



# Convention on the Rights of the Child

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Committee on the Rights of the Child

## Combined second to fourth periodic reports submitted by Kiribati under article 44 of the Convention, due in 2011\*

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\* The present document is being issued without formal editing.

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## Acronyms and Abbreviations

AAFR	Alcoholic Awareness and Family Retreat
AMAK	Aia Maea Ainen Kiribati
ASWO	Assistant Social Welfare Officer
AusAID	Australian Agency for International Development
AVID	Australia Volunteers for International Development
BFHI	Baby-Friendly Hospital Initiative
BH	Betio Hospital
CDRC	Curriculum Development Resource Center
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRO	Civil Registration Office
CRPD	Convention on the Rights of Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
CSA	Child Sexual Abuse
CSO	Civil Society Organization
CSPro	Census and Survey Processing System
CWD	Children With Disabilities
CYPFW	Children, Young People and Family Welfare
DFAT	Department of Foreign Affairs and Trade
DHS	Demographic Health Survey
DPO	Disabled Persons' Organisations
DV	Domestic Violence
DVSO	Domestic Violence and Sexual Offences
ECCE	Early Childhood Care and Education
EFA	Education For All
EIRC	Employment and Industrial Relations Code
EPI	Expanded Program on Immunization
ER	Employment Register
ESGBV	Eliminating Sexual and Gender Based Violence
GBV	Gender Based Violence
GoK	Government of Kiribati
HRU	Health Research Unit
IEC	Island Education Coordinators
ILO	International Labour Organisation
IMF	International Monetary Fund
IMR	Infant Mortality Rate
JSC	Junior Secondary Certificate

JSS	Junior Secondary School
KDP	Kiribati Development Plan
KEIP	Kiribati Education Improvement Program
KELP	Kiribati English Language Programme
KFHA	Kiribati Family Health Association
KFHSS	Kiribati Family Health Support Study
KFL	Kiribati Fish Limited
KIT	Kiribati Institute of Technology
KNC	Kiribati National Certificate
KNHRTF	Kiribati National Human Rights Taskforce
KNRC	Kiribati National Red Cross
KPPS	Kiribati Police and Prison Services
KSSC	Kiribati Senior Secondary Certificate
KTC	Kiribati Teachers College
LKH	London Kiritimati Hospital
MA	Medical Assistant
MCH	Maternal and Child Health
MCIC	Ministry of Commerce, Industry and Cooperatives
MELAD	Ministry of Environment, Land and Agricultural Development
MFED	Ministry of Finance and Economic Development
MHMS	Ministry of Health and Medical Services
MEHR	Ministry of Employment and Human Resources
MOE	Ministry of Education
MOJ	Ministry of Justice
MOU	Memorandum of Understanding
MWY(S)SA	Ministry of Women, Youth, (Sports) and Social Affairs
NAP	National Action Plan
NBCK	National Building Code of Kiribati
NGO	Non-Government Organisation
NSO	National Statistics Office
OHCHR	Office of the United Nations High Commissioner for Human Rights
OLSH	Our Lady of the Sacred Heart
OPAC	Optional Protocol to the CRC on the Involvement of Children in Armed Conflict
OPSC	Optional Protocol to the CRC on the Sale of Child, Child Prostitution and Child Pornography
PHN	Public Health Nurse
PIFS	Pacific Islands Forum Secretariat
PWD	People With Disabilities
RMNCAH	Reproductive, Maternal, Newborn Child and Adolescence Health

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RRRT	Regional Rights Resource Team
SSS	Senior Secondary School
SHIP	Shared Implementation Plan
SKH	Southern Kiribati Hospital
SOP	Standard of Operation
SPC	Secretariat of the Pacific Community
SRHR	Sexual Reproductive Health and Rights
TESOL	Teaching English to Speakers of Other Languages
TKB	Tobwaan Kiribati Bwaatei (Party)
ToR	Terms of Reference
TVET	Technical Vocational Education Training
TVETSSP	Technical Vocational Education Training Strengthening Sector Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Fund
UPR	Universal Periodic Review
WASH	Water and Sanitation for Health
WG	Washington Group
YFHS	Youth Friendly Health Service

## Executive Summary

1. The Republic of Kiribati ratified the Convention on the Rights of the Child (CRC) in 1995 and the initial report was considered by the Committee in 2005. This document combines Kiribati's second, third and fourth reporting requirements.
2. Since 2005 various consultants working on the required CRC reports were not able to manage the scope of the report or the amount of data required to populate the report. Consequently, Kiribati fell behind in meeting its obligations to the United Nations (UN) Committee on CRC.
3. During the reporting period six consultations were carried out with multiple stakeholders in government and in non-government organisations (NGO) as well as with children themselves. The Kiribati Human Rights Taskforce (KHRT) and student body councils were consulted, and support was provided by United Nations Children's Fund (UNICEF) Pacific Office.
4. Significant achievement has been made to improve the human rights of I-Kiribati children. Key amongst the reforms was the introduction of the Education Act 2013 which has made education now both compulsory and freely provided to every child, including those with disabilities, through to junior secondary school.
5. In 2010, the Government of Kiribati (GoK) endorsed a national approach to Elimination of Sexual and Gender Based Violence Policy and National Action Plan (2011-2021). This policy has provided the platform for a wide range of activities and changes to be initiated including the passing of Te Rau N Te Mwenga (2014) or Family Peace Act the first legislation in Kiribati to criminalise domestic violence and provide robust protection for survivors.
6. Reforms have also been observed through the development of a human rights compliant *Juvenile Justice Act 2015* which protects children and young people coming into contact with the justice system whether as victims, witnesses or perpetrators.
7. The GoK acknowledges the combined multi-sectoral investment occurring in protecting the human rights of I-Kiribati children and commends stakeholders across ministries, donor partners, community organisations and within families who are continuing this important work.

## Preparation of this report

8. This report has been prepared in accordance with the UN CRC Committee's Guidelines and the Harmonised Guidelines on reporting under the international human rights treaties, including guidelines on a common core document and treaty specific targeted documents. This document should be read with the common core document.

## Introduction

9. The Republic of Kiribati is located in the Central Pacific Ocean and consists of 33 coral islands of which 21 are inhabited. The 2015 National Population and Housing Census data (census) estimated the population to be 110,136 with 51% of people living on the main island of South Tarawa. Of the total population, 45,527 people were aged under 18 years. Detailed demographic data is available in tables at the appendix to this report.

## General Measures of Implementation

### Measures taken to Harmonize National Law and Policy with the Provisions of the Convention

10. In October 2015, the GoK withdrew its reservations against articles 24, 26 and 28 of the CRC and ratified the first two Optional Protocols on the Sale of Child, Child Prostitution

and Child Pornography (OPSC); and on the Involvement of Children in Armed Conflict (OPAC). Kiribati is not yet a party to the third Optional Protocol on Communications Procedure.

11. Kiribati ratified the Convention on the Elimination of All forms of violence Against Women (CEDAW) in 2004 and the Convention on the Rights of Persons with Disabilities (CRPD) in 2013.

12. The fundamental rights and freedom of children are protected in the Kiribati Constitution. The Bill of Rights (Chapter 2 of the Constitution 1990) guarantees protection from discrimination on the basis of race, place of origin, political opinion, colour, creed or sex. The right to life and liberty are guaranteed with limitation on certain acts or circumstances that are permitted by law or are reasonably justifiable.

13. Since the submission of the Initial State Party Report in 2005 key pieces of legislation have been amended and new legislation introduced to harmonise national laws with the provisions of the Convention and strengthen legislative protection for all children:

- The Juvenile Justice Act 2015 makes provisions to set up a juvenile justice system that (i) prevents crime by addressing the circumstances underlying a child or young person's offender behavior, (ii) rehabilitates children or young people who commit offences and reintegrates them into society; and (iii) ensures that the child or young person is subject to meaningful consequences for their offence;
- Section 20 of *Te Rau n te Mwenga Act 2014* allows the court to grant a victim temporary occupancy in their residence or to a specified part of it. This provision makes it clear that the victim and children are not to be forced from their home, even if an application is made by the defendant to remove them;
- The *Children, Young People and Family Welfare Act 2013* (i) strengthens the capacity of Social Welfare Officers (SWO) to intervene and protect children at risk, (ii) promotes the role of families and communities as caregivers and protectors of children and young people against violence, abuse, neglect and exploitation; and (iii) sets the mechanisms for regulation and accountability in service provision to vulnerable children and young people;
- The *Education Act 2013* seeks improved quality of education and sets the requirement for free universal education for children of compulsory school age; and prohibits mainstream schools from discriminating against children with disabilities;
- The *Communications Act 2013* outlines offences dealing with the distribution and exhibition of obscene materials and child pornography;
- The *Birth, Death and Marriage Registration Amendment Act 2007* strengthens provisions for the registration of overseas births (Clause 3) and allows for the registration of customary adoptions (Clause 5).

#### **National Strategy and Plan of Action for Children**

14. The GoK has not adopted an overarching national plan of action or national strategy for children but the needs of children are explicitly included in a number of strategies managed by line-ministries:

- The *Children, Young People and Family Welfare Policy 2013 (CYPFW)* aims to protect children against abuse, violence, neglect and exploitation and is designed to be consistent with international human rights commitments and other relevant national plans and social initiatives. The policy seeks to build a stronger relationship between government bodies, communities and families, strengthening existing care practices while providing services where necessary. The policy recognises the important role of traditional practices and parents and caregivers in the wellbeing of children;
- The *Inclusive Education Policy 2015* prioritises a range of initiatives to enhance the provision of quality education to children, including (i) the provision of a flexible curriculum which caters for student's varied and changing needs, (ii) training of

teachers to deliver educational programs and strategies for inclusive education, (iii) compulsory education for all primary and junior secondary school children including children with special needs; and (iv) recognition of the role of parents and caregivers in all stages of their child's education;

- The *(draft) Kiribati National Disability Policy and Action Plan 2018-2021 (KNDP)* provides a framework to guide all stakeholders in work to improve the lives of people with disabilities and dismantle barriers in society. It includes requiring priority attention to be given to the assessment, health and education needs of children with disabilities as well as the need for age and gender based data collection and analysis;
- The *Kiribati Joint Implementation Plan 2014-2022 (KJIP)* includes consideration of the needs and vulnerabilities of children in all climate change and disaster risk management planning.
- The *Kiribati Development Plan 2016-2019 (KDP)* sets strategies to achieve the vision of a better educated, healthier, more prosperous nation with a higher quality of life;
- The *Tobwaan Kiribati Bwaatei Manifesto 2016* outlines government's commitment to education and improved welfare of all children. Work commenced in 2017 to introduce a Child Support Fund to provide financial support to families going through genuine hardship and poverty to accommodate the life necessities of their children;
- The *Student Fee Support Scheme* was initiated in 1996 to financially support children who are extremely underprivileged, those with no parents or whose parents have disabilities to access education. GoK has allocated an annual budget of \$56,000 for this social protection program;
- A *Poverty Alleviation Scheme* is being developed in 2018 to provide grants up to \$500 per eligible household to set up an income generating business. The scheme will be monitored by MWYSSA and have an annual budget of \$20,000 to potentially support 40 households each year to alleviate poverty.

### **National Coordinating Mechanism**

15. Work to progress human rights is being mainstreamed into government ministry and department programmes. The Ministry of Women, Youth, Sports and Social Affairs (MWYSSA) has the lead role on children's issues and the implementation of the Convention. The holistic scope of the Convention allows the ministry to work with other departments within government. MWYSSA created a Human Rights Officer position in 2015. This position subsequently moved to the Human Rights Division (HRD) established in the Ministry of Justice (MOJ).

16. The HRD in 2018 consists of three Human Rights Officers and one Country Focal Officer from the Secretariat of the Pacific Community (SPC) Regional Rights Resource Team (RRRT). This office is responsible for the Universal Periodic Review (UPR) and treaty implementation, monitoring and reporting. Funding for the HRD is provided by GoK and donors including the South Pacific Community (SPC).

17. The HRD deals with international conventions that underpin human rights. It is the duty of the HRD to help the GoK to meet its obligations in protecting, promoting and fulfilling human rights under the ratified conventions and to domesticate them into national laws. The HRD provides secretarial support for the Kiribati National Human Rights Taskforce (KNHRT) which was established in July 2014 to coordinate, report, monitor and evaluate all ratified human rights conventions. The KNHRT comprises members of committees with responsibility for reporting on the CRC, CEDAW and CRPD.

### **Budgetary Allocation for Implementation of the Convention**

18. The GoK national budget outlines the allocated and operating budgets of all ministries and bodies of the government within a specific year. The 2015 budget allocated MWYSSA \$10,285 to implement the CRC. Consistent amounts were allocated in 2016 and 2017.

19. The government allocates a large portion of its annual budget allocation to the Ministry of Education (MOE) and a program funded by the Australian Government



Department of Foreign Affairs and Trade (DFAT) provides assistance to the education sector through the Kiribati Education Improvement Program (KEIP). KEIP aims to improve education and teaching systems, infrastructure and investments have targeted construction of safer permanent school buildings, accessibility ramps and separate toilet facilities for boys and girls; and free resources have been made available such as student's working books and readers.

