CHILD RIGHTS SITUATIONAL ANALYSIS REPORT

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contents

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wishes to thank all the boys and girls, young people, and men and women from the 13 communities from the Central, Western and Northern Divisions of Fiji who shared with us their insights and their lived experiences with regards to children's access to rights. We also extend our appreciation to the 13 Community Education Committees under our Early Childhood Education Project who facilitated the implementation of the community consultations. Thank you for your understanding and for working with our tight deadline.

We would also like to thank and acknowledge all the government representatives, NGOs and the CRSA Steering Committee for your inputs and direction on this project. We are indeed grateful to the organisations and individuals that attended the validation workshop as your contributions greatly helped us in synthesising the data into this coherent report.

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We acknowledge and thank the Project Team especially to Amita Jhoti Prasad and Sosaia Tapueluelu for picking up this project in August 2013 and seeing it through to its completion. We express our gratitude to Jarnah Montersino and Andrea Taylor for coming on board at critical stages of this project to undertake key writing phases.

Finally, the organisation is most grateful to the EU for the financial support to this project and for understanding the undue delays we experienced in undertaking and completing this Child Rights Situational Analysis.

Vinaka vakalevu and Dhanyavaad
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Acronyms used in the Report

AIDS   Acquired Immune Deficiency Syndrome

CRC   Convention on the Rights of the Child

CRP   Child Rights Programming

CRSA   Child Rights Situational Analysis

CSO   Civil Society Organisation

ECE   Early Childhood Education

EIDHR European Instrument for Democracy and Human Rights

EU   European Union

HIV   Human Immuno Deficiency Virus

IAC   Inter-Agency Committees

NCCC National Coordinating Committee for Children

NGO   Non-Governmental Organisation

SCF   Save the Children Fiji

TWG   Technical Working Group

UN   United Nations

1.1 BACKGROUND

A Child Rights Situational Analysis (CRSA) is an analysis of the situation of children and their rights. It sets out the extent to which Children's Rights have been realised, and the current obstacles preventing these rights from being fulfilled. A CRSA is a part of a child rights-based program cycle and can cover a country, a region, or a sector of work.

As part of the work of Save the Children Fiji (SCF) in Fiji, a CRSA was undertaken to further understand child rights within particular geographical areas where SCF works. The Fiji CRSA focused on three thematic areas of health, education and child protection. The selected areas for SCF have been drawn from the global program strategy of Save the Children International (SCI) that directs and coordinates the work of Save the Children. SCI has six global areas of focus with clear program, advocacy, and fundraising goals: health, education, child protection, emergencies, HIV/AIDS and child rights governance. The project commenced in August 2013 and was completed in December 2013.

This report provides a snapshot of the realisation of Children's Rights in Fiji, in particular in the areas of health/survival, education and child protection. This report is aimed at contributing to: SCF's strategic planning process and to inform the EU's European Instrument for Democracy and Human Rights (EIDHR) future call for proposals and child rights programme in Fiji. It will also support EU partner civil society organizations (CSO's) and stakeholders in Fiji and inform their policy, programming and advocacy related to child rights . SCF have utilized this opportunity to further engage and consult with communities and children and to assess future areas of focus.

1.2 CONCEPTUAL FRAMEWORK

The development of this report is based on a child-rights programme (CRP) approach. Fundamental to a rights-based approach is the process through which duty-bearers or those responsible meet and are held accountable for their actions. Through this process rights-holders are empowered to claim their entitlements. The diagram below describes this relationship.
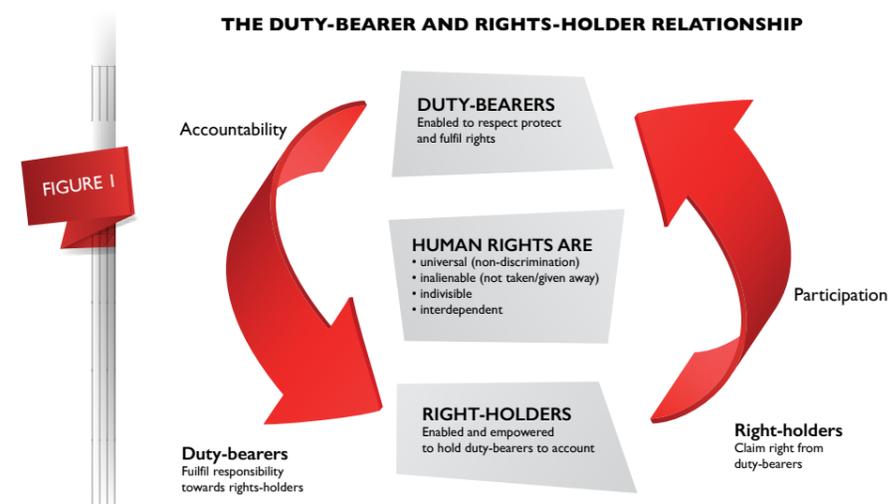

THE DUTY-BEARER AND RIGHTS-HOLDER RELATIONSHIP

FIGURE 1

Accountability

DUTY-BEARERS
Enabled to respect protect and fulfil rights

HUMAN RIGHTS ARE
• universal (non-discrimination)
• inalienable (not taken/given away)
• indivisible
• interdependent

Participation

RIGHT-HOLDERS
Enabled and empowered to hold duty-bearers to account

Right-holders
Claim right from duty-bearers

Duty-bearers
Fulfil responsibility towards rights-holders

Figure 1: Diagram showing the relationship between duty-bearers and rights-holders

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The three pillars model below shows the essential components of CRP strategy. The balance of activities and resources allocated between the pillars vary over time, as a program progresses and as the capacity and involvement of duty-bearers change. The development and analysis of key issues for this report have been developed in line with each of these pillars.
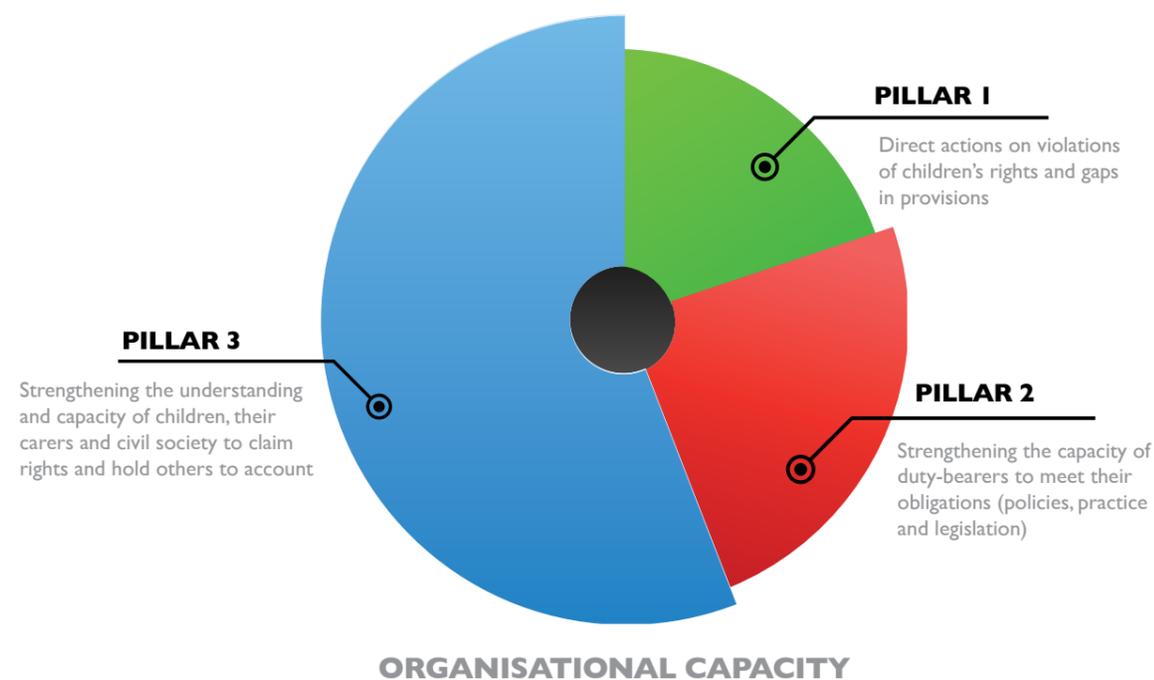
CHILD RIGHTS SITUATION ANALYSIS

PILLAR 1
Direct actions on violations of children's rights and gaps in provisions

PILLAR 3
Strengthening the understanding and capacity of children, their carers and civil society to claim rights and hold others to account

PILLAR 2
Strengthening the capacity of duty-bearers to meet their obligations (policies, practice and legislation)

ORGANISATIONAL CAPACITY

Figure 2: Diagram showing the three CRP Pillars of the CRP Strategy

DESK REVIEW – SECONDARY DATA

The CRSA was undertaken using two approaches. One consisted of a review of available secondary data, reviews, reports, policy and legal documents. The secondary data covered a broad spectrum but particularly focused on the thematic areas of education, survival/health and child protection.

