vulnerable groups, including women and children, should be incorporated into planning and priority-setting.²⁹⁶ The Framework includes several strategies to protect children and women from stresses and challenges brought about by climate change. These include, for example, the operation of safe houses or shelters from domestic violence and counselling centres in the event of natural disasters, and the provision and coordination of support to persons with disabilities to be organized through child protection programmes.²⁹⁷

6.3.4. Refugee children

Nauru is the current location of a Regional Processing Centre (RPC), which houses children and adults who are seeking asylum or refugee status in Australia. Although the report of an inquiry conducted by the Australian Senate between September 2016 and April 2017,²⁹⁸ as well as the UN

294 Para. 212.

295 Para. 40.

296 P. 14.

297 Ibid., p. 15.

298 Senate Legal and Constitutional Affairs Committee, 'Serious Allegations of Abuse, Self-Harm and Neglect of Asylum Seekers in Relation to the Nauru Regional Processing Centre, and Any Like Allegations in Relation to the Manus Regional Processing Centre', on https://www.aph.gov.au/parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/NauruandManusRPCs [12.09.18].

Special Rapporteur on Human Rights' Report on his November 2016 visit to Nauru, also released in April 2017,²⁹⁹ found that Australia holds a duty of care to the refugees and asylum-seekers staying in the RPC, a brief analysis of the situation of children refugees and asylum-seekers is included here in order to provide a complete picture of the situation of children in Nauru.

6.3.4.1. The situation

The RPC re-opened in September 2012 as a detention centre and became an 'open centre' in October 2015.³⁰⁰ As of September 2017, the total number of refugees and asylum-seekers living in the RPC was 369, among whom 45 were children as per October 2016 figures. As of October 2016, there were 941 refugees and 254 asylum-seekers, i.e. a total of 1,195 in Nauru, 390 in the RPC and 805 living in local communities.³⁰¹ As of April 2017, there was a total of 146 children refugees and asylum-seekers in Nauru, all of whom, except 13, were attending local schools.³⁰²

Housing is being built in various parts of the island with a view to transferring all RPC residents into local communities. Under a 2016 Agreement between the governments of Australia and the United States of America, all refugees currently living in Nauru are eligible to apply for resettlement in the USA. The USA will make decisions on a case-by-case basis following assessments based on its policies and procedures.

Over the years, including since the RPC became an 'open centre', several inquiries have reported that serious human rights violations, including of children's rights, were occurring in the RPC. Relevant results of the most recent ones are quoted below.

In its Submission to the 2016 UPR Process, the United Nations High Commissioner for Refugees, noted that 'children had been transferred without an assessment of their best interests and without adequate services in place to ensure their mental and physical well-being. Furthermore, children were in closed detention, in difficult conditions, without access to adequate educational and recreational facilities and with a lack of a durable solution within a reasonable time frame.' There is a concern that the rights of children in the RPC are not adequately respected, protected and fulfilled and children are exposed to violence, exploitation, abuse and neglect. There is also a failure to follow rights principles, such as that deprivation of liberty must only be as a last resort and for the shortest appropriate period of time and that children are entitled to an identity and nationality.³⁰³

The United Nations Special Rapporteur on Human Rights' Report on his 2016 visit to Nauru noted that families were 'often separated for several months or years' following actions by the Australian government, including using separate visa pathways or relocation for medical treatment.³⁰⁴ It also

299 Report of the United Nations Special Rapporteur on the Human Rights of Migrants on Mission to Australia and the RPC in Nauru, 1–18 November 2016 (A/HRC/35/25/Add.3), 24 April 2017, para. 72.

300 Parliament of Australia, 'Australia's Offshore Processing of Asylum Seekers in Nauru and PNG: A Quick Guide to Statistics and Resources', 19 December 2016, Research Paper Series 2016–17.

301 Ibid.; Department of Immigration and Border Protection Operation Sovereign Borders Monthly Statistics Updates.

302 Secretary for Multi-Cultural Affairs, Meeting with UNICEF Pacific, April 2017.

303 Paras 45–6.

304 Report of the United Nations Special Rapporteur, para. 48.

noted that the Committee on the Rights of the Child has determined that 'Administrative detention based on the immigration status of the child or of his or her parents can never ever be in the best interest of the child.'³⁰⁵

In its Concluding Observations on the 2016 Combined Initial to Sixth Periodic Report of Nauru on its Implementation of the Convention on the Rights of the Child, the UN Committee expressed its deep concern about inhuman and degrading treatment, including physical, psychological and sexual abuse, against asylum-seeking and refugee children living in the RPC; reports of intimidation, sexual assault, abuse and threats of violence against families living in refugee settlements around the island, all of which has a detrimental impact on the psychological well-being of their children; and the lack of assistance available for the physical and mental recovery of children who have experienced trauma prior to their arrival in Nauru and the subsequent impact of prolonged periods living in detention-like conditions, which has resulted in many cases of attempted suicide, self-immolation, acts of self-harm and depression.³⁰⁶

6.3.4.2. Nauru government response

In recent years, the government of Nauru has reportedly taken measures to address these issues.