### **International Assistance**

20. GoK has been supported by various international organisations to implement human rights activities. The major donors through the reporting period have been DFAT, the UN Women, the European Union (EU) and UNICEF. GoK collaborates with these international partners to achieve the best outcomes for the I-Kiribati community.

### **Independent Monitoring Mechanism**

21. Kiribati does not have a national human rights institution. Establishing such a body is seen by the GoK as an important future step to enhance the implementation and monitoring of the CRC throughout the country.

### **Data Collection**

22. Since the 2015 census, data collected by the National Statistics Office (NSO) under the Ministry of Finance and Economic Development (MFED) on children aged under 18 has been disaggregated by sex, religion, ethnicity and living areas. NSO is now using more advanced analytical statistical tools including STATA which has helped process and produce information from line-ministries. NSO publishes its findings on its website for access by the public; in 2016 as part of World Statistics Day NSO launched a public awareness on the 2015 census and released information on other findings by the office. Analysis, documenting and reporting of data is still a challenge, this in part relates the limited qualifications of NSO staff, lack of core information such as date of birth and need to use paper based collection tools. Technical support provided by partners like SPC and UNICEF is greatly valued.

23. A Safenet program which provides coordinated access to service delivery to survivors of gender based and domestic violence (GBV and DV) collects and reports on GBV and DV statistics.

24. The Ministry of Employment and Human Resources (MEHR) requires businesses to submit employment records. This information is managed manually; currently 60% of businesses provide information which is monitored against labour law stipulations on the employment of children.

25. The Health Information Unit (HIU) oversees the centralized MHMS database called MS1. The MHMS report difficulties managing data collection including the need for nurses on the outer islands to use manual registers to inform their monthly reporting. The MHMS is trying to consolidate the manual registers which have been separated by age, gender and other groups. Training has been provided with the doctors and Health Research Unit (HRU) staff. Collected information is sometimes shared through existing MHMS committees.

26. Each hospital and clinic provide monthly manual updates through the MS1. The types of information collected includes admissions, referral cases, immunization rates, number of children aged under five and numbers breastfed. MHMS collect manual data on people assessed to have a disability to inform who is eligible for the School Subsidy Scheme; the data is not currently collated or used for other information purposes.

27. The MOE has an Education Management Information System (EMIS) for data collection and maintains a central data base.

28. The Kiribati National Disability Policy and Action Plan 2018-2021 (KNDP) outlines the need for, and commitment to, work in all human service areas to improve the collections, analysis, use and publication of disability data which is disaggregated by age and gender.

### **Awareness and Dissemination**

29. The HRD is tasked with raising public awareness about the Conventions and about human rights issues. It receives invitations from interested communities, churches and government sectors to facilitate workshops on human rights and accompanies other departments on outer islands trips to support human rights protection and promotion. For example, HRD worked with the Kiribati Police Service's (KPS) Community Policing Unit (CPU) when it conducted awareness raising activities at schools on South Tarawa; to community groups on South Tarawa, Maiana and Kiritimati Island; at Young Church Leaders (YCL) Conventions on North Tarawa, Tamana, Maiana and South Tarawa; and to the three parishes of the Kiribati Catholic Youth on South Tarawa.

30. As part of the implementation of *Te Rau N Te Mwenga Act 2014*, HRD participates in the KPS Domestic Violence and Sexual Offences Unit capacity building program. Police officers are trained on gender and human rights issues as it relates to their roles and the handling domestic violence matters.

31. The HRD has a role to advise and assist government departments in integrating human rights in their mandated tasks; it also works with national institutions and civil society providing support for institutional reform and capacity building. The HRD participated in a youth workshop with young people aged 15-30 years from different communities aimed at providing them with knowledge and skills to act as advocates for peace.

32. The HRD is a member of the MOE curriculum committee which is reforming the national curriculum for years seven, eight and nine. The new syllabus Moral Education includes social conflicting beliefs on human rights and gender and focuses on the three core human rights treaties ratified by Kiribati CRC, CEDAW and CRPD. Human rights information has been included in the year five and year six primary school curriculum since 2016 and in the year seven since 2017.

33. In 2018 HRD is continuing work with the judiciary to revise the Bench Book for magistrates. This will ensure it reflects human rights principles and ratified international laws and that magistrates can effectively make concrete judgements on domestic violence and other family law issues involving children, women and people with disabilities.

34. KPS has worked with the Youth Division of MWYSSA on a UNICEF funded program to build the life skills of young people who have been in conflict with the law and others were referred to an Alcoholic Awareness and Family Retreat (AAFR).

### **Efforts undertaken to make report widely available to the public at large at the national level**

35. The GoK plans to make this report to the Committee available to the public nationally. This will be managed by the SWO and will include advising community of its release through newspapers and radio announcements. The report will be available on line and in hard copy on request and in English only, pending Cabinet's instruction in relation to I-Kiribati translation.

### **Cooperation with Civil Society**

36. The MWYSSA through its Women's Development Division and SWO conducts awareness and consultations on human rights conventions in collaboration with regional and international organisations. During the period of 2013-2014, training on CEDAW and Eliminating Sexual and Gender Based Violence (ESGBV) and consultations on *Te Rau N Te Mwenga Act 2014* were conducted on 20 of the 22 inhabited islands of Kiribati. Awareness on the CYPFW legislation and policy was conducted on nine islands including the capital Tarawa. During the CYPFW legislation and policy consultations community members were trained to become Child Protection Advocates.

37. A CRPD workshop was held with all mayors in Kiribati while *Te Toa Matoa (TTM)* the community based Disability Persons Organisation (DPO) carried out awareness raising programs on a number of outer islands in 2017.

38. The Disability Inclusive Unit (DIU) in MWYSSA provided support to TTM in 2017 to develop a submission to the Disability Rights Fund (DRF) to implement a programme to raise awareness, address the issue of stigma and increase access for children with disabilities to education. This will be delivered in 2018 through ten South Tarawa and ten outer island primary schools.

39. The MEHR advises that it operates with awareness of the challenge of providing children with employment while ensuring their protection.

40. The MHMS works with Kiribati Family Health Association (KFHA) on training to be advocates on issues such as Sexual and Reproductive Health Rights (SRHR).

41. The MoE works with NGOs including Live & Learn which assists in the development of teaching and provides support to curriculum development.

### **Impacts of Business/Commercial Activities**

42. The Ministry of Commerce, Industry and Cooperatives (MCIC) addresses food security in Kiribati. Kiribati does not have all the different foods that the people want and need to be healthy. The ministry supports government to have good regulations on food products and is drafting the *Consumer Protection Act* which will ensure (i) the rights of children in consuming products, (ii) products sold in markets are good for children, and (iii) that trade policies facilitate products and food security through imports that protect children.

43. The Industry Division within the MCIC works with the local communities promoting domestic trade of products such as handicrafts, fish and local produce. This helps those who are unemployed to obtain some income to support their children. The Consumer Division within MCIC works with the MHMS and the Agricultural Division of the Ministry of Environment, Land and Agricultural Development (MELAD) to see that food imports are good for children. Food Inspectors inspect imported food in shops and have the authority to remove expired products.

44. MCIC empowers Kiribati people by providing employment with export companies such as the Kiribati Fish Limited (KFL). Employment provides income to buy good food and other necessities for their children's welfare.

### **Definition of the Child**

45. Kiribati has not yet completely fulfilled the Committee's recommendation that it *amend all relevant legislation to remove sources of confusion and harmonise the definition of the child, taking into account the provisions of the Convention*.<sup>1</sup> However, progress has been made by harmonizing the definition of the child in the Education Act 2013, the Employment Ordinance (Section 84/85), Te Rau N Te Mwenga Act 2014, the Evidence Bill 2003 and the Juvenile Justice Act 2015 with the definition of the child provided in the provisions of the Convention being that a child is a person under the age of 18 years.

46. The 2001 National Youth Policy and Action Plan defines youth as young men and women between 15 and 30 years of age and a pre-youth group as boys and girls between 6-15 years old. The revised Kiribati National Youth Policy 2018-2022 defines youth as people aged between 12-35 years.

47. There are a number of references to legal sanctions regarding children in the Penal Code which serves to protect children's rights in Kiribati. For instance, Section 134 states that a person under the age of 12 years is presumed incapable of having sexual intercourse and a child's alleged willingness to engage in sexual activity cannot be used as a legal defense by the perpetrator.

<sup>1</sup> 2015 UPR Recommendations

## General Principles

### Non-discrimination

48. Prevention and elimination of all forms of de facto discrimination against children is provided under section 15 of the Constitution. It states that no person shall be discriminated on account of race, place of origin, political opinions, colour or creed and disabilities. However, the Constitution relays no specific provision on children.

49. Since ratifying the CEDAW in 2004, GoK has begun to implement strategies to remove discrimination against women and children. For example, the *Education Act 2013* prohibits discrimination against girls in school and pregnant girls are now able continue to attend their choice of school. Part III of the *Education Act 2013* stipulates that a child shall not be refused enrolment and attendance in school based on her sex, religion, race or disability and Section 40 (2) (C) requires school rules to be applied without consideration to the student's sex, religion, race or disability.

50. The *Employment and Industrial Relations Code 2015* (EIRC) has a provision that establishes minimum protections for children's health, safety and morals. It also establishes the circumstances and ages at which children may work, confers certain rights on children and provides protection in view of their vulnerability to exploitation.

51. Awareness programmes targeting non-discrimination in the workforce and awareness about labour standards have been rolled out on the outer islands. This programme is funded by the MEHR.

52. SWO operate in line with article 2 of the CRC treating every child equally and with dignity regardless of sex, race, the colour of their skin, their capability, ethnicity or physical capability. The CYPFW Act requires children born outside a legal marriage to be treated the same as children born within a marriage. Part One of the Act provides the general objects of children and young people in decision making.

### Best interests of the child

53. In 2013 the GoK through MWYSSA developed the CYPFW policy to ensure the best interests of children and families are fulfilled and to set its own role in the protection of children and families. The policy aims to protect children against abuse, violence, neglect and exploitation and is designed to be consistent with international human rights commitments. The policy seeks to build a stronger relationship between government bodies, communities and families, strengthening existing care practices while providing services where necessary to operate consistently in the best interests of the child. Since 2013 the SWO has conducted awareness raising activities to public, communities and churches on the importance of the best interests of the child.

54. Courts of law must always consider the best interests of the child in proceedings where children are involved, for example custody cases. Wide consultations were held in drafting the Juvenile Justice Act which was enacted in 2015. One of its core tasks is to address the needs of children and young people in conflict with the law. Standard Operating Procedures (SOP) were developed for handling young people presenting as victims, perpetrators and witnesses, for the use of government agencies such as MWYSSA, KPS, Kiribati Prison Service and MHMS.

55. In the circumstances in which a child needs to attend court the current practice is that language is used that the child or young person will understand and the court staff will check that the child or young person has indeed understood what is being said. The court will receive a report from a youth officer giving information about the child's background and history. Depending on the assessed best interests of the child or young person the court will encourage the attendance of parents, families or guardians and in some situations will ask them to attend in place of the child or young person.

56. *Te Rau n te Mweenga Act 2014* criminalizes domestic violence and looks at the safety and protection of all people, including children who experience or witness domestic violence. The Act provides for support and redress for all victims, the enforcement of court orders and

looks at the implementation of programs for survivors to ensure their recovery to lead safe and healthy lives. Additionally, the *Act* provides for the enactment of provisions that are consistent with the principles underlying the CEDAW and CRC.

57. The 2004 amendment to the *Evidence Act 2003* removed the corroboration requirement in sexual offence cases.

58. The *Communications Act 2013* provides that every person who knowingly (i) produces child pornography for the purpose of its distribution through a computer, (ii) offers or makes available child pornography through a computer, (iii) distributes or transmits child pornography through a computer, (iv) produces child pornography through a computer for oneself or for another person; or (v) possesses child pornography in a computer or on a computer-data storage medium, commits an offence.

59. The *Education Act* prohibits corporal punishment in all schools.

60. GoK through Ministry of Employment and Human Resource (MHER) formerly known as Ministry of Labour and Human Resource Development has ratified the eight fundamental principles and rights at work, and the worst forms of child labour convention (182) and the minimum age convention. Strategies and plans to safeguard children who are legally allowed to work include:

- EIRC 2017 Amendments allow the MEHR to develop regulations on light and hazardous employment.
- The amendment includes new penalty offense and an efficient way of penalizing companies or business that contravene labour laws. One provision allows companies to be penalized if employers fail to keep a list of child employees.
- As of June 2017, the MEHR initiated its first inspections in relation to EIRC. These inspections are target general employment and labour inspectorates still do not have the capacity to inspect or monitor child labour.

