

## Annex II. Additional Findings and Recommendations

### Cluster 5: Violence Against Children

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

1. The legal age of marriage in Solomon Islands as provided for under the *Islanders Marriage Act* is presently 15, although in cases where either or both partners are aged under 18, consent, usually by the father/s, is required. This age was the subject of comment by the 'Committee on the Rights of the Child' in 2003, with it being deemed too low. More recently, it was the topic of discussion by the 'Committee on the Elimination of Discrimination against Women' (2014), with the Committee urging that Solomon Islands amend its law related to marriage. Despite government commitment to increase the age of marriage, as detailed in Solomon Islands' 'National Children's Policy' (2010), legislative change has not occurred.
2. An issue raised in both provincial locations visited during the preparation of this report was that of child marriage. This was generally a reference to those aged around 14 or 15, most commonly the female being the younger partner in the union, marrying according to 'tradition' or *kastom* (i.e. a non-legal marriage). In 2016, UNICEF in its 'State of the World's Children' report estimated that 22 percent of children in Solomon Islands were married by 18, although the true position is unclear. Police spoken to in Malaita Province were of the belief that childhood marriage was increasing there, describing it as a "big issue" which was being raised in almost every community that they visited.
3. The line between what is consensual marriage and forced child marriage can sometimes be difficult to discern in Solomon Islands. Young girls may be pressured into marriage by their parents, viewing this as a customary obligation which they are unable to repudiate. Marriage may be forced upon both partners when a girl falls pregnant or simply in cases where a girl's parents learn that she has been in a sexual relationship with a boy. The latter position was raised as an issue by NGO workers in Malaita Province. A more clear-cut example of forced marriage is that taking place in the context of Solomon Islands' natural resource sector, which, as discussed, has seen instances of parents 'selling' their daughters to foreign workers for the purposes of sex and marriage.
4. Various people spoken to in Malaita Province were of the belief that child marriage is linked to domestic violence, with immature couples not knowing how to deal with marital problems, resorting to violence. The research conducted by Save the Children in 2014, referenced above when discussing sexual exploitation and abuse, also linked child marriage to trafficking, CSEC, child labour and abuse, a situation that other studies have confirmed.

## Recommendations

### Recommendations Related to Government

- In accordance with past commitments, and SDG 5.3, raise the age of marriage to the widely accepted international minimum age of 18;
- ensure that laws are enacted which require official documentation or certifications to be presented attesting to age before couples can enter into legal marriages;
- implement the recommendations detailed above concerning ‘sexual exploitation and abuse’.

### Recommendation Related to Communities

- Undertake awareness activities amongst the public at large, including publicity campaigns, to discourage early childhood marriage according to *kastom* and, in accordance with SDG 5.3, eliminate forced child marriage.

## Cluster 7: Disability, Basic Health and Welfare

### Adolescent Health

5. A particular health concern amongst adolescents in parts of Solomon Islands is the treatment for sexually transmitted infections (STIs). It has been documented by academics and international organisations that in Malaita Province there are strict *kastom* rules surrounding relationships between men and women and the public discussion of issues of a sexual nature. (This, for example, was discussed in a 2013 review of local-level justice systems produced by the World Bank.) A matter raised in Malaita Province while obtaining information for this report relates to girls and young women feeling too ashamed to seek treatment for STIs from male health practitioners. This was especially problematic in small, rural communities. This registered concern is not new, with academics examining youth sexuality in Auki, Malaita Province, and raising it as an issue over fifteen-years ago, in particular a fear amongst young women with STIs that they will be criticised by health practitioners. A parallel concern that they also recorded involved health workers experiencing difficulties communicating issues with their parents related to sex.
6. As a result of the situation described here, there was a belief amongst some people interviewed, particularly NGO workers, that STIs may go untreated amongst some children and youth or be treated using *kastom* medicine (e.g. bark, leaves, sap). This may relieve the symptoms of the STI but fail to address the underlying condition. In turn, this could lead to medical complications. This has also been documented by Save the Children in their 2015 examination of CSEC discussed above. Drawing on interviews, they stated that people typically only go to clinics (in Honiara) “as the last resort after unsuccessful treatment by local men who practise traditional medicine. This is particularly the case with reproductive related treatment i.e. abortion and STIs.”