In its 2016 State Party Report to the UN Committee on the Rights of the Child,³⁰⁷ the government notes that the Child Protection Services Division's case management framework also provides for refugee children, and that intervention services are available through coordination with the Gender Based Violence Unit, Safe House and Connect³⁰⁸ as case managers for refugees. An agreement between the Australian Border Force and Nauru's government outlines a response process whereby refugee children will be taken to a designated safe room at the RPC as an initial emergency plan. A Vulnerable Children's Committee has been established to strengthen networking and discuss and address issues relating to children's cases, including children in immigration detention, through weekly meetings. Its members include Save the Children,³⁰⁹ the Australian Border Force, International Health & Medical Services (IHMS), Wilson's Security, Child Protection Services and the Gender Based Violence Unit.

In its Addendum to the 2016 UPR Process, Nauru noted that 'social support is provided by the government of Nauru and other contracted social services organisations' and that the RPC is an 'open centre' and 'unaccompanied minors are under the guardianship and protection of the Minister for Justice and Border Control', noting also that children 'are afforded the same treatment as other Nauruan children in relation to education, health, sports and other related activities'.³¹⁰

305 Ibid., para. 68.

306 Para. 30.

307 Paras 103, 118.

308 Connect used to be the private service provider contracted by the government of Nauru to provide social services to refugees and asylum-seekers. Connect has since then been replaced by HOST.

309 Save the Children used to be the social service provider contracted by the government of Nauru to provide social services to refugees and asylum-seekers. It was then replaced by Connect and more recently by HOST.

310 Addendum to the Report of the Working Group, UPR Process, Nauru, 2016, para. 29.

With regard to the right to identity and nationality, the Nauru Births, Deaths and Marriages Registration Bureau registers refugees and asylum-seekers who are born in Nauru and issues them a birth certificate indicating name, date of birth and nationality (based on that of their parents).³¹¹ According to the Naoero Citizenship Act 2005, only children with at least one Nauruan parent can become a citizen. However, adults may apply for citizenship when they are over 20 years of age.³¹² Refugees living in Nauru have the same rights as Nauruans, except for citizenship and voting rights.³¹³

During a meeting in April 2017 in Nauru, the Secretary for Multicultural Affairs told UNICEF Pacific that the Department for Multicultural Affairs was established with the objective to ensure the integration of refugees into the community. Two hundred and fifty community liaison officers have been appointed and trained in case management to work at community level and report and refer complex cases to competent authorities. Each school has a liaison officer in charge of behaviour management issues. Anti-bullying programmes have been implemented in schools and multicultural festivals organized. The Department of Multicultural Affairs established a Child Protection Services Division, with four full-time personnel, and developed and has implemented a child protection policy applying to all personnel working in the RPC. Children in the RPC benefit from intensive social follow-up as each HOST case manager is responsible for a limited number of families and IHMS provides mental health services. These highly professional services, which also serve refugees living in local communities, may be available to Nauruan children if needed.³¹⁴

According to the Secretary of Multicultural Affairs, although some challenges remain, as a result of these measures the situation of children refugees and asylum-seekers living in the RPC and in local communities has improved.³¹⁵

311 Bureau of Registration of Births, Marriages and Deaths, Meeting with UNICEF Pacific April 2017.

312 State Party Report to the UN Committee on the Rights of the Child: Nauru, 2016, para. 165.

313 Secretary for Multi-Cultural Affairs, Meeting with UNICEF Pacific, April 2017.

314 Ibid.

315 Ibid.

7. Social Protection

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

According to UNICEF, social protection is ‘the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities³¹⁶ to poverty and deprivation, and mitigating their effects’.³¹⁷ Social protection systems are essential to ensuring realization of the rights of children to social security (CRC Article 26) and a standard of living adequate for their physical, mental, spiritual, moral and social development (CRC Article 27). According to Article 27(2) of the CRC, State Parties are required to ‘take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing’.

Effective social protection measures are also essential to achieving SDG 1: to eradicate extreme poverty (which is currently measured as people living on less than US\$ 1.25 a day) for all people everywhere by 2030, and to reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

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

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

In order to achieve this, SDG 1.3 requires the implementation of ‘nationally appropriate social protection systems and measures for all, including [social protection] floors’. A social protection floors consist of two main elements: essential services (access to WASH, health, education and social welfare); and social transfers (a basic set of essential social transfers in cash or in kind, paid to the poor and vulnerable).³¹⁸

Key Social Protection-related SDGs

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

Under UNICEF’s Social Protection Strategic Framework, to achieve social protection it is necessary to develop an integrated and functional social protection system. This means developing **structures and mechanisms** to coordinate interventions and policies to effectively address multiple economic and social vulnerabilities across a range of sectors, such as education, health, nutrition, WASH and child protection.³¹⁹