61. In general, Kiribati traditional custom is that the father of the child or his relatives claim custody of the child in cases where parents are not residing together. However, courts no longer consider this custom to have priority over the best interests of the child. Anecdotally, the more recent practice of separated or divorced parents “sharing children” may cause stress for children and be disruptive to their schooling. Also concern was raised during consultations about the impact on children sent to South Tarawa to live with relatives who do not have the financial means to support them and who are not equipped to properly care for and supervise them. In response, the SWO will make contact with young people who have been reported as a concern by their hosting family. SWO offer counselling and may refer young people to the alcohol program AAFR; in some cases they will recommend the hosting family return the young person to their outer island family.

### **Right to life, survival and development**

62. Section 3 of the Constitution provides that every person is entitled to the fundamental rights and freedoms of the individual, including the right to life, liberty, security of the person and protection of the law. Section 4 provides that no person shall be deprived of his life intentionally, save in execution of the sentence of a court in respect of a criminal offence under the law in force in Kiribati of which he has been convicted.

63. Life expectancy in Kiribati is low for the Pacific region. According to 2016 health data life expectancy is estimated at 64.1 years for males and 73.8 years for females.

64. Concealing the birth of children is an offence under Section 213 of the Penal Code. Section 214 states that evidence that a woman had at any material time been pregnant for a period of 28 weeks or more shall be prima facie proof that she was at that time pregnant of a child capable of being born alive. Infanticide is an offence under section 199 of the Penal Code. Section 201 provides that a child becomes a person capable of being killed when it has completely proceeded in a living state from the body of its mother, whether it has breathed or not, and whether it has an independent circulation or not, and whether the navel-string is severed or not. Abortion is not allowed in Kiribati except where the act was done in good faith for the purpose of preserving the life of the mother.

65. The quality of instruction and educational resources and children's access to information varies from urban and rural areas and from island to island. The National Youth Policy states that rural children are disadvantaged in terms of education, training opportunities, employment and access to health services and sports facilities. The policy emphasises that priority attention should be directed to the development of rural youth.

66. Article 226 of the Penal Code prohibits willful assault and cruelty to children under the age of 18 years. The Children, Young People and Family Welfare Act 2013 has been amended to increase the age of prohibition of corporal punishment from 15 to 18 years. The Education Act 2013 (s38(e)) and the Early Childhood Care and Education Act 2016 (s48(1)(b)) prohibit the use of corporal punishment as a form of discipline in schools.

#### **Respect for the view of the child**

67. Generally, the views of children are heard but not taken into consideration when it comes to decisions that affect them directly or indirectly. Decision making processes largely rest with adults in the family or community. This is a sensitive issue which requires increased family and community awareness and dialogue so children can be provided the opportunity to express themselves to the extent of their age and maturity in matters that concern them.

68. MWYSSA was established to raise the profile of women, promote gender equality, children's rights and the rights of people with disabilities. Some of the national events that contribute to the raising of profile of human rights are White Ribbon Day for Elimination of Violence against Women and public celebrations for Human Rights Day, Health, Women, Youth, Gospel, Education and Elderly Days and the International Day for Persons with Disabilities.

69. Within the education system and under the Education Act 2013, disciplinary actions may only be taken if reasonable grounds are demonstrated. This includes if a student has been assessed to have behaved in an unacceptable manner for example, refused to participate in the education program, breached school rules, impeded the learning of other students, harmed health, safety or welfare of staff or other students, caused damage to school property; or engaged in conduct likely to cause the school disrepute.

70. The methods of disciplinary action which may be used include: issue a warning, impose detention, restrict or prohibit participation in a school activity, convene a meeting to develop a behavior plan for the student (the meeting to be attended by the student, parents, principal, any other person acceptable by the student), counseling with the student (by a qualified counselor, senior member of the school community or religious organisation); or to suspend or expel the child.

71. Section 3, Part I of the *Evidence Act 2003* addresses the right of children to give evidence in any legal proceedings. The section notes that (i) where a child under the age 14 years is called as a witness and is not in the opinion of the court able to understand the nature of an oath or affirmation - his or her evidence may still be received without being given under oath if in the opinion of the court that witness understands the duty of speaking the truth, and (ii) if in those circumstances the witness gives false evidence they shall be guilty of a misdemeanour offence rather than perjury.

72. The Child Protection Team in MWYSSA oversees the wellbeing of children within their community and refer issues to respective authorities depending on the severity of the concern. Efforts are made to seek a response from within the family, community or school. Also efforts are made to promote respect for the views of children, especially girls, and to facilitate their participation in all matters affecting them and to change traditional attitudes that limit their right to participation.

73. Training was delivered in October 2016 to lay magistrates on CRC, human rights and relevant national laws such as *Te Rau n te Mweenga Act 2014* and *Children, Young People and Family Welfare Act 2012* and the *Juvenile Justice Act 2015*.

74. For children with disabilities challenges are noted in relation to their participation in schools and other social environments as some parents fear their child will be discriminated against or bullied. This issue is being addressed through awareness programmes being run by MOE and TTM in 2017 and 2018.

75. The MOE and Kiribati School and Center for Children with Special Needs (KSCCSN) which is registered with MWYSSA as an NGO are working together to assist seven children in 2018 transition from the specialist school environment to mainstream schools; four children transitioned in 2017.

76. A child protection workshop has been implemented on some of the outer islands including Abemama, Tabiteuea, Butaritari and the Phoenix Islands during July and August 2017. The workshop, funded by UNICEF, raises issues and gives the communities the opportunity to talk about how they respond to them. In consequence a committee was established in every village on the participating islands to oversee the children's issues within the community and either address them at the community level if appropriate or report them to respective authorities for serious matters.

77. Child protection training has been delivered to police officers, special constables and village wardens as they are often the first in contact with at risk children. SOPs have been developed for handling children whether in the role of offender, witness or victim. Police officers on South Tarawa and the islands of Marakei, Abaiang, Maiana, Abemama, Tamana and Kiritimati have received training in the *Juvenile Justice Act 2015*.

78. The Technical Vocational Education Training Strengthening Sector Programme (TVET SSP) has implemented a TVET Pathway program to prepare young people for entry into a vocational program at the Kiribati Institute of Technology (KIT) and to introduce them to international and domestic labour markets.

## **Civil Rights and Freedom**

### **Birth registration, name and nationality**

79. According to the *Births, Deaths and Marriage Registration Ordinance (2007)* the birth of every child must be registered to the district in which they were born within ten days of their birth. The Civil Registration Office (CRO) has 13 staff with two stationed at two public hospitals. A de-centralized CRO database is accessed from hospitals. After the mother gives birth in hospital the birth notification is completed by CRO staff and fee birth certificates are issued when the mother discharges. There is a Memorandum of Understanding (MOU) between CRO and MHMS to facilitate this process.

80. It is the duty of the parent or person present at the birth, such as a medical practitioner or midwife in attendance, to register the birth or give information to the registrar about the birth.

81. If a child is found and there is no information about their birth, they must be registered as born in the place they were found. The person who finds an unregistered child or has charge of the found child, must register the birth to the best of their knowledge.

82. There are challenges in the registration process particularly where the father cannot be identified or incorrect information is provided. CRO has been doing training with nurses to improve the information collected.

83. On outer islands registration is done by the Assistant SWO (ASWO) posted there. Every three months, birth records are forwarded to the CRO in South Tarawa by the ASWO. Information is added to the online system and certificates issued by an ASWO.

84. There is only one registration office on the outer islands. Through the MOU, government is trying to work with the health centers on the outer islands to provide them access to the CRO registration system. Sometimes there are not enough paper forms for mothers to complete registration. Mothers sometimes keep the birth notification until the forms arrive which results in births not being registered. For those who give birth at home there are additional challenges to completing the registration including transport to the ASWO to complete the forms.

85. At one workshop hosted by the MOE, with participants from various education sectors such as Kiribati Teachers' College (KTC) lecturers and principals from schools on South

Tarawa, teachers raised students whose birth was not registered, to be a major problem when registering children into the school system and for entrance examinations.

86. A Civil Registration and Vital Statistics (CRVS) Committee was set up in 2015 to improve reporting and the collection of accurate data including cause of death. The committee consists of CRO, NSO and the Health Information Unit in MHMS and is chaired by the Secretary of MOJ. The Committee is supported by the Brisbane Accord Group. Technical support was provided through a comprehensive assessment on gaps in the current system. Follow up action has been taken by the CRVS Committee through a ten-year National Improvement Plan which is aligned to the regional action framework for Asia and the Pacific on CRVS.

87. New posts have been established in 2017 in Nowerewere hospital within the obstetric and maternity ward and Betio maternity ward to register new born babies and issue birth certificates before the mothers are discharged.

88. Mobile birth registration campaigns have been carried out in four selected areas of North and South Tarawa, Abemama and Abaiang to register all children from 0-18 years who have not been registered on the CRO e-database. This activity was funded by UNICEF to increase and improve the coverage of birth registration in Kiribati. Computers and printers were also provided by UNICEF to facilitate the registration in the outer islands. This activity is targeting people living in remote islands who are isolated from registration centers and moreover, it helps parents who cannot afford to pay fees for late birth registration.

89. The registration process remains an ongoing challenge at both national and local levels. Geographic dispersion makes access to the process difficult and the failure to have a centralized system of registration creates a challenge for data collection. There is still a need to strengthen coordination in government to streamline the registration process and make it easily accessible to all parents.

## **Preservation of Identity**

### **Freedom of expression and the right to seek, receive and impart information**

90. Section 12 of the Constitution protects individual expression saying that except with their own consent, no person shall be hindered in the enjoyment of their freedom of expression, and that includes the freedom to hold opinions without interference, freedom to receive ideas and information without interference, freedom to communicate ideas and freedom from interference with their correspondence.

### **Freedom of thought, conscience and religion**

91. Section 3 of the Constitution provides for freedom of conscience and of expression for all citizens. Everyone has the right to freedom of thought, a right to change their religious beliefs either alone or in community with others; and in public or private to practice their religion.

### **Freedom of association and of peaceful assembly**

92. The Constitution provides for the rights of assembly and association. I-Kiribati enjoy sociable communication where everyone has the right and freedom to associate with whomever they choose. I-Kiribati can hold a peaceful assembly within the community and people, despite the colour of their skin, race, origins and their political opinions can be in peace.

### **Protection of privacy and protection of the image**

93. The Constitution protects privacy of the home and other property. In traditional Kiribati culture, children had sufficient privacy and there was plenty of space for everyone. While this is still the case on the outer islands, privacy has become an issue of concern on South Tarawa, especially in Betio. The number of people living in one household is very high and continuing to rise.



94. Crowded living conditions may make it difficult for children to sleep properly or to concentrate on their homework and may lead to physical or sexual abuse by relatives and visitors.

95. Part XIV of the Communications Act 2013 stipulates the penalty for child pornography to protect the images of children throughout Kiribati. A sum of \$10,000 or a term of imprisonment not exceeding two years may be incurred by a person who knowingly breaches this legislation.

96. Part five of the CYPFW Act imposes a penalty of \$5000 on a person who discloses the identity of a child who has been victim to abuse and going through a legal process.

### **The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment, including corporal punishment**

97. The *Education Act 2013* prohibits corporal punishment in all schools and outlines that a principal, a member of staff, or any other person teaching or assisting or supporting teaching at school commits an offence if they administer corporal punishment to a student and they are liable for a fine of \$1,000 or six-months imprisonment.

98. In 2014 MWYSSA established a committee to oversee responses to cases of child abuse and neglect. The committee is managed by the Women's Division and comprises service providers and church representatives. It is responsible for developing and implementing preventative measures including awareness-raising campaigns involving children and traditional leaders to combat all forms of violence against children.

99. Article 226 of the Kiribati Penal Code ensures that corporal punishment is explicitly prohibited in the family, schools, penal institutions, alternative care settings and as a traditional form of sentencing. At a workshop hosted by the MOE with KTC lecturers and school principals, it was raised that some teachers were having difficulty managing their classes with the removal of the corporal punishment option.

## **Family Environment and Alternative Care**

### **Family environment and parental guidance in a manner consistent with the evolving capacities of the child**

100. There is a need for parents to develop better parenting skills and to take their responsibilities as parents more seriously. While most mothers and fathers are trying to do their best, many are overwhelmed by the changes taking place in society and are confused about the best way to raise their children. Anecdotally some reported that youth are becoming unrulier and even young children sometimes do not listen to their parents.

101. People feel embarrassed to ask for help and do not want others to know about their personal problems. Some NGOs provide counselling services and are conducting training programs for local island community workers. In addition, most secondary schools employ chaplains who provide spiritual and emotional guidance for students who need personal support.

### **Parents' common responsibilities, assistance to parents and the provision of childcare services**

102. It is a common and traditional practice in Pacific island countries that raising children is viewed as the responsibility of the mother while the father is viewed as the provider for the family. A pilot outreach programme was developed by the MWYSSA in 2017 with support from UNICEF to challenge the expectations of parents' responsibilities. The outreach programme is supported by a manual called "Community Facilitation Package" and was delivered in the two South Tarawa communities of Betio and Bikenibeu and the outer islands of Butartari and Tab North. Follow up programmes are planned for 2018.