COMMUNITY CONSULTATIONS – PRIMARY DATA

The other research approach consisted of qualitative fieldwork undertaken in a selection of sample environments in three regions of Fiji: the Central, Western and Northern Divisions. A primary data training workshop for all staff preceded the fieldwork which namely was the consultation with children, parents and communities and responsible authorities. Both the fieldwork and the preliminary workshop took place between August and September 2013. SCF endeavoured to cover the following:

• A range of areas that enabled snapshots of different environments including urban, semi-urban, semi-rural, rural and remote settings. This included thirteen village and informal, communities across Fiji. These communities are where Save the Children Fiji works through its Education programme and has established fifty two Early Childhood Education Centres.

• Access to children, of different age groups, approximately 7-11years, 12-17 years, and youth 18 -30 years including children in school, and children out of school, boys and girls, and children belonging to specific groups such as children with a disability.

• A range of adults with different responsibilities relating to Children's Rights, including parents, teachers, decision makers at different levels, and those with resource allocation responsibilities and people with an interest in children and influence in their communities. A Focus Group discussion was also undertaken with divisional level stakeholders comprising government and NGO representatives working in the areas of Health, Education and Child Protection.

• A validation workshop with stakeholders was conducted to double check information collected in the community consultations.

The research teams were selected from SCF's existing staff in order to capitalise on the existing expertise within the organisation, to build additional capacity and to benefit from the trust already established with the participating communities through SCF'S early childhood program: Vuli Taumada Shishak. Staff working in the three divisional areas were selected due to their knowledge, understanding and established relationship with their communities.

The teams attended a three-day primary data collection training in Suva, which was conducted in early August 2013 with technical assistance from Save the Children Australia, CRSA Coordinator and CPP Manager. Topics included learning to conduct participatory research, consent practices and planning the research.

During this training, the research questions were developed in the areas of health/survival, education and child protection . Also, in this training, the specific communities were selected based on the criteria at bullet 1 above. Five communities were selected from the Central Division (Wailea, Wainadoi, Kalekana, Lokia and Muanikoso); four communities from the Western (Vunato, Korobebe, Navilawa and Taiperia) and four from the Northern Divisions (Wasavulu, Wailevu, Tabia and Dogotuki). Two of the thirteen communities consulted were remote communities . Final figures for children and adults interviewed are given in Tables 1, 2 and 3 below.

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TABLE 1
SUMMARY OF CHILD RESPONDENTS BY DIVISION

AGE GROUP OF CHILDREN	CENTRAL		WESTERN		NOTHERN		TOTAL
	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	
7-11 YEARS OLD	45	64	21	17	20	18	20
12-17 YEARS OLD	33	41	17	17	24	10	24
TOTAL	78	105	38	34	44	28	337

TABLE 2
SUMMARY OF ADULT RESPONDENTS BY DIVISION

ADULT RESPONDENTS	CENTRAL		WESTERN		NOTHERN		TOTAL
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
YOUTH (18-30)	19	10	22	13	11	7	82
PARENTS & COMMUNITY LEADERS	11	16	21	18	28	16	110
TOTAL	30	26	43	31	39	23	192

TABLE 3
SUMMARY OF DIVISIONAL LEVEL RESPONDENTS BY DIVISION

ADULT RESPONDENTS	CENTRAL / EASTERN		WESTERN		NOTHERN		TOTAL
	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	
DIVISIONAL LEVEL STAKEHOLDERS	4	2	5	4	2	4	21

It is interesting to note that out of 15 groups of respondents, there were only 4, three in the Central Division and 1 in the Northern Division, where the number of males exceeded the number of female respondents, although no particular cause for this was found.

Respondents were engaged in different participatory approaches to gather information during the consultation process. These included child friendly wording in information sheets and questionnaires, with the use of pictures (dot voting) and games (jigsaws) in eliciting responses .

With the respondents' prior permission a tape recorder, notes and photographs were also used.
The written responses sought included those based on statements to which the children had a fixed choice of response, and questions about everyday issues based on Children's Rights.

The 18-30 year olds, adult and community leaders were involved in a Focus Group rather than being interviewed individually. This seemed a more transparent approach than the use of individual interviews and reflected the communal nature of the local social structure. Again questions were centered on Articles of the UN Convention on the Rights of the Child (CRC).

The Focus Group was also the method used with Divisional level stakeholders, with questions slanted similarly towards the CRC Articles, but with the emphasis on aspects relevant to organisational responsibilities, and with reasons sought for the answers given.

DATA ANALYSIS

After the primary data collection, research teams attended a two-day analysis workshop at the beginning of October 2013. An independent consultant provided technical support. Based on the EU requirement and thematic approach taken in the secondary data analysis, the analysis workshop focused on the areas of education, survival/health and child protection. Before the workshop took place priority and key issues for discussion were identified from the primary data. The selection of issues was based on the frequency of response from different groups of children and other stakeholders during the fieldwork. Prioritised issues were expressed as "problem statements" to facilitate their analysis and included:

PRELIMINARY FINDINGS:

EDUCATION

1) Some children are not attending school regularly, while other children are dropping out of school.
2) Access to school is hindered by lack of transportation for some children.

HEALTH/SURVIVAL

1) Children are not always provided with healthy meals, potentially leading to nutritional deficiency.
2) Transport access to health centres is limited for some children.

CHILD PROTECTION

1) Corporal punishment is still used as a form of disciplining children in some homes and schools.
2) Children are sometimes not given adequate care and supervision by parents and caretakers.

A number of analyses were undertaken during the workshop to identify the immediate and root causes of these issues, the duty-bearers and their commitment and capacity to meet their obligations . The workshop also noted 'other' priority issues including:

1) Substance abuse, either by parents and/or, children, commonly affects many issues related to child rights violations.
2) Child participation is still a challenge in many communities.
3) Some children do not have their birth registration, inhibiting them from entering into school.
4) Communities lack a significant understanding about how to implement child rights
5) Girls and children with a disability are still discriminated against in some circumstances.

It was decided that information on these issues should be sought through further analysis of the primary data. This further analysis showed a high degree of consistency across the primary findings which suggested that Ministries (Social Welfare, Women and Poverty Alleviation, Education, Health and others as appropriate) should be undertaking joint work to address them, supported by their partnerships arrangements with NGOs and Civil Society organisations. This led the research team to take an issues based approach to their reporting. SCF's CRSA Coordinator and CPP Manager were given the task of completing the process and writing the final report, with support from a volunteer consultant.

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CHALLENGES AND LIMITATIONS

A number of limitations were identified which were barriers to the development of this CRSA. These included time constraints since SCF as an organisation was undertaking a re-structuring and was in a transition phase during the period of the CRSA project. During the consultation process some communities had other commitments so the research teams had either to wait or to carry out the consultation at another more suitable day or time. Research teams were also unable to complete consultations with children in communities – one in the Western and the other in Northern Division - since most children from two communities were at boarding schools. Resources to undertake the CRSA were also very limited, in terms of human and financial resources. SCF had to rely on the capacities existing within the organisation to undertake the consultation process due to time constraints. The secondary and primary data research was undertaken concurrently with the key community consultation questions were driven by SCF.

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Country Background

Fiji is an island state with a dispersed population, although it is the most urbanized of all South Pacific island countries. Following independence from the United Kingdom in 1970, Fiji experienced a period of favourable growth in its role as the "hub of the Pacific". However over the past 25 years economic growth has slowed and currently more than 40% of the population lives below the poverty line and taxation threshold. Internal political tensions have produced a series of coups d'état (in 1987, 2000 and 2006) which have destabilised the nation and overall the Fijian population's standard of living is declining. Fiji, as rated by UNDP, is a medium developed country, ranked 86th out of 169 countries in 2008. This represents a decline from 46th position in 1995.

Fiji is a multi-racial country with a total population of over 860,000. The population structure of the country is relatively young with those aged between 0-18 comprising of nearly 40% total population. However, the country is currently moving through a demographic transition caused by declining mortality and fertility rates which will result in higher average ages over time. The two major ethnic groups within Fiji are Indigenous Fijians 475,739 and Indo-Fijians 313798. People of other ethnicities' number 47734, with Fiji being home to in urban areas, with the country experiencing rapid urbanization in the past two decades. This process of population movement (combined with inadequate government revenues) has place considerable strain on government services especially health and education, with women and children particularly likely to be affected by lack of access basic services. Life expectancy at birth in Fiji (as of 2009) is 69 years which is comparable with neighbouring nations such as Samoa, Tonga and Vanuatu.

3.1 NATIONAL CONTEXT

In 2008, UNICEF conducted a research project funded by AusAID called "Protect Me with Love and Care". This baseline report looked at creating a future free from violence, abuse and exploitation of children in Fiji. The report established a set of outcomes and indicators which could form the basis of developing a set of locally relevant and realistic indicators for Fiji. The report also provided models which could be extremely useful in assisting the development of national approaches in working on Children's Rights in Fiji.

The International Labour Organisation (ILO) undertook a legislative compliance review of child labour laws in 2009/2010. The report provided a useful update for the Fiji government on its progress regarding legal reform and its (then) current legal position on child labour. The report stressed the need for monitoring, inspections, investigations and prosecutions of child labour cases which the review found to be lacking. The ILO also conducted five research surveys on child labour which were conducted and funded through its Tackling Child Labour through Education (TACKLE) project. SCF carried out one of the five researches looking at children involved in the Worst Forms of Child Labour-CSEC.