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

319 UNICEF Social Protection Strategic Framework, p. 31.

7.1. Profile of child and family poverty and vulnerability

As set out above, a significant proportion of Nauru's population are living in basic needs poverty. According to the 2012–2013 HIES, while incidence of food poverty is zero (and it appears that Nauru has already met SDG 1.1), incidence of basic needs poverty is significant. However, it has been noted that, while no incidence of persons living below the food poverty line has been found, issues of malnutrition and poor diet suffered by poorer households (see nutrition in Chapter 3 above) mean these data should be interpreted cautiously.³²⁰

According to the 2012–2013 HIES, 24 per cent of the population are living below the basic needs poverty line (BNPL).³²¹ Unfortunately, there was no poverty and hardship analysis of the previous HIES (2006), so it is not possible to analyse trends over time. It is therefore difficult, at this time, to measure Nauru's progress against SDG target 2.1 (reduction by at least half in the proportion of the population living in poverty according to national definitions). Nevertheless, with very limited economic growth opportunities, it is difficult to see, at this point, how Nauru will reach this target.

The HIES 2012–2013 also found a significant proportion of the population was vulnerable to poverty: 23.3 per cent of the population was highly vulnerable or vulnerable to falling into poverty, as Table 7.1 shows.

Table 7.1: Population in poverty, vulnerable and not vulnerable or in poverty, 2012–2013

	Number	Percentage
Below food poverty line	0	0
Below BNPL	2,794	24
Highly vulnerable to poverty (within 20 per cent of BNPL)	916	7.9
Vulnerable (within 20–50 per cent of BNPL)	1,818	15.6
Potentially vulnerable (within 50–100 per cent BNPL)	2,430	20.8
Not poor or vulnerable	3,702	31.8

Source: HIES 2012–2013

This indicates that a significant number of persons are vulnerable to slipping into poverty when faced by shocks, such as unemployment, natural disasters or fluctuations in food and fuel prices.

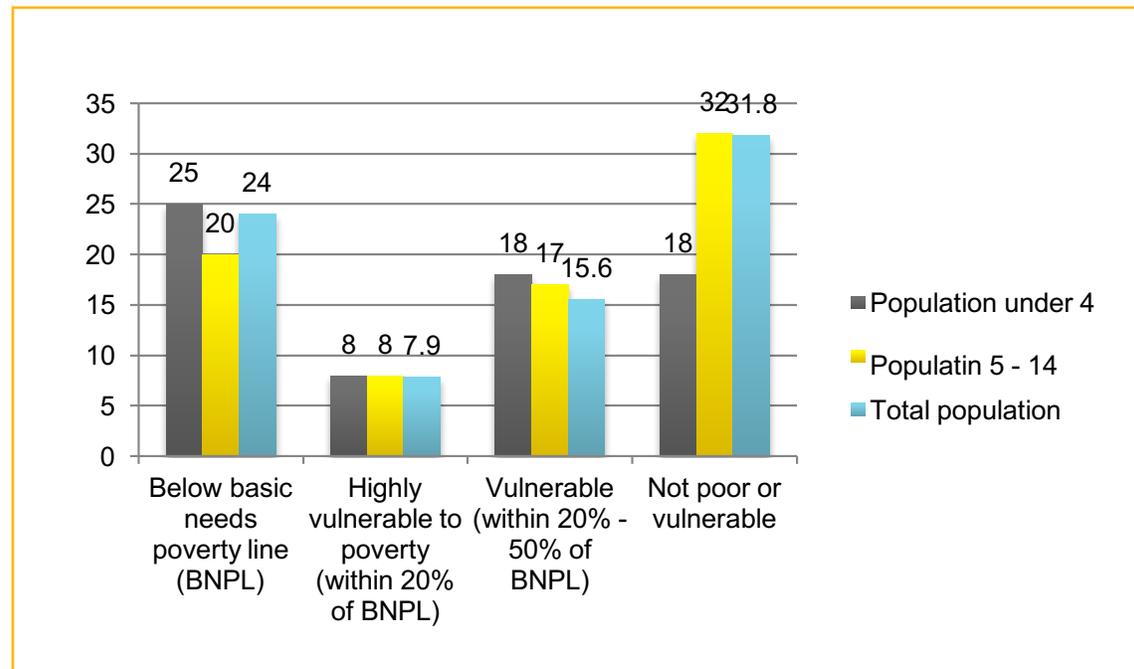
A significant proportion of children are living in poverty or vulnerable to poverty. Younger children appear to be particularly likely to be living in poverty. A quarter of children aged four years and

320 2012–2013 HIES Report, p. 34.

321 Ibid., p. 36.

under and a fifth of children aged five to 14 years were found to be living below the BNPL in the 2012–2013 HIES. A significant proportion of children were found to be vulnerable to poverty, as indicated in Figure 7.1. Only 18 per cent of children under four years and 32 per cent of children aged five to 14 years were found not to be in poverty or to be vulnerable to poverty.³²²

Figure 7.1: Population in poverty, vulnerable to poverty and not in poverty or vulnerable: under four years, five to 14 years and total population



Source: HIES 2012–2013

Young people also appear to be more vulnerable to poverty. In 2012–2013, 28 per cent of the youth population (15–29 years) were living below the poverty line (compared with 24 per cent in total), 9 per cent were highly vulnerable to poverty and 15 per cent were vulnerable to poverty (compared with 7.9 and 15 per cent of the total population). Only 28 per cent of young people were not poor or vulnerable (compared with 31.8 per cent of the total population).