- *Men's Behaviour Change 2015*: Fathers are trained to change perception and to make them realize how they can help in their families and to help lessen violence within families. A manual was developed and distributed;

- *Positive Parenting 2017*: This outreach programme is managed by the SWO and is implemented by the Principal SWO and is ongoing in 2018. The programme seeks to provide awareness to both parents on the ways and impacts of positive parenting. The outreach programme is implemented on Tarawa and the outer islands.

103. In Kiribati, there are currently no daycare centers and government has no plans to establish a daycare center for its civil servants. Parents who are both working rely on grandparents or other close family members to look after children. They may be paid or unpaid in that role.

#### **Separation from parents**

104. When parents are unable to live together, family-based living arrangements for the impacted children are usually set up. If needed the court can decide where the child should live and be taken care of.

105. In January 2018 a safe house was established in South Tarawa called the Women and Children Support Centre. The government through the SWO deals with young people who have been abused and/or neglected by their parents. In dealing with these cases they may (i) remove the children from their parents, (ii) file a case with the court for legal hearing, (iii) provide counseling and/or utilise NGO safe house and crisis service - Crisis Center of Our Lady of the Sacred Heart (OLSH), (iv) provide financial support for the victims during the separation from their parents; and (v) relocate the victims to close family relatives or within SWOs own families if they have no close relatives while waiting for the court's decision.

#### **Family reunification**

106. GoK takes appropriate measures to ensure that the best interests of the child are fully respected in the practice of informal adoption. Children are encouraged to be in communication with their relatives and their parents if they want a reunification. Family reunification takes a lot of effort and patience with respect to all of the tribulations each person in the family is going through. Therefore, every child in Kiribati is encouraged to be sociable to every one of their relatives.

#### **Recovery of maintenance for the child**

107. the needs and rights of children who are living in economically disadvantaged families, the GoK through MWYSSA created a Child Support Fund which is being considered by Cabinet in 2018. This fund will target children up to five years of age.

#### **Children deprived of a family environment**

108. There are many reasons why children may be detached from their immediate family these include migration, educational reasons, violence, poverty or the death of the parents. In Kiribati there is no occasion in which extended family would not take on responsibility for orphaned child as such international adoption of Kiribati children is not an issue.

#### **Adoption, national and inter-country**

109. Adoption practices in Kiribati consists of customary, native (national) and non-native (inter-country) adoptions. Legal native adoptions are heard in the Magistrates Court presided by a single magistrate with legal powers pursuant to section 7 (4) of the Magistrates Court Ordinance and section 9 of the Land of Code of the Native Lands Ordinance. An average of 163 native adoption cases are filed every year. The government has not yet ratified The Hague Convention so non-native (inter-country) adoptions are heard by the Chief Justice, Judge or the Commissioner of the High Court using the British Laws of Adoption.

110. Customary adoption exists within Kiribati and is a common practice mostly on the outer islands. This is practiced in a Kaalinga (extended family) where a childless couple adopts a child of their sibling, cousin or other extended relative. As there are no legal documents produced in this form of adoption, there is no recorded evidence usable to prove such adoption and therefore, statistics are not available.

111. The Kiribati judiciary has implemented the Enabling Rights Project 2016 – 2017 funded by Australia. Targeting all inhabited islands of Kiribati with established magistrate courts, the project provided workshops, training and awareness to court users regarding their rights to access the court. They also bring to light the type of cases that can be filed within the Courts of Kiribati and adoption being one of them is listed to prevent illegal customary adoptions.

#### **Illicit Transfer and Non-return**

112. To date, no such cases of illicit transfer or non-return of children have been filed or reported to the MWYSSA.

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

113. As of reporting there are no designated Safe Houses in Kiribati however a number of measures are being established to promote the physical and psychological recovery of child victims.

- Counselling services are provided by the SWO and by the crisis center managed by the sisters of OLSH. This center has qualified counsellors trained in Fiji. The KPS, through its comfort lodge, also assists to promote the wellbeing and recovery of child victims;
- In September 2016 a clinic providing counselling and other services was established for victims of domestic violence within the main hospital premises at Nawerewere. This clinic was funded by DFAT;
- A new Kiribati Women and Children Support Center (KWCSC) through the Kiribati Family Health Association (KFHA) with funding support from the Government of Australia was established in January 2018 to provide support to women, girls and including boys under 18 years of age who are abused and/or have experienced gender based violence. The centre provides a seven day 24-hour free telephone helpline for people who need help outside business hours, and provides:
  - Free and confidential counselling;
  - Legal information;
  - Case management;
  - Community awareness/advocacy.
- A Case Management Review Team meets once a month to review the cases of domestic violence victims. This team is made up of representatives from the SWO, KPS, AG's Office, the People's Lawyers Office and the MHMS;
- Through Safenet victims are better protected and perpetrators are being brought to justice. Both are being dealt with more consistently and professionally than previously.

#### **Periodic review of placement**

114. The court may make a Protection Order if it is satisfied that the victims of abuse and domestic violence require it. Placements of children as directed by the court or as decided by the SWO are reviewed periodically by SWO as outlined in the *CYPFW Act*.

#### **Abuse and neglect including physical and psychological recovery and social reintegration**

115. Kiribati Family Health Support Study (KFHSS) showed that in 2008 68% of women and girls between the ages of 15 and 49 had experienced physical and sexual violence by their partner. Data was unfortunately not disaggregated by disability. The main causes of violence shown from the study were jealousy and noncompliance with male partner demands. Alcohol use was highly correlated. The result placed the incidence of domestic violence in Kiribati as the highest among Pacific countries and third highest in the world among the

countries which participated in the study. Much work has been, and continues to be undertaken to improve the situation for women and children particularly under the banner of *Te Rau nte Mwenga Act 2014* and the Gender Based Violence Policy.

116. The Kiribati Shared Implementation Plan (SHIP) is the government's overarching guide to operationalise the 2011 ESGBV policy. It is a plan of programs and activities to be undertaken to ensure that objectives and outcomes of the policy and National Action Plan (NAP) are met and coordinates technical and financial assistance from donors and development partners such as DFAT, UNWOMEN, UNFPA, UNICEF, PIFS and SPC.

117. Awareness raising and training have been conducted on ESGBV and *Te Rau n Te MWenga Act* on Tarawa and the outer islands. This was a joint venture between KPS, MWYSSA, AG's office. Other means of raising awareness include radio programmes, roadshow, Kiribati runs several campaigns to address violence against women and children such as 16 Days of Activism on Violence against Women, Orange Day, White Ribbon Day, 16 Billion Rising- run by KFHA; and Black Thursday - every Thursday government officers and some private companies and NGO's including schools wear black to show their support for the elimination of violence in homes.

118. Prevention programmes on ESGBV include:

- Integration of ESGBV in the primary school curriculum through a respectful relationship programme, ESGBV curriculum for JSS, developing posters, books and poems on ESGBV, counselling training to principals and teachers, development and printing of the school wellbeing guideline for school teachers;
- Eliminating Violence through Respectful Relationships in sports;
- Male Advocacy Programme providing training for men on ESGBV, gender and human rights to get them involved in addressing domestic violence. Male advocates have been trained on the Male Behavioural Change programme to enable them to go out and train other men;
- Peaceful Villages - working with villages to come up with solutions to address domestic violence. Currently, we have expanded this programme to the "Strengthening Peaceful Villages". It is a four-year project (2017-2021) seeking to prevent domestic violence from occurring;
- Development of locally translated Island Education Coordinators (IEC) materials on ESGBV for awareness programmes;
- Police and Community Partnership Forum and Neighborhood watch: these two methods are used as an intervention and prevention strategies in addressing children involved in criminal activities.

119. Currently, children who are in conflict with the law tend to be found between the hours of 2200-0600. Voluntary curfew is part of the police diversion approach to deal with children, who are alleged to have committed an offence, away from the formal justice system.

120. Community members have the opportunity to report matters that concern them to Community Forums. This meeting between the police and the community provides the opportunity to jointly identify issues and solutions. The KPS conducts operations while community report any criminal activities within their communities.

121. ESGBV frontline service providers have been supported to develop SOPs for reporting cases.

122. The KPS Domestic Violence and Sexual Offenses Unit (DVSO) deals with domestic violence cases and has officers in all stations allowing specialised services in domestic violence matters. DVSO provides training to their officers on ESGBV reporting and *Te Rau N Te Mwenga Act 2014*. They also refer and assist victims and survivors to access services they need, for example through MHMS.

123. Women's Development Division (WDD) through the Safenet programme runs a Case Management Review process which includes ESGBV frontline service providers from the government such as police, Healthy Family Clinic in MHMS, AG's Office, SWO, People's

Lawyers Office, Women's Development Division including NGO's such as OLSH crisis center to discuss and review domestic violence cases and update their data. Government provides support such as capacity building through training to service providers on ESGBV, counselling; and seeking funds for NGO programmes.

124. Through Safenet, victims are better protected and perpetrators are being brought to justice. Through different Safenet case review committee recommendations and advice on the case, victims and perpetrators are dealt with more professionally. The committee exists within the women division and members comprises representatives from service providers and churches.

## **Disability, Basic Health and Welfare**

### **Survival and development**

125. In 2015 the infant mortality rate was 32 per 1,000 live-births and there was a slight decrease to 31 in 2016. The mortality rate of children under five years was 51 per 1,000 live births in 2015 with a slight increase to 54 in 2016. The most recent Demographic Health Survey (DHS) data from 2009 showed the infant mortality rate to be 46 per 1,000 and the under-five mortality to be 37 per 1,000 live births. This reflects the work and improvement made by MHMS in addressing infant mortality, however more work is needed in the area of under-five mortality.

126. Challenges faced by GoK include limited workforce resources including capacity and working equipment, increasing demand due to population growth, limited funding; and the geographical spread of the islands.

127. Associated issues include the low uptake of Family Planning, increased teenage pregnancy related to strong religious beliefs reinforced through local churches; and lack of knowledge about proper nutrition for children especially in the first 1,000 days and during pregnancy. The government addresses these issues under its Reproductive, Maternal, Newborn, Children's and Adolescence Health (RMNCAH) program, the integrated outer island missions where service provision, on job training, supervisory support and community awareness programs delivered by the teams comprised of different technical specialists able to address eye problems, childhood illness, women's health, pharmacology, nutrition, health promotion, data/information. Continuous capacity building occurs to ensure medical assistant and public health nurses are multi-skilled to provide different quality services especially in the outer islands.

128. In 2017 MHMS reviewed and updated most program guidelines, protocols and manuals which provide guidance to medical assistants and nurses in their practices especially in outer-islands and remote areas. These will be distributed to all hospitals, health centers and clinics. MHMS is increasing short and long term training and attachment opportunities; and is a member of the Pacific Society of Reproductive Health which enables doctors and nurses to update their knowledge, skills and practices on reproductive health issues including pregnant mother's health, child and youth health.

129. In Kiribati, government employers must provide maternity leave for six weeks before a baby is due and six weeks after baby born. This entitlement is provided for two births per mother only.

130. The government identifies in its Breastfeeding Policy the need for the baby to be breastfed to reach its full capacity. This policy was reviewed and updated in 2018. Tungaru Central Hospital was certified as a baby friendly hospital initiative (BFHI) in 2011. The other two referring hospitals – Kiritimati and Southern Kiribati Hospital (SKH) were assessed in 2017 and will be BFHI certified once they have achieved a minimum 80% of the assessments' recommendations.

131. In 2018 MHMS introduced an expanded program on immunization and a committee including District Principal Nursing Officers, laboratory and pharmacy staff and the Deputy Director Public Health Services meets every month to discuss issues in regard to vaccine

management and distribution to ensure all children receive their vaccines in time to prevent outbreaks of preventable diseases.

132. A Reproductive, Maternal, Newborn Child and Adolescents Health (RMNCAH) Steering Committee meets weekly in 2018 to coordinate reproductive, maternal, newborn, child and adolescence health services and ensure limited resources are utilised in an efficient and effective manner. The committee is led by MHMS and includes representatives from MWYSSA, MOE, KFHA and Kiribati Red Cross.

133. The *Marriage Amendment Act 2002* (Section 5 of the principal ordinance) raised the age limit of marriage from 16 to 18 years to protect the wellbeing of young women.

### **Children with Disabilities**

134. The Ministry of Public Works and Utilities (MPWU) through design of infrastructures including buildings, classrooms, public and civic complexes will continue to enable accessibility for the children with disabilities through the provision of ramps for wheelchair access for example. The requirement to provide accessible means for people with disabilities is reflected in the Kiribati National Building Code 2015 (KNBC) which was endorsed by Cabinet in 2015.

135. The Education Act 2013 requires children of compulsory school age with a disability, where applicable, to be enrolled and attend school and to be given opportunity to participate with other students in education and extra-curricular activities.