7. An additional concern raised by those spoken to during the preparation of this report related to pregnancies and abortion amongst those aged under 18. Teenage pregnancy was an issue raised in both provinces visited for this report. The social stigma that attaches to young, unmarried mothers is immense in Solomon Islands, especially in the context of natural resource extraction where the father may be a short-term, visiting foreigner. As detailed by NGO workers, parents and young people interviewed for this report, generally unmarried girls or young women who give birth are the subject of derision, being shunned by their community and sometimes their family.

## Recommendation

### Recommendation Related to Government

- In furtherance of SDG 5.6 related to universal access to sexual and reproductive health, establish child and adolescent friendly health facilities by: training staff on methods to effectively communicate with children and adolescents; creating a welcoming, open environment for children and adolescents, particularly pregnant girls, and endeavour, to the greatest extent possible, to ensure that health facilities are staffed by both male and female health workers.

## Adolescent Mental Health

8. A sorely unrecognised and underfunded area of healthcare in Solomon Islands is mental health, in particular adolescent mental health. This is despite anecdotal evidence, and limited data referenced below, pointing to increased mental health issues amongst the general populace, including adolescents. The combined effects of the civil conflict, growing urbanisation and accompanying lifestyle changes, together with periodic natural disasters, have the potential to greatly impact on people's mental health. Discussed elsewhere in this report is widespread alcohol and cannabis usage in Solomon Islands, especially in Honiara, which, anecdotally, is also having a profound effect on the mental wellbeing of children and adolescents.
9. The key government policy in this area is the 'Solomon Islands National Mental Health Policy, 2009'. This contains numerous "area[s] for action", detailing desired outputs under the policy. In the main, the policy has not been implemented and is now out-of-date. Like other health-related policies discussed, it has never been endorsed by cabinet. A senior medical officer consulted for the purpose of this report stated that the policy was largely irrelevant when it came to the day-to-day work of mental health practitioners.
10. The main mental health legislation in Solomon Islands is the *Mental Treatment Act*. This Act was enacted in 1970 and has been the subject of periodic amendments. The government has repetitively stated that this legislation will be updated and this commitment was contained in its 2009 Mental Health Policy, stating that the Act had "become badly outdated" and in need of urgent redrafting. This commitment was repeated in the 'The National Health Strategic Plan 2016 – 2020'. There is presently a new draft *Mental Health Bill* which has been through a series of consultations, although it is not clear what the status of this Bill is and when/if it will be presented to parliament.

11. Most mental health issues in Solomon Islands commence in the teenage years, consistent with the average age of onset of mental health issues across most cultural contexts. A senior mental health practitioner spoken to described mental health issues as “an illness of young people”. The main triggers amongst males are cannabis usage and a family history of mental illness, with the underlying condition often activated by stress. Based on 2010 admissions data from the two mental health facilities in Solomon Islands, discussed further below, the most common mental health illness diagnoses in the country are paranoid schizophrenia, bipolar disorder and acute psychosis.
12. The 20-bed National Psychiatric Unit based at Kalu’ufi, Malaita Province, is the main mental health facility in Solomon Islands and is one of only two mental health inpatient facilities in the country. The 4-bed Acute Psychiatric Ward at the National Referral Hospital in Honiara, the other facility, was closed at the time of preparing this report. According to staff at the National Psychiatric Unit it is common to see adolescents admitted, some as young as 13. Aside from obstacles associated with accessing the Unit from other parts of the country, which are immense, the condition of the Unit is poor. The building is old and in need of maintenance, there are no separate areas for adult and adolescent patients and the Unit is also often full, meaning patients sleep on the floor. There was a belief amongst staff that the Unit would not meet various international standards for the treatment of mental health patients.
13. Most mental health patients in Solomon Islands are treated in the community. A key concern amongst medical practitioners is a lack of follow-up treatment. There are no rehabilitation services and the mental health system operates on the assumption that family members are able to look after their sick relatives, however not all families understand, or are supportive of, mentally-ill kin. According to a senior mental health practitioner interviewed, a lack of care within the community is said to be a key cause of relapse. The whole country is served by two qualified psychiatrists. Modelling by academics in 2015 suggested that to keep pace with population growth the country would require a doubling of full-time mental health staff by 2050 across both outpatient and inpatient services, including psychiatrists, nurses and psychologists. This modelling suggests that the majority of staff will be required in outpatient and psychosocial care services.
14. In its ‘National Health Strategic Plan 2016 – 2020’ the MHMS has stated that mental health conditions are increasing amongst the general population in Solomon Islands. Publicly available figures would suggest that between 2010 to 2015 the total number of mental health patients examined and treated across the country increased by over 100 percent, from 1,389 to 2,896. According to the 2016 ‘Global Burden of Diseases Study’, major depressive disorders are among the top six causes of years lived with disability in Solomon Islands and self-harm is the ninth main cause of death, exceeding deaths associated with malaria, diarrhoea and tuberculosis, although child disaggregated data is not available. Despite these figures, data related to mental health in Solomon Islands is poor. Mental health treatment is not being captured in the country’s national core health indicators, with the only relevant indicator being the total number of provincial hospitals offering mental health services, which has always been two. Although adolescents have been admitted to the National Psychiatric Unit, there is no data on number of adolescent admissions and there is incomplete data around depression and suicide.