As in most countries, national poverty averages in Nauru mask inequalities within the country. The data demonstrate disparities in levels of poverty according to certain characteristics. Women appear to be slightly more likely to live in poverty than men: 17.7 per cent of female-headed households are below the BNPL and 7.5 per cent are highly vulnerable to poverty, compared with 16.3 per cent and 5.5 per cent of male-headed households,³²³ as Table 7.2 shows.

322 P. 50

323 P. 41.

Table 7.2: Percentage of female-headed households and male-headed households in poverty, vulnerable or not in poverty, 2012–2013

	Female-headed households	Male-headed households
Below BNPL	17.7	16.3
Highly vulnerable to poverty (within 20 per cent of BNPL)	7.5	5.5
Vulnerable (within 20–50 per cent of BNPL)	13.1	13.9
Potentially vulnerable (within 50–100 per cent BNPL)	19.2	20
Not poor or vulnerable	42.2	44.1

Source: HIES 2012–2013

Further, female-headed households are slightly over-represented in the low expenditure quintiles (22 per cent of all female-headed households are in the lowest expenditure quintile). Around 35 per cent of households in the highest expenditure quintile are female-headed, compared with 65 per cent that are male-headed.³²⁴

Education is also correlated with poverty and vulnerability. Incidence of basic needs poverty in 2012–2013 was significantly higher among people with low levels of education. Of those aged 15 and above, 47 per cent of all individuals were living under the BNPL, compared with only 9 per cent of individuals with tertiary education.³²⁵

Employment/economic activity of household members is also associated with poverty and vulnerability. In 2012–2013, it was found that households with access to formal employment and/or property income were the least vulnerable. Poor households had a share of only 19 per cent and 11 per cent of employment and property income, compared with non-poor/vulnerable households, receiving 40 per cent and 60 per cent of wages and property income, respectively.³²⁶

According to the 2012–2013 HIES, because of the sample and population size it is not possible to analyse the geographic disparity of poverty and vulnerability in Nauru by geographic location.³²⁷

Persons living with a disability appear to be particularly vulnerable to living in poverty. There are no data available to test the association of disability with poverty (as household surveys do not include disability as a category), persons with a disability are very likely to be vulnerable to poverty, given the lack of educational and other opportunities accessible to these individuals (see Chapter 5).

324 Ibid.

325 Ibid.

326 Ibid., p. 42.

327 Ibid., p. 41.

The causes of child and family poverty in Nauru are complex, interconnected and open to fluctuation. As a very small island economy, Nauru faces many challenges confronting PICTs more generally. It is the third smallest state in the world by land area (behind only Monaco and Vatican City) and as such has a very limited economic base, relying primarily on fishing licences, phosphate-related payments and visa fees. It does not collect income tax or value-added tax, and the economy relies primarily on donor funding.³²⁸ Nauru's economy has also suffered from the effects of irreparable environmental degradation as a result of phosphate extraction, with limited opportunities for sustained long-term growth.³²⁹ It has very limited reserves and substantial public debt and is heavily reliant on foreign aid.³³⁰ It is located at a significant distance from international markets, which impedes economic growth opportunities.³³¹

Opportunities for foreign economic development are limited owing to lack of access to financial services on the island, which 'discourages the establishment of new businesses'. Further, business licences are available only to Nauru citizens (non-citizens can obtain only a trading licence), which acts as a disincentive to foreign investment.³³²

A limited economic base, severe contraction of the economy in the 1990s and 2000s, low growth and exposure of the economy to shocks have led to a poverty of opportunity in Nauru, which has a significant number of unemployed persons. According to ADB, 'The country relies on narrow and uncertain sources of revenue, with limited private sector opportunities.'³³³ As elsewhere in the Pacific, the economy is not able to generate sufficient jobs for the number of job-seekers. According to the most recent census data (2011), the unemployment rate is 22.9 per cent and the youth unemployment rate is particularly high, at 45.5 per cent.

Young people appear to lack access to formal job markets. According to the 2012–2013 HIES, less than half of young people (15–29 years) are engaged in formal government (29 per cent) or private sector (16.4 per cent) work.³³⁴

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

Social protection encompasses many different types of systems and programmes, including social insurance (e.g. contributory schemes to provide security against risk, such as unemployment, illness, disability, etc.); social assistance (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly,

328 ADB, 'Mapping Fragile and Conflict-Affected Situations in Asia and the Pacific: The ADB Experience', 2016.

329 UNDP, 'State of Human Development in the Pacific: A Report on Vulnerability and Exclusion at a Time of Rapid Change', 2014.