136. The MOE has developed a policy to support its Inclusive Education Act. Significant to this policy is the (i) provision of a flexible curriculum which caters for student's varied and changing needs in all schools, (ii) training of teachers to deliver educational programs and strategies for inclusive education; (iii) compulsory education for all school aged children at primary and junior secondary including children with special needs (parents may be fined \$50 for not enrolling their child of compulsory age); and (iv) recognition of parents'/caregivers' role in all stages of their child's education.

137. The GoK drafted the *Kiribati National Disability Policy and Action Plan 2018-2021* to provide a framework to guide all stakeholders and all communities to improve the lives of people with disabilities including children and to dismantle barriers in society and raise awareness about disability rights.

138. A School Rehabilitation Programme is targeting two schools per year to improve the accessibility of primary schools. This is a DFAT funded programme.

139. Accessibility Audits led by DIU in MWYSSA and the Ministry Infrastructure and Sustainable Energy (MISE) are being carried out in 2017 and 2018 in ministry buildings to determine where changes can be made to ensure that people with disabilities, including children, can access resources available to all other community members.

140. A Young People and Young Couples' Loan Scheme was established to enable young people from 16 years of age to set up their own business as an anti-poverty initiative.

141. The EIRC Part 12 (Equal Employment Opportunities) prohibits discrimination in the work place including discrimination on the basis of disability.

### **Health and health services**

142. In Kiribati, secondary care is provided through four hospitals. TCH is a specialized 139 bed hospital located in Nawerewere, South Tarawa. It provides care facilities and in ward facilities in four major specialties - Internal Medicine, Surgery, Pediatrics and Gynecology and Obstetrics. Southern Kiribati Hospital is in Utiroa, Tabiteuea North and Betio Hospital is located in Betio, South Tarawa. London Kiritimati Hospital is located in Kiritimati, Line and Phoenix Islands.

143. In 2016 there were 40 medical officers, 350 nurses, six dental surgeons and seven midwives in the country. There are 22 health centers and 81 village clinics spread across the country. There is one ward for people with mental illness on the main island, South Tarawa. The only pediatric unit is at Tungaru Central Hospital.

144. As of 2018 there were two medical schools in South Tarawa - the Midwifery School and the School of Nursing, for other areas of specialization people study overseas. These schools were previously administered under MHMS but now sit with other tertiary institutions under the MEHR. MHMS contribute to the curriculum.

145. Education/entertainment programs, radio talk-back on healthy family topics including condom use, child health and maternal advocacy involve young people who are empowered to be advocates on health issues. To assist the economic empowerment for young people, funds are provided to support them in income-generation. Follow up and monitoring is conducted by health officials. Training is provided to young people who have left school and they volunteer at village clinics in line with the Provincial Manual on basic health.

146. The MHMS is also establishing a Youth Friendly Health Service Center on Bikenibeu on the main island and construction for this center has been completed. This center provides health services and a space for young people to use for their business start-ups. Issues relating to suicide, mental health are covered under the MHMS Non-Communicable Disease Programme. This involves community and national awareness including with young people.

147. "A big concern is that people tend to wait too long to get medical treatment. By the time they come to the health center, little things have become serious problems - especially for children. Another problem is that people are sometimes put off by the attitude of health workers and mothers feel guilty if their children are sick so they do not want to come. Also, medical centers operate at times that are convenient for the *people who work there, not the people we are trying to help.*" CRC Workshop Participant.

148. Maternal and Child Health (MCH) and Family Planning services are carried out in 78 clinics over most islands and are held every two weeks. During these visits, nurses conduct growth monitoring on babies, provide advice on nutrition, immunization and carry out examinations for minor ailments or illnesses.

149. Capacity building and ongoing workshops are provided for public health nurses so they can provide standard care for all mothers, children and scaling up services and awareness; the RMNCAH program works closely with public health clinics in delivering community based/mobile services in Tarawa and on outer-islands.

150. To establish effective and accessible primary health care services the GoK allocates around 10-14% of its annual budget to the MHMS to roll out activities to promote and sustain good health for all. In addition, aid donors support most of the public health programs through RMNCAH, NCD and CDs programs mainly with outreach programs for vulnerable populations.

151. To improve the health situation of all children with particular attention paid to the establishment of effective and accessible primary health care services. Familiarizing reproductive health education for adolescents, especially in schools, with a view to reducing Sexually Transmitted Infections (STI) and the incidence of teenage pregnancies, and provide teenage pregnant girls with the necessary assistance and access to health care and education.

152. Awareness raising to all primary and secondary schools on South Tarawa has been implemented as part of the preventative measures in relation to child issues. For example childhood awareness activities were carried out during the Independence Day celebrations and a media campaign was held to promote awareness of violence against women and children.

153. Awareness raising on HIV/AIDS continues and training of service providers is provided. UNICEF and other agencies work with the MHMS to combat HIV and AIDS. The KFHA carried out awareness raising and education programs on HIV/AIDS.

154. To improve the services on HIV/AIDS, HIV preventive measures, counseling and testing services are available as of 2018 in ten clinics. In 2014 Parliament supported the move to encourage all people to have testing against HIV/AIDS.

155. A Youth Friendly Health Service (YFHS) that provides counseling and medical advice has been implemented with schools since 2014. Four secondary schools have offered space for the YFHS clinic at their schools and are currently operating through providing

services that deal with reproductive health and other health issues. The clinic is staffed by a registered nurse. Awareness raising about this YFHS is ongoing.

156. Since 2015 MWYSSA with support from MHMS has been delivering community outreach targeting the high risk and hard to reach populations. These programs deliver messages about HIV through radio programs, ensure uninterrupted supply of condoms to targeted sites and distribution points, promote HIV services at all high profile national events and celebrations. It also includes an educational website targeting young internet users and Training the Trainer sessions to health staff and peer educators on outer islands.

157. The MHMS formulated the Breastfeeding Policy as one measure to promote the physical and mental health and wellbeing of children in Kiribati. The policy sets out the need for a mother to breastfeed her child for up to six months to provide the infant the necessary nutrients to ward off health challenges and have the best opportunity to grow and develop.

158. Now ongoing, the *Expanded Program of Immunization* specifically deals with the wellbeing and physical health of the child by providing all the required immunization against diseases. The underlying values of the immunization programme are:

- Equal access to quality immunization services to all eligible children and women of childbearing age within Kiribati.
- Parents and the community have a responsibility to ensure all children are immunized against life threatening illnesses.
- MHMS is responsible for ensuring children have access to safe reliable vaccinations and that the community is provided with accessible information about the vaccination schedule, time and location of vaccination sessions and knowledge of the different vaccinations.
- Health partners play an important role in developing and maintaining the immunization programme in Kiribati.

159. An effort is made in the awareness on violence against women, especially pregnant women. This is of crucial significance as violence against pregnant women can easily and greatly affect the mental state of the baby.

#### **Reproductive health rights of adolescents and measures to promote a healthy lifestyle**

160. In 2016 the Youth Peer (YPeer) Network was established by MWYSSA to empower youth by educating them on life skills to make good choices for a better future. The youth participated in reproductive education carried out by MHMS in regards to HIV/STI and teenage pregnancy, to be advocates for sexual reproductive health. Promoted preventative measures to promote a healthy lifestyle includes the use of condoms and family planning.

#### **Measures to prohibit and eliminate all forms of harmful traditional practices**

161. In Kiribati, there are no forms of harmful traditional practices that fundamentally risk or injure the wellbeing of children.

#### **Measures to protect children from substance abuse**

162. Public awareness on this is carried out in partnership between the RMNCAH Unit in MHMS and Community Policing.

163. MHMS staff present on the negative health effects of consuming and abusing drugs such as alcohol at national events including Independence Day and major Youth and Sports events They explain in detail how these drugs may undermine the state of peoples' health and the drastic effects and sicknesses they will introduce along the way. MHMS staff give information about healthier choices and how the overall body health will benefit from a drug-free lifestyle.

164. While the MHMS play their part in promoting the health effects of alcohol consumption, the KPS Community Policing Unit - AAFR also plays an important role in making people aware of the legal side of substance abuse. They do not neglect to mention



the penalties of substance abuse at a young age and of under-age drinking as specified in the Penal Code Cap. 67.

165. Both working groups have drawn up posters on this which they have distributed to areas around South Tarawa and Betio. Outer-islands were visited in 2017 and further visits will be carried out in 2018.

### **Measures to ensure the protection of children with incarcerated parents and children living in prison with their mothers**

166. At present, there are no real measures set to protect children of incarcerated parents as there have been no cases. This is because our culture is still very strong where the I-Kiribati people highly value the importance of family. Most people live in extended families where everyone looks after each other. So the children of incarcerated parents are generally placed in the care of their immediate family members.

167. There has only been one case which involved a new born baby being in prison with its mother as it was breastfeeding. The baby could not be left in the care of its immediate family members as it was vital for the baby to be breastfed. The SWO monitored the situation and provided everything for the baby. This was made possible through the Victim Support Fund delivered by the KFHA and funded by DFAT.

### **Social security and childcare services and facilities**

168. MWYSSA provides some assistance to disadvantaged families through the School Fee Support Scheme if families are unable to pay form seven secondary school fees. Work is progressing in 2018 to provide some financial assistance through a social protection payment to the most disadvantaged families. No plans are underway to establish child care services.

### **Standard of living**

169. Many people in Kiribati would be impoverished according to The World Bank definition of poverty of living on less than US\$1 per day. Besides cash households are supported by subsistence activities including gardening, fishing, carpentry and exchange for local goods, such as mats or housing materials. Financial support is provided by GoK to families living under restricted economic conditions.

170. While there is better access to health and education services in Tarawa than the outer islands, there is limited opportunity to supplement income through subsistence activities. The traditional system of wealth redistribution is generally weaker on South Tarawa and the demand for cash for everyday living is much higher. Therefore poverty is an issue of concern on South Tarawa particularly as it impacts on children.

171. The system to obtain government financial support is through formal registration.

## **Education, Leisure and Cultural Activities**

### **The right to education**

172. There is only one disability school in Kiribati which is currently listed as an NGO. Support has been given to this school for it to meet the requirements for formal registration.

173. The Education Act 2013 and Inclusive Education Policy 2015 are being implemented by MOE. This has resulted in free education being available up to year 10 to 12 for students who pass the national examinations of Junior Secondary Certificate (JSC), the Kiribati National Certificate (KNC) and the Kiribati Senior School Certificate (KSSC). There are also Improvements in the training and recruitment of teachers; and increased use of new technology, including e-learning and blended learning.

### **Aims of Education**

174. There are 345 Early Childhood Care and Education (ECCE) centers, 94 primary schools, 24 JSS and 20 SSS. There are 445 ECCE teachers, 677 primary school teachers,

456 JSS teachers. A Technical Vocational Education Training – Strengthening Sector Program is currently being implemented in country to upgrade the KIT as a vocational school able to deliver Australian qualification standards. Church schools provide vocational and community skills.

175. The government allocates a large portion of its annual budget to the MOE reflecting its level of priority to government. Complementary to this, a program funded by the DFAT, is providing assistance to the education sector through the KEIP (Kiribati Education Improvement Program) to improve the education, teaching systems and infrastructure: construction of safer permanent school buildings, building ramps and separate toilet facilities for boys and girls, free resources such as student’s working books and readers.

176. An ongoing program upgrading the efficiency and skills of teachers to graduate teachers from the Kiribati Teachers College (KTC) and university graduates. The Kiribati English Language Program (KELP) is currently under review to determine the next steps to be taken for teachers’ training. A programme called Teaching English to Speakers of Other Languages (TESOL) aims to improve the English proficiency for teachers across the country including those on the outer islands.

177. Training for teachers under the ESGBV Project to have basic counseling skills for students to address domestic violence was conducted in 2013 and 2014. The guideline for basic counseling for teachers is being finalized Counselors for all schools in Kiribati have also been established to improve services for both teachers and students.

178. In-service training awards for undergraduates are offered to KTC graduate teachers. Other professional development on leadership, Water and Sanitation for Health (WASH), Teachers’ Code of Ethics were offered through workshops to the primary and JSS teachers.

179. Increasing budgetary allocation to ensure access to free primary and quality education in all regions and to improve the physical infrastructure of educational facilities. Its efforts to bridge the gaps in the availability of education throughout the country, including the availability of school materials. Improving the training and recruitment of teachers; and facilitating the use of new technology, including e-learning and blended learning.

180. Education is considered to be the right of every child, regardless of sex and attendance at school has been compulsory since the late 1970s for all children between six and fourteen years. Since that time, enrolments have continued to rise, more teenagers now stay in school and the gender gap in attendance and attainment have almost closed.

181. The government is now responsible for all primary education while most senior secondary education continues to be provided by churches with financial support from government. Pre-schools provide for children aged three to five years old and are operated by private and community organisations. UNICEF has supported the development of the Early Childhood Education Association (ECEA) and the MOE has provided assistance in policy development.

#### **Education on human rights and civic education**

182. The MOE has begun to integrate education on human rights and civic education into its curriculum. The teachers are being trained to effectively teach these to children.