The surveys were on children involved in Commercial Sexual Exploitation of Children (CSEC), Street children in child labour, child labour in rural agricultural areas, child labour in informal and squatter settlements and child labour school based survey. The report made recommendations which included the need to make it compulsory for the adoption of child protection policies for all workers in Fiji. It also stressed the need to advocate and mobilise support for Child Rights and ensure that adequate resources are available to protect children from sexual exploitation.

Therefore, there has been significant work done around Children's Rights throughout the years and this Child Rights Situational Analysis will look at trying to fill in the gaps and update progress on the situation of Children's Rights in Fiji which have been established by the UNICEF and ILO research reports.

The Constitution of the Republic of Fiji has been passed this year (2013) and is the supreme law of the country. The general principles of the CRC have been adopted in the Bill of Rights (Chapter 2) in the Constitution. The Constitution of the Republic of Fiji recognises that a child is a person below the age of 18 and therefore it will require considerable work to bring existing legislations, regulations and policies in line with the Constitution. The Constitution also has recognised important rights of children such as the right to be registered at or soon after birth and to have a name and nationality. It also places strong emphasis on the protection of children and the detention of child offenders is seen as a measure of last resort. The constitution recognises the rights of children with disabilities.

There is emphasis placed on their right to have:

• Reasonable access to all places and for
• Proper support through sign language, Braille or other appropriate means of communication
• A conducive environment for learning.

It also upholds the principle that the best interests of the child are the primary consideration in every matter concerning the child.

The considerable work undertaken towards the realisation of Children's Rights has resulted in significant progress. However, some challenges that hinder this realisation particularly in the areas of education, health, and child protection include financial pressures on government departments preventing the allocation of adequate resources for children.

Fiji became a state party to the CRC on the 13th of August, 1993 and signatory to the related optional protocols in 2005. Fiji submitted its first report to the Committee on the Rights of the Child, due in 1996, in 1998. Fiji submitted its latest (combined 2nd, 3rd and 4th) report to the Committee on the 4th of August, 2011.

Within the framework of the Constitution, existing legislation that assists government in the implementation of the CRC in the country includes the Adoption of Infants Act, 2010 Child Welfare Decree, Family Law Act, Juveniles Act (Cap 56), Adoption of Infants Act (Cap 58), Probation Act (Cap 22), 1994 Disabled Persons Act 2009 Crimes Decree, 2009 Domestic Violence Decree, Criminal Procedure Decree 2009, Sentencing and Penalties Decree 2009 and Marriage Act Amendment Decree.

3.2 NATIONAL COORDINATING COMMITTEE FOR CHILDREN (NCCC)

The NCCC was established as a Cabinet sub-committee after the ratification of the CRC in 1993, to advise, implement, regulate and monitor the protection and welfare of children under the (CRC).
In September, 2005, the Cabinet approved the (then) Ministry of Social Welfare and Housing currently the Ministry of Social Welfare, Women and Poverty Alleviation, assuming the role of chair and secretariat. The NCCC comprises stakeholders working on children's issues which include NGO's, INGOs civil society organisations and Government agencies Two major challenges faced by the NCCC are the attendance and participation of NCCC members at the NCCC meetings and the absence of funds to sustain a secretariat for the NCCC.

The NCCC is currently under review and a new structure is being worked on. The new structure would identify the roles and responsibilities of the stakeholders that are part of the NCCC. The terms of reference is also being reviewed. At the time of the report writing, the NCCC continues to meet at regular intervals.

The 2014 budget has for the first time made a specific and transparent allocation for child protection. 3.3 NGOs, INGOs and Civil Society Organisations

A number of NGOs, INGOs and Civil Society Organisations are working to implement the CRC goals in Fiji. These organisations work in partnership and in close collaboration with the government agencies. Most of the partners are members of the NCCC and thus support and complement the work of the government agencies in the realisation of Children's Rights in Fiji. NGOs working with children work directly with children and the communities at the grass root levels. Funding for the NGOs is mostly from donor funds. NGOs implement programmes using the donor funding with government providing access and facilities, a three way partnership.

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The aggregation of information and data from the fieldwork showed a high degree of consistency across the 3 contexts of the report: health/survival, child protection and education. (see attachment 5). The analysis of the situation of children and their rights were undertaken as follows:

4.1 Accessibility
a) Transport
b) Finance

4.2 Changing Behaviour

4.3 Implementation and monitoring of legislation, regulation and policy

4.4 Responsibility and capacity building

In each case, there were, or had been, awareness raising and/or training programmes already in place to address a number of the problems which had been identified earlier, examples include:

• Health: reduction in infant and maternal mortality rates; initiatives to reduce malnutrition and encourage healthy eating

• Child Protection: awareness raising on child rights and child protection; training for parents and teachers on child protection policy development and positive discipline.

• Education: training for teachers and other staff in schools relating to Children's Right; joint work with health on growing healthy food in school gardens; school drop-out rates.

Secondary data analysis indicated at least 10 legislative changes or new decrees which were designed to introduce, or supported, further progress on the implementation of the CRC.

The fieldwork included 185 children in the 7-11 age group (see tables 1, 2, 3 pg 8). The issues discussed below (nos 1 to 6) were not highlighted during the group discussions with these children due to their age. The one overwhelming issue raised by these young children through the dot-voting activity was not feeling safe at school. Because of its importance we have included its discussion in Section 5 of the report, together with children with disabilities.

ACCESSIBILITY

4.1 Emerging issues highlighted by all respondents included accessibility to services and information. Difficulties in accessing information and services presented obstacles to the realization of Children's Rights. The consistency of this message, (358 respondents out of 550; 152 children between the ages of 12-17, 185 youth and parents and 21 divisional level staff) across all three contexts, underlines how critical and widespread the issue is.

Amongst other respondents there was a wide awareness that relevant information existed, the issue was precisely how people gained access to it. For example, 18-30 year olds, parents and community leaders from eleven out of the thirteen communities and all the divisional level stakeholders said that this was a major concern. Similarly, although awareness of the existence of services was quite high, families didn't know who provided which services nor where to go in order to gain access to those services. In the health sector, even when they did know, the reliance on cultural remedies, usually free, available in the vicinity and often very effective, meant that, especially for low-income families, this free, immediate option would be their choice. This was true in all the thirteen communities. Parents' deeply held convictions about the effectiveness of traditional remedies contributed to their lack of awareness of the importance of formal health care, which most saw as the very last resort. Another important accessibility issue highlighted in SCF's work through its Education programme and raised by project respondents in relation to school non-attendance is the birth registration of children. Many children in the ECE communities are not registered and therefore do not have a birth certificate. This is a basic requirement for school registration and without a birth certificate children are not admitted to school. This issue has been raised in six ECE communities, two of which were communities within the CRSA project.

In fact without the birth certificate it is almost as if the child does not exist at all. The current practice is that when children are born in hospitals, families are given a note which they are required to take to the Registrar's office to have the birth registered. Often families lose the copies of the birth note from the hospitals and do not always have money to make the journey to the Registrar's office. If they have lost the hospital note, there is a tortuous administrative process to go through in order to complete the birth registration. The resolution of the birth registration issue should lead to an improvement in school enrolment rates.

The other two critical problems relating to accessibility were family finances, raised by one hundred and thirty three children (65 girls and 68 boys) out of one hundred and fifty two children between the ages of 12 and 17, in 9 out of 13 communities. One hundred and thirty six 18-30 year olds and parents from 7 out of 13 communities cited finances as an issue but also raised changes in the practice of service delivery, and transport.

For example:
• families relying on farming or with very low-incomes had insufficient money for bus fares to get to the health centres, schools or the Social Welfare Department;
• health care workers used to visit even the remote communities bringing information and basic services to the villages, which made access easy for families, however poor or many children they had. This is no longer done in 7 out of 13 communities.
• In the two remote communities the distances the children have to walk, either to the bus stop or to the school itself, were very long.

These issues are discussed more fully in the relevant sections below.

TRANSPORT

a) Transport was an issue with all respondents. The problems identified for the interviewers included: road conditions; irregular/unreliable bus services; bus services not on time; restrictions imposed by bus companies/drivers on the use of the new e-ticketing machines and /or the use of children's bus coupons provided by the Ministry of Education.

This issue was raised by 124 out of 152 children between the ages of 12 and 17; and 18-30 year olds, and parents from ten out of thirteen communities. The government via the Ministry of Education provides subsidized bus tickets for children of low-income families. These can only be used on a school bus or during particular times of day. Despite

this and other subsidies, children are often discriminated against on non-school buses and are charged an adult fare. This happens if the school bus is late or doesn't arrive or children themselves are late, and have to use the standard bus service. Often the road conditions are bad, which inhibits the willingness of transport companies to go to remote communities. This is also an issue for families wanting to visit health centres and Social Welfare Department offices. It was clear that the new e-ticketing and bus coupon systems seemed to be experiencing some problems with the result that children have to pay bus fares, so the systems are currently not fully achieving their intended purpose.

There seems little doubt that such widespread transport difficulties will be influencing school enrolment, attendance and dropout rates to some extent.

FINANCE

b) Finance was an issue with all respondents and fell into two main groups, family finances and financial constraints on government departments. The problems identified for the interviewers included: home grown, highly nutritious and healthy food being sold as a means of income rather than being consumed by the family, resulting in parents not being able to provide healthy meals; families being unemployed; and lack of economic opportunities.