330 Human Rights Council, Review of the Working Group in the UPR: Nauru, 8 March 2011, para. 102.

331 ADB, 'Mapping Fragile and Conflict-Affected Situations in Asia and the Pacific', 2016.

332 Ibid.

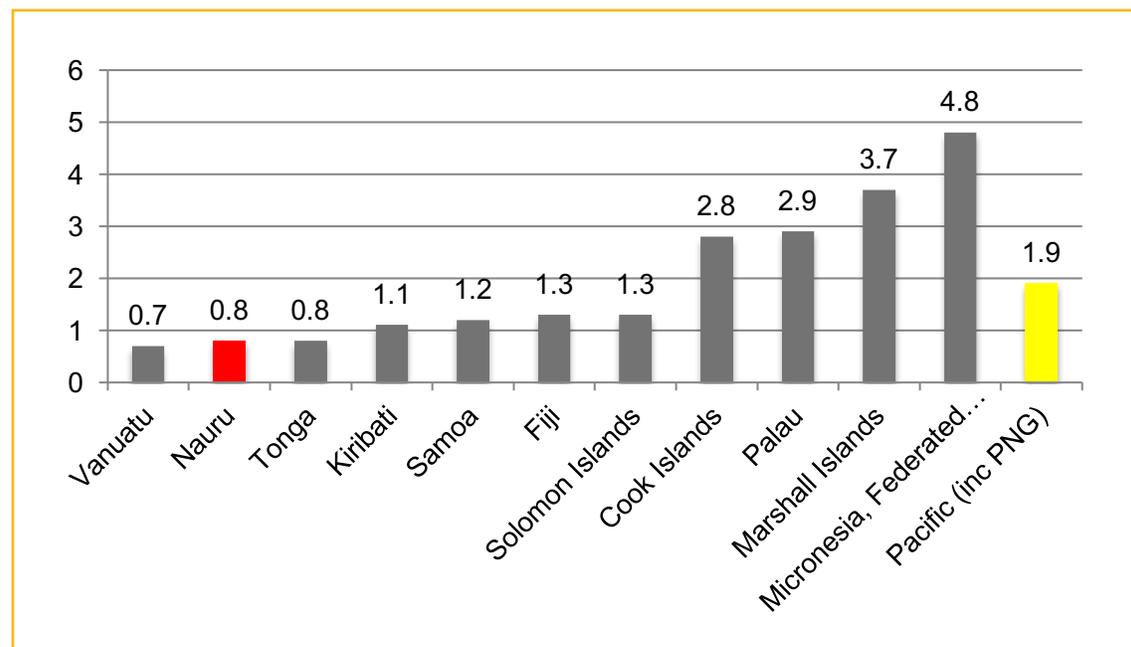
333 ADB, 'Nauru', Factsheet, 2016, on www.adb.org/sites/default/files/publication/27748/nau-2016.pdf [19.08.17].

334 2012–2013 HIES report, p. 44.

children); and social care (child protection prevention and response services, detailed in Chapter 6). There has been a growing acceptance in recent times that social security, in particular the provision of regular cash transfers to families living in and vulnerable to poverty, should be a key component of a social protection system.³³⁵ Cash transfers provide households with additional income that enables them to invest in children’s well-being and human development.³³⁶

The comprehensiveness and impact of Nauru’s ‘formal’ social protection system appears to rate favourably compared with those in other PICTs. ADB’s Social Protection Indicator (formerly Index) assesses social protection systems against a number of indicators to generate a ratio, which is expressed as a percentage of GDP per capita. The SPI for Nauru was, in 2016, 0.8. This is well below than the Pacific regional average (including PNG) of 1.9,³³⁷ as set out in Figure 7.2.

Figure 7.2: Social Protection Indicator by country



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

Source: Data from ADB, ‘The Social Protection Indicator: The Pacific’, 2016, p. 16

The data indicate that the majority of social protection expenditure is for social assistance measures, as Table 7.3 shows. This contrasts with the trend in other PICTs, in which the majority of social protection expenditure is for social insurance (contributory) schemes.

335 UNICEF and Fiji Ministry of Women, Children and Poverty Alleviation, ‘Child-Sensitive Social Protection in Fiji’, 2015, p. 6.

336 UNICEF, Social Protection Strategic Framework, 2012.

337 ADB, ‘The Social Protection Indicator: Assessing Results for the Pacific’, 2016, p. 16.

Table 7.3: Social Protection Indicator by type of programme, 2012

Programme	Social Protection Indicator (%)
Overall	0.8
Social assistance	0.6
Labour market programmes	-
Social insurance	0.2

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

The government of Nauru provides social assistance primarily in the form of a universal pension. Persons aged over 60 years receive an allowance of AU\$ 150 every two weeks, although persons who are otherwise receiving an income (including other social welfare benefits) are excluded.³³⁸

The government of Nauru also provides a disability benefit. In 2012, this amounted to AU\$ 100 every two weeks. Those who receive it are disqualified from receiving other sources of income, including other benefits.³³⁹

The government also provides assistance to persons who cannot afford to pay for their own power bills. Families of deceased also receive AU\$ 2,000.³⁴⁰ However, there is no child benefit scheme in Nauru, limiting the ability of the government to ensure vulnerable families are able to provide for the needs of their children.