#### **Rest, play, leisure, recreation and cultural and artistic activities**

183. The National Youth Policy states that in order to upgrade the standard and availability of sports in Kiribati, it is important to strengthen the capacity of the Sports Division in MWYSSA. “Young people are energetic, enthusiastic and curious. At the same time, they are going through a lot of physical, mental and spiritual changes in their lives. All of these natural factors can contribute to placing youth at risk for accepting risky behaviours into their lives and for experimenting with activities that may go against their traditional culture”. National Youth Policy.

184. One of the most important functions of the Youth Division is to preserve, develop and promote traditional cultures of Kiribati. This includes providing youth and elder forum

opportunities on mutual issues, conflicting goals and aspirations to foster a better understanding and appreciation of the different status and interest of both groups.

## **Special Protection Measures**

### **Children outside their country of origin seeking refugee protection**

185. No cases have been reported of children outside of their country of origin seeking asylum protection in Kiribati. Nor is there record of any I-Kiribati child seeking refugee status in another country.

### **Children in situations of exploitation, including physical and psychological recovery and social reintegration**

#### **Economic exploitation**

186. Subsequent to the comments of the Committee on the Rights of the Child (paragraph 5 of their concluding observations, CRC/C/KIR/17 December 2005) Kiribati established laws and regulations on child labor. Kiribati has ratified the ILO Convention No. 138 concerning Minimum Age for Admission to Employment (1973) and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The Young People and Family Welfare Act 2013 protects children from labour exploitation.

187. Implementation of EIRC (2016) includes the development of working tools and criteria to raise awareness and enable laws to be enforced within the private sector; for example inspection tools. Attention is given to protect children in both the formal and informal sectors. Explicit provisions are included relating to work of children (part 13, s115&116).

188. Criteria has been set for work where minimum age applies: young people aged 12 and 13 years are able to undertake light work; the minimum age for general work is 14 years; and for hazardous work is 18 years.

189. An employment survey/inspection is being undertaken by MEHR inspectors in 2018, whereby an employment register is able to be requested from employers showing the terms and conditions of employment, as well as details of employees such as hours of work, wages and their ages. The information gathered in this survey could be translated into a policy to ensure that children under the minimum age are not employed.

190. In 2015, Kiribati made a moderate advancement in efforts to eliminate the worst forms of child labor in passing the Occupational Safety and Health Act 2015, which includes a list of hazardous work prohibited for children under age 18. This Act is being reviewed in 2018.

191. Amendments to new legislation *Employment and Industrial Relations Act 2015* were recently passed. Before that MWYSSA with its stakeholders drafted a list of works that are considered hazardous and to be included in Administrative regulations in which children will not be expected to work in. The former EIRC 2015 stated that the minimum age for employment does not apply to works that are part of authorized school programs. New regulations cite activities that have occurred in schools and churches - such as toilet cleaning and landscaping -and these will not be allowed if the child's safety is compromised and the works considered are hazardous.

192. MEHR is the responsible monitoring body but currently its labour inspectors are not equipped in their tools, resources, capacity and experience to address child labour and prostitution risks. Affective implementation is also challenged by having a team of three staff to manage work priorities. Once labour inspectorates gain the needed capacity building and the tools are developed, they will be able to ascertain the number of activities conducted that are considered child labour.

193. GoK ratified the UN CRC on Armed Conflict and the UN CRC on the Sale of Children, Child Prostitution and Child Pornography. However, while there have been no

reports of child labour, children in Kiribati are engaged in the worst forms of child labour, including in commercial sexual exploitation. Other activities of concern include school age girls serving kava at night where they receive bonuses from bar customers. In terms of prostitution, cases tend to not be reported because the young girls in general are considered to not being forced into the work and community generally do not have a clear understanding about it being illegal or unsafe. Existing laws fail to fully protect children under age 18 from all forms of commercial sexual exploitation. In addition, the government did not make sufficient efforts to provide services to children engaged in commercial sexual exploitation<sup>2</sup>.

### **Sexual Exploitation**

194. There are a number of mechanisms to protect against the exploitation of children in sexual activities in Kiribati. These include the *Communication Act 2013* which addresses the issue of child pornography and the CYPFW Policy which protects children against abuse, violence, neglect and exploitation consistent with international human rights commitments.

### **Children in street situations**

195. There is no data available on children living on the streets in Kiribati and no cases have been confirmed or filed to MWYSSA or other authorities.

### **Children in conflict with the law, victims and witnesses**

196. Section 11 of the *Juvenile Justice Act (2015)* mitigates the treatment of children who come into conflict with the law as perpetrators. As referenced above the *Evidence Act 2003* allows and supports the voice of very young children who have been victim or witness to criminal activity to be heard in court.

### **Administration of the Juvenile Justice**

197. Penal Code Cap.67 is the primary legislation criminalising offences against children but further work through the *Beretitenti Assents to the Penal Code (Amendment) Act 2017* is in development. This amendment will increase penalties for sexual offenses and to expand the definitions of rape, indecent assault and incest and provide further directions on children who are victims of crime.

198. The Children, Young People and the Family Welfare Act 2013 provides protection for children and Te Rau n te Mweenga Act provides protection to children against all forms of domestic violence. The Act also provides redress for all victims and the implementation of programs to ensure victims recover to lead a safe and healthy lives. Harmonizing Te Rau n te Mweenga Act and the Penal Code Cap 67, particularly on the fines, is planned.

199. Police diversion is practiced through two pieces of legislation which contain provisions relating to young people, these are:

- Penal Code, Cap 67 Part IV, Section 14 – Immature Age, & Part VI, Section 39 – Offenders under the age of 16 years; and
- Liquor Ordinance, Section 11 – Young persons prohibited from certain licensed premises and Section 63 – Selling (etc) of liquor to persons under the age of 21 years.

200. Other statutory provisions which have an impact on young people, particularly young offenders and officers including:

- Section 11(1) of the *Juvenile Justice Act 2015* stipulates that a child (defined as under 14 years) cannot be imprisoned while a young person (defined as between the ages of 14 and 17 years) may be detained at a place appointed by the Minister if that is assessed as the only suitable option for them.
- There are a range of ways young offenders are dealt with to prevent their inappropriate imprisonment. These include dismissing the case by issue of a license, discharging the case on entering a recognisance (security), committing the care of a relative/family

<sup>2</sup> <https://www.dol.gov>.

or fit person, payment of fine instead of imprisonment/custody, parents to pay fine instead, released upon entering a bond; and committing into a place of detention that is not a jail.

### **Economic Exploitation, including child labour**

201. The ratification of ILO Convention No. 138 concerning Minimum Age for Admission to Employment (1973) and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. Both Conventions have been ratified by GoK.

### **Measures to ensure that any arrest, detention or imprisonment of a child shall be used as measures of last resort**

202. The *Juvenile Justice Act 2015* section 11 and 12 states that imprisonment of children and young people shall be used as a measure of last resort. Subsections of section 11 stipulate that (i) no child shall be sentenced to imprisonment or be committed to prison in default of a fine or cost, (ii) no young person shall be sentenced to imprisonment if he or she can be suitably dealt with in any other way specified in section 15, and (iii) a young person sentenced to imprisonment shall not, so far as is practicable, be allowed to associate with prisoners not being children or young persons. Section 12 states the detention of children or young persons committing serious crimes, whereas the court may sentence the offender to be detained for such period as may be specified in the sentence.

### **Training activities developed for all professionals involved with the system of juvenile justice**

203. All SWO on Tarawa and outer-islands will have training on the *Juvenile Justice Act 2015* and how to proceed with juvenile offenders. As of 2018 the training has not been scheduled.

204. A National Judicial Conference for Magistrates took place in June 2017 and was attended by all magistrates from Tarawa and outer-islands. The conference provided training the magistrates on legal proceedings regarding newly enacted laws of Kiribati. The *Juvenile Justice Act 2015* being one of them, extensive training was carried out on the provisions of dealing with juveniles in a court of law and appropriate measures in sentencing of these young people. The conference was conducted by the Chief Registrar, Deputy Chief Registrar, Senior Registrar and Registrar of the Judiciary of Kiribati.

205. The Community Policing Unit within the KPS conducts public awareness programmes and visits local communities to discuss legislation concerning family welfare as well as the system of juvenile justice.

### **Children belonging to an indigenous or a minority group**

206. Kiribati's indigenous group is made up of the dominant population of Kiribati – the I-Kiribati people. Government has mechanisms in place through the MOE to ensure younger generations learn their culture, tradition and values.

207. The new language policy in the education system requires a focus on the local language in the initial years of schooling with minimal writing. Therefore 100% of primary schools are offering instruction in the local language.

208. English language is gradually blended in with the Kiribati language in the upper grades and it is expected that all the senior level lessons are carried out with 80% English and 20% Kiribati.

209. Children with disabilities do not have access to custom built or specialized facilities beyond those provided at the KSCCSN. Teachers in this school need training so that they can have specialist qualifications to support children in areas of special needs education. No vocational programmes are being done held within the school.

210. There is only one international school - Rurubao School - where English is used 100% in the teaching and the students use the language to communicate among themselves. All primary-aged foreign students attend this school.

### **Challenges**

211. Collecting relevant data from the various ministries as well as from the KPS was a challenge. Apart from the MHMS, ministries do not have a statistics unit managing data. This added to the delays in completing and submitting the report.

212. The need to clarify, confirm and correct the information provided by stakeholders also slowed down the writing process. Translation of human rights materials and the provisions of treaties can be difficult due to challenges in finding local languages that properly capture the context.

213. *Strengthen national and local commitment* and action: CRC is a government commitment all taskforce members should prioritise the meetings and its work.

214. Develop and implement systematic national data collection and research: On-going training should be provided to those who deal with data concerning the CRC so they can set up effective ministry databases to store and retrieve CRC data.

215. Promote non-violent values and awareness raising: More awareness programmes on the rights of the child are needed in every community on South Tarawa particularly the most overcrowded Betio areas such as Riburibu community in Temakin Betio.

## Appendix: Tables

Table 1a  
Population (0-17 years) by island, sex and age group (2015)

	<i>Total</i>	<i>0-5</i>	<i>6-14</i>	<i>15-17</i>
<b>Total</b>	<b>4,5532</b>	<b>17,476</b>	<b>20,962</b>	<b>7,089</b>
Banaba	97	40	46	11
Makin	896	354	459	83
Butaritari	1,479	582	743	154
Marakei	1,290	461	680	149
Abaiang	2,499	990	1,165	344
N Tarawa	3,099	1,141	1,307	651
S Tarawa	15,258	6,047	6,665	2,546
Betio	6,619	2,607	2,991	1,021
Maiana	849	348	402	99
Abemama	1,424	471	638	315
Kuria	438	182	222	34
Aranuka	480	183	249	48
Nonouti	1,168	424	576	168
N Tabiteuea	1,834	630	789	415
S Tabiteuea	560	202	295	63
Beru	789	261	373	155
Nikunau	818	287	433	98
Onotoa	494	172	256	66
Tamana	344	108	191	45
Arorae	387	138	224	25
Teraina	855	338	420	97
Tabuaeran	1,078	427	514	137
Kiritimati	2,771	1,086	1,322	363
Kanton	6	2	2	2

Table 1b  
Population (3 years and over) by sex and literacy ability (2015)

	<i>Can this person read and write in English?</i>		
	<b>Total</b>	<b>Yes</b>	<b>No</b>
<b>Total</b>	<b>41,778</b>	25,366	16,412
0-4	6,057	478	5,579
5-9	13,600	5,985	7,615
10-14	10,445	8,708	1,737
15-19	11,676	10,195	1,481

Table 1c  
**Population by single year age group, urban and rural area (2015)**

	<i>Total</i>			<i>Urban</i>			<i>Rural</i>		
	<b>Total</b>	Male	Female	<b>Total</b>	Male	Female	<b>Total</b>	Male	Female
<b>Total</b>	<b>47,854</b>	24,447	23,378	<b>23,202</b>	11,714	11,524	<b>26,627</b>	12,763	11,854
0 years	<b>2,716</b>	1,435	1,281	<b>1,364</b>	709	655	1,352	726	626
1 year	<b>2,859</b>	1,487	1,372	<b>1,386</b>	714	672	1,473	773	700
2 years	<b>2,761</b>	1,420	1,341	<b>1,381</b>	732	649	1,380	688	692
3 years	<b>2,825</b>	1,515	1,311	<b>1,415</b>	741	674	1,411	774	637
4 years	<b>3,231</b>	1,689	1,542	<b>1,594</b>	828	766	1,637	861	776
5 years	<b>3,083</b>	1,603	1,480	<b>1,514</b>	784	730	1,569	819	750
6 years	<b>2,969</b>	1,515	1,454	<b>1,463</b>	756	707	1,506	759	747
7 years	<b>2,706</b>	1,383	1,323	<b>1,269</b>	675	594	1,437	708	729
8 years	<b>2,391</b>	1,175	1,216	<b>1,105</b>	542	563	1,286	633	653
9 years	<b>2,451</b>	1,227	1,224	<b>1,119</b>	556	563	1,332	671	661
10 years	<b>2,321</b>	1,209	1,112	<b>1,076</b>	544	532	1,245	665	580
11 years	<b>2,152</b>	1,090	1,062	<b>949</b>	446	503	1,203	644	559
12 years	<b>1,993</b>	990	1,003	<b>837</b>	442	431	1,120	548	572
13 years	<b>1,955</b>	991	964	<b>882</b>	444	438	1,073	547	526
14 years	<b>2,024</b>	1,029	995	<b>920</b>	451	469	1,114	578	526
15 years	<b>2,499</b>	1,291	1,208	<b>1,158</b>	584	574	1,341	707	634
16 years	<b>2,316</b>	1,139	1,177	<b>1,207</b>	562	645	1,109	577	532
17 years	<b>2,274</b>	1,110	1,164	<b>1,202</b>	553	649	1,072	557	515
18 years	<b>2,328</b>	1,179	1,149	<b>1,361</b>	651	710	967	528	439