For example,
• The issue of healthy food was raised by 121 children between the ages of 12 and17 in 9 out of 13 thirteen communities and by 18-30 years olds and parents from 11 out of 13 communities. The children stated that they did not have a choice of healthy food at home. Both in village and informal communities it was clear that parents in 11 out of 13 communities were not prioritizing the provision of healthy meals for their children. This was often due to healthy, home or village grown food being sold as a means of income (to purchase basic necessities and to meet 'soli' requirements of church, vanua, yavusa or mataqali or extended family), rather than consumed by families.
• Opportunities for employment in these communities are few, cash in hand is lacking and in 8 communities most families are not in paid employment, with the result that they cannot afford bus fares, visits to health centres and/or bus fares for children to go to school.
• Irregular or no school attendance, and/or 'drop out', largely for financial reasons, were significant factors in 11 out of the 13 communities. Even where the bus fare could be paid, parents not being able to pay informal school fees such as building maintenance, uniform and school supplies (stationery) also inhibited them from sending their children to school. It is understood also that children are not allowed to attend school until these payments are made. These are almost certainly factors which contribute

to the child labour figures, highlighted by the ILO report.
• The issue of either/both parents not providing adequate care and supervision was raised by 152 children between the ages of 12 and 17, and by 18-30 years olds; parents themselves and the divisional level stakeholders in 12 out 13 communities. It was noted that this issue is more significant in informal communities, although it is also found in village settings. Key reasons for this include parents leaving children with grandparents or other relatives in order to remarry or relocate to other communities for employment opportunities. Parents believe that they are doing the best for their children and infact if the relatives are young enough, fit and have sufficient income this may well be in the child's best interest. However, this is not always the case, with the result that children may not receive adequate care and supervision. In addition, of course, it is not unknown for relatives or close friends to be physical or sexual abusers.

CHANGING BEHAVIOUR

4.2 The desired outcome of many of the government initiatives, for example, the healthy eating drive, the banning of corporal punishment and the wider recognition of Children's Rights, is that there will be changes in the day to day behaviour and functioning of ordinary citizens. The main challenge preventing these outcomes, which was identified for the interviewers, included lack of knowledge and understanding amongst care givers, parents and community leaders. This was true in all the communities. These factors can lead to parents:

• Not knowing how to prepare nutritious meals;
• Not having the cash to buy the appropriate foods to provide nutritious, healthy meals.
• Undervaluing the importance of formal health care:
• Placing a disproportionately heavy emphasis on cultural and socially constructed norms relating to sexual and reproductive health, responsible parenting, corporal punishment (including sexual and physical abuse) and the value of education.
The issue of lack of understanding of government initiatives was raised by one hundred and thirty three (65 girls and 68 boys) out of one hundred and fifty two children between the ages of 12 and 17, in 9 out of 13 communities; Further evidence came from 18-30 year olds, parents and community leaders from 7 out of 13 communities and the divisional level stakeholders in all three divisions.

• It was found that the younger teenagers were more aware of their rights. The 152 12-17 years olds children felt keenly the lack of parental support, and could recognize that they were not having healthy meals, but were inhibited from voicing that understanding or asserting their rights

in these areas due to traditional norms. This means that those children do not have the benefit of healthy eating, even when they know its importance,
• Parents not knowing or understanding the importance of: preparing nutritious meals; formal health care: the potentially negative impact of cultural and socially constructed norms; sexual and reproductive health (including safe sex), responsible parenting, lack of parental support and understanding of the value of education.

Both in village and informal communities' it was identified that not knowing the importance of healthy eating led to the consumption of unhealthy meals by children. It was also noted that parents were not prioritizing providing healthy meals due to the lack of knowledge about how to prepare healthy meals with the locally grown fruit and vegetables available in their communities. Three communities also identified the lack of family planning (ie, high numbers of children needing to be provided for) as being a significant cause of the lack of healthy meals.

Lack of awareness, amongst the communities, of the importance of formal health care also contributed to parents not taking early or appropriate action in relation to the health of their children.

In all the thirteen communities, corporal punishment is still used as a form of disciplining children mostly in homes rather than in schools. This is due to the fact that there is a clear policy in place, and draft legislation, banning corporal punishment in schools. The policy, from the Ministry of Education, provides guidance for schools on the development of relevant school-based child protection policies. Where corporal punishment still exists in schools, this is partly due to the lack of monitoring of the implementation of school policies but also due to religious beliefs about the importance of corporal punishment as a form of discipline. Often in schools where corporal punishment still exists, this is due to lack of behaviour management skills and methods for disciplining children in a positive way, while in the home settings, there is no current legislation protecting children from corporal punishment. For all thirteen communities, substance abuse on the part of parents and high levels of domestic violence are seen as significant factors in provoking corporal punishment of children. This is also due to traditional parenting practice and religious beliefs and socially constructed norms. A lack of parental support and lack of understanding of the value of education were seen as a significant cause of this challenge. Social influences such as peer-pressure from friends who do not attend or have dropped out of school was also relevant, as was the substance abuse habit of some parents and / or children. Substance abuse included yaqona, drugs and alcohol. In addition families often require children to work on seasonal crops or do housework such as cleaning and looking after younger siblings.

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Implementation & Monitoring

IMPLEMENTATION AND MONITORING OF LEGISLATION, REGULATION AND POLICY

4.3 The background work prior to the project indicated that there are a number of pieces of legislation which are relevant to the implementation of the CRC. (e.g Family Law Act 2003   ). Similarly there are many non-legislative government initiatives and programmes from the NGO sector that address Children's Rights (e.g. SCF Early Childhood Education Project.).

All this activity can be divided into three broad groups:

i. Legislation/decrees and other developments for which Children's Rights is the only or main focus (e.g. The Child Welfare (Amendment) Decree 2013; Adoption of Infants Act; Juveniles Act.)

ii. Developments on human rights generally, which include, but are not exclusive to, Children's Rights. E.g The Bill of rights in The Fiji Constitution; the National Work Plan of the Department of Immigration which addresses issues of trafficking for all people.

iii. Activity focused on much broader concerns, which also happens to address one or more Children's Rights issues. E.g. The Water Authority of Fiji's current drive to take safe drinking water to all communities. (CRC Article 24).

This situation while largely unavoidable means that the task of measuring how far implementation of the CRC has progressed is much more difficult than it would otherwise be and certainly not within the constraints of this CRSA project. The document review commented on situations which fell within each of the 3 groups, without attempting to classify them.

Data collected during the fieldwork for this project fell under Groups 1 and 3 above. There was a consistent response in the divisional level Focus Group discussions expressing concern about the lack of enforcement of existing requirements or situations where the intended outcome had not been fully achieved. (e.g. bus coupon and e-ticketing systems). This lack of implementation was also raised by parents and 18-30 year olds in 5 communities. The same point came out strongly in the validation workshop.

The NCCC should certainly be in a position to have at its fingertips facts and figures relating to the implementation of activity falling into Group 1; and should have the authority to ensure that activity relevant to Children's Rights within the other two groups is at least counted, and, preferably, evaluated. Other Ministries are unlikely to be assessing the level of implementation of their own initiatives either, and even if they are it will be against their own targets not against Children's Rights targets. Having all this Children's Rights information would enable a much stronger picture to be presented to the UN Committee on the Rights of the Child in 2014.

This CRSA project was not in a position to carry out formal evaluations or monitoring of the implementation of all these measures. But the overwhelming view of respondents aged 18 and over including the divisional level staff groups – was that there was no follow-up to initiatives, no monitoring of progress, no evaluation of the impact or outcomes of these activities, and that this was a serious lack in relation to the achievement of Children's Rights in practice. The overwhelming view of all those who participated in the project was that these three elements needed to be addressed urgently: implementation/ enforcement, monitoring and evaluation and impact assessment of what has already been done. In this respect the primary data from the grass roots level strongly endorsed the document review and the consistent message of almost every piece of Children's Rights research done in Fiji since the Convention was signed.

Following a comprehensive evaluation, one way of taking forward implementation might be to establish a multi-agency task force charged with offering special assistance to those communities shown by the evaluation to be experiencing the most serious problems in relation to the achievement of Children's Rights. Task forces are not a cheap alternative but they have the benefit of being a highly focussed, time limited solution when implementation is lagging behind the government's intent. A Task Force needs highly qualified and experienced workers, carefully chosen self starters, whose standards and integrity are high.

RESPONSIBILITY AND CAPACITY BUILDING

4.4 A pre-requisite for capacity building is clarity about responsibilities, especially organizational responsibilities. Capacity building which is effective and achieves the desired outcomes has to be based on clear knowledge of where responsibilities lie. Who are the duty bearers for particular aspects of the work? This is critically important to avoid gaps in the achievement of Children's Rights because so many of them are cross cutting issues involving a number of government departments and other organisations.

In the CRSA project, a frequent complaint from respondents was that from their point of view – which is the most important as they are the people for whom the Children's Rights services are provided – there appeared to be a reluctance from the authorities to accept responsibility for new issues which are not seen as part of their mainstream tasks and were possibly outside their comfort zone. Even where authorities were willing to accept responsibility they considered that they were not resourced to take action.

Adult respondents in all thirteen communities and divisional level stakeholders identified that all the institutions responsible for the different sectors; health/survival, education and child protection as well as the different organisations must work in collaboration to meet the realisation of Children's Rights in Fiji.