15. Similar to the situation related to children with disabilities, those with perceptible mental health issues and illnesses in Solomon Islands are often stigmatised. According to medical practitioners interviewed for this report there are low levels of understanding about mental illness amongst the general populace, and amongst medical practitioners. There are no coordinated, government-led efforts to counter discrimination against the mentally-ill. While efforts at raising awareness are undertaken, these are sporadic and geographically limited, with mental health staff spoken to admitting that they were not sure if they were effective.
16. Available data for 2015, drawn from the 'National Health Strategic Plan 2011-2015', indicates that in 2015 the national mental health program accounted for 1.03 percent of the total health budget. From discussions with the senior mental health practitioner in Malaita, it appears that much of this money is used for patient transport and general (non-medicinal) procurement.

## Recommendations

### Recommendations Related to Government

- Review the 'Solomon Islands National Mental Health Policy, 2009' and use the findings of the assessment to guide the formulation of a new mental health policy which is cognisant of child and youth-related mental health issues, and considerate of other co-morbidity factors such as drug induced psychosis;
- finalise, enact and implement the new *Mental Health Bill*, ensuring that it addresses young people with mental health conditions and is compliant with international best practice in mental health legislation;
- in accordance with SDG 3.8 related to universal health care, improve the continuum of care for those experiencing mental health issues and illness, including by upgrading the facilities at the National Psychiatric Unit at Kalu'ufi and the Acute Psychiatric Ward at the National Referral Hospital;
- take all necessary measures to increase the capacity and the number of health personnel specialised to deal with adolescents with mental health issues and illnesses, ensuring their numbers match population growth and increasing the number of qualified government-employed psychiatrists;
- review the 'national core health indicators' to ensure that relevant disaggregated mental health indicators for adults and adolescents are put in place and measured, including the number of adolescent patients with mental health issues and illnesses examined and treated across the country, the number of adolescent admissions to all government mental health facilities, and the number of adolescents being treated in the community.

### Recommendation Related to Adolescents and Families

- Ensure that routine psychosocial assessments of adolescents with suspected mental health conditions are undertaken, especially for those with non-communicable diseases.

### Recommendations Related to Communities

- Ensure sufficient resourcing for increased and accessible community based psychosocial interventions and community based mental health professionals;
- in accordance with SDG 3.4, undertake nationwide education activities amongst students, health practitioners and the public at large to address the widespread misunderstanding and discrimination against people with a mental health issue or illness, and provide referral services for adolescents who seek additional information or assistance, being particularly cognisant of the need to ensure mental health information and care reaches remote rural communities.

## **Cluster 8: Education, Leisure and Cultural Activities**

### **School Infrastructure**

17. Parents and teachers expressed concerns regarding the state of school buildings, resources and equipment across all levels of education. Many school buildings were observed to be in urgent need of repair and/or upgrading, some being unsafe for children and staff. This is also a concern given the increasing overcrowding of classrooms, especially in Honiara. Government figures from 2016 show that on average secondary schools accommodate around 47 students per classroom, exceeding the government prescribed ratio, set at 40.
18. The poor state of many school buildings undoubtedly affects the quality of teaching and learning that takes place within them.