Table 1d  
School population attending school by island and what level (2015)

	<i>Total</i>	<i>Pre-school</i>			<i>Class 1 to Class 7</i>													
		<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Class 4</i>	<i>Class 5</i>	<i>Class 6</i>	<i>Form 1</i>	<i>Form 2</i>	<i>Form 3</i>	<i>Form 4</i>	<i>Form 5</i>	<i>Form 6</i>	<i>Form 7</i>	
<b>Total</b>	<b>34,423</b>	<b>1,333</b>	<b>2,998</b>	<b>3,341</b>	<b>3,341</b>	<b>2,741</b>	<b>2,645</b>	<b>2,424</b>	<b>2,189</b>	<b>2,121</b>	<b>1,946</b>	<b>1,840</b>	<b>2,143</b>	<b>1,532</b>	<b>1,507</b>	<b>1,199</b>	<b>579</b>	
Banaba	66	-	12	3	6	12	3	5	5	4	4	5	6	1	-	-	-	
Makin	668	26	84	90	70	52	63	55	33	47	49	39	47	4	2	4	-	
Butaritari	1,045	50	82	124	108	84	96	92	85	89	69	52	68	36	2	7	-	
Marakei	878	34	93	89	87	95	83	68	49	69	74	59	71	3	-	1	1	
Abaiang	1,992	138	211	188	208	157	154	152	125	114	101	90	107	47	113	68	16	
NTarawa	2,143	70	132	213	186	169	185	154	134	146	128	87	98	161	141	111	14	
STarawa	12,003	439	1,073	1,071	964	888	804	735	701	261	571	616	717	650	659	574	400	
Betio	5,036	192	427	438	420	429	359	310	316	305	249	264	320	224	188	186	82	
Maiana	546	20	51	69	63	53	53	41	56	24	41	33	35	4	1	1	1	
Abemama	1,177	24	90	81	57	78	89	89	67	56	72	58	70	117	97	68	59	
Kuria	318	6	42	46	22	28	40	25	23	25	19	21	20	-	1	-	-	
Aranuka	381	24	40	47	45	27	30	35	26	31	23	19	29	1	1	2	-	
Nonouti	808	15	72	48	95	74	67	73	74	67	45	50	67	14	27	12	-	
NTabiteuea	1,412	54	72	160	124	94	105	91	82	92	73	73	76	120	116	78	1	
STabiteuea	444	22	39	46	37	31	36	41	37	24	43	38	42	4	2	1	-	
Beru	649	22	66	48	48	50	45	48	42	36	44	30	47	48	48	27	-	
Nikunau	578	17	50	48	60	54	44	52	51	61	45	49	36	4	4	3	-	
Onotoa	349	12	26	29	25	33	32	29	28	333	26	25	38	4	5	4	-	
Tamana	253	11	22	26	23	19	34	23	24	19	20	17	15	-	-	-	-	
Arorae	313	6	37	41	22	17	26	31	30	28	23	26	24	-	-	1	-	
Teraina	616	27	62	94	62	56	45	44	32	34	48	44	33	17	14	4	-	
Tabuaeran	739	37	10	108	75	58	68	68	46	50	63	47	50	18	22	17	2	
Kiritimati	2,006	87	198	234	189	183	184	163	122	145	116	98	127	55	64	30	3	
Kanton	3	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-	-	

Table 1e  
Women (11 yrs and over) by age group and by number of births given (2015)

	<i>Number of Children</i>											<i>Total Women</i>	<i>Total Births</i>	
	<i>Total</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>			<i>11</i>
<b>Total</b>	<b>428</b>	<b>350</b>	<b>53</b>	<b>9</b>	<b>9</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>9,849</b>	<b>566</b>
11-15	12	9	2	-	-	-	1	-	-	-	-	-	5,232	19
16-19	416	341	51	9	9	2	1	2	-	-	-	1	4,617	547

Table 1f  
Population by five year age group, sex and urban/rural area (2015)

	<i>Total</i>	<i>Urban</i>	<i>Rural</i>
<b>Total</b>	<b>50,114</b>	<b>24,600</b>	<b>25,514</b>
0-4	14,393	7,140	7,253
5-9	13,600	6,470	7,130
10-14	10,445	4,700	5,745
15-19	11,676	6,290	5,386

Table 2  
Death of children due to HIV/AIDS by year and age

Infant Mortality Rate: Probability of dying between birth and age 1 year (per 1,000 live births): 32.6

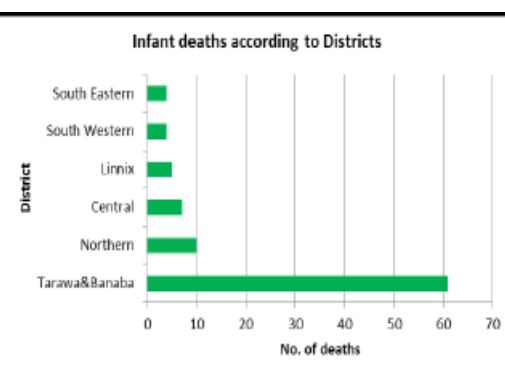
IMR =	$\frac{\text{Number of deaths of infants aged <1 year (91)}}{\text{Number of live births (2788)}} \times 1,000$
<b>Methodological/System Issues:</b>	
<ul style="list-style-type: none"> <li>• Data for 2016 has been sourced from the KHIS &amp; MS1 and is likely to be affected by under-counting</li> <li>• Births with unrecorded outcomes were counted as live births</li> <li>• Certification of cause(s) of death is poor resulting in weak mortality data</li> <li>• It is likely that the number of infant deaths is under-reported</li> <li>• Mortality data is derived from the final diagnoses, since death certificates are not issued to the majority of deaths. Hence the actual underlying cause(s) of death could be deferent from the current cause(s) of death data</li> </ul>	

Year	0-4	5-9	10-14	15-19
1997	0	0	0	0
1998	0	0	0	0
1999	2	0	0	0
2000	1	0	0	0
2001	0	0	0	0
2002	0	0	0	0
2003	0	0	0	0
2004	0	0	1	0
2010	0	0	0	0
2013	0	0	0	0
2014	0	0	0	0
Unknown	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>

Table 3a  
The rates of infant and under-five child mortality

Table 4a (i)  
Infant deaths according to district

District	No.
Central	7
Linnix	5
Northern	10
South Eastern	4
South Western	4
Tarawa & Banaba	61
<b>Total</b>	<b>91</b>



Sources: KHIS & MS1 as of 31.12.2016

Figure 5: Infant deaths according to districts

Table 4a (ii)  
Under-five deaths according to district

District	No.
Central	10
Linnix	17
Northern	15
South Eastern	6
South Western	6
Tarawa & Banaba	92
<b>Total</b>	<b>146</b>

Sources: KHIS & MS1 as of 31.12.2016

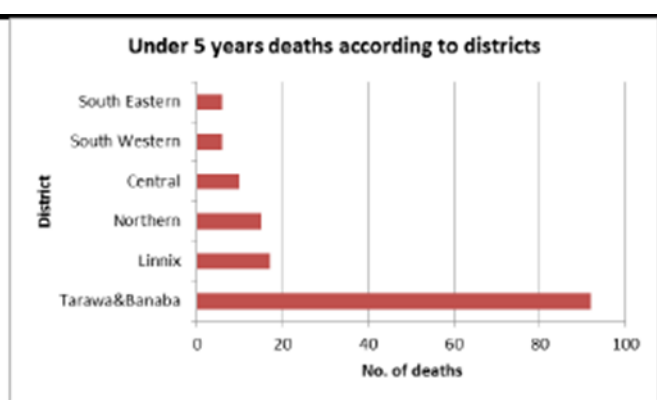


Figure 6: Under 5 year deaths according to districts

Table 4b(i)  
Percentage of households without access to hygienic sanitation

	Total	PUB flush toilet	Linnix flush toilet	Other flush toilet	Water latrine	Kamkamka	Beach	Bush	Sea	Others
<b>Total</b>	<b>17,772</b>	<b>1,035</b>	<b>207</b>	<b>3,291</b>	<b>6,498</b>	<b>344</b>	<b>3,576</b>	<b>862</b>	<b>1,174</b>	<b>785</b>
Banaba	77	-	-	30	46	-	-	-	-	1
Makin	351	-	-	8	246	7	68	-	7	15
Butaritari	624	-	-	105	237	18	214	17	23	10
Marakei	499	-	-	47	164	20	112	106	47	3
Abaiang	996	-	-	255	267	28	352	33	42	19
North Tarawa	1,128	1	-	191	231	23	454	61	110	57
South Tarawa	5,584	473	-	1,139	2,335	50	603	131	512	341
Betio	2,293	561	-	541	826	20	72	3	111	159
Maiana	399	-	-	46	107	7	140	39	56	4
Abemama	602	-	-	100	257	33	149	38	16	9
Kuria	217	-	-	123	36	10	20	10	6	12
Aranuka	237	-	-	2	154	8	29	20	2	22
Nonouti	532	-	-	84	116	3	261	21	38	9
North Tabiteuea	706	-	-	169	147	13	216	63	62	36
South Tabiteuea	253	-	-	8	93	10	96	19	15	12
Beru	458	-	-	22	159	2	161	45	48	21
Nikunau	356	-	-	46	191	3	80	21	11	4
Onotoa	323	-	-	13	150	38	104	13	3	2
Tamana	187	-	-	7	134	3	36	4	1	2
Arorae	217	-	-	1	164	-	40	-	-	3
Teraina	292	-	-	4	83	-	173	13	2	17
Tabuaeran	418	-	-	78	99	4	153	55	22	7
Kiritimati	1,017	-	207	272	251	44	42	150	31	20
Kanton	6	-	-	-	5	-	1	-	-	-

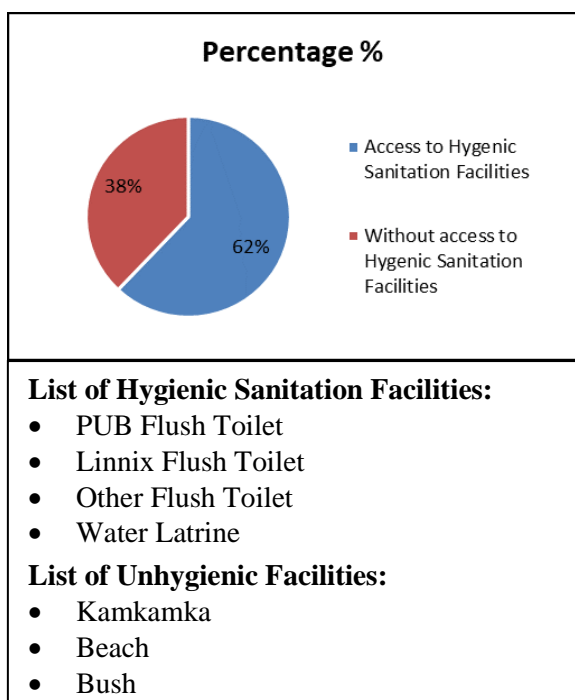


Table 4b(ii)