In addition, parents are themselves duty bearers. It is primarily the parents' responsibility to provide adequate love, care (in all its forms) and supervision for their children. However, parents' authority to do what they believe is best for their child is limited (but also supported) by statute e.g. compulsory school attendance. Parents are not staff of an organisation, so they cannot be forced to change their attitudes, only influenced in certain directions, unless they have already been found wanting in law regarding the provision of their care for their child/ren. These would include, whose responsibility is it to work with parents to try to eliminate corporal punishment within families? Which authority carries responsibility to work on the elimination of sexual abuse, family violence, drug and alcohol abuse? What right does any official have to enter a family home? How can any system be monitored for effectiveness without making neighbours spy on each other?

For example, many traditional teachings work in favour of corporal punishment. E.g. "spare the rod and spoil the child" based on the book of Proverbs in the Bible. Parents find it difficult on the one hand to be advised to follow the scriptures, and on the other to ignore one bit of it because of current trends in policies.

NGOs and CSOs that often have the trust of the communities they work with have no legal authority to enter homes. By and large the more remote the community the more difficult is the regular monitoring of anything requiring changes in day to day behaviour. In order to achieve the desired changes in behaviour, consideration might be given to a pilot project in communities identified as having the worst physical abuse rates (i.e corporal punishment); with teachers, community leaders and parents trying to work together to lessen the incidence of abuse or eradicate it altogether. Another method that has been found helpful elsewhere is the establishment of self-help groups among abusing parents, initially with an external enabler, so that they can learn to support each other in efforts to overcome their tendencies to abuse. Neither of these methods is totally risk free, but both have been effective elsewhere.

Statistics from official bodies indicate that the different types of abuse are increasing. But firstly statistics from different sources are measured differently so each organisation's figures present a different picture. Secondly, working only from statistics, even when reliable and consistent, produces a simplistic interpretation as it makes no allowance for:

• Increased reporting rates by victims and their families, in the wake of the many references and articles on the subject in the media, and quite widespread awareness raising programmes.
• Increased receptiveness by police and others receiving complaints, particularly in terms of treating the complaint with credibility, confidentiality, sensitivity and support, and more willingness to take action.
• The effect of changes in the behaviour of the Courts. There have been some benchmark court cases where perpetrators have been given much stiffer sentences than previously.
• The impact of new legislation/decrees such as Crimes (Amendment) Decree 2010 and The Child Welfare Decree 2013 enshrining Children's Rights principles.
The Institutions with clear responsibilities towards families include the various levels of government and the three Ministries with whom this study is concerned. All of these have to deal with competing priorities and limited budgets. Furthermore, the more remote the area the more costly it is likely to be to implement an initiative there, such as awareness raising, training, and follow-up. It is possible that a cross Ministry approach to CRC issues might be the optimum way of effecting change.

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Many of the recommendations of the UN Committee on Children's Rights require substantial adjustment in the normal ways of operating for Ministries in Fiji. For example at present it is extremely difficult, if not impossible, to disaggregate data on Children's Rights from the broad statistical data supplied by the Ministries.

The UN stresses the need for a holistic approach to the CRC, and Fiji like many other countries has Ministries with clearly defined boundaries and a history of institutional practice to support these. So, even where the actual responsibilities are clear, the means by which those responsibilities are best exercised is not purely an administrative process, but an interactive process that requires skill and sensitivity, and a clear commitment to putting the child – and therefore his/her family - at the centre, not second to the administrative requirements.
If a child is identified as being at risk, the normal procedure for the Social Welfare Department or the Police would be to remove the child to a Place of Safety. However, one cannot assume that taking the child away from everything it knows will solve the problem. In cases where a child is the victim of abuse in the home it would seem more in the child's interest to consider removing the perpetrator from the home rather than to remove the child thereby further victimising him/her. If the child has to be removed, a foster home is seen as the preferred choice of alternative care, especially for children under 10. In Fiji, there was a slight increase (10%) in foster care in 2011 . The traditional form of informal foster care in all Fijian communities is currently not an official practise but where it works, it is deemed preferable to the trauma for all concerned of a formal adoption system.

The capacities required for the implementation of the CRC in the future, from staff in the Ministries, will be different in some respects from the current ones. There are many definitions of capacity building, but they always include increases in knowledge and skill and in the ability to put into action what has been learned. Often in human and Children's Rights work it relates to enhancing the confidence of the individual, family and/ or community to achieve a desired outcome or to be able to speak for themselves in front of the authorities –asserting their rights. Capacity building also relates equally to all levels within organisations who may need to understand and address new issues and new ways of working and management. Thus it is closely linked with good governance and is relevant to all levels within all organisations.

In Fiji the most common ways of capacity building appear to fall under awareness raising and training such as workshops, focus groups, seminars, conferences, more formal training. The most effective capacity building requires that those doing the building know and have local examples of 'good practice'. These would normally be identified during project reviews and/or evaluation processes.

There are other ways of increasing capacity:

• Internships,
• Mentoring of staff - relevant at all levels,
• Counterpart officers – identifying a person who will take over responsibility from a local/foreign expert, who then works alongside the expert until he or she goes,
• Succession planning – identifying promising people early on and ensuring that they get exposure to the sort of experiences that will fit them for promotion later on.
• Shadowing – on its own or as part of the counterpart method. The person, who will ultimately take the job, is shadowed by a more experienced member of staff, who is there to ensure that the trainee learns best practice and does not make a disastrous error.
• Peer support groups – occasional meetings of identified people with similar level of responsibility or job content – meetings focus on current issues for those people and help them to find a way forward.

All these are in addition to the more traditional forms of capacity building such as formal training courses, learning on the job, professional supervision, and straightforward tertiary level programmes. e.g. social work, counselling, family aides etc.

Children's access to counselling came out of the validation workshop as one of the areas that urgently needed to be addressed. The risk at the moment is that counselling is seized as the universal answer without decision makers being fully aware that this requires a full professional qualification of at least 3 years which includes substantial practice experience. This emphasises how important a national needs assessment is. Sometimes a needs assessment finds that the greatest gap is not for highly qualified personnel, but for very well trained people such as family aides; care assistants and so forth. Another very effective method has been found to be 'peer counselling', thus it will be interesting to monitor the progress of the work currently being done in Fiji by the Education department in relation to substance misuse . But decisions should follow comprehensive evaluation and a national needs assessment, which ideally would be based on task analysis.

Bulleted points above make a contribution to ways in which capacity building programme can be made sustainable.
Certainly, some changes are needed in relation to the ways in which training events and awareness raising are delivered. Both are badly in need of sensible follow-up arrangements to identify what impact – if any – they have made on individuals or communities. SCF was unable to locate any list of organisations allowed to train, or indeed any national training needs assessment for the humanities sector.

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Future Focus

Among the information that the project found were two broad areas which are so urgent in their need to be addressed as a high priority that they merit further discussion here. They are followed by detailed recommendations covering all of Sections 4 & 5.

CHILDREN AT PARTICULAR RISK

5.1 Although they were not the subject of extensive discussion in Section 4 of this report there are two very critical issues which were raised: firstly the only issue which the 7-11 year olds raised was "they did not feel safe at school", secondly, the vulnerability of children with disabilities. The latter was raised by a minority of respondents and also at the validation workshop based on the primary data, but was true for all the thirteen communities.

The significant issue highlighted by 7-11 year olds, 117 out of 185 (63%) children through the dot-voting activity, was "not feeling safe at school". This is a startling and worrying finding which deserves further investigation unfortunately not within the scope of this project. The reasons elicited by researchers but expressed here in adult language, included lack of sensitivity on the part of some teachers, school buses being late; and thus making the children scared of getting into trouble for arriving at school late. Also children fear not being able to complete their school tasks and being punished by the teachers. A child-friendly, supporting and enabling environment should be developed by the Ministry of Education for all the schools particularly focusing on the younger children.

The second group of children seen as particularly at risk is those with disabilities. Youth, parents and divisional level stakeholders in all thirteen communities stated that this group of children remain vulnerable when it comes to accessing services or schools or being faced with any child protection issues, regarding their health. They were also seen as often discriminated against by other children.

These children need an inclusive environment created by the duty-bearers, which should include the provision of appropriate care and support to ensure that they are able to access health, education, child protection and other services to enable them to live a full and normal life like other children.

Children with disabilities should be able to have regular health and functioning checkups. The services made available to them should not be based on a diagnosis of the particular disability but also on the child's level of understanding and functioning. Fiji has few services for people (adults or children) with disabilities. The schools dedicated to children with disabilities do a sterling job, but are constantly short of resources for basic requirements.

The Fiji National Council for Disabled Persons and the Department of Social Welfare developed a good policy document with an implementation plan . A constructive starting point might be to revisit this policy and plan to see whether children with disabilities receive appropriate emphasis within them. If necessary amend and then begin/continue implementation.

Both these issues deserves urgent attention by the Ministries of Education, Health and Social Welfare, and others with a legitimated interest, as they may have implications for all types of organisational practices, and for class size, the way teaching is organised within schools, the training of staff and so on.