In terms of social insurance, Nauru has a contributory pension scheme. However, this is limited to formal sector workers, and excludes the majority of workers who operate in the informal economy – it is therefore not targeted to the poorest members of society. Contributory schemes involving formal sector workers also tend to have a gender bias, as the majority of formal sector workers are men.³⁴¹ (Young) women face particular challenges accessing employment in the formal economy. According to the 2012–2013 HIES, around 46 per cent and 23 per cent of men (15–59 years) are employed in the formal government and private labour force compared with only 30 per cent and 12 per cent of women. Women appear to bear the burden of unpaid household work: in 2012–2013, 43 per cent of young women (15–29 years) were engaged in unpaid family work, compared with only 15.5 per cent of young men.³⁴² There is therefore a clear gender bias in access to available social insurance schemes.

Another component of social protection systems is activities to generate and improve access to employment opportunities among young people. There do not appear to be any data on these measures in Nauru.

338 ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 19.

339 Ibid., p. 29.

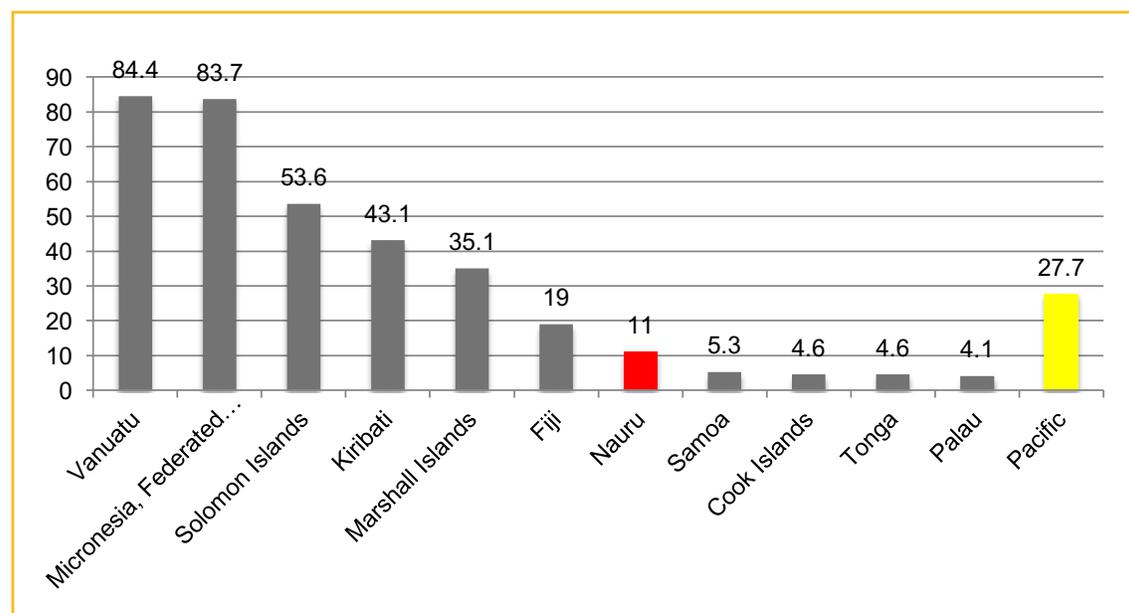
340 UNESCAP, 'Income Support Schemes in Pacific Island Countries: A Brief Overview', undated, p. 20.

341 UNDP, 'State of Human Development in the Pacific', 2014.

342 P. 44.

The data indicate that the depth of social protection systems in Nauru (the average benefits actual beneficiaries receive) is very low, at 11, well below the regional average (including PNG) of 27.7.

Figure 7.3: Depth of Social Protection Indicator, by country



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

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

The high rating for depth of benefits is attributed mainly to the contributory pension scheme. The depth indicator for social assistance schemes (which target more vulnerable populations) is quite low, at 9.9.