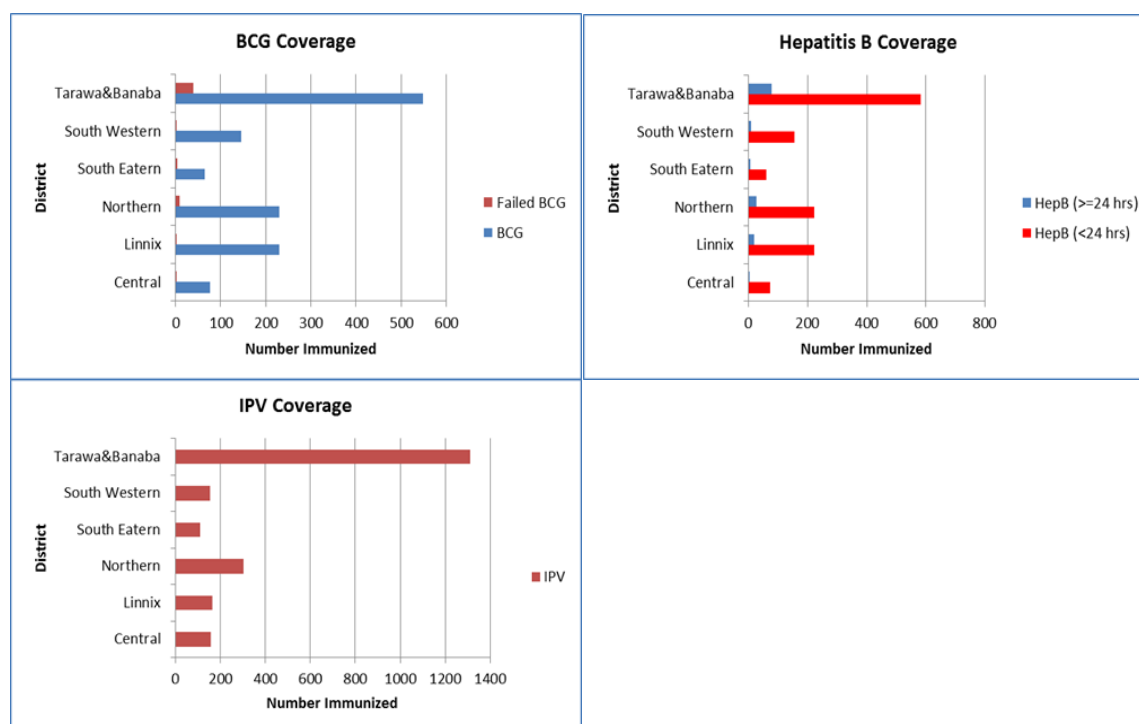
**Percentage of households without access to safe drinking water**

	<i>Total</i>	<i>PUB</i>	<i>Linnix Water System</i>	<i>Pipe System</i>	<i>Well or Ground Water</i>	<i>Rainwater</i>	<i>Others</i>
<b>Total</b>	<b>17,772</b>	<b>2,926</b>	<b>294</b>	<b>745</b>	<b>7,248</b>	<b>6,326</b>	<b>233</b>
Banaba	77	-	-	-	1	76	-
Makin	351	-	-	1	257	92	1
Butaritari	624	-	-	13	416	181	14
Marakei	499	-	-	75	273	148	3
Abaiang	996	-	-	139	681	149	27
N/Tarawa	1,128	2	-	7	768	343	8
S/Tarawa	5,584	1,672	-	28	895	2,949	40
Betio	2,293	1,252	-	12	60	952	17
Maiana	399	-	-	11	299	88	1
Abemama	602	-	-	9	367	226	-
Kuria	217	-	-	1	115	101	-
Aranuka	237	-	-	20	188	28	1
Nonouti	532	-	-	2	492	35	3
N/Tabiteuea	706	-	-	70	508	92	36
S/Tabiteuea	253	-	-	2	204	34	13
Beru	458	-	-	128	250	35	45
Nikunau	356	-	-	16	298	41	1
Onotoa	323	-	-	94	181	46	2
Tamana	187	-	-	67	95	24	1
Arorae	217	-	-	-	153	64	-
Teraina	292	-	-	2	197	90	3
Tabuaeran	418	-	-	2	255	161	-
Kiritimati	1,017	-	294	46	292	368	17

Table 4(c)

**The percentage of one-year-olds fully immunized for tuberculosis, diphtheria, pertussis, tetanus, polio and measles**

Vaccine type	Central	Linnix	Northern	South Eastern	South Western	Tarawa & Grand Total Banaba	Grand Total
BCG	76	229	229	65	156	1939	2,684
Failed BCG (no scar)	1	3	9	4	2	40	59
HepB (<24 hrs)	73	223	221	59	165	1,971	2,702
HepB (>=24 hrs)	2	19	27	6	8	79	141
IPV	158	163	304	109	154	1,311	2,199
MR1	157	231	326	84	211	1,239	2,248
OPV1	143	219	329	87	130	1,553	2,461
OPV2	151	200	340	97	130	1,481	2,399
OPV3	125	154	299	82	139	1,344	2,143
PENTAVALENT1	164	219	333	86	159	1,594	2,555
PENTAVALENT2	182	216	359	100	198	1,505	2,560
PENTAVALENT3	184	209	324	106	194	1,442	2,459
PNEUMOCCOCAL1	150	230	308	83	162	1,600	2,533
PNEUMOCCOCAL2	189	231	349	98	201	1,441	2,509
PNEUMOCCOCAL3	181	226	332	104	194	1,422	2,459
ROTA1	169	175	311	86	148	1,540	2,429
ROTA2	173	151	340	98	163	1,461	2,386
Grand Total	2,278	3,098	4,740	1,354	2,514	22,962	36,946



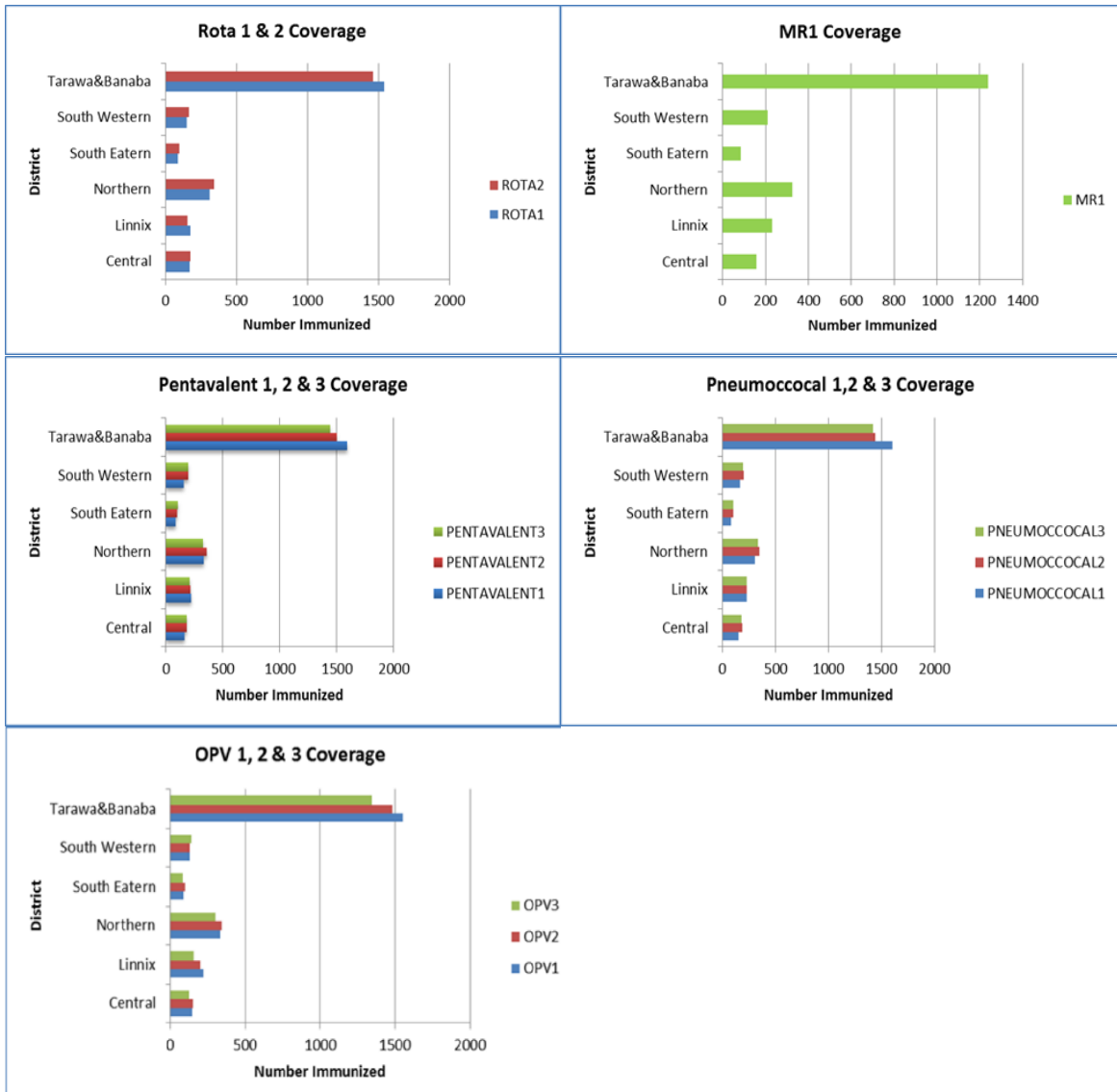


Table 4d (i)

**The rates of maternal mortality, including its main causes**

**Maternal Mortality Rate:** Probability of a female dying due to a maternal cause (per 100,000 live births): **179.3**

MMR =	$\frac{\text{Number of maternal deaths (5)}}{\text{Number of live births (2788)}} \times 100,000$
<b>Methodological/System Issues:</b>	
<ul style="list-style-type: none"> <li>• Data for 2016 has been sourced from the KHIS &amp; MS1 and is likely to be affected by under-counting</li> <li>• Births with unrecorded outcomes were counted as live births</li> <li>• Certification of cause(s) of death is poor resulting in weak mortality data</li> <li>• It is likely that the number of maternal deaths is under-reported</li> <li>• Mortality data is derived from the final diagnoses, since death certificates are not issued to the majority of deaths. Hence the actual underlying cause(s) of death could be deferent from the current cause(s) of death data</li> </ul>	

Table 4d (ii)

**Maternal deaths for Kiribati**

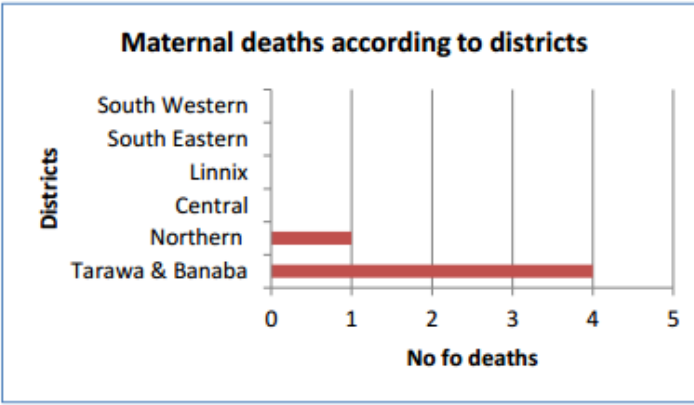
Rank	ICD-10-3	Cause of Death	Total
1	O85	Puerperal sepsis	2
2	O95	Obstetric death of unspecified cause	1
3	O72	Postpartum Hemorrhage	1
4	O14	Gestational [pregnancy induced]Hypertension with significant proteinuria	1
<b>Total Maternal Deaths*</b>			<b>5</b>

Sources: KHIS & MS1 as of 31.12.2016

Table 4d (iii)

**Maternal deaths according to districts**

District	No.
Central	0
Linnix	0
Northern	1
South Eastern	0
South Western	0
Tarawa & Banaba	4
<b>Total</b>	<b>5</b>



Sources: KHIS & MS1 as of 31.12.2016

**Figure 7: Maternal deaths according to districts**

	Ages 0-4A		Ages 5-9		Ages 10-14		Ages 15-19	
	Male	Female	Male	Female	Male	Female	Male	Female
1991	0	0	0	0	0	0	0	0
1992	0	0	0	0	0	0	0	0
1993	0	0	0	0	0	0	0	0
1994	0	0	0	0	0	0	0	0
1995	0	0	0	0	0	0	0	0
1996	0	0	0	0	0	0	0	0
1997	0	0	0	0	0	0	1	0
1998	0	1	0	0	0	0	0	0
1999	0	1	0	0	0	0	0	0
2000	0	1	0	0	0	0	0	0
2001	0	0	0	0	0	0	0	0
2002	0	0	0	0	0	1	0	0
2003	1	1	0	0	0	0	0	0
2004	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	0	0	0
2006	0	0	0	0	0	0	0	0
2007	0	0	0	0	0	0	0	0
2008	0	0	0	0	0	0	0	0
2009	0	0	0	0	0	0	0	0
2010	0	0	0	0	0	0	0	0
2011	0	0	0	0	0	0	0	0
2012	0	0	0	0	0	0	0	0
2013	0	0	0	0	0	0	0	0
2014	0	1	0	0	0	0	0	0
2015	0	0	0	1	0	0	0	0
Unknown	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

Table 5  
Statistics on children's work and education

Children	Age	Percent
Working (% and Population)	5 – 14yrs	Unavailable
Attending School (%)	5 – 14yrs	Unavailable
Combining Work and School	7 – 14yrs	Unavailable
Primary Completion Rate		112.24

Table 6  
Overview of children's work by sector and activity

Sector/Industry	Activity
Agriculture	Cutting toddy palm trees for toddy * (3)
Services	Fishing * and harvesting clams * (3) Street vending * and entertaining in bars * (3,6 – 8) Construction and portering * (3,8)
Categorical worst Forms of Child Labor	Commercial sexual exploitation, sometimes as a result of human trafficking (1 – 3,8,9)