MEASURING IMPLEMENTATION AND EVALUATION

5.2 A review of progress on the implementation of existing legislation which is relevant to Children's Rights is very urgently required. Such a comprehensive review would:

• Provide a solid foundation for the NCCC to work from in identifying priorities.
• Make a critically important contribution to the forthcoming progress report on progress to the UN Committee, due in 2014.
• Be an opportunity to identify where good practice –even quite small examples – exists.
• Provide an evidenced based view of where serious gaps exist in relation to Children's Rights.
• Supply information to inform the identification of future national training needs.
• Facilitate the identification of those communities which need additional help with implementation.

This CRSA project was unable to find evidence of any evaluation of the initiatives relating to Children's Rights. This research found that in Fiji scant attention seems to be paid to any sort of measuring of progress while regular statistical monitoring is done for financial and planning purposes. Also, there appears to be little follow-up to training or new initiatives, and thus it is not known whether new ideas are effective or not. Thus, it suggests that a commitment to reporting, monitoring and evaluation is pertinent for making children access to their rights a reality.

The detailed recommendations in section 5 are designed to offer suggestions for some practical ways in which the future focus can begin to be addressed.

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Recommendations

NCCC

6.1 It is strongly recommended that NCCC members strengthen their participation in NCCC meetings and actively contribute to policy level dialogue and advise on policy reforms which will steer the realisation of Children's Rights in Fiji.
6.2   It is also recommended that NCCC members are required to make a minimum number of attendances per year as a necessary condition of membership.

ACCESSIBILITY

6.3 Government Departments producing information for members of the public should find ways of ensuring that the information actually reaches those most in need of it. Economies which might result from working across traditional Ministerial boundaries should be considered.
6.4 The use of peripatetic health care should be re-introduced or strengthened where it already operates.
6.5 Agencies providing information should repeat its distribution at regular intervals until they have evidence that it is reliably and firmly embedded in communities' knowledge base, alongside an understanding of how to act on it.
6.6 Administrative impediments to accessibility should be remedied urgently; e.g. there should be a simple user friendly hospital based system for registering births; the transport ticketing systems should be sorted out.

TRANSPORT

6.7 An early review and evaluation of the e-ticketing and bus coupon systems should be undertaken to:
• Identify and rectify problems and
• Ensure that the intended outcomes of the system are achieved.
6.8 All new and 'casual' bus drivers should be trained in the use of these systems, and existing bus drivers should have 'refresher' courses at regular intervals and after any break in service.
6.9 Transport companies providing school buses should have a child protection policy in place and staff should be able to demonstrate that they understand its implications for their day to day work.

FINANCE

6.10 Positive examples of small scale farming should be collected together as models for people reliant on farming in remote areas and be utilised by schools and extension agriculture to encourage development.
6.11 Consideration should be given to the development of co-operatives to enable small scale farmers to contribute and earn cash.
6.12 Managing on low budgets should be included alongside the 'good parenting' skills taught in schools.

6.13 Ministries should together examine ways of economising on the provision of information and basic services to remote areas, in line with the approach initiated by the UNICEF funded 'Multi-Year Workplan' 2011/2012 (see Annex 6), which modeled cross-boundary working.

CHANGING BEHAVIOUR

6.14 Low-cost methods of capacity building at local level should be considered in relation to issues of good parenting, especially on corporal punishment, and poor nutritional standards. These should be multi-agency sponsored and supported to reflect the holistic approach sought in relation to the CRC.
6.15   In communities where the continued use of corporal punishment is identified as being at a problem level, some joint work between teachers, social welfare staff, parents and community leaders should be considered, focused on parental anger and substance control, and the development of more positive methods of discipline.

CHILDREN AT PARTICULAR RISK

6.16 Urgent further enquiry and action should be undertaken to ensure that young children are safe at school and FEEL safe, at school.

6.17 Children's Rights specialist organisations should initiate work with the National Council for Disabled People and the Ministry of Social Welfare to review the existing policy and implementation plan for disabled people, amend, if necessary, to address children's needs and then prioritise its implementation. community level; and the available workforce. It should not be a 'wish list'. It should provide the basis for a national training plan for Children's Rights.

IMPLEMENTATION, EVALUATION

6.18 Simple, realistic and locally relevant quality standards and criteria should be developed against which progress towards achievement of the CRC can be measured.

6.19 A basic feasibility study should be undertaken to assess whether a task force would be an appropriate way of pushing the implementation of the CRC forward.

CAPACITY BUILDING

6.20 A national needs assessment for training on Child Rights, and identification of circumstances in which awareness raising is appropriate should be undertaken. This should be a realistic exercise focused on the nature of the tasks to be undertaken to deliver services at community level; and the available workforce. It should not be a 'wish list'. It should provide the basis for a national training plan for Children's Rights.

6.21 All training and awareness raising activities, before being approved for delivery, should include definite arrangements for follow up and impact evaluation to be undertaken within 12 months of the training.

6.22 Following the national needs assessment Government should consider the provision of some dedicated scholarships for qualifications relevant to Children's Rights: e.g. social work, counselling, care assistants, family aides.

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The United Nations Convention on the
Rights of the Child

Article 1
Everyone under 18 has all these rights.

Article 2
You have the right to protection against discrimination. This means that nobody can treat you badly because of your colour, sex or religion, if you speak another language, have a disability, or are rich or poor.

Article 3
All adults should always do what is best for you.

Article 4
You have the right to have your rights made a reality by the government.

Article 5
You have the right to be given guidance by your parents and family.

Article 6
You have the right to life.

Article 7
You have the right to have a name and a nationality.

Article 8
You have the right to an identity.

Article 9
You have the right to live with your parents, unless it is bad for you.

Article 10
If you and your parents are living in separate countries, you have the right to get back together and live in the same place.

Article 11
You should not be kidnapped.

Article 12
You have the right to an opinion and for it to be listened to and taken seriously.

Article 13
You have the right to find out things and say what you think, through making art, speaking and writing, unless it breaks the rights of others.

Article 14
You have the right to think what you like and be whatever religion you want to be, with your parents' guidance.

Article 15
You have the right to be with friends and join or set up clubs, unless this breaks the rights of others.

Article 16
You have the right to a private life. For instance, you can keep a diary that other people are not allowed to see.

Article 17
You have the right to collect information from the media – radios, newspapers, television, etc – from all around the world. You should also be protected from information that could harm you.

Article 18
You have the right to be brought up by your parents, if possible.

Article 19
You have the right to be protected from being hurt or badly treated.

Article 20
You have the right to special protection and help if you can't live with your parents.

Article 21
You have the right to have the best care for you if you are adopted or fostered or living in care.

Article 22
You have the right to special protection and help if you are a refugee. A refugee is someone who has had to leave their country because it is not safe for them to live there.

Article 23
If you are disabled, either mentally or physically, you have the right to special care and education to help you develop and lead a full life.

Article 24
You have a right to the best health possible and to medical care and to information that will help you to stay well.

Article 25
You have the right to have your living arrangements checked regularly if you have to be looked after away from home.

Article 26
You have the right to help from the government if you are poor or in need.

Article 27
You have the right to a good enough standard of living. This means you should have food, clothes and a place to live.

Article 28
You have the right to education.

Article 29
You have the right to education which tries to develop your personality and abilities as much as possible and encourages you to respect other people's rights and values and to respect the environment.

Article 30
If you come from a minority group, because of your race, religion or language, you have the right to enjoy your own culture, practise your own religion, and use your own language.

Article 31
You have the right to play and relax by doing things like sports, music and drama.

Article 32
You have the right to protection from work that is bad for your health or education.

Article 33
You have the right to be protected from dangerous drugs.

Article 34
You have the right to be protected from sexual abuse.

Article 35
No-one is allowed to kidnap you or sell you.

Article 36
You have the right to protection from of any other kind of exploitation.

Article 37
You have the right not to be punished in a cruel or hurtful way.

Article 38
You have a right to protection in times of war. If you are under 15, you should never have to be in an army or take part in a battle.

Article 39
You have the right to help if you have been hurt, neglected, or badly treated.

Article 40
You have the right to help in defending yourself if you are accused of breaking the law.

Article 41
You have the right to any rights in laws in your country or internationally that give you better rights than these.

Article 42
All adults and children should know about this convention. You have a right to learn about your rights and adults should learn about them too.

This is a simplified version of the United Nations Convention on the Rights of the Child. It has been signed by 191 countries. The convention has 54 articles in total. Articles 43 – 54 are about how governments and international organisations will work to give children their rights.

The official text of the Convention can be obtained from Save the Children, Education Department, 17 Grove Lane, London SE5 8RD.

DESCRIPTION OF SELECTED ECE COMMUNITIES:

SUVA:

Wainadoi
Wainadoi Village settlement is located about 17 miles from Suva City and situated off the main Queens Road towards Navua. People living in the settlement comprises of Indo-Fijian, Fijians and other races with a majority of Fijians. The majority of the members in the community are Catholics, there are also Hindus and Muslims living in the community with a small number of Methodists also live in the settlement. It is a very old settlement; the current generation is the 3rd generation of people staying in Wainadoi. The Wainadoi ECE Centre is one of the centre(s) to be established in the Central division during the MPP3 project in 2009.

Kalekana
Kalekana settlement is located around about 3 miles from Suva City and situated off the main Queens Road towards Navua. The People living in the settlement comprises of Indo-Fijian, Fijians and other races. Fijians make up most of the population living in the settlement and are originally from the Solomon Island. The majority of the members in the community are Christians and they are also other religions Hindus, Muslims. It is a very old settlement with nine acres of land given to the early settlers by the government. The Kalekana ECE Centre is one of the centre(s) that was established in the Central division during the MPP3 project in 2010.