*A primary school classroom in Malaita Province, October 2017.*

19. In 2011 the government implemented a 'Policy Statement and Guidelines for School Infrastructure' which was revised in 2015, although the new policy is yet to be approved. This policy largely covers building standards; however, it also deals with funding, stating that the financing of school infrastructure is to be based on "the principles of partnership", meaning that funding is to come from a variety of sources. In reality, funding for new school infrastructure, as well as on-going maintenance, often falls through the cracks, with the national and provincial governments and churches (for church-run schools) not dedicating sufficient resources to this end. This often leaves the funding for maintenance and construction to donors and NGOs, individual members of parliament (MPs) and communities. In two of the schools visited for this report it also meant that the limited school grant was being used for new construction activities, including for staff housing (contrary to the grant policy discussed above). The headteachers spoken to said this was necessary because, as stated above, community members were reluctant to undertake fundraising activities to fund new building activity and there was now a widespread expectation that they would be paid for their services, including labour.
20. An emerging concern around the funding of public goods for schools, including building materials, relates to MPs use of their Constituency Development Funds (CDFs). CDFs are discretionary public funds given to each of the 50 national MPs in Solomon Islands. These funds are significant, presently comprising around one-third of the development budget or between 10 to 15 percent of total budget outlays. There are no official rules in place concerning CDF expenditure. As a result, there is a perception and practice that certain communities will benefit from CDFs while others will not. This is linked to political support. Accordingly, the headteacher of a school in Malaita Province indicated that his school had not received any assistance from the incumbent MP. This was said to be because the community surrounding the school had not voted for the MP in the last national election. He compared this with other schools in his constituency and with the former MP who had provided water tanks and building materials. A similar situation was recounted by a senior education official in Western Province.
21. Infrastructure spending related to water, sanitation and hygiene (WaSH) was particularly problematic in all schools visited. Given the issues discussed above around childhood diarrhoea, this is of key importance. Improving water and sanitation is a long-term priority for MEHRD and it has implemented rules related to the ratio of toilets for students: 1:60 for males and 1:40 for females.
22. In all but one of the schools visited during the preparation of this report the prescribed ratio of students to toilets was exceeded. Similarly, hand-washing facilities were poor or non-existent. In Malaita Province, according to one teacher his school had three toilets for around 600 students. At another school in Malaita Province there were no water tanks or taps for students to wash their hands or access clean drinking water. These schools were not the exception, with MERHD data from 2016 indicating that the established ratios of toilets to students were being exceeded across the country, with primary and community high school ratios being above 70 students per toilet; a trend that remained from 2010 to 2016.

## Recommendations

### Recommendations Related to Government

- Dedicate sufficient budget resources to identifying and rectifying infrastructure and maintenance deficiencies in schools, ensuring the provision of adequate WASH facilities in accordance with prescribed government ratios;
- given the widespread use of school grants for capital works, including staff housing, reassess whether the current eligible expenditure items listed in the school grant policy are appropriate;
- implement measures to ensure that within individual constituencies across Solomon Islands there is an equitable distribution of school-related public goods funded using CDF monies.

### Recommendation Related to Communities

- Assess the reasons behind a growing public reluctance to contribute to capital works in schools, both financially and in-kind, and implement measures which seek to reverse this trend, including undertaking community awareness activities which detail the limitations of school grants and reinforce the importance of voluntary community contributions to the functioning of the education system.

## **Cluster 9: Special Protection Measures**

### **Police and Juvenile Justice**

23. New police recruits in Solomon Islands receive training in juvenile justice. A specific training module, introduced in 2010, is dedicated to this task. It deals with, *inter alia*, the removal of children from school, interviewing children, cautioning, arrest and detention. It also includes a basic introduction to the CRC. This training is delivered by police instructors at the Police Academy located in Honiara.
24. While the contents of the training delivered to police recruits generally complies with the CRC a number of deficiencies exist around the processes associated with this training. Foremost, the training is one-off and is only provided to new recruits. Police officers spoken to during the preparation of this report indicated that trainees did not receive a copy of written learning materials related to juvenile justice and often had difficulties remembering the contents of the course. The juvenile justice module is delivered as part of a broader, intensive training package covering multiple topics (the juvenile justice training is module number 27).
25. While the training module related to juvenile justice deals with issues of police process, it is not contextually orientated. The written training materials do not deal with important matters related to children in Solomon Islands or with issues which extend beyond juvenile justice. For example, in the main there is no discussion of the commercial sexual exploitation of children in the natural resource sector, substance abuse, and violence within the family. There is no reference to any Solomon Islands' laws relevant to children.