Table 7.4: SPI depth indicator, by type of programme

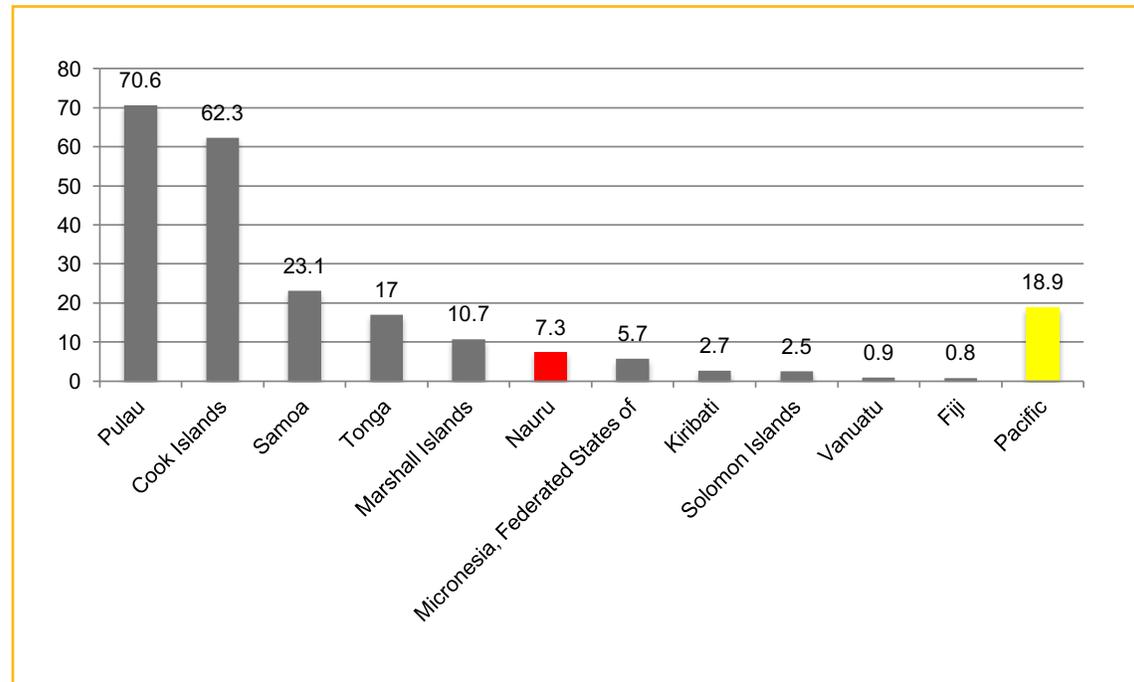
Programme	SPI Depth Indicator (% of per-capita GDP)
Overall	11.0
Social assistance	9.9
Labour market programmes	-
Social insurance	19.4

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

This indicates that payments to individuals according to social assistance schemes are relatively low, and perhaps insufficient to lift beneficiaries out of poverty.

Breadth indicators represent the proportion of potential beneficiaries (those who could qualify for benefits) who actually receive social protection benefits. According to the ADB assessment, Nauru receives a relatively low breadth indicator, as Figure 7.4 illustrates. This indicates that the number of beneficiaries receiving benefits is relatively low.

Figure 7.4: Breadth of Social Protection Indicator, by country



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

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

The breadth indicator is highest for social assistance programmes (6.4), compared with social insurance programmes (0.8). This indicates that only a small proportion of the population benefits from social assistance and insurance measures.

Table 7.5: SPI breadth indicator, by type of programme

Programme	SPI breadth indicator (%)
Overall	7.3
Social assistance	6.4
Labour market programmes	-
Social insurance	0.8

Source: Data from ADB, 'The Social Protection Indicator: The Pacific', 2016, p. 16

Data for the Pacific also indicate that social protection schemes are not well targeted. When the SPI is disaggregated between the poor and the non-poor, the non-poor are found to be the main beneficiaries of social protection (the aggregate SPI for the poor in PICTs is only 0.2 per cent of GDP per capita, while the SPI for the non-poor is 1.7 per cent of GDP per capita).³⁴³ Unfortunately, there is a lack of data and information on bottlenecks and barriers in the effective operationalization of the social protection system.

The targeting of social protection programmes also appears to have a gender dimension. Overall, the SPI for women in the Pacific is 0.8 per cent of GDP per capita compared with 1.1 per cent of GDP per capita for men.³⁴⁴ This is attributed to the differential access of women and men to social insurance measures.³⁴⁵ As noted above, social insurance measures have a gender bias, as access is generally restricted formal sector workers, who are predominantly male.

While the government of Nauru provides some fairly wide-reaching social assistance measures targeting the older population and persons with disabilities, there is no child benefit or other measures targeting vulnerable children. The absence of a comprehensive social protection system that effectively targets those who are most in need is a significant gap; lack of social assistance programmes that target vulnerable populations impairs the ability of the country to lift its people out of poverty and create improved conditions for economic growth.

343 ADB, 'The Social Protection Indicator: The Pacific', 2016.

344 Ibid. The Pacific-wide SPI aggregates include PNG and Timor-Leste but not Niue, Tokelau and Tuvalu.

345 ADB, 'The Social Protection Indicator: The Pacific', 2016.

8

Conclusions

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

8.1. Climate change and disaster risks

As with many neighbouring Pacific Islands, Nauru is among the world's most vulnerable countries in relation to the impacts of climate change, as rising sea levels and droughts threaten potable water supplies and food security. A key finding of this report is that climate change and disaster risks have a considerable impact on all sectors in relation to the realization of children and women's rights.

- Climate change and extreme weather increase the threat of communicable and non-communicable diseases and exacerbate existing bottlenecks and barriers to **health** services by affecting access and supply routes to sources of health care as well as **WASH** infrastructures and practices. Natural disasters increase **food and nutrition insecurity**, while increasing risk of food- and water-borne diseases.
- Disaster and climate risks affect access to and quality of **education** services through damage to schools, challenges in access and diverted resources.
- Climate change and extreme weather or other disasters also have implications for **child protection** concerns, by exacerbating the risk of violence against children, uprooting families and leaving children living in difficult and unsafe conditions.
- **Phosphate dust pollution**, caused by extensive phosphate mining, together with changing wind patterns and rising temperatures, poses significant health risks to children and women in Nauru.