Wailea
Wailea squatter settlement is about 3 miles from the main Suva City and situated off Fletcher Road, Vatuwaqa. The community living in the settlement comprises of Fijians, Indo-Fijians and other ethnic groups. Furthermore, Bureau of Statistics data shows that there are a total of 500 households in the settlement with a total of 2246 people. Majority households in this community have flush toilets water and few still have sealed toilets/pit toilets. The Wailea ECE Centre is one of the pioneer centre(s) to be established in the Central division during the MPP3 project in 2008. The community hall is been used as the ECE centre which was improved through the CEC'S incentive but the hall was incited by the 'Soqosoqo Ni Marama' (Mother Group) and the church(s) and also a building grant was provided by MoE. Currently they are in process to finalize the future of this centre with the Mothers Group. The result of this will then guide the CEC's as what they have to achieve as their outcome i.e. to make a new centre or the existing hall will be their future.

NASINU:

Muanikoso
Muanikoso settlement is located about 7 ½ miles from Suva City and situated off the main Kings Road towards the end of Muanikoso Road. People have been living in the community for over fifty (50) years. The land belongs to the Vanuatu and the Solomon people which were given to them by the Tui Kalabu. The name Muanikoso, was given by the Vanuatu people, inherited from Vanuatu. The Vanuatu and Solomon people are descendants of black-birder's who were brought to Fiji in mid 1800's. Later, a Cocoa Estate was established, and they have been staying there since that period. There is a total of over 170 households with a majority i Taukei (indigenous Fijian) racial makeup. Most of the women in the community are unemployed while the sources of income for the men are scrap metal collection, carpentry, security officers and other low paid jobs.

Lokia
Lokia is a village of Rewa out of Koronivia road along the Kings Highway towards Nausori and is accessed through a gravel road about 3 miles from Koronivia to Lokia landing. There is a total of 67 households predominantly i Taukei (indigenous Fijian) racial makeup. Majority households in this community have water sealed and flush toilets. Everyone in this community has access to clean drinking water and electricity. Most of the women in the community are unemployed however they continuously utilize their time in weaving, and fishing to generate income to the centre as well as for individual family needs while the sources of income for the men are mainly farmers.

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LABASA:

Wasavulu

Wasavulu community is located 3km away from the Labasa town. It is a semi-urban community. It is a village as it is registered under the iTaukei Affairs however children of different races do attend classes at this Centre. The centre and community is located along the road to Suweni village in between Labasa town and Benau community. There is no problem with transportation as it along the highway. There are bus, taxi and mini-bus services readily available. The community of Wasavulu is accessible to proper drinking water and toilet facilities. Most people in the community are well employed with Government, business houses and the local FSC mill. All houses in the community are constructed with wooden materials while the rest are constructed with concrete blocks.

Tabia

Tabia is a iTaukei community located at about 18km from Labasa town off the main road towards Seaqaqa. There is a total of over 40 household in the village majority of which are iTaukei people. The village is blessed with proper water facility and toilet facilities. The village community has a good mix of houses constructed with both wooden material and cement concrete materials. The villages have a verity of source of income. Some villagers are employed well with business house and government. Others are through farming and mostly fishing. With farming and fishing there are IGP under taken to sustain their own business. Another source of income is the land lease the villages receive with surrounding Sugarcane farms. The centre receives children from close by sugar cane farms of Indo-Fijian Origin. Tabia kindergarten is currently established with the Ministry of Education.

Dogotuki

Joritani Kindergarten is located in a Assemblies of God church settlement in Dogotuki, 67 kilometres from Labasa Town. This ECE centre caters for 7 village and 33 settlements with a population of 830 people. It also acts as a feeder school to the closest primary school which is Dogotuki District School. Joritani ECE Centre is one of the new centre(s) in the north and is undergoing its process to be established under the Ministry of Education for this phase of the project. The ECE centre before use the church building to conduct sessions and due to the hard work of the CEC, they have relocated to its current temporary building awaiting the construction of its own kindergarten building. Plans in seeking avenues for funding for the new building are currently underway and they are working towards it, hopefully construction would be completed before the year ends. It is also one of the centre's with a very active hardworking CEC.

Wailevu

Wailevu village is located 7km away from Labasa town. They have more than 30 households. Majority of the houses are made of wooden material while quite a few are constructed from concrete materials. Most village members are well employed while others are part-time workers or laborers. The village has access to clean drinking water, proper toilets and electricity. The community has a strong network of youth and women's network in the village. The centre is classed in the community hall and has achieved Ministry of Education recognition status in 2005.

LAUTOKA:

Vunato

Vunato Settlement is located on the outskirts of Lautoka City near the Kings Highway towards Ba and is accessed through a gravel road about a kilometer from the main road. There are a total of over 45 households with majority iTaukei (indigenous Fijian) racial makeup. Majority households in this community have water sealed toilets/ pit toilets and only a few have flush toilets. Most of the houses are made out of tin with a few wooden houses or a mixture of both. Everyone in this community has access to clean drinking water. In most houses, the bathroom and toilet is not adjacent to the house but is a separate entity. Most of the women in the community are unemployed while the sources of income for the men are scrap metal collection, carpentry, security officers and other low paid jobs. The Vunato ECE Centre was the pioneer centre to be established in the Western Division during the MPP3 project.

Taiperia Lautoka

Taiperia is located 5km from Lautoka towards Nadi via the Queens Highway. Access to the community is through a gravel road opposite Natabua road. Majority households in this community have water seal toilet and pit toilets but only a few have flush toilets. Most of the houses are made out of tin but only a few have wooden houses or a mixture of both. Majority of the women are unemployed but the man their main source of income are: casual workers, cane cutters, security officers and other low paid jobs. To supplement their income women do handicraft. The community exists because they were given the piece of land from Tui Vitogo. Taiperia used to be a mangrove swamp and the land was reclaimed by the current occupants. Currently the centre is attached the Methodist Church who play a pivotal role in the management of the centre.

Korobebe

Korobebe is located 12Km from Sabeto junction towards the Queens Highway to Nadi up the feeder road leading up to Korobebe. Not until recently, the community have access to a twice a week bus service. Most of the families in the community rely on farming and selling the produce at the market for earning income. Facilities available at the village is now being upgraded, electrification, consistent water supply, health visits are all being coordinated accordingly. Itaukei community largely dependent on dalo, cassava, vegetables, cash crops , and livestock to earn income. Access to clean drinking water is an issue for the community as the CEC has requested for a tank to help with the centre needs.

Navilawa

Deep in the interiors of Sabeto lies Navilawa Village. Road conditions are being upgraded but breathtaking sights, historic locations fascinates those travelling up to Navilawa minutes driveway to "Garden of the Sleeping Giant". Itaukei community proudly value their culture, tradition and village protocol and ensure that the very best is offered to visitors which captivates even the foreigners visiting the village to spend their stay here in Fiji in search of learning more about Fijian hospitality. Still without upgraded facilities villagers are entirely dependent on farming, proceeds from visitors/tourists, and selling river catch & livestock to the middlemen.

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METHODOLOGY: RESEARCH TOOLS USED:

RESEARCH TOOLS USED

Children – 7-11 years old

Participatory approaches were used to engage children in group interviews and group discussions. With the respondents' prior permission the information was gathered using a tape recorder, notes and photographs. A CRSA log sheet was also completed by the research assistants following the discussions with the children. Children between the ages of 7 -11 were engaged in an activity known as dot-voting throughout the three divisions. This activity was trailed during the primary data training workshop. During the consultation, children were provided with a chart outlining statements from 1 to 6 with an opening statement on top reading 'All children in my community…' and children had to vote for three statements they agreed with using the coloured coins provided. Statements included: go to school or pre-school, feel safe at home, feel safe at school, eat healthy food, visit nurse/doctor when they are sick, are listened to by parents and community leaders. Following the voting, research assistants immediately did a summary of the votes and children were asked some questions such as why have most girls/boys chosen their vote, why have less girls/boys chosen, how do you know most children are going to school, which children are missing out and what are things that make children safe.

Children - 12-17 years old

Children between the ages of 12-17 were engaged in a jigsaw puzzle activity in the Central Division while children were provided with child rights cards outlining the key needs of children to act as a guide in the Western and Northern Divisions. This activity was trailed during the primary data training workshop. With the respondents' prior permission the information was gathered using a tape recorder, notes, newsprint and photographs. Children in the Central Division were handed out the pieces of the jig-saw instructions and were asked to arrange and follow the instructions and answer the questions as a group with consensus from every child. Instructions read: write down five things that children need in their lives and children had to write the answers in the newsprint provided.

This was followed by a discussion focused on whether all children in their community have these needs, how do the children know, which children miss out, who can ensure that children get these things in their lives, what do children do if there's a problem in their community and if something happens to children, who can they tell. A CRSA log sheet was completed after the consultation with the children.