26. In addition to the recruit training described, ad hoc training is often delivered to select police officers by NGOs and other external actors on specific issues relevant to children. For example, in October 2017 Save the Children conducted a two-day workshop for 20 police officers and service providers on the commercial sexual exploitation of children in Solomon Islands.
27. Discussions with serving police officers during the preparation of this report disclosed that there are no accessible written instructions or directives to guide them on how they are to interact with, and process, children. This means that police generally follow informal practice. There is no dedicated division within the RSIPF which deals specifically with children who come into conflict with the law.
28. The Central Police Station, the main police station in Honiara, was visited in October 2017 as part of the preparation of this report and various police officers spoken to. The Central Police Station is the location where most children who are detained by police in Honiara will be held. There are five police holding cells, with no dedicated cell for children. Again, officers spoken to indicated that there were no written rules or guidelines around detaining children, with informal practice being followed. The officers consulted were aware of the requirement to keep children separate from adults, and stated that they followed this approach. However, there was agreement that this could be problematic in instances of mass arrests which required the use of all cells. (This occurred on numerous occasions during the reporting period.) A lack of written rules or directives around the detention of children creates risks for police. It increases the prospect of police applying inappropriate practices, it has the potential to create confusion relating to the length of time children can be held in custody, and it could lead to the placement of intoxicated children in police cells for the purpose of 'sobering up' (a practice police are said to be following in certain places across the country).
29. The introduction of police diversionary powers in the drafting instructions for a new *Youth Justice Bill*, discussed above, are welcomed. If enacted and implemented, it will be important that nationwide training of police officers takes place. This would more appropriately be delivered in provincial locations, as opposed to select officers travelling to Honiara.

## Recommendations

### Recommendations Related to Government

- implement juvenile justice training, and refresher training, for all serving police officers, ensuring that such training is not confined to new recruits and that those officers who joined the police force prior to 2010 take part in child-related training;
- with external assistance if necessary, review the current module related to juvenile justice with a view to both expanding the child-related topics taught and ensuring that the training is contextually relevant;

- ensure that all police officers who take part in child-related training receive a hardcopy of the training materials used and are aware of those police offices whom they can contact within the force if they have any questions related to juvenile justice;
- in accordance with relevant laws, develop written Directives, Standard Operating Procedures, Orders, or the like, which detail how children are to be dealt with by police at all stages of the criminal justice process – including their detention and the requirement that they be detained separately from adults – and ensure that these are taught, are widely disseminated, and a copy is kept at all police stations/posts;
- should new juvenile justice legislation be enacted and implemented, budget for, and undertake, police training on the powers contained in the new law. This training should be undertaken in provincial locations to ensure the attendance of all police officers.

## Juvenile Justice Data Collection

30. Historically, the collection of data related to juvenile justice in Solomon Islands has been problematic. Disaggregated data related to children who come into contact with the police or the courts has not been collated. This, however, is changing. This is attributable to the introduction of the Justice Information Management System (JIMS) over the last three years. This online system, established with donor assistance, connects the police, courts and corrections, allowing for the transfer of individual case information between agencies.
31. Discussions with an individual working on the implementation of JIMS in November 2017 revealed that the system can provide juvenile justice data disaggregated according to age, gender, nature of offending, location of offending, place of residence of offender, charges and, if applicable, sentence received. This is a significant advancement, meaning that for the first-time accurate juvenile justice data will be available to inform planning, budgeting, law reform and legal policy development processes in Solomon Islands. The system is now beginning to yield results, with metadata soon to be extracted for analysis.
32. However, the data which JIMS produces is only as reliable as the information entered by the partner agencies and is dependent on all parties playing their part. Reportedly, there have been difficulties with the police and High Court entry of data. In addition, a key obstacle relates to issues of identification of children, including date of birth. Many, if not most, children and adults in Solomon Islands do not have any form of identification and many are unaware of their date of birth. This position creates problems when entering data into JIMS with accurate birth dates often not recorded and multiple names being entered for the same individual (although, the use of photographs and fingerprints in JIMS can ameliorate the latter problem). A risk therefore arises of a child being processed as an adult, and vice versa, and of the accompanying data collected being inaccurate. This situation reinforces the vital importance of accurate birth registration processes in Solomon Islands.

## Recommendations

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Recommendations Related to Government

- introduce protocols or rules amongst the JIMS partner agencies requiring that relevant staff enter data into JIMS and ensure that staff across the agencies undergo a continual process of training on the use of JIMS;
- dedicate the appropriate resources to ensure the functionality of JIMS following the withdrawal of external assistance;
- in accordance with SDG 16.9 which relates to the provision of legal identity for all, including birth registration, continue efforts to improve the electronic birth registration system introduced seven years ago and dedicate appropriate resources to this end.