8.2. Financial and human resources

Despite Nauru's status as a high-income country, it continues to rely heavily on external development aid and volatile revenue from phosphate mining. Furthermore, the country is plagued by high youth unemployment rates, and a significant proportion of the population continues to live below the basic needs poverty line. A lack of available resources across nearly all government departments translates into a lack of financial resources for the delivery of services and systems for children, but it also seems to be linked to a lack of human resources (training and expertise) in several sectors.

- Lack of financial resources translates into lack of appropriate equipment and professionals, including in the **health** and **WASH** sectors in particular, but also in **education, justice** and **child protection**.
- The SitAn has revealed a lack of trained local professionals in all sectors, including **health, WASH, education, child protection and justice**.
- Certain sectors, in particular Nauru's health system, are heavily reliant on expatriate professionals on short-term contracts, leading to significant fluctuations in the quality and coverage of services provided.

8.3. Geography

The geography of Nauru plays a key role in the realization of the rights of women and children:

- The remote location of Nauru poses primary access challenges to, for example, specialized hospitals or advanced educational institutions.
- With only one aircraft serving Nauru, the provision of key services, such as access to emergency/specialized medical care abroad, is severely restricted.

8.4. Gender

Socio-cultural norms and traditional perceptions around gender roles can act as barriers and bottlenecks to the realization of children and women's rights, while the analysis revealed discrepancies in key health outcomes between genders, much of which appears linked to socio-behavioural factors:

- Traditional gender roles support and facilitate **violence** against women and girls and act as barriers to reporting it.

- Girls are reported to be forced to marry those who have sexually assaulted or raped them, or to accept a simple apology rather than following the justice process.
- While excessive alcohol consumption appears to be a particular problem among boys (and adult men), obesity and physical inactivity are more prevalent among girls (and adult women).

8.5. Immigration detention

Children and women living in Nauru's detention facility were found to be at a high risk of violence (including physical and sexual violence) and suffering from mental health problems.

- Anecdotal evidence suggests particularly high levels of all forms of violence against children and women living in Nauru's immigration detention facility.
- Self-harm and suicides appear to be major problems among women and children detained on Nauru.

8.6. Norms and attitudes

Cultural norms, attitudes and traditions were found to frequently act as barriers (but, in some cases, also as enablers) to the realization of children's rights in several sectors in Nauru.

- Traditional and **customary justice processes** are frequently resorted to in Nauru, which can be particularly problematic in relation to sexual offences against children and domestic violence.
- Traditional gender roles support and facilitate **violence** against women and girls, and marginalized groups.

8.7. Poverty and vulnerability

The impacts of poverty are significant in Nauru and children and families are highly exposed to risk and economic shocks, particularly those caused by climate change, natural disasters and the country's heavily reliance on specific income sources (i.e. phosphate mining, external aid and the hosting of migrant detention facilities).

- The absence of a comprehensive social protection system limits the ability of the government to lift vulnerable persons out of poverty and support economic growth.

- Lack of opportunities, for adolescents and young people in particular, perpetuates cycles of poverty and has led to unhealthy behaviours, such as drug and alcohol abuse and mental health issues.

8.8. Data availability

There are useful data sources in some sectors in Nauru, such as the 2007 DHS, the 2011 GSHS and the 2014 Family Health and Support Study in the areas of health, nutrition and violence. However, this analysis has revealed several data gaps, and the absence of these data is in itself a key finding:

- Existing survey data are rarely broken down by gender, location or household wealth, sometimes as a result of the small size of the survey samples.
- There is limited evidence on the quality of health services and equipment at Nauru's two health facilities.
- There is also limited to no information on WASH in schools, MHM and access to WASH for vulnerable groups.
- There is a lack of data around children with disabilities, other vulnerable groups and out-of-school youth. Further, there is lack of data on specific types of child rights violations, such as child labour and sexual exploitation.
- Owing to access restrictions, there is limited information on the situation of children and women in Nauru's immigration detention centre.

Footnotes in tables

- I UNISDR and GADRRRES, 'A Global Framework in Support of the Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools', January 2017, on http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf [24.01.17].
- II Australian Government, Department of Immigration and Border Control, 'Immigration Detention and Community Statistics Summary', on <https://www.border.gov.au/ReportsandPublications/Documents/statistics/immigration-detention-statistics-30-june-2016.pdf> [18.08.17].
- III The Guardian, 'The Nauru Files: Cache of 2,000 Leaked Reports Reveal Scale of Abuse of Children in Australian Offshore Detention', on <https://www.theguardian.com/australia-news/2016/aug/10/the-nauru-files-2000-leaked-reports-reveal-scale-of-abuse-of-children-in-australian-offshore-detention> [18.08.17].
- IV Encyclopaedia Britannica, 'Nauru'.
- V Table reproduced from *ibid.*, p. 2.

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