Youth and adults

Adult respondents, youth, parents and community leaders were engaged in a Focus Group discussion, this included questions such as; are there any key problems that children in your community face? What are they and which children are affected? Do these problems differ depending on children's ages, abilities and gender? How? Which specific groups of children are especially vulnerable? How? Which norms and practices in your community /society might be harmful to children? What are the causes of these harmful practices on children? What changing trends have you seen over a period of time for children (both negative and positive)? What in your view are the capacities and motivational levels of the duty bearers (you need to define government and non-government actors) with regard to fulfilling Children's Rights? What changes/expectations would you want to see for children in the future? How would you want these changes to be addressed and by whom? Any other aspect of Children's Rights you would want to shed light on?

Divisional level stakeholders

Divisional level stakeholders were also engaged in a Focus Group discussion. Questions asked at the divisional level included: What is the awareness of child rights amongst the general public and decision makers? What are some of your thoughts on what's going on now towards Children's Rights in Fiji? What are the causes of violations, and what are the obstacles to securing rights? What is the impact of rights violations on different children? For example, considering the boy and the girl child, children with special needs and disabilities. Are certain children discriminated

more against others? Would you say you are satisfied with the current situation, with the way things are going on in regards to children now? If so, what are you satisfied about? Why is that? What's going on well? Are there things you are dissatisfied with, that you would like to see changed? Or what's not going well? If so, what are they? Why is that? How should they change? What kinds of things would you like to see happen for children in the future? Do you agree with this? Or how would you feel about that? Are there other recommendations that you have, or suggestions you would like to make? Are there other things you would like to say before we wind up?

Data analysis

After the primary data collection, research teams attended a two-day analysis workshop at the beginning of October 2013. An independent consultant provided technical support. Based on the EU requirement and the thematic approach taken in the secondary data analysis review, the analysis workshop focused on the areas of development/education, survival/health and child protection. Before the workshop took place the data was analysed to identify priority and key issues for further analysis. The selection of issues was based on prevalence as identified by different groups of children and other stakeholders during the research. Prioritised issues were expressed as "problem statements" to facilitate their analysis..

DOT VOTING ACTIVITY AND JIG-SAW PUZZLE ACTIVITY
Instructions for Children (7-11 years old)

Could you please place three coins on each of the things you agree with?

- In my community, all children:
- Go to preschool or school
- Feel safe at home
- Feel safe at school
- Eat healthy food
- Visit nurse/doctor when they feel sick
- Are listened to by parents and other community members

JIG-SAW PUZZLE ACTIVITY (12-17 YEARS OLD)

JIGSAW GROUP INSTRUCTIONS

- n your group choose one person to write and one person to present to the group

- On newsprint write down every per son's name

- Write down 5 things every child should have in their lives – every child in your group should add on an idea

- Hang your newsprint

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GUIDING QUESTIONS FOR FOCUS GROUP DISCUSSION WITH YOUTH 18-30 YEARS OLD, PARENTS AND COMMUNITY LEADERS

1. What are the key problems that children in your community are facing? Do these problems differ dependent on children's ages, abilities and gender? How?

2. Which specific groups of children are especially vulnerable? How?

3. Which norms and practices in your community / society might be harmful to children?

4. What are the causes of these harmful practices on children?

5. What changing trends have you seen over a period of time for children (both negative and positive)?

6. What in your view are the capacities and motivational levels of the duty bearers (you need to define govt and non-government actors) with regard to fulfilling Children's Rights?

7. What changes/expectations would you want to see for children in the future?

8. How would you want this changes to be addressed and by who?

9. Any other aspect on Children's Rights you would want to shed light on?

GUIDING QUESTIONS FOR FOCUS GROUP DISCUSSION WITH DIVISIONAL LEVEL STAKEHOLDERS

1. What is the awareness of child rights amongst the general public and decision makers?

2. What are some of your thoughts on what's going on now towards Children's Rights in Fiji?

3. What are the causes of violations, and what are the obstacles to securing rights?

4. What is the impact of rights violations on different children? For example, considering the boy and the girl child, children with special needs and disabilities. Are certain children discriminated more against others?

5. Would you say you are satisfied with the current situation, with the way things are going on in regards to children now?

6. If so, what are you satisfied about? Why is that? What's going on well?

7. Are there things you are dissatisfied with, that you would like to see changed? Or what's not going well?

8. If so, what are they? Why is that? How should they change? What kinds of things would you like to see happen for children in the future?

9. Are there other recommendations that you have, or suggestions you would like to make?

10. Are there other things you would like to say before we wind up?

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Attachment 4D: CRSA - Activity Log Sheet

Please complete one log sheet for <u>each</u> activity that you facilitate.

Facilitator's name:

Date of activity:

Location (village/community):

How many participants in each of the following categories:

7-11 years old		12-17 years old		18-30 years old		30+ years old	
Girls	Boys	Girls	Boys	Women	Men	Women	Men
Girls with disabilities	Boys with disabilities	Girls with disabilities	Boys with disabilities	Women with disabilities	Men with disabilities	Women with disabilities	Men with disabilities

Activity conducted: _____

Have consent forms been completed and collected? ☐ Yes ☐ No

How have responses been recorded?

☐ newsprint paper ☐ photos ☐ audio recording ☐ drawings ☐ notes taken by the facilitator
☐ notes taken by participant/s ☐ other, please specify _____

Please submit the following documents (in hard copy) to **Amita Prasad**:
☐ Completed log sheet (this form)
☐ Completed consent forms
☐ Responses

What are your observations about this activity? Include any consent issues, inclusion issues and anything you need to follow up.

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Attachment 4

Attachment 5: **Key Issues Analysis**

6 communities participated in the Central/Eastern Division
4 communities participated in the Western Division
4 communities participated in the Northern Division

TABLE 5.1

Key Issues Analysis:
Children 12-17 years Old

Education	Central Division Number of Communities	Western Division Number of Communities	Northern Division Number of Communities	Total
Children not attending school regularly	5	3	3	11
Children drop out of school	5	3	3	11
Peer-pressure	3	3	3	9
Access- transportation	4	3	3	10
Health				
Access to hospitals- transportation	5	3	3	11
Children not fed well /children do not eat healthy food	4	3	2	9
Unavailability of clean drinking water	0	1	0	1
Protection				
Corporal punishment inflicted on children by parents and adults. (emotional, physical, sexual)	5	3	3	11
Children being neglected	5	3	3	11
Participation				
Children are not allowed to express themselves.	5	3	3	11

TABLE 5.2

(Youth 18-30 years) and Parents plus Community Leaders
Key Issues Highlighted

Education	Central Communities	Number Western Communities	Northern Communities	Total
• Access- lack of transportation- no regular bus service for school children	4	4	2	10
• Lack of schools nearby – children have to attend boarding schools	0	2	1	3
• Children do not attend school regularly • Children drop-out of school	5	4	4	13
• Financial constraints- unable to pay school fees and bus fares/school stationeries/uniforms	5	4	4	13
• Peer-pressure	3	4	4	11
Protection				
• Corporal punishment frequently inflicted on children by parents and other adults (emotional, physical)	5	4	4	13
• Children are neglected by parents	5	3	4	12
• Child labour –children not attending school but work at home and in the farms	2	3	4	9
• No water in the homes-children have to bath in the river		1	0	1
Health				
• Access- lack of transportation to take children to hospital	3	4	2	9
• Lack of resources at village dispensary	0	1	0	1
• Home-made remedy (medicine) for children when they are sick	3	4	4	11
• Children are not provided with healthy meals	4	2	1	7
Participation				
• Children are not allowed to express their views	5	4	4	13
• Parents and other adults do not listen to the children	5	4	4	13

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TABLE 5.3

Table of Key Issues Highlighted by Divisional Level Stakeholders Relating to Children

Education	Central Division	Western Division	Northern Division
• Access to schools – transportation	✓	✓	✓
• Children drop out of school	✓	✓	✓
• Teachers are not sensitive		✓	✓
Health			
• Access to hospitals is limited	✓	✓	✓
• Substance abuse	✓	✓	✓
• Malnutrition	✓	✓	✓
Protection			
• Corporal punishment frequently inflicted on children by parents and other adults (emotional, physical,psychological,sexual)	✓	✓	✓
• Neglect by parents	✓	✓	✓
• Gender Biasness	✓	✓	✓
• Cultural beliefs	✓		✓
Participation			
• Not allowed to express views/opinions	✓	✓	✓
• Parents/adults do not listen to children	✓	✓	✓
• Parents do not spend quality time with children	✓	✓	✓
• Confidentiality	✓	✓	✓

RECOMMENDED SOCIAL WELFARE/INTER-AGENCY COLLABORATION
Please contact Save the Children Fiji for a copy of this at **info@savethechildren.org.fj**

References

1. International Labour Organisation (2010); Child Labour in Fiji- A Survey for working children in Commercial Sexual Exploitation, on the Streets, in rural agricultural communities in informal and squatter settlements and in schools.

2. Constitution of the Republic of Fiji (2013)

3. Draft National Policy on Disability 2006.Ministry of Social Welfare and Fiji National Council for Disabled Persons supported by UN-EPOC.

4. Fiji Sun Wednesday June 26th.2013 Pull out Supplement "2013 International Day against Drug Abuse and Illicit Trafficking.

5. Ministry of Social Welfare, Women and Poverty Alleviation' (2010 and 2011) Annual Report.

6. Save the Children Practice Standards in Children's Participation, (2005).

7. United Nations Children's Fund (2008) "Protect me with love and care-A baseline Research Study for Fiji".

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